

The Pennine Acute Hospitals NHS Trust

<Provider ID>

# Community health services for children, young people and families

## Quality Report

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Date of inspection visit: 23 February to 3 March 2016  
Date of publication: 12/08/2016

# 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)
RW602	North Manchester General Hospital		
RW604	Rochdale Infirmary		







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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

### **Overall rating for this core service Good O**

We rated the community children and young people services at the Pennine Acute Hospitals NHS trust as 'Good'.

This was because: -

- The level of incidents reported showed low risk of harm and safe systems for care and treatment of patients. Staff understood how to report incidents.
- There were enough suitable skilled, competent staff with the right mix of skills to meet patients' needs. Patients were treated in clean and suitably maintained premises. Patient records were complete and accurate.
- Care and treatment was based on national clinical guidelines and staff used care pathways effectively. The services participated in clinical audits to look for improvements to the service. Audit records showed most patients experienced positive outcomes following their care and treatment and appropriate actions were taken to improve compliance with best practice standards. Some staff experienced difficulties in accessing trust-wide IT systems. This was being addressed by providing staff with additional computers enabled with access to trust-wide systems.
- Services were planned and delivered to meet the needs of local people. There were systems in place to support vulnerable patients. Most patients received care and treatment in a timely manner. However, a significant number of patients did not attend (DNA) their scheduled appointments in the community orthoptics and audiology services. Staff followed up patients that did not attend by sending letters to them and to other health professionals involved in their care, such as their general practitioners (GP's).
- Patients and their relatives spoke positively about the care and treatment they received. They were treated with dignity and compassion. They were kept involved in their care and they were supported with their emotional needs.
- The service delivery was based on the trust values and core objectives and staff had a clear understanding of what these involved. There was clearly visible leadership in place through local team leaders and staff were positive about the culture and support available.

# Summary of findings

## Background to the service

### Information about the service

The community children and young people services provided by the Pennine Acute Hospitals NHS Trust delivered a limited range of allied health professional (AHP) led specialist services across four specialties; audiology, dietetics, orthoptics and orthotics. Other children's community services, such as universal child health services, were provided by other healthcare providers across the areas covered by the trust.

The number of patients referred to the services was relatively small and reflected the limited number of services provided by the trust. Records showed the orthoptic services carried out 3380 patient reviews between January 2015 and December 2015. The dietetics department had 814 appointments scheduled between April 2015 and February 2016. The orthotics team saw 1020 patients during past three months. The audiology department received approximately 351 new referrals between April and June 2015.

The community audiology services were available for children from newborn to 16 years of age that were registered within the North Manchester Clinical Commissioning Group (CCG) boundaries. The community services were delivered from North Manchester General Hospital and from five health centres across the North Manchester area. The service carried out included children's hearing assessments, hearing aid management and on-going rehabilitation.

The children's orthotics team ran clinics from each of the trust's four main hospital sites. The teams also ran routine clinics from four special schools within the localities, providing services for children and young people up to 19 years of age. Orthotics is a service for providing devices called 'orthoses' that are usually given to help to prevent or correct deformity and/or improve function. These devices include footwear and insoles, knee braces and callipers and splints.

The children's community orthoptics services were provided to patients across the Oldham area.

The service diagnosed and treated eye movement disorders, defects of binocular vision and childhood vision defects. The main base and administrative centre was at the Oldham Integrated Care Centre and additional clinics were provided from nine additional health centres and a special school across the Oldham area. Services were provided for children up to eight years of age.

The specialist community pediatric dietetic team provided nutritional care and advice for all infants and children. Clinics were provided from Rochdale Infirmary, three health centres and a range of community centres and fitness centres across the Rochdale Borough. Referrals were accepted for children from birth to 16 years. Children attending special schools were seen until 19 years of age.

## Our inspection team

Our inspection team was led by:

**Chair:** Paul Morrin, Director of Integration, Leeds Community Healthcare NHS Trust

**Team Leader:** Wendy Dixon, Care Quality Commission

The team included a CQC inspector and a nurse with specialist interest in safeguarding children.

## Why we carried out this inspection

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

# Summary of findings

## 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 1 – 3 March 2016. We visited the community teams at the Oldham Integrated Health Centre, the Cornerstones Health Centre, Rochdale Infirmary, North Manchester General Hospital and the Glodwick Primary Care Centre.

We observed how people were being cared for and talked with carers and/or family members of 14 people who use the services. We reviewed the care or treatment records of six people who use services. We met with three people who use services and the parents or carers of a further six people who use services. They shared their views and experiences of the community children and young people's services. We spoke with a range of staff including orthotists, orthoptists, the orthoptist assistant, audiologists, an ophthalmologist, administrative staff, the service leads, the audiology and orthoptics services manager and the divisional director for integrated care and community services.

## What people who use the provider say

The patients and relatives we spoke with were positive about the care and treatment delivered by staff. They told us staff provided compassionate care and that they were kept involved in their care and treatment.

## Areas for improvement

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

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

- Take appropriate actions to improve staff appraisal rates

- Take appropriate actions to reduce the proportion of patients that did not attend (DNA) their scheduled appointments.

The Pennine Acute Hospitals NHS Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

The level of incidents reported showed low risk of harm and safe systems for care and treatment of patients. Staff understood how to report incidents. There were processes in place to help staff provide patients with safe care and support in clean and suitably maintained premises. Patient records were complete and accurate. There were enough staff with the right mix of skills to meet patients' needs.

### Safety performance

- The strategic executive information system data from December 2014 to November 2015 showed there were no serious incidents reported in relation to the community children and young people services.
- Records showed there had been 11 incidents reported across the community children and young people services between December 2014 and December 2015. This included two incidents of low harm and nine incidents where there was no patient harm.

- The two incidents that were classed as 'low level harm' related to a patient with a grade 2 pressure ulcer and an incident where a patient trapped their finger in a door. In both instances the incidents were investigated and appropriate remedial actions were taken by staff.
- There had been no patient deaths in relation to the community children and young people services during the past year. The divisional director for integrated care and community services told if a patient death occurred this would be investigated and reviewed as part of the quality and performance meetings so any learning could be shared.

### Incident reporting, learning and improvement

- All incidents, accidents, complaints and allegations of abuse were logged on the trust-wide electronic incident reporting system.
- Staff were familiar with the reporting systems for incidents and the majority of staff had access to the incident reporting system. Some staff based in health



## Are services safe?

centres could not always access the incident reporting system due to IT connectivity issues. However, all the staff we spoke with told us they would notify their line manager if an incident was identified so they could record the incident on the electronic system.

- Staff across the community children and young people services told us the number of incidents reported was low because the types of services they provided meant there was a low risk of incidents occurring.
- Staff with the appropriate level of seniority, such as the service managers, were responsible for reviewing and investigating any incidents logged on the system to look for potential improvements to the service.
- Staff told us incidents and complaints were discussed during monthly staff meetings, so shared learning could take place. We saw evidence of this in the meeting minutes we reviewed.
- Staff across all disciplines were aware of their responsibilities regarding duty of candour legislation (being open and honest with patients when things go wrong). The incident reporting system provided prompts for staff to apply duty of candour for incidents with serious or moderate harm.

### Safeguarding

- Staff received mandatory training in the safeguarding of vulnerable adults and children. The majority of staff across the services had completed safeguarding children level 2 training (96%) and 100% of eligible staff had safeguarding children level 3 (advanced) training. Most staff across the services had completed safeguarding adult's level 2 children training (99%) and 92% of eligible staff had adult safeguarding level 3 training.
- The staff we spoke with demonstrated a good understanding of the different types of abuse and how to detect these. Staff were aware of the process for reporting safeguarding concerns and allegations of abuse within the trust.
- Staff were aware they could obtain support and guidance from the trust-wide safeguarding team and understood how to contact this team.
- There were no safeguarding incidents raised in relation to the children's community services during the past year. There was a trust-wide safeguarding children's group, which held meetings every three months to review safeguarding incidents and look for trends.

### Medicines

- There were policies in place to provide staff with guidance on prescribing, handling and storing medicines.
- The majority of services did not routinely stock or prescribe any medicines. However, the orthoptics team kept stocks of eye drops used during eye examinations to dilate the pupils of the eye. These were kept securely in a locked cupboard.
- Orthoptic staff were authorised to prescribe eye drops using Patient Group Direction (PGD) that were in place to provide guidance and instructions for staff.
- The orthoptic assistant carried out routine checks of eye drop stocks to ensure they were reconciled correctly and were within their expiry dates. There were arrangements in place with the trust pharmacy team so these medicines could be ordered and returned safely.

### Environment and equipment

- The clinic areas we visited were well maintained, free from clutter and provided a suitable environment for treating children and young people. There were suitable toilet facilities as well as breast-feeding and nappy change facilities in the areas we visited.
- The majority of clinics had a child-friendly environment with toys in waiting areas and themed paintings and posters on the walls. Children's toys used in the clinics and other activity items were age appropriate, clean and well maintained.
- The equipment we observed was visibly clean and well maintained. Staff told us they used sterile disinfectant wipes to clean and decontaminate equipment and toys.
- Equipment servicing was managed by a centralised maintenance team. All the equipment we saw had labels showing they had been calibrated or serviced and when they were next due for servicing. All the portable equipment we saw had also been appropriately tested.
- Staff told us that all items of equipment were readily available and any faulty equipment was repaired or replaced in a timely manner.
- The community dietetics team had arrangements with an external contractor to supply the equipment used for patients that required enteral (tube) feeding. Staff told us there had been instances where there had been delays in receiving this equipment. The dietetics lead

## Are services safe?

told us they liaised with the contractor to resolve these issues promptly and there had not been any instances where delays in receiving equipment had led to patient harm.

### Quality of records

- The community children's teams used either electronic or paper based patient records. We looked at the paper based patient records for five patients and electronic patient records for six patients.
- The records were structured, legible, complete and up to date. They contained information such as patient contact details and history, referral letters, assessment notes, test results and discharge letters.
- Patient records were stored securely in the clinic areas we visited. Staff transported paper based patient records in a locked case when carrying out home or community visits. The individual staff members were responsible for the security of patient records.
- The audiology team carried out a records audit in November 2015 that involved a review of 50 randomly sampled electronic patient records. The audit showed compliance was 100% for most indicators. The audit highlighted two areas where further improvements in basic record keeping were needed: evidence of patient involvement in care planning (92%) and the recording of verbal or written information given to patients (88%). The audit findings were shared with staff to raise awareness and improve compliance in these two areas.
- The dietetics team carried out a records audit during April, July and October 2015 involving the review of 80 paper-based patient records. The audit showed compliance was 100% for most indicators, but highlighted improvements such as alterations not always being signed dated and timed and the use of non-approved abbreviations. The audit findings were shared with staff to aid their learning.

### Cleanliness, infection control and hygiene

- Staff were aware of current infection prevention and control guidelines. The areas used for seeing children and families were clean, tidy and well maintained. There were adequate hand washing facilities for staff and patients in the clinic settings.

- We observed staff following hand hygiene and 'bare below the elbow' guidance. Staff visiting patients in the community had access to portable hand gels and personal protective equipment, such as gloves, if needed.
- There were arrangements in place for the handling, storage and disposal of clinical waste. Staff used sterile disinfectant wipes to clean and decontaminate equipment, such as portable hearing test or eye test equipment, as well as other areas of the general environment (e.g. furniture) where patient contact had taken place.
- Staff carried out routine cleaning of the environment and equipment and completed cleaning checklists. We looked at cleaning checklists across all the clinics we visited and saw these were complete and up to date.

### Mandatory training

- Staff received mandatory training in key topics such as infection prevention, information governance, equality and human rights, dementia awareness, fire safety, medicines management, health safety and wellbeing, safeguarding children and vulnerable adults, moving and handling, major incidents and resuscitation training.
- The overall mandatory training completion rate for staff across the community children and young people services was 96%. This showed the majority of staff had completed their mandatory training and the trust's internal target of 90% compliance had been achieved.

### Assessing and responding to patient risk

- All patients referred to the services underwent an initial assessment. This highlighted patients with specific health needs and identified patients at risk of harm.
- Patient records demonstrated that staff monitored individual patients through the use of treatment plans and care pathways, which they used effectively. Health and safety risk assessments were in place for areas such as treatment rooms and clinics.
- Issues relating to patient safety were routinely discussed at staff meetings within each team. Where staff identified patients as being at risk, actions were taken such as referral to medical or other healthcare professionals.
- Where services were delivered in community settings, such in health centres, we saw that emergency

## Are services safe?

equipment such as resuscitation equipment and defibrillators were available. Staff told us they would contact the emergency services in the event of a patient undergoing cardiac arrest.

### Staffing levels and caseload

- The services had sufficient numbers of trained health professionals and support staff with an appropriate skill mix to ensure that patients were safe and received the right level of care.
- The audiology team consisted of a 13.35 whole time equivalent audiologists, supported by a community assistant and a team of administrative staff. There was a vacancy for an audiologist (band 5) within the service.
- The orthoptics team consisted of seven orthoptists (band 7), a part-time orthoptist (band 6), a part-time optometrist and three part-time administrative staff. There were no vacancies within the team.
- The services did not employ their own consultant or doctor. The orthoptics team was supported by an ophthalmologist that had a consultation clinic at the Oldham Integrated Care Centre one day per week.
- The community dietetics team included a dietitian, two nutritionists (including one part-time), a physical activity officer and three part-time community assistants. There was a vacancy for a part-time physical activity assistant within the team.
- The dietetics (enteral feed) team had a senior dietitian (band 7) in post, supported by a part-time community assistant and part-time administrator. There was a vacancy for a dietitian (band 6) within the team.
- The orthotics team consisted of six orthotists (including a senior orthoptist) that were employed by an external orthotic services contractor and supplied to the trust as

part of their service level agreement. The orthotists were supported by a team of four administrative staff that were directly employed by the trust. There were no vacancies within the team.

- The services did not use agency staff. Cover for staff leave or sickness was provided from within the existing team.
- The allied health professional (AHP) service transformation plan was being implemented and this included a review of staffing arrangements and skill mix in order improve the effectiveness of services.

### Managing anticipated risks

- All staff we spoke with were aware of the process for escalating risks and concerns to their line managers. Key risks, such as staffing and capacity issues, were discussed during routine meetings within each team.
- Staff were aware of the trust's lone worker policy, which outlined the process for managing patient and staff safety where lone and remote working took place. There was a lone working risk assessment that included instructions for staff on how to maintain their safety when carrying out lone visits to patients' homes.
- Each team had daily registers so the whereabouts of individual staff members was known. Staff were also supplied with a portable electronic call system to alert their office base during emergencies.

### Major incident awareness and training

- There were documented major incident plans in each of the teams providing children and young people's services. These provided instructions for staff on how to manage key risks that could affect the provision of care and treatment.
- There were clear instructions in place for staff to follow in the event of a fire or other major incident, such as the loss of electronic systems.

## 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

The children and young people's services provided effective care and treatment that followed national clinical guidelines and staff used care pathways effectively. Audit records showed most patients experienced positive outcomes following their care and treatment and appropriate actions were taken to improve compliance with best practice standards.

Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought consent from patients before delivering care and treatment.

Some staff experienced difficulties in accessing trust-wide IT systems due to connectivity issues, which meant they had to implement manual processes for appointment scheduling and bookings. This was being addressed by providing staff with additional computers enabled with access to trust-wide systems. The long-term solution was to install a fully integrated electronic system for use across all the services; however this had not yet been approved.

### Evidence based care and treatment

- Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE) and the British society of audiology.
- Staff used care pathways such as for orthoptic or audiology screening and these were based on nationally recognised standards. The community dietetics team participated in the 'health exercise nutrition for the really young' (HENRY) programme, which was a national parent-led peer support scheme to promote a healthy family lifestyle in local communities.
- Staff participated in local audits to assess how well guidelines were adhered to. Findings from local audits were shared with staff during routine staff meetings to aid learning and improve services.

- Staff told us policies and procedures reflected current guidelines and these were accessible via the trust's intranet. We looked at a selection of policies and procedures and these were up to date and reflected national guidelines.

### Technology and telemedicine

- The community children and young people's services did not provide telemedicine services.
- Each team had sufficient specialist equipment to carry out testing or treatment of patients. For example, the orthoptics team had a number of Synoptophore machines, used for the assessment and treatment of ocular motility disorders (such as double vision or abnormal eye movements).
- Staff in the orthotics and audiology teams spoke positively about their respective IT systems and told us they were able to access patient information when needed. The audiology IT system was integrated with their testing equipment so hearing test results could be automatically captured by the system.

### Patient outcomes

- The services participated in a number of clinical audits to look for improvements to the service. Audit records showed most patients experienced positive outcomes following their care and treatment and appropriate actions were taken to improve compliance with best practice standards.
- The nutrition and dietetics clinical outcomes report 2015/16 showed the community dietetics team had met most performance indicators, such as 80% of patients in the service lose weight, 80 % of the parents and carers of tube fed patients are be able to manage their child's feeding regime without problems and 80% of parents or carers reporting an increase in confidence in the management of their child's nutritional care plan.
- The audiology department participated in a number of national and local clinical audits to measure patient outcomes and benchmark the services against national standards. The Client Oriented Scale of Improvement (COSI) and Real ear measurements (REM) audit in May 2015 showed 67% of patients had a COSI assessment

## Are services effective?

compared to the national standard of 100%. The audit showed 56% of patients had REM assessments done. The actions taken to improve compliance included continued monitoring and sharing the audit results with staff to aid learning.

- The visual reinforcement audiometry (VRA) audit from November 2015 reviewed data from 53 children aged between 6 months and 3 years collected during March 2015 and September 2015. The audit showed 56% of children seen in March 2015 had a completed VRA and 86% of children seen in September 2015 had a completed VRA. The audit showed improvements had been made between March and September 2015 but the standard of 100% was not achieved.
- Improvement actions following the audit included a requirement for staff to perform a VRA on all paediatric patients where appropriate during their assessment appointment. Where the assessment could not be performed, the reasons why were required to be documented and a further appointment made so the VRA can be performed in the future. A follow up audit was scheduled to take place by November 2016 to check if improvements were made.

### Competent staff

- Newly appointed staff had an induction which included mandatory training and shadowing an experienced member of staff for a period of time based on their training needs.
- Staff told us they routinely received supervision and annual appraisals. Records showed the majority of staff across the services (76%) had completed their appraisals.
- Staff were positive about on-the-job learning and development opportunities and told us they were well supported by their line management. They told us they were given opportunities to attend external training courses as part of their clinical professional development (CPD).

### Multi-disciplinary working and coordinated care pathways

- There was effective communication and multidisciplinary team working within each team. Each team routinely conducted staff meetings and

multidisciplinary meetings involving health professionals and support staff to ensure all staff had up-to-date information about patient risks and concerns.

- Staff routinely communicated with other healthcare professionals, such as GP's, opticians, social workers, school nurses, district nurses and other healthcare professionals when patients were referred to or discharged from the services to ensure all the relevant information about patients was made available.

### Referral, transfer, discharge and transition

- Children and young people were referred to the services via a number of routes, including their general practitioner (GP), local hospitals, school nurses, health visitors and social services.
- Referrals to the service were made using a referral form, which included key information such as the patient's details, reason for referral, medical history and details of any medications taken by the patient.
- The referral records also included details of any patient specific needs such as allergies, learning disabilities, mental health conditions or details of vulnerable patients or patients with complex social needs. Staff told us they routinely contacted the referring professionals, such as GP's or school nurses, to discuss patients with specific needs and ensure all the relevant information was made available.
- The orthoptics services were provided to children up to eight years of age. When children receiving services reached this age, staff created a summary sheet that included all the relevant information about their care and this was sent to their GP, optician or other health professionals involved in their care.
- The orthotics, audiology and dietetics services were provided for children up to 18 years of age (and up to 19 years of age if in special schools). The trust also provided these services for adults, so any young people receiving these services could be easily transitioned to the adult services and continue to receive care and treatment.
- Patient records showed that discharge letters were in place when patients discharged from the services. These included all the relevant information about the care and treatment received by patients and were sent to the patient's GP and the health professional that originally referred the patient to the service.

## Are services effective?

### Access to information

- Each specialty team across the community children and young people's services used their own system for recording patient information. The audiology and orthotic teams used separate stand-alone electronic patient record systems, whereas the orthoptics and dietetic teams used paper-based records.
- The records we looked at contained all the relevant information relating to the patient. This meant that staff could access all the information needed about the patient at any time.
- The orthoptics team based at the Oldham Integrated Care Centre used paper-based records for recording patient information and for scheduling appointments. Staff could not fully access trust-wide IT systems for planning appointments due to restrictions as they were based at a health centre that was not owned by the trust.
- Staff told us they were able to work around the accessibility issues to ensure there was no impact to patient care. However, this meant staff had to carry out additional tasks such as manually storing appointment times that impacted on their workload.
- In order to address some of the connectivity issues, staff across the services were provided with additional laptops and tablet computers with enabled access to trust-wide IT systems.

- The divisional director told us they planned to introduce a new electronic system for use across all the services to ensure uniformity and to allow better accessibility to patient records and appointment scheduling information. A business case had been submitted but there was no formal timeline for when the proposed electronic system would be fully implemented.

### Consent

- Staff had the appropriate skills and understood the processes for seeking consent before providing care or treatment. Consent for treatment was mostly obtained verbally or as implied informal consent. Patient records showed that verbal consent had been obtained from patients or their parents or carers prior to providing treatment.
- Staff understood how to apply the Gillick competency (used to decide whether a child is mature enough to make decisions) to balance children's rights and wishes with the responsibility to keep children safe from harm.
- Patients that lacked capacity were identified before referral to the services and staff could seek advice from the trust-wide safeguarding team and from external agencies, such as social workers or local mental health services in order to make decisions in the best interests of the patient.

## Are services caring?

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

### Summary

Patients and their relatives spoke positively about the care and treatment they received. They were treated with dignity and compassion. Patients and their relatives were kept involved in their care and they were supported with their emotional needs.

### Compassionate care

- We saw that patients were treated with dignity, compassion and empathy. The privacy and dignity of patients was maintained during face-to-face consultations and clinics.
- We spoke with three patients and the parents of an additional six patients. They all said staff were friendly and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included “very happy with the service” and “staff are friendly and do their job well”.
- The community children and young people services did not participate in the NHS Friends and Family test, which asks patients how likely they are to recommend a hospital after treatment. Staff across the local teams sought feedback from patients and their families by asking them to complete feedback surveys or share their comments via comments cards. The information was used to look for possible improvements to the services.
- We looked at a selection of patient survey results and the feedback was mostly positive. For example,
- The audiology team comments care feedback summary report showed 88% of patients were positive about the services, based on 174 responses between May 2014 and November 2016.

- The nutrition homecare service survey report from July 2015 showed 83% of respondents rated the service as excellent or good, with 54% rating the service as ‘excellent’, based on 162 responses.

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

- Staff respected patients’ rights to make choices about their care. We observed staff speaking with patients clearly in a way they could understand.
- The patients and parents we spoke with were complimentary about staff attitude and engagement. They told us the staff kept them up to date and informed about the care and treatment they received. The comments received included, “I feel listened to and understand the reasons for the appointment” and “staff explained what they were doing”.

### Emotional support

- We observed staff speaking with patients and providing care and support in a kind, calm, friendly and patient manner. Patients and their parents told us the staff were reassuring and supportive.
- Staff understood how to provide care and treatment to young children. For example, audiology staff were trained to carry out distraction techniques on babies and young children during in a particular way that would not impact on the hearing test results.
- Staff told us they would stop treatment if a child became emotional or anxious and only continue if the child appeared comfortable.
- We saw that toys and other activities (such as colouring books) were available for children whilst they were waiting to be seen. One child patient commented that they “liked coming here to get stickers”.

## Are services responsive to people's needs?

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

### Summary

Services were planned and delivered to meet the needs of local people. Services were accessible through the trusts four main hospital sites as well as local health centres, patient's homes, special schools and other community venues.

There were systems in place to support vulnerable patients. Complaints about the service were shared with staff to aid learning. Most patients received care and treatment in a timely manner. However, a significant number of patients did not attend (DNA) their scheduled appointments in the community orthoptics and audiology services. Staff followed up patients that did not attend by sending letters to them and to other health professionals involved in their care, such as their general practitioners (GP's).

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

- The community children and young people services provided a limited range of allied health professional (AHP) led specialist services across four specialties; audiology, dietetics, orthoptics and orthotics. Universal child health services, such as school nurses or health visiting were provided by other healthcare providers across the localities covered by the trust.
- The number of patients referred to the services was relatively small and reflected the limited number of services provided by the trust. Records showed the orthoptic services carried out 3380 patient reviews between January 2015 and December 2015. The dietetics department had 814 appointments scheduled between April 2015 and February 2016. The orthotics team saw 1020 patients during past three months. The audiology department received approximately 351 new referrals between April and June 2015.
- The community audiology services were available for children from newborn to 16 years of age that were registered within the North Manchester Clinical Commissioning Group (CCG) boundaries. The community services were delivered from North Manchester General Hospital and from five health centres across the North Manchester area.
- The children's orthotics team ran clinics from each of the trust's four main hospital sites. The teams also ran routine clinics from four special schools within the localities, providing services for children and young people up to 19 years of age.
- The orthotic service was commissioned from the trust but was outsourced to an external contractor that was responsible delivering the service, providing trained orthotic staff and for providing specialist equipment needed for patients.
- The children's community orthoptic services were provided to patients across the Oldham area. The main base and administrative centre was at the Oldham Integrated Care Centre and additional clinics were provided from nine additional health centres and a special school across the Oldham area. The services were provided for children up to eight years of age.
- The community dietetics service clinics were provided from Rochdale Infirmary, three health centres and a range of community centres and fitness centres across the Rochdale Borough.
- There was an open referral system so that patients that required services could be referred via a number of routes, such as via NHS choose and book, GP's, health visitors, schools, pediatricians, opticians and parents or carers.
- Any new patients identified or referred to the services were scheduled for appointments and allocated to the relevant teams. Each team had its own booking and scheduling system and allocation lists for staff. There were routine allocation meetings to identify patients that required contact with staff.
- Records showed there was a low rate of clinic or appointment cancellations (less than 1%) as a result of staffing or scheduling issues across the services. Where patient appointments were cancelled, patients were offered alternative appointments within two weeks of cancellation.

### Equality and diversity

- Information leaflets about services were readily available in all the areas we visited. Staff told us they could provide leaflets in different languages or other formats, such as braille, if requested.



## Are services responsive to people's needs?

- Patients that could not speak English were identified when referred to the services. Staff had access to an interpreter service if needed.
- Staff had a good understanding of the ethnic diversity and levels of deprivation within the local population and some services were targeted at young children and families from specific backgrounds. For example, the community dietetics team identified higher levels of obesity in children with Asian backgrounds and carried out targeted clinics and workshops within the local communities.

### Meeting the needs of people in vulnerable circumstances

- Where a patient was identified with mental health needs or living with learning disabilities staff communicated with social workers or carers and could contact the trust-wide safeguarding team for advice and support. Staff told us these patients would be accompanied by a carer.
- Vulnerable children such as 'looked after children' were identified when referred to the service. Staff followed safeguarding protocols to ensure confidentiality was maintained for vulnerable patients.
- Staff worked closely in partnership with other organisations, such as local authorities, children's services, local schools, other healthcare providers and the Police so that information regarding vulnerable children and families was shared to support the provision of care and enable the staff to offer appropriate support to children and young people.

### Access to the right care at the right time

- The community children and young people's services were mainly provided between 8.30am and 4.30pm during weekdays. Some audiology services were available six days per week.
- The community children and young people services were provided from the trust's four main hospital sites as well as local health centres, patient's homes, special schools and other community venues. This meant the services were accessible across the communities in which they were provided.
- The nutrition and dietetics clinical outcomes data showed the services consistently met the target for 80% of patients who respond to the opt-in letter to be seen

within eight weeks of their response. The targets for all new tube feed referrals to be seen within two weeks and all tube feeders reviewed at least six monthly were also achieved.

- The audiology and orthoptic services had a target to see each patient within six weeks of referral and records showed this target was consistently met during the past year.
- Records showed that during 2014/15, the orthoptic services consistently achieved the referral to treatment (RTT) target for at least 95% percent of admitted and non-admitted patients to seen within 18 weeks in respect of the consultant-led services to which the RTT standard applies.
- The orthotic service did not have a specific target but the orthotics clinical services manager told us most patients were offered appointments within six weeks of referral to the services.
- Patients were offered follow up appointments where further assessments were required. The patients and relatives we spoke with told us they had received prompt appointments following their referral to the services and received routine follow up appointments.
- The number of patients referred to the services was relatively small and reflected the limited number of services provided by the trust. Records showed the orthoptic services carried out 3380 patient reviews between January 2015 and December 2015. The dietetics department had 814 appointments scheduled between April 2015 and February 2016. The orthotics team saw 1020 patients during past three months. The audiology department received approximately 351 new referrals between April and June 2015.
- The proportion of patients that did not attend (DNA) their appointments varied between each service.
- The DNA rate for patients attending the orthotics service was 4.9% during the past three months. The DNA rate for the dietetics service was 14.7% between April 2015 and February 2016.
- However, the overall DNA rate in the community orthoptics service was 26% between January 2015 and December 2015. The average DNA rate for the audiology services was 29% between April and June 2015. This showed a significant number of patients that were referred to the audiology and orthoptics services did not attend their scheduled appointments.

## Are services responsive to people's needs?

- Each team had a local action plan to reduce DNA rates. Staff told us they made contact with patients either by telephone or by sending follow up letters where patients did not attend.
- If patients did not respond to the letter, a letter was sent to the patient's GP or the healthcare professional that made the original referral to the service. When patients with safeguarding concerns did not attend and did not respond to the letter sent by the team, this was referred to children's services.
- The trust complaints policy stated that complaints would be acknowledged within three working days and investigated and responded to within 25 working days for routine complaints and up to 60 days for complex complaints that required formal investigation.
- The community children and young people's services did not receive any formal complaints during the past 12 months. Staff told us they immediately addressed any informal queries or minor concerns raised by patients within their local teams.
- Staff understood how to deal with complaints and told us that information about complaints would be discussed during routine team meetings so shared learning could take place.

### **Learning from complaints and concerns**

- Information leaflets were available for patients and their relatives or carers on how to raise complaints. This included information about the Patient Advice and Liaison Service (PALS). Patients and their parents told us they did not have any concerns but would speak with the staff if they wished to raise a complaint.

## 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

There was no documented strategy specifically for the service. The service delivery was based on the trust values and core objectives and staff had a clear understanding of what these involved. There was clearly visible leadership in place through local team leaders and staff were positive about the culture and support available. Routine meetings took place to review incidents, key risks and monitor performance. The services proactively engaged with staff and the public.

### Service vision and strategy

- The trust vision was to become 'a leading provider of joined up healthcare that will support every person who needs our services, whether in or out of hospital to achieve their fullest health potential.' This was underpinned by a set of values that were based on being 'quality driven', 'responsible' and 'compassionate'.
- As part of the trust's overall strategy there were six strategic goals and 10 core priorities for 2015/16 that covered a range of areas including patient safety, improving quality and performance, clinical and financial sustainability and improving staff morale and leadership.
- The community children and young people's services did not have a documented strategy specifically for the service. However, the service delivery was based on the trust values and key objectives and performance targets were based on the trust values and core objectives.
- The trust vision and values had been cascaded to staff across the community children and young people's services and most staff had a clear understanding of what these involved.

### Governance, risk management and quality measurement

- Each team carried out monthly quality and performance meetings. There was also a monthly divisional quality and performance meeting. There was a set agenda for

these meetings with standing items, including the review of incidents, key risks and monitoring of performance. Identified performance shortfalls were addressed by action planning and regular review.

- There were routine staff meetings to discuss day-to-day issues and to share information on complaints, incidents and audit results.
- Each service had departmental risk registers. We looked at these and saw that key risks had been identified and assessed. The risk registers were reviewed and updated on a monthly basis as part of the quality and performance meetings.
- We saw that routine audit and monitoring of key processes took place across each team to monitor performance against objectives. Information relating to performance against key quality, safety and performance objectives was monitored and cascaded to staff via staff meetings, emails and via the trust intranet.

### Leadership of this service

- The community children and young people's services were incorporated into the allied health professional (AHP) directorate, which formed part of the integrated care and community services division. The division was formed in 2014.
- The overall lead for the services was the divisional director for integrated care and community services. A divisional care director had recently been appointed and commenced employment in March 2016.
- There was clearly defined and visible local leadership within each team. Each service had a clinical lead in place. The community dietetics teams were led by the community dietetics manager and the professional manager for nutrition and dietetics. The service manager for audiology and orthoptics was also the interim service manager for orthotics. The orthotics service also had a clinical services manager that was employed by the external contractor that managed the service.
- Staff across the services spoke positively about the management structures within their local teams. They told us their line managers were approachable and supportive.

# Are services well-led?

## Culture within this service

- All the staff we spoke with were highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback and received good support from their managers.
- The staff sickness rate between February 2015 and January 2016 varied across each team. The average sickness rates for the orthoptics team (1.3%), community dietetics team (4.61%) and dietetics weight management team (4.54%) were better than the trust target of 5% and similar to the England average during this period.
- The average sickness rates for the audiology team (8.86%) and orthotics team (9.29%) were worse than the England average during this period. However, the sickness rates within these teams had improved over recent months. For example, the orthotics team had no sickness reported between September 2015 and January 2016.

## Public engagement

- Staff sought feedback from patients by asking them to complete feedback surveys. Information on how the public could provide feedback was displayed in each area we visited.
- The services also carried out regular public engagement through open days, events and through patient / parent work group meetings. For example, the audiology services held an open day in December 2015 and the orthotic services held an open day in May 2015 for patients, staff and members of the public to attend and learn about the services available to them.

## Staff engagement

- Staff told us they received good support and regular communication from their managers. Staff routinely participated in team meetings.
- Managers also engaged with staff via team briefs, newsletters and through other general information and correspondence that was displayed on notice boards and in staff rooms.
- Staff in the orthoptics services participated in a 'listening into action' engagement event. The outcome resulted in a scoping exercise by the trust's IT department and additional laptops being purchased for the staff.

- Some staff felt they had not always been fully represented at divisional level in the past. This was because they were allied health professional led specialist services and their teams were relatively small compared to the community adult's services provided by the trust.
- This meant a greater emphasis was placed on the larger adult's services. However, staff were confident that the appointment of the new divisional care director would address some of their concerns as the divisional care director had an allied health professional (AHP) background and would have a better understanding of the needs of their specialist AHP-led services.

## Innovation, improvement and sustainability

- The divisional director for integrated care and community services told us key risks to the services were around staffing structures and the electronic systems in place. The divisional director told us they planned to roll out a new integrated electronic patient record system by the end of 2016.
- The allied health professional (AHP) service transformation plan was on-going and included a review of the workforce model in order to improve overall effectiveness and working across the division of integrated care and community services.
- The audiology service was undergoing a review in order to gain the 'Improving Quality in Physiological Services programme' (IQIPS) accreditation.
- All the staff we spoke with felt confident about the future sustainability of the children and young people's services. They felt this was because they had a stable and experienced workforce that could deliver care and treatment to a high standard.
- There were plans to expand the community children and young people's services during 2016. For example, the trust was commissioned to provide community orthoptics and audiology services across Bury in February 2016. An audiology service was planned to start at Fairfield General Hospital, Bury in April 2016.
- The orthoptics services were scheduled to provide orthoptics screening services for reception year children across schools in Oldham from September 2016. The AHP service transformation plan included a review of what additional staffing would be required to deliver the additional services.

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.

This section is primarily information for the provider

## Enforcement actions

### 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.