

North East Lincolnshire Council

North East Lincolnshire Council Children's Health Provision

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This service was previously unrated. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people and took account of children and young people's individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to continually improving services.

However:

- Staff did not receive mandatory training in learning disabilities and autism which was a new requirement introduced by the Health and Care Act 2022.
- Staff could explain to us how they were open and transparent but they did not understand the term 'duty of candour' and had not received any recent training.

Summary of findings

Our judgements about each of the main services

Service

Community health services for children, young people and families

Rating

Good



Summary of each main service

This service was previously unrated. We rated it as good.
See the summary above for details.

Summary of findings

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Summary of this inspection

Background to North East Lincolnshire Council Children's Health Provision

North East Lincolnshire Council Children's Health Provision provides services to children, young people and families in the Grimsby, Cleethorpes and Immingham area, with a population of approximately 157,000. North East Lincolnshire is the 17th most deprived local authority in England with high levels of socio economic deprivation.

The services provided at the time of inspection were:

- School nursing service
- Health visiting services
- Infant feeding peer support team
- Safeguarding health team
- School based immunisation services (until 31 August 2023)
- Child health information services

The services are delivered from a range of community settings including family hubs, schools, community venues and families' homes.

The service first registered with the Care Quality Commission (CQC) in November 2014 to provide the following regulated activities:

- Treatment for disease, disorder or injury.

The service had a registered manager. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations.

The service was previously inspected in March 2017 but not rated. Following this inspection we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the main site, looked at the quality of the environment and the clinic room
- went on three home visits and attended four sessions including school drop in sessions and an infant feeding peer support session
- spoke with the head of service for public health nursing
- spoke with the clinical assurance and quality manager
- spoke with the named nurse for safeguarding children
- spoke with 11 other members of staff including specialist leads in school nursing and health visiting, public health nurses, health visitors, school nurses and infant feeding peer supporters
- spoke with 13 children, young people and families who were using the service
- looked at 11 care and treatment records
- received feedback from five external agencies
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Outstanding practice

We found the following outstanding practice:

- The service had developed and implemented an enhanced health needs assessment for children and young people subject to an initial child protection case conference. This assessment ensured key information was in one place and supported partner organisations.
- The service had committed to providing new staff, or staff returning to work after a long term absence, one to one safeguarding supervision every 8 weeks for a year to provide extra safeguarding support and guidance.

Areas for improvement

Action the service **MUST** take to improve:

- The service must ensure all staff receiving mandatory training in learning disabilities and autism (Regulation 18).
- The service must ensure that all staff understand the term 'duty of candour' (Regulation 18).

Action the service **SHOULD** take to improve:

- The service should ensure that all equipment is labelled correctly following any maintenance.
- The service should consider different methods to make it easy for people to give feedback on the service.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good 

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

Is the service safe?

Requires Improvement 

We rated it as requires improvement.

Mandatory training

The service did not provide mandatory training in all key skills to staff.

All staff did not undertake mandatory training on learning disabilities and autism which was a new requirement introduced by the Health and Care Act 2022. Managers told us that 3 members of staff had completed training on autism and a member of staff to lead on autism awareness had been identified. The provider had also not provided training on duty of candour since 2016 and staff we spoke with did not understand the terminology. The provider had 12 mandatory training courses which included basic life support, infection control and personal safety and lone working and sourced training specific to staff members roles. Data provided in June 2023 showed the service were 99.8% compliant for the mandatory training that was provided.

Managers kept a database so that they could monitor compliance with mandatory training, this was included within the quarterly monitoring reports and managers alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The provider told us that at the 23 June 2023 safeguarding training compliance was 100% overall. All staff received training specific for their role on how to recognise and report abuse. The required training level was in line with the Royal College of Nursing (RCN) Document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' which was based on their level of contact with children and their role in child protection processes. All staff had received training in prevent e-learning (how to safeguard vulnerable people from being radicalised) and female genital mutilation e-learning.

Community health services for children, young people and families

Good 

The service employed a range of staff including specialist community public health nurse health visitors and school nurses, public health nurses, community health practitioners and infant feeding peer support workers.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We saw that the service made appropriate referrals to the special educational needs and disability team, the service had developed a special educational needs and disability policy and identified the role of the health visitor within this. The service also completed early help assessment plans, referred to speech and language therapy, physiotherapy, drug and alcohol services, mental health services and counselling support.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. In the last 12 months the service made no safeguarding referrals.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and some control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

The service operated from 10 different sites across the locality. The 2 sites we visited during inspection were clean and had suitable furnishings which were also clean and well-maintained.

During inspection we observed staff on home visits, drop in clinics and support groups following infection control principles.

Staff told us that they cleaned equipment after patient contact and equipment we saw was clean however we noted that equipment was not labelled to show when it was last cleaned.

Environment and equipment

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

The service had suitable facilities to meet the needs of children and young people's families. All sites had good accessibility and were well placed within the local communities. The service shared premises with family hubs and used a community venue. There was enough office space and rooms at the registered location and family hubs to cater for larger meetings and drop-in clinics.

Staff saw children, young people and their families on the 10 sites but also they would be seen out in the community, schools and in their own homes. The service had a lone working procedure for staff to follow. Staff completed personal safety and lone working training as mandatory and 100% of staff had completed this. Staff kept their calendars up to date, used team chats and would call the duty health visitor to inform them of their location.

The service had enough suitable equipment to help them to safely care for children and young people. However, we observed that the maintenance labels on equipment were out of date. The service kept a log of equipment and

Community health services for children, young people and families

Good 

according to this log all the equipment had been maintained. The service told us they received a certificate to confirm this but could not provide these whilst we were onsite. The provider told us that the equipment would be taken out of use and re-calibrated as a matter of urgency. The service later produced certificates to show 3 audiometers (an instrument used to measure hearing ability) had been recalibrated on 30 May 2023 and 2 were due for recalibration in July 2023. The body mass index scales (medical weighing scales) were re-calibrated on 23 June 2023.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tools to identify children or young people at risk of deterioration and escalated them appropriately. For example, staff used:

- Ages and Stages social and emotional development questionnaire
- early language and intervention measure
- growth assessment
- breastfeeding assessment tool
- resources for supporting and improving childhood continence
- mental health assessments such as the general anxiety disorder questionnaire and Whooley questionnaire for depression screening.

Staff knew about and dealt with any specific risk issues and when visiting families staff used a number of tools and methods to identify risk issues:

- routine enquiry of abuse
- consider safe sleeping and home conditions
- promoted ICON (an evidence-based programme consisting of a series of interventions to help families cope with a crying baby) when visiting families.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. In terms of health visiting, we looked at a care record of a child who had been referred to the access pathway but due to waiting lists for some external services, this assessment was delayed. The health visitor continued to support the family and worked closely with paediatric services until care could be transferred.

The electronic record system, emails, verbal handovers and team meetings included all necessary key information to keep children and young people safe.

Staffing

The service had enough staff with the right qualifications, skills and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep children and young people safe.

Community health services for children, young people and families

Good 

The service had reducing vacancy rates. At the time of inspection there were 1.6 whole time equivalent school nursing vacancies and 4.85 whole time equivalent health visiting vacancies. Manager explained that 1 whole time equivalent and 1.8 whole time equivalent posts were already appointed to for staff completing the Specialist Community Public Health Nurse training in September 2023 for school nursing and health visiting, respectively.

The service had low and reducing turnover rates. The service reported a 7.2% turnover between May and November 2022. Between 01 December 2022 and 01 June 2023 there had been no leavers.

The service had low sickness rates. In the past 12 months 01 May 2022 to 01 June 2023 the service recorded an average monthly sickness of 2.3% which included an average monthly short term sickness rate of 0.8%. The remaining sickness applied to medium- and longer-term sickness absences.

Managers did not use bank and agency staff however they did employ casual, as and when required, immunisation nurses who all had a full induction, training and understood the service.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

We looked at 11 records on the electronic record system and during home visits observed health visitors and child development workers using the personal child health record or red books to record and plot measurements taken. Patient notes were comprehensive and all staff could access them easily.

Children, young people and families we spoke with told us that information was kept up to date and had no concerns about security or sharing of information.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely on an electronic record system.

Medicines

The service used systems and processes to safely administer, record and store medicines.

At the time of inspection, the service had the contract for the school-based immunisation service. However, this contract had recently been awarded to a different provider, so the service had exit arrangements in place for the immunisation contract ceasing on 31 August 2023.

Staff followed systems and processes to administer medicines safely. Staff followed national practice to check patients had the correct vaccination. The service used the immunisation patient group direction (PGD) templates provided by the NHS to support immunisation programmes, ensured consent had been received and checked the electronic care record.

Staff provided advice to children, young people and their families about their medicines, including information about emergency contraception.

Community health services for children, young people and families

Good 

Staff stored and managed all medicines and prescribing documents safely, ensuring medicines were kept in a temperature-controlled room, temperature monitors for fridges and staff completed medicines records accurately and kept them up to date.

Staff learned from safety alerts and incidents to improve practice. The service had received a complaint in relation to 2 conflicting consent forms for a child. This led to a change in practice to ensure all consent forms relating to the same child or young person were checked to ensure they were the same.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Between April 2022 and March 2023, the service had recorded 35 incidents and near misses on their incident reporting system that related to the service. The service also reported incidents that related to another service, for example, if it became apparent that a vaccination had not been recorded by the GP. Between April 2023 and June 2023, the service had recorded a further 6 incidents and 1 near miss. We spoke with 11 members of staff during inspection and all of them knew how to raise concerns and report incidents, serious incidents and near misses in line with provider policy.

Managers understood the duty of candour and the service had an up-to-date duty of candour policy however we found staff we spoke with did not understand the term duty of candour. Managers told us that staff had completed training in the duty of candour in 2016. Staff could explain to us how they gave children, young people and their families a full explanation if and when things went wrong. The incidents we looked at during inspection confirmed that the service were following their duty of candour policy in these situations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to children and young people's care.

There was evidence that changes had been made as a result of feedback. Previous issues with information received from midwifery led to changes in practice, oversight and allocation by team managers ensured all relevant information was gathered before initial contact was made with a family.

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

Managers debriefed and supported staff after any serious incident.

Managers took action in response to patient safety alerts within the deadline and monitored changes. The service received central alert system alerts into a clinical governance mailbox. During inspection we viewed the log which confirmed that the service reviewed these alerts and cascaded any relevant alerts to staff, indicating if a change of practice or guidance was required.

Community health services for children, young people and families

Good 

Is the service effective?

Good 

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a national institute for health and care excellence compliance and implementation log which was updated monthly. This included all guidance relevant to the service and service guides and pathways would be updated accordingly.

Nutrition and hydration

Staff assessed that children, young people and their families had enough food and drink to meet their needs and improve their health. The service made adjustments for children, young people and their families' religious, cultural and other needs.

Staff made sure they supported children, young people and their families regarding eating healthy during pregnancy, infant feeding, weaning and healthy growth. We observed staff talking with families in the infant feeding peer support group about weaning. Staff undertook dental care risk assessments and discussed dental care with families. School nurses discussed healthy eating with children and the service would also signpost children, young people and families to information, resources or services to support them in their food choices.

Staff fully and accurately completed the personal child health record or red book to record children and young people's health, growth and development.

Staff would refer into specialist support, such as paediatric services or speech and language therapists for children and young people who needed it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits to deliver the Healthy Child Programme 0 to 19 and this included reporting on immunisation and delivery of the 5 mandated universal health checks in health visiting.

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. The service had developed and implemented an enhanced health needs assessment for children and young people

Community health services for children, young people and families

Good 

subject to an initial child protection case conference. This assessment ensured key information was in one place and improved sharing of information with partner organisations. The service had implemented a targeted offer of an enhanced health visiting package which included an additional contact at 3 to 4 months and an 18 month contact to give additional support to families.

Managers and staff used the results to improve children and young people's outcomes. Managers and staff spoke with us about the risks and challenges posed by waiting lists for external services. Staff told us that health visitors could offer 'listening visits' over a period of 6 weeks. Staff had attended the Institute of Health's "emotional wellbeing visits training," which provided an integrated assessment and intervention framework to the 6 weeks of visits.

The service was reaccredited by UNICEF baby friendly standards stage 3 in July 2022 and was working towards sustainability and the gold award.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included management of complaints, infection prevention control, medication management and service performance which looked at how training or systems and processes were embedded into practice.

Managers used information from the audits and shared with staff to improve care and treatment. Improvement was checked and monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and supported to meet the needs of children, young people and their families.

In the last 12 months the service had a 100% compliance for clinical supervision. Staff attended safeguarding supervision which was available as peer or one to one supervision. The service had also committed to providing new staff, or staff returning to work after a long term absence, one to one safeguarding supervision every 8 weeks for a year to provide extra safeguarding support and guidance.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work and gave staff the opportunity to discuss training needs. Staff received their appraisal annually between 01 April and 30 June and at 23 June 2023 95% of staff had received an appraisal and 5% of staff had the appraisal scheduled. All members of staff we spoke with confirmed that they had recently had an appraisal or had a date booked for one and were positive about their personal and professional development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We looked at minutes from team meetings, which were well attended. The meetings also incorporated visits and information from external partners.

Community health services for children, young people and families

Good 

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We looked at the health visitor and school nurse training plans which included motivational interviewing for school nurses, newborn behavioural observation, perinatal infant mental health and training on understanding trauma for health visitors.

Managers made sure staff received any specialist training for their role. Staff were supported to undertake the Specialist Community Public Health Nurse training for school nursing or health visiting.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

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

We received feedback from 5 partner organisations who were all positive about the working relationship with the service. Partner organisations told us that staff worked conscientiously on building relationships with different services in the area and the wider region to ensure the best outcomes for children, young people and families.

Feedback we received informed us that the school nursing team contributed to the children and young people's health and wellbeing newsletter and to a dynamic action plan following the locally conducted adolescent lifestyle survey which examined the health and lifestyle of young people in the area. The school nursing service also provided training and guidance in schools regarding anaphylaxis shock and asthma. The service provided us with a procedure for managing medical condition in school training and told us this was reviewed annually by the school nurse specialist lead in line with evidence based practice. Managers told us that staff received updates as part of basic life support training and updates through the National Institute for Health and Care Excellence (NICE) and the Central Alerting System (CAS) which is responsible for issuing patient safety alerts, important public health messages and other safety critical information to ensure consistent and correct practice was shared.

Health promotion

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

The service had relevant information promoting healthy lifestyles. Health visitors had a range of leaflets which included information on infant feeding, teeth and immunisations. School nurses promoted health around smoking and vaping, sexual health and attended coffee mornings within school settings to deliver public health messages such as sleep, healthy eating and diet and oral health.

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

Consent and Mental Capacity Act

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Community health services for children, young people and families

Good 

Staff understood how and when it would be appropriate to assess whether a child or young person had the capacity to make decisions about their care. During our observation of a sexual health clinic in a school, we observed the use of the Gillick competency, which is used to assess whether a child is mature enough to consent to treatment and the Fraser guidelines which are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment. Discussion was held regarding age, safety, risk and raising concerns.

Staff made sure children, young people and their families consented to treatment based on all the information available. Consent forms were sent to families prior to undertaking an immunisation programme in school and the service liaised with schools to identify the most appropriate method to gain consent using either electronic or paper forms.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

Staff gained consent from children, young people or their families for their care and treatment and clearly recorded consent in the children and young people's records. We saw evidence of consent to referral into the service, considering both the parent or carer and the child or young person in terms of school nursing.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 100% of staff had completed mandatory training and had access to a guidance on the Mental Capacity Act.

Is the service caring?

Good 

We rated it as good.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way.

We gained feedback from 13 children, young people and their families they said staff treated them well and with kindness.

Staff followed policy to keep care and treatment confidential. During inspection we observed confidentiality statement given by school nurses to young people attending a clinic. The service also promoted a confidential help and advice tool enabling safe and secure messaging between healthcare professionals and service users.

Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs. During inspection we observed

Community health services for children, young people and families

Good 

several interactions with a range of children, young people and families and all staff remained professional, respectful and non-judgemental during all interactions. Families we spoke with described how much the service exceeded their expectations and how much they appreciated the support provided. The service worked in partnership with the local mental health support team working with children, young people, families, and educational settings in the area.

Staff we spoke with during inspection understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. The service provided privacy cloaks to maintain privacy and dignity of children and young people who were being immunised within schools and would agree to parents supporting children who had individual needs. For example, staff were trained to explain the contents of the flu vaccine which enabled people to have an informed choice.

We saw evidence that the school nursing service delivered sessions on LGBT+ in schools and provided information about gender support available to children and young people in the local area.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. The children, young people and families we spoke with during inspection told us that the service supported with a range of needs and had good knowledge regarding mental health, premature births and foster children needs. They were also referred to other groups and services when appropriate.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. During the group sessions if a parent or carer needed a one to one with staff the service had a room or space to hold private conversations. Any concerns raised or advice given during the group would be entered onto the electronic record system so that other members of the team could see this information.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. The service supported several children, young people and their families with complex needs and we saw that appropriate referrals to other services were undertaken, however, long waiting times for some third party services were a challenge, especially therapy services.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. The service had a range of leaflets and workbooks to provide families with and information was included in the personal child health record. The service also made use of social media to publicise the service and explain the role of the different disciplines.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. Staff had access to an interpreter service, they could produce documents in different languages, on different coloured paper and in large type where required and had access to pictorial aids.

Community health services for children, young people and families

Good 

The service told us they had a range of ways that children, young people and their families could give feedback on the service and their treatment such as the health visiting and school nursing friends and family survey, however out of the 13 people we spoke with, none told us they had given feedback and some specifically told us they had never been asked to.

Managers told us that they valued and recognised the importance of feedback to improve the service provision. The service had a communication and engagement programme for 2023-2024 and a parental consultation regarding the infant feeding peer support team was currently live for feedback during June and July 2023. The service also planned a young people survey and a parental consultation regarding the perception of the service, settings, locations and accessibility of service which were due to commence later in 2023.

Staff supported children, young people and their families to make advanced and informed decisions about their care.

85% of the children, young people and families we spoke with gave positive feedback about the service. The service also received 12 compliments between April and June 2023, 3 of these were received via the friends and family survey available to access on the council's website and 9 were received via other methods such as emails and telephone calls.

Is the service responsive?

Good 

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population, for example the service worked with partners to implement an early language intervention measure for 2 and 2.5 year olds, produced a pathway and updated the electronic care system in order to collate data.

Facilities and premises were appropriate for the services being delivered. There were good facilities management in place at all sites, they ensured that they were accessible within the communities and for people with physical disabilities. The infant feeding peer support team had recently started a group in a local supermarket which was achieving good attendance.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. Staff we spoke with told us that when young people transitioned to adult services the school nurse would handover care to the GP. A school nurse would maintain relationships with a young person they already supported if they went on to further education.

Managers monitored and took action to minimise missed appointments. The service had introduced a text messaging system to remind people of their upcoming appointments.

Managers ensured that children, young people and their families who did not attend appointments were contacted.

Community health services for children, young people and families

Good 

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

We spoke with 13 children, young people and families who fed back that their individual needs would be taken into consideration when booking appointments, providing information and signposting or liaising with other services. We spoke with 2 family members who told us they felt the health visitors didn't have enough time and did not respond to calls but they did not want to complain.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. The service made appropriate referrals and worked in partnership with other services and agencies to ensure that the needs of all individuals were met. Staff would also tailor the service to meet individual needs and for example, agree the best contact method.

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

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. Managers told us that referral to allocation for school nursing referrals was typically within 5 working days. The service had a 6 week waiting time for a specific piece of work with a community health practitioner. Children, young people, and families were provided with the information they needed and signposted appropriately. Children, young people, and families had access to the duty contact number which was operated Monday to Friday.

Managers worked to keep the number of cancelled appointments to a minimum. When children and young people had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. All the children, young people and families we spoke with told us that they had not had appointments cancelled unless by them and were always rearranged at a time to suit them. A family member told us that the health visitor changed times to fit in with their family needs.

Staff supported children, young people and their families when they were referred or transferred between services. The service had a clear policy and timescales in place regarding movement and transfer out of the area. Managers monitored patient transfers and followed national standards.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

We spoke with 13 children, young people and their families all knew how to complain or raise concerns. Between 01 September 2022 and 23 June 2023, the service received 2 formal complaints.

Community health services for children, young people and families

Good 

The service provided information about how to raise a concern within the personal child health record books and complaints information could be found on the council's website.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes and we looked at the 2 complaints received and saw that the process and handling of these was good, investigations thorough and a response provided to the complainant.

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

Managers shared feedback from complaints with staff and learning was used to improve the service during operational management meetings for both school nursing and health visiting, health visiting and school nursing team meeting and practice development meetings.

Staff could give examples of how they used patient feedback to improve daily practice, for example following information being hand delivered to the incorrect household the service reviewed this process and in the event of posting information through letter boxes all staff checked the location of the property by appropriate methods, for example using an online map.

Is the service well-led?

Good 

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

All staff we spoke with told us that managers were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles or where staff had interests this was developed, and staff told us that they took on roles as leads in different areas such as autism and mental health. Staff leads supported colleagues and had the opportunity to deliver pilot projects to improve support networks and outcomes for the community.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The service was currently undergoing a review of the service specification to encompass the changing agenda and capture the national and local developments.

Community health services for children, young people and families

Good 

Leaders and staff understood and knew how to apply them and monitor progress.

Culture

During our inspection we spoke with 11 members of staff and all told us they felt respected, supported and valued. The service had undertaken a staff survey in July 2022, had identified a number of themes from this survey and developed an action plan to address the issues that staff had raised, such as relocation of staff, a blended approach to working, implemented an anonymous feedback form for staff and held a staff celebration event.

They were focused on the needs of patients receiving care.

The service promoted equality and diversity in daily work and provided opportunities for career development.

The service had an open culture where patients, their families and staff could raise concerns without fear and this was confirmed by all staff, children, young people and their families we spoke with during inspection.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

The provider had mandatory training courses for staff and monitored compliance but this did not include training on learning disabilities and autism or duty of candour training. From 1 July 2022, a new legal requirement was introduced by the Health and Care Act 2022 that all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. Managers were not aware of this requirement. Since inspection the service developed an improvement plan and told us that this training will be provided to all staff during quarter 3 and 4 of 2023/2024.

The service had a safeguarding team who were valued by managers and the staff team, they gave safeguarding advice and support, supervision, training and kept safeguarding policy and procedure up to date. Locally the team played an active role, networking with other safeguarding professionals within the area and outside the area and attending all appropriate meetings and boards.

The service had a clear audit schedule which included infection prevention and control audits, both environmental and in terms of performance. We identified that some equipment did not have up to date labels on them to indicate that they had been recently cleaned or maintained however all equipment was clean, we observed staff cleaning equipment and the service kept a maintenance log and certificates.

Staff were clear about the types of incidents to report, and the service had an effective system for recording, auditing and, where necessary, investigating incidents that occurred. Managers identified themes and looked at ways to improve the service.

Compliance rates for supervision and appraisal were very good and staff told us they felt well supported and had opportunities to develop and progress within the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Staff completed mandatory training assigned to them and the service had an effective system for recording and monitoring training.

Community health services for children, young people and families

Good 

Feedback from children, young people and families was positive. Most people we spoke with told us that staff would go above and beyond to meet their individual needs. During inspection we observed skilled staff who had developed positive relationships with children, young people and their families and treated them with understanding, empathy and compassion. However, it wasn't always easy for people to give feedback on the service. Managers had a communication and engagement programme for 2023-2024 to improve this. The service had also recently implemented a secure messaging tool to support with appointments and feedback.

Managers had a robust system in place for recruitment and ensured the necessary employment checks were carried out on all staff, including directors of the service. We saw a database which tracked staff disclosure and barring system checks to ensure these were updated in line with guidance and nursing and midwifery council checks in place including revalidation dates.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. Managers had access to a training and development database, carried out regular audits, incident reviews and investigations. All staff had access to regular clinical and safeguarding supervision, annual appraisals and team meetings and practice forums. The service also focused on staff wellbeing and staff we spoke with gave examples of how the service had supported them personally.

They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had a risk register which highlighted the main risks to the service and was regularly reviewed.

The service had a business continuity plan to cope with unexpected events.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Information Management

The service collected reliable data and analysed it. Managers completed a quarterly clinical assurance and compliance report. Performance data was submitted to NHS England as part of their quarterly return.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The service used an electronic patient record system which all staff could access, and the system was used by other healthcare professionals enabling the sharing of information. The service created templates and updated the system to ensure they captured all appropriate information and enabled the service to analyse data to improve outcomes for people who used the service. The information systems were integrated and secure.

Data or notifications were consistently submitted to external organisations as required.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

They collaborated with partner organisations to help improve services for children and young people and feedback we received from 5 partner organisations all stated that they had effective, positive working relationships with the service for the best outcomes for children, young people and their families.

Community health services for children, young people and families

Good 

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

They had a good understanding of quality improvement methods and the skills to use them.

Leaders encouraged innovation and participation in research. The service engaged in clinical audit and as a result implemented new tools, training and engagement to improve outcomes for people using the service, such as rolling out emotional wellbeing visits training to support evidence based care, implementation of dental caries risk assessment due to the risk of neglect identified in line-of-sight audit and implementation of the speech, language, and communication training.

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
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none"><li data-bbox="823 748 1485 815">• The service must ensure all staff receiving mandatory training in learning disabilities and autism.<li data-bbox="823 822 1485 889">• The service must ensure that all staff understand the term 'duty of candour'.