Homerton University Hospital NHS Foundation Trust

RQXM1

Community health services for children, young people and families

Quality Report

Homerton University Hospital NHS Foundation Trust
Homerton Row
Hackney
London
E9 6SR
Tel: 020 8510 5555
Website: http://www.homerton.nhs.uk/

Date of inspection visit: 31 January to 3 February 2017
Date of publication: 26/05/2017

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)
RQXM1	St Leonard's Hospital	The Ivy Centre	N1 5LZ
RQXM1	Hackney Ark	Community health services for children, young people and families.	E8 2FP

This report describes our judgement of the quality of care provided within this core service by Homerton University Hospital NHS Foundation 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 Homerton University Hospital NHS Foundation Trust and these are brought together to inform our overall judgement of Homerton University Hospital NHS Foundation 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

Contents

Summary of findings

Overall summary

Overall rating for this core service is good because:

- The community health services for children, young people and families (CYP) service had systems for identifying, reporting, and managing safeguarding risks. The child safeguarding team provided good support to staff across CYP services through supervision, training and monitoring of incidents.
- Professionals from different teams in the service worked well with each other and those from external organisations to make sure each child had the best possible care. Health centres housed a variety of services, which meant CYP was able to work closely with partners such as GPs. CYP staff provided competent care in line with best practice and national guidance.
- The trust health centres and children centres we inspected were clean, tidy, and clutter free. Waiting rooms and clinic rooms were child friendly with toys, books and other resources appropriate for different ages. CYP services completed regular infection control audits across locations and most staff demonstrated good hygiene and infection control procedures.
- Staff supported the patients and families they worked with, and provided patient-centred support in clinics and in homes. Staff planned and delivered services in line with local needs including for vulnerable patients and those who spoke limited English.
- Staff told us they could find policies easily on the trust intranet. Staff who worked in the CYP service followed the trust's lone working policy. Staff we spoke with had good awareness of lone working arrangements.
- Patients we spoke with told us they were very happy with the care and treatment provided and had good access to translation services.
- Staff told us they valued working for the trust and said the trust had involved staff in different ways such as through focus groups. Staff told us that service leaders were supportive, accessible and approachable.

However:

- The CYP service completion rate for infection prevention and control level two was 61 % against the trust's mandatory training target of 90%. Similarly, the service's completion rate for paediatric basic life support (PBLS) was below the trust target and averaged at 51%.
- Staff did not always recognise the terminology of 'duty of candour' although they had an honest approach and were open with patients when things went wrong.
- The trust-wide response rate for the NHS Friends and Family Test was 2% for September and October 2016, which is lower than the national response rate at 3.5%. Most patients told us that staff did not encourage them to give feedback on the care they received or provide any information on how to make a complaint if needed.

Summary of findings

Background to the service

Homerton University Hospital NHS Foundation trust is an integrated care trust in Hackney East London. The trust provides general health services at hospital and in the community with staff working out of 75 different sites.

The trust serves a diverse local population from Hackney, the City of London and surrounding boroughs in East London. Hackney was the 11th most deprived local authority overall in England in the 2015 Index of Multiple Deprivation. The City of London has a growing population and was judged as the 262nd most deprived local authority out of 326.

Hackney's population is estimated at more than 263,000 people. Hackney has a relatively young population, with 25% of residents under 20 years old. The proportion of residents between 20 and 29 has grown in the last ten years and now stands at 21%. People aged over 55 make up 18% of the population.

Between April 2015 and April 2016, the trust reported that 227,147 patients used the range of children, young people and families' services. The data showed that 73% of patients used the health visiting service most frequently.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Nicola Wise, CQC

Inspection manager: Max Geraghty, CQC

The inspection team included Care Quality Commission (CQC) inspectors and a number of specialists, including a health visitor, a school nurse, a community children's nurse, and a safeguarding nurse for children, community paediatric physiotherapist and an Expert by Experience.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at eight focus groups.

During our inspection we visited 13 trust's sites which included health centres, children centres, primary schools, a special school, health-visiting clinics in GP practices, sexual health clinics and Hackney Ark.

Hackney Ark is a specialist centre for children and young people with disability and or special educational needs. Hackney Ark offered the following services for children: vision, speech and language therapy, physiotherapy, occupational therapy, dietetics, continence, community paediatrics, children and adolescent mental health services (CAMHS) disability and audiology tier two and three (tier three had a service level agreement with another provider). In this inspection, we did not visit the CAMHS, continence, key worker service and audiology services.

Summary of findings

We also attended home visits with health visitors and community children's nurses. We spoke with 42 patients and their family members. We observed care and treatment and looked at 35 sets of patient records. We also spoke with 66 staff members, including health visitors, community children's nurses, consultant community paediatricians, school nurses, speech and language therapists, physiotherapists, other allied health professionals, clinical leads, administrators and senior management staff.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of the service.

What people who use the provider say

We spoke with 42 patients and their families during the course of the inspection. The patients we spoke with talked positively about the care and treatment they received. Patients and their families told us they found staff to be kind, caring, compassionate, informative, professional and respectful. The following was representative of the feedback received: "very happy with the care", "staff do a wonderful job", "staff have time to talk to you and encourage children" and "good emotional support".

Good practice

- The service demonstrated highly effective internal and external multidisciplinary working, facilitated by co-location of services and partnership working with other service providers.
- The trust had comprehensive safeguarding supervision processes. Staff demonstrated good compliance with the trust's child safeguarding training.
- The trust has a safeguarding children screening team who screen information about vulnerable children. The team identified high-risk children for example those who attended accident and emergency and passed on the information to the health visiting or school nursing team.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust must improve the completion rate for paediatric basic life support training.
- The trust should improve the completion rate for infection control level two training.
- The trust should ensure that staff are all familiar with the term, 'duty of candour' and their responsibilities, even though they were applying this in practice.
- The trust should take steps to improve the response rate for the Friends and Family Test and should proactively seek patient feedback.
- The trust should improve staff awareness of the major incident plan and how to access emergency information, when needed.

Homerton University Hospital NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- The trust had clear and comprehensive policies, processes and training for child safeguarding. The safeguarding team and the trust board regularly reviewed policies ensuring they were up to date. Staff told us they could find policies easily from the trust intranet.
- The service had robust systems for identifying, reporting, and managing safeguarding risks. The child safeguarding team provided support to staff across children, young people and families (CYP) services through supervision, training and monitoring of incidents. The safeguarding children team reviewed all safeguarding children incidents. The CLIP meeting reviewed all reported incidents.
- The service had good processes to report risks and identify learning from incidents. The service shared learning from incidents in team meetings and through emails.
- The CYP service followed the trust's lone working policy, which staff could access on the trust intranet. There was a good awareness of lone working arrangements amongst the staff we spoke with and staff told us they had received personal alarms.
- The trust health centres and children centres we inspected were visibly clean, tidy, and clutter-free.
- CYP services completed regular infection control audits across locations, and most staff demonstrated good hygiene and adherence to infection control procedures.

However:

- The service reported an average completion rate of 51% for paediatric basic life support (PBLS) against the trust

target of 90%. The children's speech and language centre reported the lowest PBLS completion rate of 21% followed by the occupational therapy and physiotherapy team at Hackney Ark with 27%. PBLS completion rates across health visiting teams B to F, averaged at 57%, whilst health-visiting team A had the lowest completion rate of 25%.

- The CYP service completion rate for infection prevention and control training level two was 61% against the mandatory training target of 90%.
- Staff did not always recognise the terminology of 'duty of candour' although they understood and implemented an open, honest approach, which acknowledged with patients when things went wrong.
- The trust used an electronic patient record system. However, some services for example, the speech and language therapy service had not received their laptops and not all children centres had access to the electronic record system. This meant staff used both paper and electronic records leading to repetition as both records required updating. The trust planned for all clinicians to receive a laptop by the end of July 2017.

Safety performance

- The children, young people and families (CYP) service reported zero never events between December 2015 and November 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Incident reporting, learning and improvement

- Between November 2015 and October 2016, staff reported 197 incidents for community children's services of which 13 related to community children's mental health. Of the incidents submitted, 96% resulted in no or low harm. The service recorded one incident as major harm in October 2016 within the Child and Adolescent Mental Health Services (CAMHS). Although the service graded the incident as major harm initially and took appropriate steps, the service downgraded the incident upon divisional review as the harm was not in the organisation or by omission of care by the service. The harm occurred because of omission of care by social care.
- The service reported one serious incident in August 2016. The report related to a confidentiality breach where it was claimed that a text message had been sent to a parent from a staff member disclosing information about the patient. The affected service has since improved processes to ensure maintenance of confidentiality. Patients we spoke with during our inspection complimented the confidentiality of the service. For example, patients obtained results by calling a specific telephone number and providing an identification number and date of birth.
- Health visiting had the highest number of incidents between November 2015 and October 2016, with 54 (27%) in total and averaging 4.5 per month. The health visiting service consisted of six clusters and health visitors told us that managers shared information on incidents at the two weekly performance meetings. Staff told us that the team coordinator and manager for each cluster attended the meeting and disseminated information to the remaining staff through weekly team meetings.
- The trust used an online incident reporting system. All staff had access to this system and record incidents. The service shared learning and feedback from incidents effectively in team meetings or briefs, in service-wide emails or in individual supervision. Staff we spoke with said they were encouraged to submit concerns and issues.
- Staff felt confident to escalate concerns and understood how and when to report incidents appropriately. We spoke with medical, nursing and allied health professionals who told us the trust encouraged them to report incidents. Staff we spoke with said they could obtain support from the managers and the safeguarding team easily if needed.
- Staff felt encouraged to report incidents and near misses, concerns and identified risks. Staff gave us examples of incidents and lessons learned and actions taken. For example, there was an incident about obtaining information on waiting times. As a result, all

patients were required to check-in at the ground floor reception area before going to the relevant clinic area. The service improved the reception area with new management to support the reception team.

Duty of Candour

- The duty of candour is a regulatory duty relating to openness and transparency and requires providers of health and social care services to notify patients or other relevant persons of 'certain notifiable incidents' and provide reasonable support to that person. Although duty of candour was included in the incident reporting section within the induction programme, supported with the trust policy on 'Being open and Duty of Candour', staff awareness was inconsistent. Staff did not always recognise the terminology of 'duty of candour' although they understood and implemented an open and honest approach when things went wrong.
- After our inspection, the trust shared a communication email sent to all staff to raise awareness of duty of candour and remind staff of their responsibilities. The email also directed staff to the trust policy and included points of contact, such as the head of patient safety, should staff have any queries.

Safeguarding

- The trust had clear and comprehensive policies, processes and training for child safeguarding. The safeguarding team and the trust board regularly reviewed policies ensuring they were up to date. Staff told us they could find policies easily from the trust intranet and said the safeguarding team were supportive and accessible.
- The safeguarding team had links with local multi-agency safeguarding hub (MASH) team. A member of the trust's safeguarding team was based in the local authority with the MASH team. This ensured appropriate sharing of information between agencies.
- The local authority had several sub-committees, all of which had representation from the trust's safeguarding team. For example, the multi-agency risks assessment conference (MARAC) meetings, which took place every fortnight or every month, had representation from the safeguarding team.
- The trust had a safeguarding children screening team who screened information about vulnerable children.The team identified high-risk children, for example those who attended accident and emergency and passed on the information to the health visiting or school nursing team.
- NHSE London commissioned an external provider for the school health safeguarding service. The school nursing team worked with the external provider's clinicians to provide safe and integrated care. Both the external provider and the trust could access the school nurse system to enter or read notes for an individual child, demonstrating a good example of joint working. Electronic markers highlighted a family or child with child protection concerns. School nurses that we spoke with said the safeguarding arrangements worked well as information was accessible to both the external provider and the trust.
- For the looked after children (LAC) service, the nursing component was provided by an external provider and the medical component was provided by the consultant paediatricians. Staff we spoke with informed us that multi-disciplinary meetings took place once a term with good attendance from the paediatricians, the external provider and the school nursing team. This arrangement worked well and we saw evidence of the agenda for September 2016, and attendance for December 2016 meeting, where 29 multi-disciplinary attendees attended. We were shown feedback forms for this session, which were all positive.
- The trust held safeguarding workshops to ensure nursing staff maintained safeguarding skills. Safeguarding workshops delivered training on radicalisation, child sexual exploitation (CSE) and female genital mutilation (FGM). Staff we spoke with gave us examples of other safeguarding workshops attended such as 'Seen and not heard', which focused on approaching a child with signs of safeguarding concerns. Staff told us that external speakers provided the domestic violence workshop.
- The trust provided staff with regular safeguarding supervisions. All staff we spoke with told us they underwent safeguarding supervision every three months. Staff told us the trust's safeguarding team could be accessed easily for support when needed.
- The trust set a target of 90% for completion of child safeguarding training. As of October 2016, mandatory

level one and two training in children safeguarding had good completion rates across the CYP staff groups with 93% and 95% respectively. Level one adult safeguarding completion rate was 93%.

- The completion rate for children safeguarding level three was 85% and adult safeguarding level two was 72%. Both completion rates were below the trust target.
- The trust informed us that although adult safeguarding level two training was not part of the core mandatory training, uptake had increased as the clinical commissioning group's (CCG) completion target was for 80% to 85%. In September 2016, the trust launched an e-learning package for adult safeguarding level two, with supplementation from short workshop style updates tailored to different staff groups and services. The team leads received reminders with the names of staff who still had to complete the training. The trust monitored training and reported updates regularly at the safeguarding committee meetings.

Medicines

- The service had effective policies and procedures to manage the storage and administration of medicines at the trust sites and external locations we visited.
- The sexual health service used patient group directions (PGDs) to allow trained nurses to give medication and fit contraceptive devices. PGDs allow some registered health professionals (such as nurses) to give specified medicines such as painkillers, to a predefined group of patients without them having to see a doctor. The trust regularly reviewed the PGDs to keep them up to date. The PGDs included information such as dosage, side effects and duration of treatment for the medication.
- Satellite sexual health clinics stocked a small number of medications and contraceptives. The service securely stored and handled medicines safely. For example, we saw locked fridges in clinics for safe storage of Hepatitis B vaccines. Staff stored the keys for the medicines cupboard at reception in a locked key box. We also observed an administrative record sheet showing when medicines were taken from the medicines cupboard to keep track of stock used/left.
- The trust had a policy and procedures to manage the cold chain for the storage transportation of vaccines, which included the actions to take should a power cut occur. Staff monitored and recorded fridge temperatures daily with no omissions and records we reviewed demonstrated this. The trust had guidance available for staff to refer to when the fridge readings were out of range. A trust pharmacist visited every three months to carry out the relevant medicine management checks.
- The NHSE London commissioned an external provider for the provision of immunisations that children received at schools. Nursing staff told us that in special schools, the staff worked with the external provider to ensure parents completed consent forms appropriately.
- On medication rounds, school nurses completed the consent and medicines administration documents appropriately and accurately. We observed sessions where the school nurse administered the medication having checked the student's name with the classroom staff and an identification wristband. The nurses kept the medicines locked in a trolley and kept the trolley in the main nurse's room. The drug trolley contained the entire individual student's medication.
- School nurses stored individual emergency medicines such as asthma medications, in locked cupboards on each floor. We looked at a sample of drugs and found them to be within the expiry dates. Staff told us they received yearly training on administering medication. Staff gave us examples of where they had liaised with parents and the GP to have the dose readjusted, as the student suffered from side effects from a medication.
- The palliative care team at Great Ormond Street arranged the symptom management plan for children and set up syringe drivers which the community nurses then managed.

Environment and equipment

- We visited a total of thirteen of the trust's health centres, schools and children centres. The centres were bright and had welcoming spaces for patients and families. Waiting rooms and clinic rooms were child friendly with toys, books and other resources appropriate for different ages. Each of the locations we visited had accessible toilet facilities.
- Each of the locations we visited had information boards for patients, information leaflets and posters such as

family support for health care, emotional support, childcare placements and signposting to local public engagement events. Patients also had access to baby changing facilities.

- Electrical equipment we viewed in health centres had been tested and certified as safe for use. Fire safety equipment was also in place.
- Most weighing scales we inspected had been calibrated and within date. However, we found a set of scales that had not been calibrated which meant staff could not be certain that weights were accurate. Staff were aware of this and said that calibration was due to take place soon.
- Sebright Children's Centre had good security arrangements. Staff took photographs of all the visitors to produce the visitors pass. The pass included details such as the representing organisation, who they were visiting and the date. Visitors were required to wear the pass at all times. The centre had a children's outdoor play area.
- Security access within Hackney Ark was through fob or swipe cards access to move between the different floors. Patients could use the lifts to get to level one but could not access any staff floors, as the lift required a code for these areas.
- Clinics took place on the ground floor and first floor of Hackney Ark. Each service on level one had a colour coded waiting area; for example, physiotherapy was the yellow zone and displayed visual and sensory wall art. The building temperature was inconsistent and staff told us they had reported this, and repairs were due soon. However, the reception desk had displayed a sign for patients apologising for the issues.
- Discussion is taking place between the Trust and the landlord about use of the outside space in Hackney Ark. One option is for the Trust to fund raise for renovations to the play area. There were void spaces in the Hackney Ark building as the Trust only rents part of the building. The Trust has explored the option of taking on the additional space with the landlords but this has not progressed to date.
- The Ivy Centre clinic was situated in a discreet area of a hospital complex and was bright, airy, clean and young people friendly. We observed music playing near the reception desk, which helped increase confidentiality by preventing conversations being overheard. Cold water was also available in the waiting area.
- At the Fountayne Road Health Centre, the temperature was uncomfortably hot. The staff could not regulate the building's heating system and used electric fans to help. Staff told us they had reported the issue and management was addressing it.
- The service managed equipment maintenance through the trust's equipment department before allocation to another patient. Staff told us this system worked well.
- At some of the locations we visited, for example Hackney Ark, staff did not always ask us to show any identification or sign in at reception. This presented a risk to the safety of patients, as there was no monitoring of visitors entering and leaving the sites.

Quality of records

- The trust used an electronic patient record system. All staff including doctors, health visitors, community nurses, school nurses and therapists accessed the system through laptops. However, some services such as the speech and language therapy did not have laptops, which meant they used both electronic and paper notes. This led to repetition as both the paper and electronic records required updating. The trust planned for all clinicians to receive a laptop by the end of July 2017.
- The trust had named champions in each service who staff could go to for help with the electronic patient record system. The champions had monthly meetings for trouble shooting. The trust had recently set up development groups, for senior clinicians to help develop the electronic patient record system, so it is fit for purpose for both children and adult services.
- Paper records, including those archived, were kept in locked cabinets at Hackney Ark for the services located there. Staff told us they could access them easily. Specials schools which catered for children with special educational needs, stored archived child protection paper notes to facilitate access for all the healthcare professionals. Staff told us that these files were too big

to scan onto electronic patient record system. However, staff entered any new documentation into the electronic patient record system. Staff told us historic school nurse records were stored at the nurses' base site.

- The electronic patient record system required password access with a smartcard to ensure security. Staff members had unique accounts to ensure professional accountability. Staff we observed were careful with confidentiality and locked the computer when not in use.
- We reviewed 35 children's' records and care plans and found notes completed in a logical and comprehensive way. The notes provided detailed description of care plans, observations, allergies, documentation of multidisciplinary (MDT) working, patient history, evidence based practice, risk assessments attendances, action plans and service user progress. Although staff documented consent appropriately, it was difficult to identify, as staff did not use the consent system on the electronic patient record system. Records were consistent with the nursing and midwifery council (NMC) guidelines for record keeping. The electronic system flagged patients who were at risk, such as those under a child protection plan facilitating effective MDT awareness.
- We observed health visitors record information in 'My Child's Health Record' red books which parents kept. All content was readable and dated. Before going on home visits, we observed health visitors access information from both the electronic patient record system and the GP system to access the patient's full history. However, we did observe a couple of occasions where there was a delay in updating health-visiting records having completed home visits the day before.
- School nurses and support workers had to scan a significant amount of paper records for the system to be effective. Staff told us that the school nurse administrator was not able to keep up with the demand of scanning the relevant new notes onto the electronic patient record system. Management had employed staff to tackle the backlog but the backlog is still present especially with new children's registrations to consider in addition.

Cleanliness, infection control and hygiene

- The health and children centres we visited were visibly clean, tidy, well organised and clutter-free.
- Staff had access to personal protective equipment (PPE) and had awareness of how to dispose of used equipment safely and in line with the trust's infection control guidelines. We also observed separate sluice areas for patients at the special school.
- The service had appropriate systems and processes to manage infection prevention and control. Most clinicians and health professionals we observed cleaned their hands, were bare below elbows and followed hand hygiene procedures appropriately while in homes and in clinics before and after contact with clients. For example, we observed a nurse carry out an aseptic technique to a high standard during a blood test by following the aseptic non-touch technique (ANTT) clinical guidelines for hospitals and community care. The nurse demonstrated appropriate use of disposable syringes and tourniquet with a correctly assembled sharps bin.
- All the trust sites had accessible handwashing gel facilities located at the main entrance and throughout public areas. Health visitors and other staff using the sites had dispensers of alcoholic cleaning gels which we saw them use in between all contacts with patients. However, we did observe a few isolated occasions where some clinical staff did not adhere to bare below the elbow guidance and did not follow the hand hygiene procedures prior to patient examination. Patients and family members we spoke with also mentioned that on a few occasions, they did not see the healthcare professional wash their hands prior to examination.
- Health visitors and therapists cleaned equipment before and after use. For example, we saw health visitors use disinfectant wipes on scales after weighing assessments for babies. The health centres we visited displayed completed cleaning schedules for toys in the waiting room for families to view. We observed speech and language sessions where staff cleaned toys after each session.
- Staff could easily find the infection control policy when asked on the trust's intranet. Mandatory training records

for the trust showed that 94% of staff had completed infection control level one training but only 61% of staff had completed infection control level two training. The trust had a 90% target for mandatory training.

- The trust completed quarterly infection control audits across the CYP services to measure quality of practice in health centres and in the community. Completed audit reports for Hackney Ark (July 2016), Fountayne Road Health Centre (July 2016) and Lower Clapton Health Centre (May 2016) showed that where they failed in a given area, appropriate actions were taken and completion dates recorded.
- The Ivy Centre provided data for hand hygiene audits completed between April 2016 and January 2017, which showed 100% compliance achieved.

Mandatory training

- Trust wide mandatory training included topics such as basic life support (BLS), equality, diversity and human rights, fire safety, health, safety and welfare, infection prevention and control, information governance, moving and handling, NHS conflict resolution and safeguarding.
- The trust used a mix of classroom-based and online training modules: for example, information governance was available online and basic life support was classroom based. The trust had a 90% target for mandatory training. We asked the trust to break this down for CYP community services. Five of the ten mandatory training units were above the target of 90%. Infection prevention and control (level two) had the lowest completion rate at 61%.
- Trust records showed that 88% of staff in community children's services had completed the trust information governance training as part of their mandatory training. This was below the trust target of 90% for completion of mandatory training.
- The trust's mandatory training included an NHS Conflict Resolution module, which had been completed by 94% of staff in community children's services. Staff we spoke with told us they had had no issues to date.
- Staff told us that they had protected time to complete their mandatory training. Staff and managers told us that staff received a reminder email to update mandatory training that is due to expire. Managers received notifications when a staff member's training was due to expire and raised this in supervision with their staff.
- The service required newly appointed staff to complete the trust's corporate induction and included all the mandatory training.

Assessing and responding to patient risk

- Staff appropriately recorded assessment information in a baby record book and within patients' notes. We saw health visitors record the observations of infant development indicators such as height, weight, communication and motor skills. Staff assessed infants for actual and potential risks related to their health and well-being.
- The service had mechanisms to identify patients at risk, such as vulnerable women and children and record details in electronic records. Staff told us they managed deteriorating patients as outlined in the trust's policy.
- Staff completed risk assessments comprehensively. We observed health visitors and community children's nurses conduct risk assessments while on home visits and in clinics. For example, the system identified that a patient's sibling was not up to date with their immunisations; the health visitor discussed this at length with the mother.
- Staff we spoke with told us they had received basic life support training for both adults and children. The CYP service reported a completion rate of 88% in level two adult resuscitation. This was against the trust target of 90%. The service reported an average completion rate of 51% for paediatric basic life support (PBLS) against the trust target of 90%.
- The community paediatric medical staff and child incontinence reported 100% PBLS completion rate. The children's community nursing and school nursing teams reported PBLS completion rates of 88% and 82% respectively. The children's speech and language centre reported the lowest PBLS completion rate of 21% followed by the occupational therapy and physiotherapy team at Hackney Ark with 27%. PBLS completion rates across health visiting teams B to F, averaged at 57%, whilst health-visiting team A had the lowest completion rate of 25%.

Good

Are services safe?

Staffing levels and caseload

- Of the clinical directorates, children's services, diagnostics & outpatients (CSDO) had the highest vacancy rate at 12% in comparison to other directorates such as integrated medicine and rehabilitation service (IMRS) at 5%.
- At the time of our inspection, there were 92.2 whole time equivalent (WTE) health-visiting posts with a vacancy rate of 26%.The health visiting service's sickness rate was 4% and staff told us this was mostly long-term sickness. The trust was in the process of interviewing to fill the vacant posts. Staff we spoke with told us that although there were some newly recruited staff, it still was not enough. Some staff told us their caseloads were, "overwhelming, especially where there was staff sickness in addition to the vacancies". Staff we spoke with told us that where they had worked extra hours, they were able to get the time back.
- Health visitors expressed their concerns about meeting targets due to staff shortage. We saw evidence where this concern was documented in the September 2016 Health Visiting Performance meetings minutes. In response, health visitors told us that, from December 2016, managers authorised the use of bank staff to cover staff shortages. However, the service did not regularly use the same bank staff, which meant staff spent a lot of time training people.
- The trust reported 327 caseloads as an average for health visitors between October and December 2016, which was slightly above the Lord Laming (2009) recommendation of 300 children per WTE health.
- Staff completed concise handovers with relevant information shared amongst the team. We observed a handover for the children's community nurses prior to the scheduled home visits. Staff discussed caseloads in detail and where no contact was made with the patient the team liaised with the health visiting team and GP. Although the children's community nursing team had a vacancy rate of 22%, staff told us they had manageable caseloads for service, approximately 25-30 per staff member.
- The school nursing department did not have any vacancies. Staff told us each school nurse had 16 schools which had to be visited every three weeks as agreed with the commissioner. Special schools always had one nurse present.
- Adult and children's community nurses, specialist nurses and therapists provided community end of life care. Children's community nursing comprised of two teams, complex care and generic, both of which provided palliative care to children at the end of life stage. There were clinical nurse specialists (CNS) whose specific roles were to support people with Parkinson's disease and Multiple Sclerosis who worked within Homerton Hospital and the community.
- The children's complex care team comprised of a team leader, deputy team leader, two nurses and two carers. They had five bank carers who worked with the team on a regular basis. A third nurse had left the team six months prior to the inspection and had not been replaced. We were told that caseloads were being managed and that the complex care team and generic team provided support for each other during busy periods.

Managing anticipated risks

- Staff adhered to the trust's lone working policy and told us they could access it easily on the trust intranet. Staff we spoke with had good awareness of lone working arrangements. Staff had received personal alarms, which featured one button alarm activation, GPS/GPRS technologies and two-way voice communications.
- The service had a 'buddy' system, where staff recorded their whereabouts on a whiteboard in the office base. We observed a hand over for community nursing prior to home visits and saw evidence of the buddy system working in practice.

Major incident awareness and training

- The trust had a major incident plan to sustain service continuity. The trust made managers aware of the trust's major incident communication strategy, the business continuity plan and the incident response plans.
- The trust ran yearly training sessions for gold and silver on-call managers. The trust ran a yearly desktop training exercise and a classroom exercise took place every three years. However, the trust stated that it was not possible

Good

Are services safe?

to separate the completion rates for CYP but stated they were included in the appropriate training sessions. During our inspection, we found that some staff we spoke with did not know what a major incident plan was.

- The trust completed the annual self-assessment for Emergency, Preparedness, Resilience and Response (EPRR) against NHS England's core standards and provided a copy of the 2016 report, which was positive overall. However, the trust informed us that EPRR is not a training module currently offered as part of the trust's mandatory programme.

Good

Are services effective?

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

Summary

We rated effective as good because:

- The children, young people and families (CYP) service demonstrated effective internal and external multidisciplinary working and practitioners worked with other staff as a team around the child providing person-centred care. The co-location of services in health centres facilitated partnership working with other service providers, such as GPs and the local borough.
- The trust provided the five mandated checks (antenatal, new birth, six to eight weeks, one year and two year) in the health visiting healthy child programme. The trust also provided a four-week follow up and a four-month follow up for first time mothers and vulnerable families.
- CYP practitioners provided competent, thorough and evidence based care and treatment in home visits, clinics, development reviews and therapy sessions. Staff delivered care in line with national guidance.
- Staff had a good understanding of how to obtain consent. Staff followed the Gillick competence and Fraser guidelines to ensure that people who used the services were appropriately protected. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

Evidence based care and treatment

- The trust provided the five mandated checks (antenatal, new birth, six to eight weeks, one year and two year) in the health visiting healthy child programme. The trust also provided a four-week follow up and a four-month follow up for first time mothers and vulnerable families.
- The trust provided data for Key Performance Indicators between October and December 2016 for health visitors. The health visiting team worked closely with other stakeholders to improve the uptake of all the other checks. They performed well in the face to face new birth visits within 14 days, which was above the 95% target at 97%. In the same period, 95% of children received a twelve-month review by the time they turned twelve months, against the target of 90%.
- Staff accessed corporate information on the trust's intranet. Staff could also access protocols, policies and guidance for clinical care and other patient interventions. Staff told us they found the trust intranet easy to access.
- We reviewed a sample of trust policies for CYP services and found appropriate reference to relevant National Institute for Health and Care Excellence (NICE), Royal College guidelines and other nationally or internationally recognised guidelines. For example, the sexual health guidelines referred to and included evidence from the British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH).
- The Healthy Child Programme emphasised on the early identification of need and the support of families to improve health and wellbeing and reduce health inequalities guided health visiting and school nursing services. The Healthy Child Programme has a schedule of screening, immunisations and health and development reviews set out by the Department of Health. However, NHSE London commissioned an external provider for the immunisations service.
- Health visitors used a family needs assessment. The Department of Health advocates six high impact areas of working including: the transition to parenthood, maternal mental health, breastfeeding, healthy weight and healthy nutrition, managing minor illness and accident prevention and healthy two year olds and school readiness.
- We observed health visitors teams use the Ages and Stages Questionnaire (ASQ) at reviews. ASQ is an evidence-based tool used to identify a child's developmental progress and provides support as

needed to parents. The trust provided data for October to December 2016 that showed 84% of children had received a 2 to 2.5 year review using ASQ 3, against the target of 80%.

- We observed competent, thorough and evidence based care and treatment by CYP practitioners in home visits, clinics, developmental reviews and therapy sessions. All practitioners conducted full assessments as per guidelines and provided up to date and evidence-based advice. For example, we observed speech and language sessions where evidence based practice in intervention and staff gave advice in line with the Royal College of Speech and Language Therapists (RCSLT) guidelines and the Derbyshire Rapid Screening Test.
- The Speech and Language Therapist (SLT) had worked in partnership with the staff, pupils and parents of nursery and reception classes to support communication and language development through the Launchpad for Language service. The service aimed to support children, parents and staff develop language and communication skills through a range of planned activities over the school year. The service completed end of year reports to demonstrate outcomes. We observed a session at St Dominic's Primary School and found that activities were child-led. We requested a completed report for another school.
- The end of year Launchpad report for Randal Cremer School stated the SLT team had attended for 39 days between September 2015 and July 2016. Examples of activities included school staff training on a colour visual system that supported building vocabulary, understanding and extending spoken language and parent workshops. All early years' children who are not on the team's caseload were screened using the WellComm assessment tool. WellComm is a speech and language toolkit for screening and intervention in the early years. Accelerated learning supported children from having more significant language needs to reaching an age appropriate level. Between September 2015 to July 2016, results showed a increasing from 38% to 60% across the year.
- The school nurses delivered the National Child Measurement Programme (NCMP) as set out by Public Health England and the Department of Health. The NCMP consisted of children's height and weight being measured to assess overweight and obesity levels.
- The Health, Exercise, Nutrition for the Really Young (HENRY) programme was a national evidence based programme for duration of eight weeks. The programme covered five themes, which included parenting confidence, physical activity for little ones, what children and families eat, family lifestyle habits and enjoying life as a family. Staff told us that the HENRY programme was currently part of a randomised control trial for an optimisation study by Oxford University from October 2016 to March 2017.
- Between October and December 2016, the HENRY programme exceeded performance targets with high levels of satisfaction reported in participants. The programme had a target of 15 HENRY groups between April 2016 and March 2017 and by the end of December 2016, the service had achieved 12. The service had a yearly target of 50 families to complete the course by attending five or more of the eight sessions. By the end of December 2016, 70 families had completed the course.
- The local borough commissioned an external provider for the Family Nurse Partnership (FNP) service. FNP is a home visiting programme for young first-time mothers, which is underpinned by internationally recognised evidence based practice. The maternity services would refer the mothers to the team directly and if families withdrew from the programme, they were referred back to the trust's health visiting service in line with the trust's 'transfer in' pathway. The trust could not provide any outcome data as only the external provider or the commissioners had access to data.
- The CYP services had a comprehensive audit plan which included audits on environment and infection prevention and control (IPC), a blood spot audit by both health visiting and child heath, communication between Health (school nurses) and education (Special Educational Needs Coordinator – SENCO) and equipment in clinic rooms and record keeping.
- The CYP service also conducted local audits. They included the health surveillance of a child with Down's syndrome in special schools and assessing the health needs of unaccompanied asylum seeking minors (UAMs) seen in the looked after children (LAC) clinic. LAC doctors recorded the data for the UAMs audit based on the British Association for Adoption and Fostering (BAAF) form requirements. The audit highlighted gaps in

immunisation data for this group and the high rate of emotional and psychological problems. The group also had a high prevalence of males. Because of this audit, the trust developed a poster and presented it to the British Association for Community Child Health (BACCH) Scientific meeting in 2016. The trust has plans to develop local guidance for subsequent audit and best practice.

Nutrition and hydration

- Staff provided relevant advice to patients and their families regarding nutrition and hydration. During our inspection, we saw that staff gave parents up to date and relevant advice about breastfeeding, weaning and nutrition and hydration in children. In clinics, we observed staff supplement advice with a Food Factsheets leaflet produced by the British Dietetic Association (BDA). Staff also gave the parents a 'baby's first questionnaire' at the end of the session to establish their understanding. Staff provided parents with the opportunity to feedback on the service through a 'babies first taste evaluation' form. Parents received registration forms to access the means-tested health start scheme.
- School nurses offered healthy eating advice and referred young people to weight management programmes if assessed as overweight for example the Lifestyle, eat-well, activity and positivity (LEAP) service for 0-18 years or the HENRY programme for under five years.
- The trust had recently recruited a new United Nations International Children's Emergency Fund (UNICEF) breastfeeding champion to work towards stage one accreditation from the Unicef UK Baby Friendly Initiative. UNICEF levels range from intent registered, certificate of commitment, stage one accreditation, stage two accreditation and stage three full accreditation. Stage one means the service has created policies and procedures to support the implementation of the standards. Health visiting staff told us they had received breastfeeding training by a specialist midwife.

Technology and telemedicine

- Most practitioners across universal and therapy services had access to laptops to support mobile working. All school nurses, health visiting staff and children's community nurses had access to laptops with secure mobile internet connections, and mobile phones to support remote and mobile working. The trust had a coordinator to support staff with any difficulties and to get the mobile working of the electronic patient record system fluent.
- Not all staff working in children centres had access to the electronic patient record system because they did not have the relevant equipment. This meant they had to use both paper and electronic records. For instance, the speech and language therapy service were still waiting for laptops and in the meantime had to duplicate entries in the paper notes and electronic notes. The trust informed us the roll out of laptops for community staff had begun and full implementation of "Store and Forward" was due in March 2017.
- The CYP services used portable devices to request feedback from patients. Staff told us that each team had one device only, which limited the opportunities to obtain patient feedback. We observed physiotherapists use computer tablets during sessions, which improved interaction with the patients.

Patient outcomes

- The trust provided data on infants for whom breastfeeding status was recorded at the six to eight week check. The provider target for feeding status being recorded and number of infants being breastfed at the six to eight week check was 95% and 82% respectively. Between April and September 2016, the trust was at or above compliance targets for both recording a feeding status and infants being breastfed at the six to eight week check.
- The trust provided figures for births that received a face to face new birth visit within and after 14 days by a health visitor. In September and October 2016, the trust was above the provider target of 95% for births receiving a face to face new birth visit within 14 days achieving 96% and 97% respectively.
- Staff completed appropriate assessments in line with national guidance. For example, we observed health visitors completing maternal mood assessments using the Whooley anxiety questions in line with NICE guidance on maternal mental health. Whooley questions are a screening tool, which is designed to try to identify two symptoms that may be present in depression.

Good

Are services effective?

- Health visitors used the 'ages and stages questionnaires' during visits and at clinics. These were evidence-based assessment tools used to highlight areas of concern about aspects of a child's development. These included: communication and language, fine motor skills, gross motor skills, problem solving and personal-social development.
- The school nursing service completed 84.5% of Year 6 children and 44% of reception children by the end of Quarter 3. Work commenced in September 2016 at the beginning of the 17/18 academic year on the National Child Measurement Programme (NCMP). The service completed NCMP for 99.10% of reception children and 98.70% of Year 6 children in the 2016/17 school year.
- The 2015/16 outcome measures for the LEAP service showed that improvements made included diet, physical activity, parenting skills and health and wellbeing. Weights and body mass index (BMI) were available for 32 children at the three-month follow up and 19 children at the six month follow up between April 2015 and March 2016. The three-month follow up compared to baseline showed that 25% had lost weight and a further 25% had reduced their BMIs. The six-month follow up compared to baseline showed that 21% lost weight and a further 26% had reduced their BMIs.

Competent staff

- The trust had effective induction processes for newly appointed staff to the organisation. All new staff underwent a corporate induction. Staff told us they would then receive induction and orientation to their service. For example, health visitors told us that their local induction involved supervision with established health visitors. Newly qualified staff told us they received support through preceptorship and mentorship.
- Staff told us they received regular one to one meetings with their line managers and said they felt supported. Staff had access to monthly managerial supervision and clinical supervision such as safeguarding, which was every three months.
- The trust had good provision of emotional support and wellbeing for staff, particularly in child safeguarding cases. The trust provided support and access to psychological support if necessary for health visitors and community nurses. Health visitors told us they had training with the clinical psychologists every three months to discuss difficult cases. Staff told us that in absence of the safeguarding lead, they could easily access support from the safeguarding team.
- The trust offered staff a broad range of training, education and development opportunities to support their role. The trust arranged external training for services, for example, the speech and language therapists had evidence-based training for working with children who stammer. We spoke with a number of administrators during the inspection, who felt they had an opportunity to train and develop within their roles for example, by completing a public health certificate.
- The trust applied competency frameworks and comprehensive supervision structures for staff. This included planned supervision sessions, with separate arrangements for safeguarding cases. Staff groups such as health visitors and school nurses received one to one supervision on a monthly basis. Other staff groups such as therapists also had monthly group supervision sessions as well as individual supervision.
- Staff and managers told us that most staff had had an appraisal every year. Trust records indicated that between April 2014 and March 2015, the overall appraisal rates for staff in the community children's service and medical appraisal compliance was 80% and 76% respectively. This was below the trust's target of 85%.
- From April 2015, the trust moved to an online appraisal system and so data between April 2015 and March 2016 may be inaccurate. Data submitted by the trust from April 2016 has not been broken down sufficiently to allow mapping to this core service.
- The trust took part in the General Medical Council (GMC) revalidation initiative for all UK licensed doctors to demonstrate they were competent and fit to practice. At the time of our inspection, the trust submitted 54 medical revalidation recommendations to the GMC from 1 November 2015, of which 41 were positive recommendations and 13 were deferrals. The associate medical director or clinical lead were informed of the relevant deferred doctors in order to provide support as stated in the trust's revalidation policy.

Good

Are services effective?

- Staff told us they felt supported by the trust in the revalidation process. Clinicians told us that the revalidation process was very smooth and that the yearly appraisals geared up towards meeting revalidation requirements. The trust's revalidation rate for nurses for April 2016 to October 2016 was 100% for each month.
- In the NHS Staff Survey 2015, the trust scored 3.37 for the quality of appraisals undertaken, which was above the England average for combined acute and community trusts that achieved 3.03.
- Within children's community nursing, not all members of staff felt confident about their roles and responsibilities when a child was at the end of life stage. One manager said that further training was required to ensure in the last days of a child's life all documentation was completed and that there were effective discussions between agencies to ensure staff felt confident within their role.
- Staff within the children's nursing service told us they received child protection supervision every three months.

Multi-disciplinary working and coordinated care pathways

- The CYP service demonstrated effective internal and external multidisciplinary (MDT) working. Clinical practitioners worked with other staff as a team around the child. The co-location of services in health centres and partnership working with other service providers facilitated MDT working. For example, Hackney Ark was a multi-disciplinary centre with many services on site including children's community nursing, audiology, dietetics, vision, community paediatricians and therapeutic services (i.e. speech and language therapy, occupational therapy, physiotherapy).
- Staff across the CYP service told us that the co-location of services enabled much closer joint working and improved access to care for patients. For example, the "babies on the move" timetable was offered by all six health-visiting clusters and demonstrated multidisciplinary working as dieticians, occupational therapist and physiotherapists ran sessions.
- Some therapies such as occupation therapy and physiotherapy had joint monthly meetings accompanied with joint training sessions. Staff told us that they attended a recent training session on record keeping.
- Health Visitors shared many locations with GP practices but not all teams were co-located. For example, the health visiting team located at Fountayne Road Health Centre shared their location with three GP practices on site. This allowed closer collaboration between CYP and GPs. For example, health visitors and midwifes had monthly GP link meetings to discuss any concerns regarding patients or vulnerable families. Data provided for October to December 2016 showed that a health visitor attended 96% of link meetings against the target of 95%.
- Staff told us there was a GP lead in all the practices for early years to help with joint working. We also observed health visitors effectively liaise with GPs during clinics, by obtaining a prescription for a client and avoided a separate GP appointment being required.
- During clinics, we observed clinicians sharing information received from the other MDT services, such as occupational therapy, with the patients, providing a holistic approach to patient care.
- We visited a specialist school in the borough and the school staff said the links with school nursing worked well. The specialist school had an integrated team consisting of school nurses, dieticians, paediatricians, dentist and therapists. This ensured a comprehensive approach to treatment.
- The local borough commissioned the tier three, MDT service called the LEAP service the service provided treatment of obesity to children, young people and their families. The MDT team included a dietician, psychologist, nutritionist, paediatrician and physiotherapist. The LEAP service also had access to the electronic patient record system, which facilitated communications with schools. Referrals to the LEAP service could be made by GPs, paediatricians, school nurses, teachers and other children services. The LEAP service received 163 appropriate referrals between April and December 2016. In comparison to 2015/2016, they had increased by 51%.

Good

Are services effective?

- Each school supported by the trust had a named school nurse and school doctor. Regular meetings took place at least once a term with the named contact person for the school of the special educational needs coordinator (SENCO) to review children with medical conditions who required a care plan and to check that their health needs were being met.
- The children's community nursing team had a close working relationship with Great Ormond Street palliative care team. Community nurses also built up good relationships with occupational therapists and physiotherapists, and often attended joint visits to discuss children's needs.

Referral, transfer, discharge and transition

- The trust had effective referral systems for CYP services. The Multi-Agency Referrals Process (MARS) is for any referral that was likely to require input from three or more services. MARS attendance included representation from health, education, and social care services. Staff told us that paediatricians, health visitors, speech and language therapists, dieticians, and psychologists attended these meetings. Occupational therapy and physiotherapy also attended these meetings. Information gathered for the individual child was presented at one of three weekly locality meetings to discuss each case to determine the assessment and support for the child and family. A keyworker service alongside local portage and early services offered support and signposting throughout assessment, diagnosis, and transition into school.
- The service had procedures to ensure sensitivity when young people made the transition to adult services. For example, therapy staff would identify children from the occupational therapy and physiotherapy database, in preparation for transfer to adult services. The therapists discussed the identified children in joint meetings. Staff told us that discussions with patients started at around 12-13 years of age. Before discharge, the therapy staff would complete a discharge report to the next team and upload onto the electronic patient record system for all to access.
- School nurses told us they received notifications when young people presented at accident and emergency. This allowed them to complete follow-up work with the families.

Access to information

- The trust intranet was available to all staff and contained links to guidelines, policies, procedures and standard operating procedures. Staff told us they could access the intranet easily.
- We observed health professionals using the electronic patient record system and saw they were comfortable and adept at using the system. Staff across the service used the electronic records system, which supported integrated working.
- We reviewed 35 patient records and found staff completed them appropriately.

Consent

- The trust had a policy for consent to examination or treatment. Staff we spoke with were aware of the trust policy and told us they could easily access the policy on the intranet.
- School nurses and sexual health practitioners were knowledgeable about Fraser guidelines and Gillick competencies to help assess whether a young person of a certain age had the maturity to make their own decisions without consent of a parent or guardian and understand the implications of those decisions. Practitioners showed awareness of situations where these principles would be applied.
- We observed practitioners request consent for information sharing and consent to treatment during clinics and home visits. Staff clearly recorded consent in the patient notes on the electronic record system. Staff told us that consent forms from specialist centres were scanned onto the electronic patient record system but staff did not use the consent form on the system itself.
- School nursing told us that they asked parents to opt out of participation in the NCMP if they did not want their child to be measured and weighed.

Good

Are services caring?

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

Summary

We rated caring as good because:

- Most of the patients and families we spoke with said they were happy with the care and treatment received and would recommend the service to others.
- Children, young people and their carers told us that staff treated them with compassion, dignity and respect. Staff involved patients and their families in discussions about care and treatment and provided information in a number of formats to help them better understand it.
- During our inspection, we observed children, young people and their families receive treatment with kindness and compassion. Staff supported patients and families they worked with, and provided patient-centred support in clinics and in homes.
- Staff treated patients with compassion, dignity and respect. Patients and their families felt listened to and involved with their care and treatment.

However:

- Several patients and their families told us that staff did not actively encourage them to give feedback on the care and service they received.

Compassionate care

- Patients told us they would recommend children, young people and families (CYP) services to their families and friends. Most patients we spoke with said they were happy with the care and treatment they had received. Staff treated patients with dignity and respect. The following was representative of the feedback received: "very happy with the care", "down to earth and never condescending", "do not feel rushed", "staff do a wonderful job", "everything in one place", "staff have time to talk to you and encourage children" and "good emotional support".
- The service displayed thank you cards from patients at the locations we visited. We saw thank you cards at health centres, which stated, "they were professional, patient, caring and friendly" and "I was apprehensive how my toddler will react, I was pleasantly surprised at the warm welcome I received putting my child and I at ease straight away". We observed visibly happy children walk into clinics and witnessed the comfortable rapport between both the child and the clinician.
- Health visitors created a friendly and child-focused atmosphere during activities and assessments such as weighing and height measurement. We observed health-visiting staff demonstrate supportive and caring care to mothers they visited, and provided person-centred support in both clinics and in homes. We observed good interactions between health visitors and babies. The mother's gave positive feedback.
- Staff clearly explained what was going to happen during an appointment and gave parents the opportunity to ask questions and raise concerns. For example, we observed that following community paediatric clinics, families had time to discuss the results with the multidisciplinary team (MDT) and ask questions on the outcomes. For instance, where patients were apprehensive having a blood test, we observed staff encourage the patient and keep them informed at all stages.
- All the staff we spoke with showed passion for their roles and dedication to making sure that the people they cared for received the best care possible. However, several patients and their families told us that staff did not actively encourage them to give feedback on the care and service they received.

Understanding and involvement of patients and those close to them

- Staff across the different services worked together in partnership with the patients and their families. Health visitors, community nurses and therapists worked in partnership with parents and families. Practitioners demonstrated a patient-centred approach and encouraged family members to take an active role in their child's healthcare. This included adapting the style and approach to meet the needs of the individual children and involving their relative appropriately.
- We observed therapists and clinicians involve the child in the assessment to ensure that everyone took part

equally. Practitioners explained the Education, Health and Care (EHC) plan to parents in jargon free language. The clinics we observed were child-led and involved the child for the whole session.

- CYP services ran a series of workshops across health centres to provide families and children information and activities to improve their health while at home.
- Health centres we visited displayed information leaflets. These included advice and guidance on victim support, financial support, infectious diseases, breast-feeding and baby talking tips.

Emotional support

- Staff provided emotional support to the patients and their families. We observed health visitors sensitively discuss mothers' feelings and emotional wellbeing during home visits which included arranging midwife follow ups where needed. We observed health visitors create a safe atmosphere allowing mothers to talk openly about difficult matters even in front of unknown observers. Staff offered patients and their families emotional support, although patients told us they did not feel they needed it.
- The trust offered a variety of voluntary services to support patients and their families including carers. Staff told us about the voluntary services available for parents or carers through parent and carer weekly coffee mornings. For example, there was autism or autistic spectrum disorders (ASD) parent coffee mornings, which included the opportunity to discuss any concerns with an occupational therapist and a clinical psychologist individually for 20 minutes.

Good

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- The trust planned and delivered services in line with local needs in partnership with local commissioners.
- Patients could access a range of children, young people and families (CYP) services in a number of locations. The co-location of multiple services in health centres facilitated access for patients.
- Waiting rooms and clinic rooms were child friendly with toys, books and other resources appropriate for different ages.
- The trust had worked to make services as accessible as possible. This included flexibility in the timings of appointments, where the clinics took place and how the service was organised.
- The trust followed up patients who did not attend their appointments to ensure they were safe and well.
- Staff had a good understanding of the different cultural needs and backgrounds of patients.
- Staff and patients told us there was good access to translation and advocacy services.
- The trust offered good provision of services and support for vulnerable client groups.

However:

- The trust had limited patient information in different languages.
- Patients and families told us that the service did not provide information on how to make a complaint. However, most patients told us they had no concerns or complaints about the service.

Planning and delivering services which meet people's needs

- The trust worked together with commissioners to plan and meet the needs of the local population. All of the staff we spoke with recognised the different population demographics, socio-economics and healthcare needs of the diverse communities in the local area.
- Senior clinicians in the community team reported a constructive working relationship with local Clinical Commissioning Groups (CCGs) and the local authority. For example, the local authority provided the sexual health service to the trust through their sexual education team. Staff told us that the local authority was in the process of developing a sexual health team to enter schools, educate pupils, and offer a service within the local area.
- Senior leaders, managers and practitioners of the CYP service all reported that a number of the trust's CYP services had gone out to tender or were due to go out again soon. For example the school health safeguarding service was due to go out to tender again in October 2017. Some staff showed concern about the continuity of services especially with the decommissioning of the child health service in April 2017. The trust had recorded this as a risk on the corporate risk register as it was not clear what services would continue and which services the trust would need to manage. The divisional head of nursing had raised this risk with NHS England.
- Staff had a thorough understanding of a growing local population and the resultant challenges in meeting their different and often complex needs. For example, staff told us that the trust had delivered staff training on "understanding the Jewish community to support staff to deliver services to the Jewish community in a sensitive manner to their needs" to promote engagement with this group.
- The service offered varied support sessions to engage the local community into therapy services. For example, the speech and language therapists attended a Turkish nursery to deliver drop-in 'talk and walk' sessions and utilised workers to interpret. The occupational therapy team held a number of parent education workshops. For example, 'Next Steps' was a series of MDT workshops for families of children with autism spectrum disorder (ASD). Staff told us of plans to extend these workshops and tailor them for the Turkish community. The occupational therapy service also ran workshops for

parents of CYP with sensory processing difficulties and parents who have children with delayed independence skills for example, difficulties using cutlery, washing, dressing.

- The service displayed patient information boards in reception areas of health centres, which provided information about local children's centres, baby groups and other activities available in the local area. The children's community nursing team told us they were piloting a new team leaflet, which included information about the service for families and parents. The leaflet will be available in different languages.
- Some of the patients we spoke with at Hackney Ark said they did not know where to get drinking water. Although the site had kitchen facilities on the ground floor waiting area, patients were not sure if they could use the facilities.
- Staff ran different service sessions on different days of the week with a mixture of both morning and afternoon sessions to optimise attendance. For example, the 'bonding with a baby' drop-in program for soon to be mothers and for parents and carers of babies under one year, ran on different days of the week with both afternoon and morning sessions available.
- Occupational therapists and physiotherapists offered a broad spectrum of services. They included services to children in nursery, schools, special schools, home based interventions including the provision of equipment and assessment of children's home setting.
- A parent voluntarily told us the "health visiting service was amazing and they appreciated the continuity of care". A teenage patient described the children's community nurse as "caring, understanding and humorous" and stated "visits were planned to suit the individual's time and venue choice such as school or home".
- The Health Integration Team (HIT Squad) offered training to leisure providers in the area to improve access for all children with additional needs. The team included a physiotherapist, an occupational therapist, a clinical psychologist and a speech and language therapist. The team provided support to any child known to the short breaks team. Short break is a chance for the child (0-17 years) with a disability to experience enjoyable activities away from their carers. The child must also be a resident in the area and receive middle to high rate disability learning allowance (DLA) or Personal independent payment (PIP).
- The trust's sexual health services provided walk-in clinics and offered testing and treatment for sexually transmitted infections, HIV testing, contraception, pregnancy testing and termination referrals. The Ivy Centre had a self-check service that reduced waiting times for patients. Staff told us the service included evening clinics so that young people could access the services after school or college. Patients told us "they had accessed various other sexual health services but preferred to use this one only".
- Within the Ivy Centre, patients could access a range of leaflets available and posters displayed provided information for example, leaflets were available on contraceptive methods, sexual health for patients with learning disabilities and FGM advertisements. Patients had leaflets available on issues such as drugs and alcohol, sexually transmitted diseases, patient feedback forms including patients' advice and liaison services (PALS).
- City & Hackney Young Peoples services (CHYPS PLUS+) targeted 11-19 year olds and operated from five different sites to increase accessibility for patients. The service provided a range of services, which included stop smoking, testing and treatment for sexually transmitted diseases, contraception, pregnancy testing, emotional health (tier two CAMHS), hepatitis B screening and immunisation and condoms. The service also directed patients to other services for example: substance misuse team, family nursing partnership and a voluntary counselling service for up to 25 years olds (Off Centre).
- The CCG commissioned the transition team who worked with young people living with learning difficulties who were high functioning and were not able to access a social care package. The service applied an inclusive approach within the group to ensure all young people could freely express their choices and preferences. The transition team lead told us that young people sat on the interview panels and their score equated to 30% of the total score.
- Physiotherapists explained that they received patient referrals in a number of ways including via self-referral,

GPs, health visitors, speech and language therapists and occupational therapists. Staff told us that patients received appointments within four weeks and that there was no waiting list for physiotherapy.

Equality and diversity

- Staff and patients reported good access to interpreter services, which offered a wide range of languages. The service used the advocacy service in the trust and staff told us that the system worked well. However, some therapy staff told us that once the service had reached the monthly quota, additional resources had to be requested from management. This could delay therapy, although staff told us this did not happen frequently.
- Although the trust offered a lot of information to patients on noticeboards and as patient information leaflets, the majority were in English. We saw posters about access to interpreting services displayed throughout the locations we visited. However, the posters were in English.
- We saw some evidence of patient information leaflets in different community languages in different locations. For example, we saw patients' advice and liaison services (PALS) complaints leaflet available in English, Turkish, Bengali, Polish and Vietnamese, one leaflet in Nepalese, one antenatal leaflet in Turkish and English and one poster in Nepalese on smoking cessation. Some of the patients we spoke with also mentioned the limited literature in different languages.
- Staff demonstrated awareness of various cultural needs of the people they supported and responded appropriately. For example, we observed good understanding of Jewish practices and culture demonstrated between a health visitor and a patient during discussions on culturally specific weaning and breastfeeding advice. The health visitor's knowledge facilitated the use of appropriate cues to establish rapport and openness with the patient. Parents told us the staff respected diversity and the differences of every child when delivering group interventions.
- Staff attended equality, diversity and human rights training as part of their mandatory training. The completion rate for staff in community children's services was 95%; this was better than the trust target of 90% target.
- Buildings we visited were accessible and adhered to the requirements of the Disability Discrimination Act 1995.

Meeting the needs of people in vulnerable circumstances

- Staff directed patients to relevant support groups. Health visitors' directed patients to local support groups, charity groups and religious groups to access support that the trust could not provide, for example, funding, housing and advocacy support.
- The service worked in partnership with other local organisations to support the needs of people in vulnerable circumstances. For example, the trust had launched a new sexual health service in September 2016 for local people with learning disabilities. Clinicians, care staff, teachers, parents and people with learning disabilities themselves can make referrals. Patients received longer appointments so that the client and healthcare professional can have ample time to discuss issues and any concerns with access to a range of resources to help understanding of sexual health information and advice.
- The trust provided a number of resources for autism support, which included parenting groups, support and home visits, play and development support and multidisciplinary coffee mornings.
- The service offered volunteering opportunities for those living with disabilities aged 18 years and over. This included a regularly reviewed volunteer development plan to help volunteers get the most out of their volunteering journey and regular, fun social events where volunteers could meet, socialise and share experiences.
- We observed therapists using pictorial timetables and care plans for children living with a learning disability. We found therapists used appropriate language and body gestures to assist communication with patients, for example clapping to say "well done" or providing stickers for the child. Occupational therapists also facilitated specific motor skills group across the borough and were able to do homes visits if needed.
- The service offered appointment times to suit the needs of individuals. We observed several interactions between staff and services users to demonstrate

flexibility with appointments. Staff told us that if patients were running very late and missed the appointment every effort would be made to reschedule another appointment where possible.

- Where possible the children's nursing team involved children with multiple disabilities, who were receiving palliative care, to find out what their wishes were. This involved the use of alternative communication aids such as pictures or ipads, or gaining support from the speech and language therapist.

Access to the right care at the right time

- Patients had good access to multiple CYP services across the borough of Hackney. The co-location of services such as therapies in one location, as well as shared premises with general practices, facilitated good access for patients. The service displayed posters throughout CYP premises to signpost patients to other services. Staff told us there was effective communication between departments within the organisation.
- The trust health centres we visited were well located for local public transport and accessibility across localities. CYP services followed the trust's 'did not attend' (DNA) policy whereby letters were sent out to parents and if they did not respond, then the child was discharged. If the child was vulnerable or there are safeguarding concerns, and they did not attend a community paediatric clinic, the staff would then contact the GP, health visitor, social worker to make them aware. However, staff told us that where parents did not attend and still wanted another appointment, the service remained flexible and would always try to slot them into clinic. Similarly, speech and language therapists would try to get nurseries to support engagement with families and work with health visitors to do this.
- The service managed DNA's through electronic reminders for patients in addition to a courtesy call. Administration staff for both the vision and audiology service sent out reminders for appointments via text message one week before and one day before the appointment. Staff told us that they also called one day before to help manage DNA by confirming attendance.
- The children's community nursing service cover was 9am to 5pm seven days a week, 365 days a year. The team worked on a trust site ward for the weekend shifts. Staff told us this worked well as this facilitated integration between the trust's acute and community team. Staff managed out of hours cover by an automated message after 5pm. Staff advised parents that if they were worried about the child, to go to accident and emergency or call 999. Parents could leave a message for non-urgent concerns and one of the team would call back in the morning. One patient told us that the "children's community nurse always returned calls quickly, usually on the same day".
- Staff within children's nursing ensured that families had good support at the end of life stage. The team discussed with families whether they required ongoing support during the night. If the family highlighted this as a need then the team would agree an on call rota.
- Clinic appointments ran on time with minimal waiting time for patients and their families. During our inspection, we observed children and families did not wait long for their appointments. Most of the parents told us clinic appointments ran efficiently with no cancellations from the service.
- The trust's referral to treatment times (RTT) met the 18 week target for the following services: occupational therapy, physiotherapy, children's community nursing, disability CAMHS, LEAP, First Steps and speech and language therapy.
- Community paediatric staff told us the RTT for community paediatricians' clinics was four to five weeks. Clinicians told us that they would see the client in a general clinic to complete an assessment for autism, six months from the first assessment. Clinicians felt this was appropriate as it allowed other MDT assessments such as speech and language assessments to take place in the meantime.

Learning from complaints and concerns

- The trust had guidance on how to make a complaint to PALS, patients were not aware of the process. Although we observed PALS posters on display in most clinical areas, several users we spoke with told us they had not received information on how to make a complaint. However, most patients told us they had no concerns or complaints about the service.
- Between January and December 2016, the trust received five complaints about the CYP services. The

Good

Are services responsive to people's needs?

trust took an average of 21.5 days to investigate and close complaints. This is in line with the trust's complaints policy, which states complaints should be resolved using conciliation, mediation, investigation, review panel or other methods within 25 working days.

- The CYP service received five complaints of which two complaints related to communication. The remaining three concerned staff behaviour, delayed diagnosis and treatment / procedure without consent. Of these complaints, one was upheld, one partially upheld and the remaining three are currently open.
- We reviewed four out of the five complaints relating to the CYP service and found risk assessments completed with action plans. We found the final signed copy of the letter was not stored in the e-record but kept in another complaints file.

Good

Are services well-led?

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

Summary

We rated well-led as good because:

- Staff told us that service leaders were supportive, accessible and approachable. The service felt supported by staff from the trusts senior leadership team.
- The staff we met reflected the trust values and vision. The culture supported the development of caring and compassionate services.
- The service had a strategy that reflected the needs of people using the service and the changes happening in local health and social care services. This reflected current best practice in providing services for children, young people and families.
- The service consulted and worked in partnership with the local community and other commissioners and stakeholders to improve services and health outcomes.
- The trust had robust governance structures and systems for the review of performance and risk management information.
- Staff really valued working for the trust and told us that the trust involved staff in different ways; for example, focus groups during the development of the trust values.
- The service was constantly innovative and actively took part in quality improvement projects. For example, the evidence-based Thomson screening tool used by school nurses to deliver National Child Measurement Programme (NCMP) measurements.

However:

- The trust wide response rate for the Friends and Family test was 2% for September and October 2016, which is lower than the national response rate at 4%. The trust's FFT response rate has continued to decrease with 376 responses in October 2016 in comparison to 96 responses for December 2016.

Leadership of this service

- The trust had an established and stable leadership team for the CYP service. Allied health professionals such as health visitors, community nurses and therapists told us senior leaders were visible, accessible and receptive to staff feedback and evaluation. Staff viewed the CYP executive team as supportive and encouraging. Staff described service managers as compassionate and knowledgeable. Practitioners told us managers listened to needs of the service and provided support.
- Managers supported staff in their roles. Operational staff such as health visitors, school nurses, therapists and community nurses told us they felt well supported by service managers. Most of the staff told us senior leaders were visible or accessible to staff in the community. For example, staff told us that the CEO came to every trust induction.
- Several staff told us: "My manager is fantastic", "I admire my manager", "We have a good supportive team", and "we are like family". Administrative staff told us they felt well supported.
- The trust involved staff during the tendering of services. Several staff told us managers kept them informed of any updates. Service managers supported staff to manage their anxieties and concerns. For example, service managers offered health-visiting staff emotional support, access to human resources (HR), access to employee health, interview support and union support during the restructure consultation.
- Some staff reported their concerns to us about the senior leadership of the dietetics service. Staff told us one particular service leader did not always demonstrate professional behaviours and they sometimes felt undermined and uninformed about changes to the service. They also felt there was insufficient recognition of work pressures.
- The trust's chief nurse was the executive lead for the end of life care service within the community. The service was integrated within both adult and children's community health, and the chief nurse was supported in the role by the leads from both of these services.

Good

Are services well-led?

- Staff within the children's complex care team told us that after a death all team members attended a debrief where they discussed what went well, and what could have been done better. Staff had the option of being referred to the employer's counselling service.

Service vision and strategy

- Staff we spoke with understood the trust's values. Most of the staff, including practitioners that we spoke with could tell us about the trust's values. All of the staff were committed to delivering excellent care in line with the trust's strategy and felt proud to work for the trust. Staff told us about their passion for the patients during our conversations with them, which we further observed in clinics. The trust had involved staff in focus groups to develop the trust's values and had embedded the values in everyday work and appraisals.
- The trust's strategy appropriately acknowledged that the sustainability of many of the trust's services was subject to a changing external health landscape. Senior leaders of the children, young people and families (CYP) service told us the strategy for the service focused on improving quality and systems, early intervention, developing public health capability and integrating community services. Staff had awareness of the local challenges and continually worked on engaging with hard to reach groups. For example, on many occasions, we observed staff provide holistic care for the patient and extend this care to the siblings.
- Staff demonstrated effective patient-centred, internal and external multi-disciplinary team (MDT) working in spite of the challenging environment with decommissioned services or services going to tender. Staff told us they were "proud of the integration". Staff provided examples of integrated working such as health visitors and midwives working more cohesively and linking in with General Practitioner (GP) practices.
- The trust was in the process of rolling out 'store and forward' and the provision of laptops to community clinicians in anticipation of Health Information Exchange (HIE). The trust informed us that HIE access will be available from March 2017 providing access to GP and acute systems and in effect, show the patient pathway across the services. Once available, HIE will be added to the electronic patient record system to facilitate information sharing across all of the CYP services.

Governance, risk management and quality measurement

- The trust had governance structures across the CYP services and staff felt they were effective. We spoke with the management team of CYP services who felt governance and risk management procedures were fully embedded. We saw evidence that risk, patient experiences, complaints and quality report discussions took place in clinical governance meetings. For example, we saw the minutes for the September 2016 Children's Services, Diagnostics & Outpatients (CSDO) directorate's clinical governance meetings. The senior divisional team attended these monthly meetings.
- Service leads told us that monthly service line performance meetings also took place and facilitated discussions on any issues for finance, governance and quality for each service.
- Staff had awareness of how to access policies and procedures on the trust intranet. We reviewed several policies such as safeguarding, incidents, chaperone policy, and found they were up to date. Staff understood their role and function within the CYP service and how their performance enabled the organisation to reach its objectives. We saw there was a comprehensive clinical audit programme with a range of audits undertaken by a variety of teams.
- The trust had a corporate risk register and CYP services leads were aware of the risks associated with their service. Senior leaders and managers of the CYP service had a good understanding of risks to the service and documented them appropriately with named leads and actions. Themes within identified CYP risks included the Looked after Children (LAC) service as it was provided by an external provider, gaps in the provision of children's immunisations and services due to go out for tender which included the decommissioning of the child health department. Service leads provided us with examples of their service's risks. For example, void spaces in the Hackney Ark building.
- The trust provided information to staff via a trust bulletin, emails and staff meetings. Staff told us they

received team briefs from the Chief Executive Officer (CEO). Service managers cascaded information about complaints and incidents to staff via team meetings. We saw the minutes for the August 2016 therapy team meeting and the September 2016, health visitors' performance meeting and both documents recorded discussions on complaints, incidents and risks.

Culture within this service

- The service had an inclusive and constructive working culture. We found highly dedicated and passionate staff who were committed to providing a good service for children and young people, often working in challenging circumstances. Practitioners across services were very positive, knowledgeable and passionate about their work. The staff we met understood their local challenges and demonstrated a desire to improve services for the benefit of patients.
- Staff felt cared for, respected and listened to by their peers. Health visitors, school nurses, community nurses and therapists reported approachable and supportive colleagues.
- Staff recommended the trust as a place to work. Staff told us the trust was an enjoyable and rewarding workplace, both educationally and managerially. Staff highlighted the supportive environment and praised the training provisions. Several staff travelled reasonable distances to commute to work and had continued to do so for several years.
- Senior leaders referred to the staff as their "biggest asset". Senior leaders of the service felt proud of their teams and told us staff were committed, respectful to patients and colleagues and made a positive difference to their local communities.
- The trust was required to implement NHS England's Workforce Race Equality Standard (WRES) to support it in undertaking its public sector equality duties. In 2015, this became a requirement within all provider NHS standard contracts. The trust's workforce breakdown was 52% black or minority ethnic (BME) and 48% white.
- The staff survey 2015 found that BME staff were more likely to report that their manager/team leader discriminated against them or other colleague compared to white staff. For example, 86% of dismissals were issued to BME staff compared to 14% of dismissals being issued to white staff. Data also showed that 53% of promotions were BME staff compared to 47% of promotions for white staff; this was an improvement from last year's figures.
- The trust developed staff survey and equalities action plans in response to the 2015 national staff survey results and the 2015 WRES. For example, the trust has embedded the workforce strategy to pull together trust-wide workforce issues. The action plan also included re-launching the BME focus group and completing equality and diversity awareness campaigns throughout the year.
- The trust introduced a programme specifically designed to support BME staff to access opportunities for career development and progression. Some of the staff we spoke with confirmed their attendance on a leadership course for BME staff last year. However, some staff we spoke with highlighted barriers to attending non-mandatory training for their professional development and stated, "There was no BME representation on the trust board".

Public engagement

- The Friends and Family Test (FFT) was launched in April 2013. It asks people who use services whether they would recommend the services they have used; giving the opportunity to feed back on their experiences of care and treatment.
- The trust scored similar to the England average for recommending the trust as a place to receive care between May and October 2016 with a range of 92% to 97%. However, the trust had a response rate of 5% in May 2016, which had declined to 2% for both September and October 2016, which was lower than the national response rate at 4%. Although the trust wide response rate was below that national response rate, the feedback received was positive overall.
- The trust's FFT response rate has continued to decrease with 376 responses in October 2016 in comparison to 96 responses for December 2016. The trust has recognised that improvement is required in obtaining feedback and told us that the issue has been a historical issue.
- The trust used friends and family feedback to improve services. Staff provided the example where patients had

reported a long waiting time for the six-week review paediatric clinic. This feedback was cascaded to the team manager who negotiated extended clinics with paediatric service in an effort to reduce waiting times.

- The service involved the community in service development. Staff gave us examples of effective public engagement where young people took the staff photographs displayed on the ground floor waiting area at Hackney Ark.
- The physiotherapy team also involved young people living with disabilities through a two-part project. The first part of the project involved six education sessions to learn more about their diagnosis and meet other young people with physical disabilities. The second part focused on using photography as a medium for young people to communicate their thoughts about their disability. The aim was to use the images produced as a platform to educate and teach others about the challenges they face. The young people selected their best photographs and accompanied these with messages they wanted to share with the local community. We saw the pictures from this project displayed within the clinical area on the first floor of a Hackney Ark.
- The service did not actively obtain feedback from patients. Although the staff recognised the importance of the views of patients and their families who used the service, patients told us that staff did not seek feedback from them. CYP services used electronic devices to obtain patient feedback either in clinics or at home visits. The electronic devices had age appropriate questions to obtain feedback from patients, parents and families. Patients did not always know the location of the devices. Staff told us that home visiting staff did not have enough devices for their team. However, most patients we spoke with said, they would recommend the service to their friends and families.

Staff engagement

- The trust had completed the NHS staff survey; however, the results were not specifically available for CYP services.
- Staff acknowledged communication within community services was good. Staff felt listened to by their managers and well supported. For example, the health visiting team told us they expressed staffing level concerns to management after which the use of bank staff was agreed. Staff told us the trust had invited all staff to attend focus groups on the development of the trust values and that attendance had been good.
- Staff told us they received frequent communication via emails and bulletins, and that managers kept them up to date with updates.
- The trust encouraged staff to be innovative with service delivery. Most of the staff told us they were continuously encouraged to be involved in the delivery of services, be innovative and were able to feedback any comments or concerns they had. Without exception, staff we spoke with told us they felt proud to work for the trust.
- The trust managed staff uncertainty during decommissioning of services or for services out for tender. Staff told us that whilst most staff had embraced changes, uncertainty had affected staff morale and had resulted in staff leaving. For example, when the health visiting restructure consultation took place, managers told us they spoke with their teams about plans for service redesign, with regular planned forums for staff in services that were transferring to other service providers. The staff we spoke with told us they had received adequate notice about changes to services and support during the tender process.
- The Staff Friends and Family Test (SFFT) was launched in April 2014 in all NHS trusts providing acute, community, ambulance and mental health services in England. It asks staff whether they would recommend their service as a place to receive care, and whether they would recommend their service as a place of work.
- Results for Quarter two (2016/2017) showed that the percentage of staff who recommended the trust as a place to receive care is slightly above the England average at 83% compared to 80%. Staff who would not recommend the trust as a place to receive care was 4%, which is below the England average at 6%.
- The trust had a higher staff response rate than the England average (23% compared to 12%). The data showed that 76% of staff would recommend the trust as a place to work; against the England average of 63.9%.

Innovation, improvement and sustainability

- The school nursing team showed innovation with an evidence based Thomson screening tool for NCMP,

aimed at the reception class. The tool achieved 95% accuracy for identifying concern. The tool was available on all of the school nurses' laptops and automatically recorded the information on the system reducing administrative work. The Thomson tool complied with the National Screening Committee recommendations and interacted with the child. For example, when taking the eye test, the tool instructed the child where to look. Staff told us "all the children want a go".

- The children's community nursing team now used single checks to deliver intravenous (IV) antibiotics. Previously, the children's community nursing team carried out joint visits for IV antibiotics to obtain the double check. The team recognised this as a waste of resources in community. The team worked with the chief pharmacist and gained access to the electronic system in the trust (EPR) to be able to check records. This improved the efficiency of the service by using resources appropriately.
- Standard care plan templates for conditions such as asthma, epilepsy and anaphylaxis were all available electronically. The lead school nurse met with the electronic system's team in order to implement this as previously, all the care plans were in paper format. This improved both quality and consistency as reports on care plans could be completed more efficiently.
- The safeguarding team had developed an information pack for accident and emergency staff covering areas such as bullying, self-harm and provided accompanying assessment tools for the specific areas. The trust had developed an online training package for safeguarding level two in increase staff access to the training. The training includes learning from case studies and multi-agency workshops. The safeguarding team won the Health and Education Central East London award for their supervision model two years ago.
- The CCG commissioned a Breastfeeding Peer Supporters programme. This was a non-recurrent service which commenced in 2015 and was reviewed annually. The programme helped train mothers on breastfeeding in between the health visitor appointment. Staff recognised that new mothers were not staying in hospital long and it was critical to provide this support.
- The physiotherapy team provided several examples of innovations within their service. For example, weekly gym drop-in sessions at three gyms for children over the age of eight with support from a physiotherapist to increase their levels of fitness, well-being and to aid with participation goals.
- The physiotherapy team had also increased the targeted interventions for CYP with physical difficulties and disabilities through programs such as the Hackney Ark Sports Club which offered a six to eight week programme. The team produced the programmed in conjunction with the youth and school sport development officer from the local borough or an education group project for young people with cerebral palsy (in partnership with the occupational therapists).
- Physiotherapists had set up outcome measure clinics where trained therapy assistants complete the timely outcome measures allowing physiotherapists to have increased capacity to provide additional intervention and assessment sessions.
- The physiotherapy team provided a community respiratory physiotherapy service to children and young people already registered on the system. The service aims to assess children at risk of respiratory distress/ conditions and provide interventions to prevent possible admission into hospital. The service also aimed, to enable quicker discharge home and skill up the family/ carer's in how to reduce the impact of respiratory conditions. Staff had achieved their respiratory competencies and approximately 30 children and young people had received a respiratory assessment with advice as required.

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
Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The average completion rate for paediatric basic life support (PBLS) across the children's service was 51% against a trust target of 90%. The children's speech and language centre reported the lowest PBLS completion rate of 21% followed by the occupational therapy and physiotherapy team at Hackney Ark with 27%. PBLS completion rates across health visiting teams B to F, averaged at 57%, whilst health-visiting team A had the lowest completion rate of 25%. This was a breach of regulation 12 (1) (c): ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.