

Tower Hamlets GP Care Group CIC

School Health

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Overall summary

We rated it as good because:


- Staff and managers were committed to providing good quality school health services and were constantly seeking to improve practice. We found managers had already identified all but one of the risks we found and they were working to reduce them.
- Staff were compassionate and actively worked to support the most vulnerable children, young people and families as evidenced by their work to support families during the Covid-19 pandemic, for which they won a national award. Reaching out to families was an embedded part of their practice.
- The service worked well with local organisations to meet the needs of children, young people and families and was involved in numerous multiagency forums and joint pieces of work.
- The service was thinking creatively in the face of national staff shortages and had established some innovative posts to attract school leavers into this area of work. It was doing well in respect of retaining staff once recruited and staff sickness was low, recent staff departures were for positive reasons, such as promotion.
- Staff worked well with other services for the benefit of children and young people. Staff provided care and treatment based on national guidance and evidenced-based practice but also developed their own best practice tools to meet the needs of children, young people and their families. Staff advised families on how to lead healthier lives and supported them to make decisions about their children's care.
- Managers had access to a reliable database which kept them informed of progress against key performance indicators and other relevant data. This helped them to maintain good oversight of the service and individual staff performance.
- Staff were supported to do their jobs well. They received regular supervision, appraisal, mandatory training and additional training appropriate to their role.

However:

- The service was carrying a high level of vacancies in specific roles, although this was improving.
- The safeguarding children policy did not accurately reflect current national guidance.
- Audiometer headsets were not cleaned between each use.
- Staff did not have the capacity to attend all the statutory meetings they needed to, although the service was taking steps to remedy this.
- The audit schedule had slipped during the Covid-19 pandemic, but this was on the verge of improving.
- Some parents had not been offered copies of the assessments and care plans completed by School Health staff.
- Staff did not have access to health information in local community languages, such as leaflets on common health issues.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	See the summary above for details.

Summary of findings

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Summary of this inspection

Background to School Health

School Health is part of Tower Hamlets GP Care Group CIC, which is GP-led federation providing care in the London borough of Tower Hamlets.

It is managed as part of the 0-19 services. The other 0-19 services provide health visiting, which is registered under a separate CQC location, Family Nurse Partnership & Health Visiting.

The School Health service delivers universal health services to school-aged children attending 93 mainstream schools and pupil referral units in the London Borough of Tower Hamlets. The service delivers key interventions guided by the Healthy Child Programme for 5-19 year olds. The team includes a range of professionals, including a locality clinical manager, school nurses, community nurses, nursery nurses, youth workers and administration support.

The regulated activities attached to this service are diagnostic and screening procedures and treatment of disease, disorder or injury. There is a registered manager in post.

There had been no previous inspections completed at this location. Therefore no compliance actions / requirement notices or enforcement needed to be checked.

What people who use the service say

The children and young people were at school during the inspection but we spoke with six parents and carers of children and young people who received school nurse input. They were universally positive about the service and the nurses currently delivering it. One person told us '[I am] happy with the nurse, she keeps me up-to-date'.

How we carried out this inspection

This was a routine inspection of a service that had not previously been inspected. The team that inspected the services included two CQC inspectors and one Expert by Experience who was a parent of a young person who used school health services. During our inspection we spoke with the service manager, two team leaders, the chief operating officer, two nursery nurses, a student nurse, two school nurses, an agency school nurse and a locality clinical manager. We viewed five school nursing records for children and young people.

We observed eight vision and hearing screening assessments and one health needs assessment. We attended four meetings that took place during the site visit. We held one focus group with six members of staff.

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

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

- In response to national and local staff shortages, the School Health service was working pro-actively to attract young people into relevant professions. They had appointed school leavers on fixed term contracts to support some aspects of their work and provided them with the training they needed to do this.
- School Health had received a national award in recognition of its work to ensure that families that had to shield during the Covid-19 pandemic were supported appropriately and supplied with the food and medicines they needed.

Areas for improvement

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

- The service must ensure that the safeguarding children policy and any associated procedures are thoroughly reviewed to check they accurately reflect current national guidance and are relevant to the current provider.
- The service must ensure staff clean audiometer headsets between each use.

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

- The service should ensure that there are robust arrangements in place to mitigate any risks associated with staff non-attendance at any child protection case conferences and reviews.
- The service should continue to work on filling all vacant posts.
- The service should continue its efforts to maintain its audit schedule.
- The service should ensure that young people, parents and carers are routinely offered copies of the assessments and care plans completed by School Health staff, unless there is a good reason not to do so.
- The service should review the need for key information leaflets in local community languages and take steps to introduce them if necessary (online and/or paper versions).

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for children, young people and families

Good 

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

Are Community health services for children, young people and families safe?

Requires Improvement 

We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had completed 94% of their mandatory training by May 2022.

The mandatory training was comprehensive and helped staff to meet the needs of children, young people and their families / carers. Nursing staff had received training that included basic life support, consent, equality and diversity, health and safety awareness, infection control, information governance, domestic violence and Prevent (preventing radicalisation).

Clinical staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers used a dashboard which recorded training compliance. During team meetings managers reminded staff to check their electronic account in order to ensure they were up to date with their training.

Agency staff were required to demonstrate they had received all the relevant mandatory training. They also completed an introduction to the service and met with the safeguarding nurse for a briefing.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, the provider's safeguarding policy did not fully reflect current guidance.

Safeguarding children and safeguarding adults training was provided at levels 1-3 and 100% of staff had completed it to the appropriate level for their role. The safeguarding team provided this training and also provided training on related topics, for example, all staff had received training on recognising and responding to domestic violence.

Community health services for children, young people and families

Good 

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. There were appropriate processes in place for them to follow. For example, staff could refer to a flowchart to guide them if they had any concerns that domestic violence might be a risk. School nurses identified if there were any safeguarding concerns as part of the initial health assessment.

The provider had a dedicated safeguarding team which worked closely with the school health service. Staff worked closely with the local authority safeguarding team, schools, the police and third sector providers. The safeguarding team attended multiagency risk assessment conferences (MARAC) and worked in partnership with the multiagency safeguarding hub (MASH) to ensure that children and young people were kept safe. The service had hired an additional MASH worker to deal with the increase in safeguarding concerns during the Covid-19 pandemic, despite not receiving additional funding for this.

Managers knew that the safeguarding children policy had not been reviewed by the set review date of May 2021. Plans were in place to rectify this. However, we noted that the policy did not reference some important changes in guidance that had occurred prior to its issue in 2018 and it reflected the previous contract holder's organisation, not the current provider. This meant the policy did not provide staff with appropriate guidance.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff discussed safeguarding matters during supervision and in other meetings.

Child protection meetings included contributions from School Health. The minutes were stored in the electronic patient record system and, if school nurse action was required, recommendations and actions were listed.

Staff attended 94% of initial child protection conferences and 54% of review meetings. Managers recognised that, due to current capacity, staff were not able to attend all of these meetings and this needed to improve to maximise communication between all relevant parties. Managers used a safeguarding dashboard to monitor missed case conferences and review meetings. Managers were therefore able to follow up any missed meetings with relevant members of staff.

Managers were expected to carry out a quarterly case conference audit. They recognised that this could be further improved by monitoring staff completion of the actions and recommendations highlighted in case conference and review meeting minutes. However, managers informed us that they were behind with the audit schedule, because of the impact of the Covid-19 pandemic, but they would complete this particular audit in June 2022. A separate multiagency audit reviewed eight safeguarding records in depth every quarter.

The service followed up health concerns with children and young people who were home schooled. Staff pro-actively made contact to ensure that their health needs were met and completed home visits jointly with other healthcare professionals.

The provider's safeguarding team reviewed every incident recorded to check whether they contained any safeguarding elements. A dashboard detailing safeguarding key performance indicators was used to track progress.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. However, they kept equipment and the premises visibly clean.

Community health services for children, young people and families

Good 

Staff followed infection control principles including the use of personal protective equipment (PPE). During our observations, nurses wore face masks in line with the guidance at the time.

Staff did not reliably clean all equipment after patient contact. Whilst staff were conducting hearing tests, it was observed that the equipment used was not cleaned after each usage.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use the equipment.

School Health staff worked in school premises and they had limited responsibility for the environment.

Staff had access to appropriate facilities and rooms within schools to deliver the service. For example, they had access to rooms where they could complete assessments of children and young people and speak to them in private.

There were records to confirm all relevant pieces of equipment had been calibrated.

Assessing and responding to patient risk

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

The electronic record system showed if a child or young person was known to be subject to a child protection plan or was a child in need.

Staff assessed the holistic needs of each child and young person and took care to take account of historical concerns, particularly for children and young people subject to child protection plans. Their assessments covered all aspects of the child's social circumstances, health and well-being, including bullying risks and how they were progressing with their education. Early help and advice was given in relation to alcohol and drugs and sexual health advice was provided for those who may be sexually active.

Risks were routinely considered as part of the health assessment and staff took steps to address those identified and escalated them appropriately. Staff knew how to respond to specific risk issues and liaised with GPs and other relevant professionals. In the records we reviewed there was evidence of referrals being sent to a range of professionals, including community and adolescent mental health services (CAMHS), speech and language therapists and dieticians.

Staff shared key information to keep children, young people and their families safe when working jointly or handing over their care to others. For example, staff ensured that health information was shared with young people's social workers.

Staffing

Overall the service had enough staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. However, some roles were hard to recruit to. Managers reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service was experiencing increasing demand across the 93 schools it worked in and was in discussions with commissioners about how to address this. Overall the service had enough nursing staff at lower bands with the right

Community health services for children, young people and families

Good 

qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. However, they could not fill all senior nurse and nursery nurse vacancies. The service had reducing vacancy rates but at the time of our inspection there was a 53% vacancy rate for senior school nurses and 42% for nursery nurses.

Managers had hired three full-time agency staff on a temporary basis to help address this and the service was actively recruiting. Two school nurses were due to start by June 2022 and an additional nurse by September 2022. Two student nurses were due to qualify and hoped to remain within the service and two staff were returning from maternity leave. Recent departures were for positive reasons, such as promotion. Sickness rates were low; no staff were sick at the time of the inspection.

In response to the staff shortages, the provider had reviewed the skill mix, developed an apprenticeship programme and created three new fixed term youth worker roles for school leavers. The plan was to rotate them within the different parts of School Health to gain experience in the hope they would consider a career in this field. For example, youth workers were currently helping nursery nurses with the growth and measurement programme and doing hearing and vision training.

Managers were in the process of completing a skill mix review of staff to ensure that their time was being utilised in the best possible way. Managers were reviewing the roles and responsibilities of each grade to ensure that they were using their skills effectively. For example, managers were working to free up time so band 4 staff could deliver more health promotion webinars.

Quality of records

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

The service used a secure electronic patient record system. We reviewed five records, notes were comprehensive and all staff told us that they could access them easily. Staff followed policies to make sure that care and treatment records were kept confidential.

There were comprehensive health assessments for each child or young person, which were reviewed every six months, managers aimed to reduce this to three months. Staff used a health assessment to look at the holistic needs of each child and young person, this included both their physical and mental health needs. Staff updated the progress notes on the record system after every interaction with children, young people, parents, carers and other professionals, this included any advice or guidance that parents and young people were signposted to.

Staff participated in care plans created by other professionals, such as GPs, and contributed to joint care plans with schools, such as the education health care plans (EHCP). Care plans were created in an easy-read format to maximise accessibility for children and young people.

When children and young people transferred to a new team, their health record was transferred with them to ensure that there were no delays in staff in the new team being able to access important information.

Medicines

The service was not involved in medicines management.

Community health services for children, young people and families

Good 

As School Health nurses covered several schools they were not involved in day to day medicines management. However they could be contacted for advice by the schools when required. For example, we saw a member of school staff had been in touch for help with understanding an aspect of medicines administration.

During Covid-19 lockdowns the School Health team had been instrumental in ensuring that shielding families had access to prescribed medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. All staff we spoke with said that they knew what type of incident to report and how to report it on the electronic system. We reviewed the provider's dashboard for April and May 2022 and saw staff had raised 24 incidents. Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations.

Managers understood the duty of candour but there was limited evidence of apology letters being sent promptly. In April 2022 thirteen duty of candour qualifying incidents occurred but only one letter had been written to apologise or explain.

Staff received feedback from investigations of incidents, both internal and external to the service. During a team meeting staff were reminded to keep an eye on their junk mail due to issues that had arisen in another service.

Staff met monthly to discuss feedback from the schools they worked with and to consider if any improvements were needed. There was evidence that changes had been made as a result of feedback. Following concerns raised by a school about non-attendance at a meeting additional band 3 staff were being recruited in order to help across the service where and when needed.

Are Community health services for children, young people and families effective?

Good 

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed the provider's policies to plan and deliver good quality care according to best practice and national guidance. The service delivered the National Child Measurement Programme, health assessments, reviews and school drop-ins as part of the Healthy Child Programme. The Healthy Child Programme is a national initiative to ensure that children and young people received appropriate screening, immunisation and health and developmental reviews and includes the provision of information and guidance to support parenting and healthy choices.

School nurses completed comprehensive and detailed health assessments. Assessments included height and weight measurements, body mass index comparison with the national average percentile, immunisation status, registration

Community health services for children, young people and families

Good 

with an optician and dentist, physical presentation, hygiene, sleeping patterns, exam stress, school attendance rates, and examining whether there were any underlying health conditions which may need onward referrals for treatment. The assessment also examined children and young people's social circumstances and well-being, including bullying and how they were progressing with their education.

Safeguarding concerns were considered, in addition to historical concerns, and whether a child was listed as a child in need or under a child protection plan. Staff gave advice and guidance to young people in relation to sexual health and alcohol and drugs.

Managers had access to a dashboard which highlighted any outstanding health needs assessments. As of May 2022, staff had completed 83% of assessments. Managers had oversight of all new referrals to the service and a single point of access was being planned to make it easier for referrers to contact School Health.

School nurses completed reviews and contact evaluations when there was a change in dynamic or on a six monthly basis. Managers were aiming to increase the frequency of these reviews. Staff told us that appointments were rarely missed as children and young people were usually present at school when they took place. If they or their parents failed to arrive this was always followed up.

Nutrition and hydration

Staff supported children, young people and their families to meet their nutritional needs and improve their health.

Staff were observed completing the weighing and height measurements of children in reception as part of the Healthy Child Management Programme. Staff had received training to support children, young people and families with nutritional needs. Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition. Specialist support from staff such as dietitians was available by referral. We saw evidence of letters being sent to GPs regarding concerns and referrals being made to appropriate services for further support.

Services had identified over 800 overweight children during the pandemic, and nursery nurses were involved in a pilot project in five schools to reduce the number of children in this category.

During the pandemic, the School Health service worked with families who were shielding to ensure that children, young people and families had their nutritional and other needs met. This included contacting families to check if they had access to food, medication or other support and liaising with services such as pharmacies and the local authority on their behalf to ensure that medication and food parcels were delivered. The service had won a national award in recognition of this programme.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service participated in relevant national and local clinical audits. Although Covid-19 had interrupted the audit programme, the service was catching up with them.

Community health services for children, young people and families

Good 

Managers had carried out an audit on completion of health needs assessments between July 2021 to March 2022. This had identified that there were 72 outstanding health needs assessments for children and young people, either due to staffing capacity or maternity leave. Managers had delegated the assessments within the current staff team with the aim of completing the remainder of these by June 2022.

Managers reviewed care and treatment outcomes by using a quarterly performance dashboard. The dashboard monitored workforce, presence in schools, complaints, school health profiles, hearing and vision screening, national child measurement outcomes, health and developmental reviews, drop-in sessions, health promotion, education health and care plans with nurse involvement in, and attendance at, child protection conferences.

Outcomes for most children and young people were positive, consistent and met national standards. For example, staff had completed 87% of sight, hearing, measuring and weighing assessments for children in reception classes by May 2022. Staff followed up any identified needs and made appropriate referrals. For example, children were referred to opticians to obtain glasses.

Managers were fully aware of those areas which needed to improve to meet expected targets. For example, the allocation of a named school nurse for each school stood at 75% against the expected target of 100%. Fifteen per cent of schools had an up-to-date school health profile against the expected target of 90% and 26% of schools had a current partnership agreement in place against the expected target of 90%.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. For example, they had noted that the target of 90% completion of vision and hearing tests had been missed so they had deployed additional staff to this task.

Managers shared the outcomes of audits with staff and discussed their implications. For example, staff were aware that attendance at safeguarding meetings was a priority.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. There was a recruitment policy in place to facilitate the recruitment of individuals that matched the provider's specifications and reflected their commitment to equality and diversity and being an inclusive employer. The recruitment process ensured that the successful candidates had the necessary skills for the role. Managers gave all new staff a full induction tailored to their role before they started work. Managers required clinical support workers and nurses to demonstrate their capability for the role by completing a competency checklist.

Managers supported staff to develop through yearly, constructive appraisals of their work. One staff member reported that they were provided with the opportunity to attend a leadership course following their appraisal.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Staff received between six to eight individual supervision and group supervision sessions a year. The compliance rate was 95%. Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed three sets of minutes which confirmed high levels of attendance and follow up of agreed actions.

Community health services for children, young people and families

Good 

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff confirmed they were able to complete additional training to develop their skills. Additional training included trauma informed practice, asthma awareness, information governance, private fostering, bereavement and grief.

Managers provided a week of learning for the School Health team annually. This included mandatory training refreshers and additional training on various topics, such as contraception, drugs and alcohol.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

The service was involved in helping to deliver Tower Hamlets' education and wellbeing service to 23 schools in partnership with other services run by the same provider.

The service was involved in other partnerships within Tower Hamlets. For example, staff were involved in the Tower Hamlets' Safeguarding Children Partnership and were focusing on exploitation, domestic abuse and staying safe online as a result. Staff had received training on recognising and responding to exploitation to help them to deliver this. Staff worked with other agencies when required to care for children, young people and their families. School nurses routinely made referrals to GPs if they had identified any health concerns, for example, a nurse referred a child to have their thyroid checked.

Staff referred children and young people for mental health assessments when they showed signs of mental ill-health such as depression. For example, a staff member had completed an urgent referral to child and adolescent mental health services (CAMHS) for a child who reported having suicidal thoughts.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives. Staff delivered health promotion as part of the national healthy child programme.

Staff provided information and guidance during school lessons to promote healthy lifestyles for children and young people. School nurses provided health promotion to individual children, young people and their parents when their health needs assessment identified the need for this. For example, one parent was given advice on keeping a food diary and how to improve physical activity for an overweight child.

Staff provided lessons to children and young people on maintaining a healthy and balanced diet using the 'eat-well' guide, they also provided lessons on maintaining oral health, hygiene and puberty and sex education and keeping safe online. Staff had provided 75 health promotion sessions, either on a one-to-one basis or within groups, to children and young people between April - May 2022.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Community health services for children, young people and families

Good 

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Ninety per cent of staff had completed Mental Capacity Act training which formed part of their mandatory training. Staff understood and had received training on Gillick Competence and Fraser Guidelines.

Staff always asked parents and young people for their consent prior to completing health assessments. Staff clearly recorded consent in the children and young people's records.

Are Community health services for children, young people and families caring?

Good 

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. We observed staff performing hearing tests; staff were kind to children and asked them if the headphones felt comfortable.

We spoke with six parents, and all of them told us that staff treated children and young people with kindness, dignity and respect. One parent commented on how School Health staff always made their child feel comfortable.

Staff followed the provider's policy on confidentiality.

Staff showed understanding and a non-judgmental attitude, for example, when discussing those with mental health needs.

Emotional support

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

Staff gave children, young people and their families help, emotional support and advice when they needed it. For example, they helped parents to deal with what could be an emotional topic, child obesity, through webinars as part of the National Child Measurement Programme.

Staff provided support and advice to young people through a confidential texting service, recognising that young people may prefer this method of communication.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's, wellbeing. Staff reviewed the emotional and social circumstances of each child and young person, including family dynamics and the wellbeing of siblings as part of the initial health assessment.

Community health services for children, young people and families

Good 

Understanding and involvement of patients and those close to them

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

Parents told us that they felt involved in their child's care and treatment plan and that information was clearly explained to them, although three parents said that they were not given a copy of their child's health assessment or care plan.

Parents told us that they were confident in the advice and support that was given to them by staff.

Staff were able to signpost parents to services in the local community to meet their child's needs and their own needs.

The service made sure key documents were written in an accessible and child-friendly way. We saw an asthma care plan written in this way.

Are Community health services for children, young people and families responsive?

Good 

We rated it as good.

Planning and delivering services which meet people's needs

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

The provider worked with other stakeholders in order to deliver care, such as the local authority, NHS and national bodies. For example, staff worked with the local authority healthy lives team and a specialist community asthma nurse to deliver a conference on asthma and allergies to schools.

School nurses provided a health and wellbeing drop-in service at a local community integrated health service for young people aged between 11 and 19. Young people could access a weekly GP clinic, sexual health service and a counselling service in addition to the school health clinic during the school holiday period. Staff used posters in schools to advertise the service to young people. In addition, staff offered term-time drop-ins at local schools to provide young people with advice on health and wellbeing.

Although the service served a diverse community, staff could not provide information leaflets available in the languages spoken by the children, young people, their families and local community. However, managers made sure staff, children, young people and their families could get help from interpreters or signers when needed, either face to face or by phone. During the inspection staff were observed using an interpreter as part of a health needs assessment.

The service had responded to local demands, using its own resources to fund an additional multiagency safeguarding hub (MASH) worker as safeguarding needs escalated.

Managers had developed a transformation plan to improve aspects of the service and make it more responsive to the needs within the local community. A single point of access was planned to make contact with the School Health service easier for professionals and families.

Community health services for children, young people and families

Good 

Meeting the needs of people in vulnerable circumstances

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

Services were individually tailored to meet the needs of children, young people and their families.

Staff identified any health needs through assessment and when issues were apparent they made appropriate referrals to other services, such as speech and language therapists and dieticians. Staff had made 145 referrals on behalf of children and young people between April - May 2022. There was a particular focus on the needs of 'looked after' children and support for children from families seeking asylum. Staff also supported children and young people who were transitioning to other services, working with other teams to do so.

Managers recognised that younger people may engage better with other young people, so they were preparing their youth workers to be a first point of contact at drop-in services in secondary schools.

Staff understood their responsibilities in relation to young people with disabilities, including those with sensory needs. They made reasonable adjustments to meet communication needs and used communication aids when required. The manager attended local SENCO (special educational needs and/or disabilities coordinator) forums. Joint work was underway with another organisation on the development of health passports for children and young people with special educational needs and disabilities.

Staff routinely considered any equality and diversity issues. We saw staff had signposted a young person to a LGBT+ support group within the local community.

Staff could refer young people and families to the provider's in-house social prescribing service. The service supported families with employment, benefits, housing, debt and volunteering.

The service worked creatively to engage with parents using initiatives such as coffee mornings to discuss healthy weights and moving parental advice forums online during the pandemic. The School Health service remained available to young people during school holidays, for example, by providing drop-in sessions alongside a GP at a youth hub.

Staff ensured that new arrivals into the borough were up-to-date with their vaccinations and health checks. They were supported to access additional screening when necessary, such as for tuberculosis and families were signposted to other helpful services, such as English classes.

Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received an assessment within agreed timeframes and national targets. The wait time for an assessment was five working days, when this slipped managers were aware of it and made arrangements to prioritise it.

New referrals were triaged within the service by the admin team and managers were copied into them.

Community health services for children, young people and families

Good 

Managers worked to keep the number of cancelled appointments to a minimum. When children and young people had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Staff supported children, young people and their families when they were referred or transferred between services. Children subject to child protection plans were given special attention and their case was never closed before a full handover to the receiving team

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Most family members we spoke with knew how to complain or raise concerns. Four out of six parents stated that they were aware of how to make a complaint and provide feedback about the service. The service had received one formal complaint within the last 12 months, which concerned a parent disagreeing with information shared with their child's school.

The service had systems in place so people could raise a concern and provide feedback. Parents were provided with questionnaires to help them to give feedback on the service received and could attend monthly drop-ins to discuss any matters of concern, including those related to the service provided.

Feedback questionnaires were also available for young people to complete, but there was not a big take up of this.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Complaint investigation reports were reviewed during the monthly governance meetings and weekly sit-rep meetings. Managers shared feedback from complaints with staff in the monthly team meeting and learning was used to improve the service.

Are Community health services for children, young people and families well-led?

Good 

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff. They supported staff to develop their skills and take on more senior roles.

The leadership team for 0 – 19 services had been in place for less than a year. Leaders had identified areas for improvement within the service and were actively engaged in resolving them and mitigating any associated risks. We found only one issue they were not fully sighted on, the content of the provider's safeguarding policy, although they had it flagged for review. For example, in response to the national shortage of school nursing staff they were 'growing their own' and developing career pathways.

Community health services for children, young people and families

Good 

Leaders supported the staff team well, despite pressures on the service, staff had regular supervision, appraisal and opportunities for development.

The provider's chief executive officer attended School Health meetings at least weekly, such as the 'sit reps' meeting and the clinical leads' meeting, so staff in the service could communicate their successes and challenges directly.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The provider, which ran other GP and community health services in Tower Hamlets, described its mission as improving the health and well-being of residents by providing excellent primary and community care in partnership with others. We found that this was embedded in the day to day business of the School Health team with individual staff members and leaders working hard to make it a reality.

Tower Hamlets GP Care Group had six values and behaviours in place. These were:

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

The service worked closely with other local stakeholders in the wider health economy. Tower Hamlets GP Care Group was one of the six organisations that formed Tower Hamlets Together. This is the borough's health partnership that brings hospital, community health, mental health, adult and children's social services, public health, and the voluntary sector together.

We noted that the service was heavily involved in local healthy child initiatives and statutory meetings designed to keep children and young people safe. The service was guided by national requirements and guidance and monitored their compliance with these.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Community health services for children, young people and families

Good 

Staff told us that they were proud to work within School Health services and that there was a high retention rate because of this. Staff recognised that managers were doing their best to increase resources so they could respond appropriately to the increasing demands placed upon them.

Staff told us they could rely on extra help being provided if they were very overloaded. They said that management was supportive if they had personal problems. Most staff could work from home to complete reports and similar and they appreciated this. They felt their views were valued and they were supported to develop.

Staff told us that they could access a Freedom to Speak Up Guardian to raise concerns and would feel confident to do so. They said equality and diversity was promoted.

There was a culture within the service of working collaboratively with families and other disciplines and providers, including schools, therapists, health visitors, psychologists, social workers and acute hospitals to achieve good outcomes for children, young people and their families.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider held a board level governance and performance meeting every month. Risks, incidents and complaints were reviewed in this meeting. A quality sub-group was delegated to follow up concerns that required more investigation and to report back.

There was a weekly 'sit rep' meeting for School Health leaders with the provider's chief executive officer each week which provided a regular opportunity for issues to be escalated to board level. Team meeting minutes showed that relevant information from these meetings was communicated to the wider School Health staff team.

We found that governance arrangements were effective and leaders had a good grasp of the strengths and challenges within the service. We saw they were able to respond quickly when needed, such as by providing extra support for the multiagency safeguarding hub.

However, governance processes had failed to identify that the provider's safeguarding policy was already out of date at the point of publication.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The provider maintained a risk register. The two main risks identified for School Health were low case conference attendance, which could mean there was a delay in receiving information about vulnerable children, and a potential issue with records for patient consultations. Both were being addressed.

Managers had access to an electronic dashboard that provided them with up to date information about team and individual staff member performance. They used this to monitor the work taking place.

Community health services for children, young people and families

Good 

The School Health service benefited from sharing the same electronic patient record system as a number of GPs. This helped staff to track progress, or lack of it, when, for example, they had asked the GP to arrange some tests.

The weekly 'sit rep' meeting was also the forum for discussing service developments, complaints, incidents and near misses.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Managers were able to collect reliable data to be analysed using a performance dashboard of each service. This was used to compare against agreed targets and to understand themes and trends, such as whether a trajectory is moving up or down. This was used to identify that more staff were needed to complete assessments and attend multi-disciplinary meetings.

Staff found it easy to use the IT systems, including when they were working remotely.

The service had identified a risk related to potential deletion of patient consultation records in their electronic system. This was on their risk register and a solution was being sought.

Engagement

Leaders and staff actively and openly engaged with children, families, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services.

The service was involved in a number of local forums working in the field of child health and reached out to children, young people and families to gather their views on the service. For example, we saw an email from a school nurse about portal access which encouraged feedback, even though, from the context, this was likely to be negative.

Staff from the service contributed to conferences organised by the provider. For example, managers delivered a presentation about supporting child healthy weight to headteachers within Tower Hamlets. This included looking at health inequalities and their impact on childhood obesity.

The service had adapted the way it engaged with families during the pandemic. A webinar function had been set up so, for example, group sessions were still accessible.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were thoughtful as to how they could improve services for children, young people and parents and there was evidence that the service regularly adapted to meet changing needs, such as the appointment of an additional multiagency safeguarding hub (MASH) worker to help address the increase in safeguarding issues and the steps taken to support shielding families during the height of the Covid-19 pandemic. The latter initiative had resulted in a national award.

Community health services for children, young people and families

Good 

The provider was working in an innovative way to attract school leavers into school nursing and associated roles. This had the added benefit of increasing the service's approachability as some young people might prefer to talk to another young person in the first instance.

Opportunities for learning from experience, as well as more formal training opportunities, were available to staff. Information about complaints and incidents was routinely discussed within the staff team and informed practice.

The School Health service was not engaged in any formal quality improvement (QI) or research projects at the time of inspection.

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

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Staff were not cleaning audiometer headsets between each use.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
The safeguarding children policy did not reflect current national guidance and referred to the previous provider's organisation.