Oxleas NHS Foundation Trust

RPG

Community health services for children, young people and families

Quality Report

Pinewood House
Pinewood Place
Dartford
Kent
DA2 7WG
Tel: 01322625700
Website: www.oxleas.nhs.uk

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RPGDV	Highpoint House	Greenwich Health Visiting Service	SE18 3RZ

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

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Summary of findings

Overall summary

We rated service for children, young people and families as good overall because:

- Following the inspection in April 2016, we rated the service as good for effective, caring and responsive.
- During the current inspection we found that the service had addressed the issues that had caused us to rate safe and well-led as requires improvement following the April 2016 inspection. The service was now also rated good for safe and well-led.

Summary of findings

Background to the service

Oxleas NHS Foundation Trust provides community health services for children, young people and their families across two London boroughs: Greenwich and Bexley.

This focused re-inspection looked at the health visiting service. The contract for health visiting in Bexley was ending in June 2017 and so the inspection looked at services in Greenwich.

The health visiting service in Greenwich provides an inclusive universal service to families from the ante-natal period until the child entered school. Where needed families receive additional support.

The health visiting service also includes nursery nurses, breast feeding advocates and clerical staff. They work in partnership with GPs and other healthcare professionals, social workers, children's centre staff and various statutory and voluntary agencies.

From the 1 September 2016, the service was commissioned by the local authority. This had resulted in a number of changes in how the service was provided. This included reducing the number of teams from nine to five and, in some cases, where these teams were located. It also introduced changes in how the service was delivered with more clinics in children's centres.

We met with staff who were delivering services at the Eglinton Children's Centre and the Gallions Reach Health Centre.

Our inspection team

Our inspection team was led by:

Team Leader: Jane Ray, Head of Hospital Inspection, Care Quality Commission

The team inspecting community health services for children, young people and families consisted of a CQC head of Inspection, a CQC inspector and a specialist advisor who was a health visitor.

Why we carried out this inspection

We undertook this inspection to find out if Oxleas NHS Foundation Trust had made improvements to their community health services for children, young people and families since our last comprehensive inspection of the trust in April 2016.

When we last inspected the trust in April 2016 we rated services for children, young people and families as requires improvement overall.

We rated the core service as requires improvement for safe and well led and good for effective, caring and responsive.

Following the April 2016 inspection we told the trust it should take the following actions to improve services for children, young people and families:

- Ensure that health visitor caseloads were managed using a weighting tool to ensure health visitors delivered an equitable service across geographical locations.
- Improve the robustness of data management so the trust could have assurance about the delivery of health visiting services.
- Make arrangements to ensure that all child health clinics were suitably equipped for families and children to ensure their safety.
- Review systems to ensure health visitors received their messages and that action was taken.
- Ensure learning from incidents took place across the teams.

Summary of findings

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014: regulation 12 safe care and treatment and regulation 17 good governance.

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 visiting, we reviewed a range of information that we held about community health services for children, young people and families. We also requested additional information from the trust.

This information suggested that the ratings of good for effective, caring and responsive that we made during our April 2016 inspection were still valid. Therefore during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe and well led.

During the inspection visit, the inspection team:

- visited two child development centres in the borough of Greenwich
- spoke with the service manager with responsibility for health visiting services
- spoke with the operational lead nurses of two health visiting teams
- spoke with 11 other staff including health visitors, nursery nurses, a family engagement worker, an assistant speech and language therapist and a student health visitor
- spoke with the designated nurse for looked after children
- spoke with the business manager
- looked at a range of data and other documents relating to the running and governance of the service

The inspection was announced a week before it took place.

What people who use the provider say

We did not speak to people who use the service at this inspection as this was not relevant to the areas being followed up.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should continue to monitor progress with completing the mandated ante-natal check.

Oxleas 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 re-rated safe as good because:

- The service had addressed the issues that had caused us to rate safe as requires improvement following the April 2016 inspection.
- In April 2016, we found that the trust did not have clear processes in place to to review the staffing establishment and team sizes across the health visiting service to reflect changes in the population and service need. At the March 2017 inspection a tool had been implemented to ensure staff were appropriately distributed between teams to meet the needs of the local population. Caseloads were also managed effectively within teams.
- In April 2016, we found that some environments and equipment used for clinics were not adequate. At the March 2017 inspection health visiting clinics were taking place in safe and appropriate environments for young children and families. Well maintained equipment was available.
- In April 2016, we found that some staff did not receive messages from clients and other care professionals in a timely manner. At the March 2017 inspection staff working in the health visiting service received their messages from clients and other care professionals in a timely manner and procedures were in place to ensure these were addressed.
- In April 2016,some staff said they did not get feedback or updates following incidents.At the March 2017 inspection learning from incidents was shared across teams to promote improvements where needed.

Good

Are services safe?

Incident reporting, learning and improvement

- At the last inspection we heard that some staff did not get feedback or updates following incidents. The trust had also recognised that learning from serious incidents was not always being embedded.
- At this inspection we heard that learning was being shared and improvements made where needed. This was done using a number of different processes. Where learning needed to be shared urgently an alert would be sent to all staff in the trust. A monthly staff newsletter was also used to share learning from incidents.
- At a team level, weekly team meetings took place and incidents were dicussed if needed. There was also a monthly area meeting where incidents were discussed. A health visitors' forum took place twice a year and the next one was also covering learning from serious incidents.
- Staff were able to describe how learning from incidents was being embedded. For example, work was ongoing looking in detail at the deaths of babies around 8 weeks. A new tool had been developed to support health visitors to explore mental health and domestic violence with the families they were supporting. Also work was taking place to ensure health visitors were informed about women who had experienced a miscarriage, so they were not contacted to arrange an appointment.

Environment and equipment

- At the last inspection we found that some environments were not safe for children. For example, there were incidents of children hurting themselves on furniture that was not appropriate. Also, one service did not have adequate facilities for changing babies and two had limited supplies of toys, which were used as part of the assessment of young children.
- Since this inspection a number of the clinics had moved to new locations in children's centres. We visited two centred where clinics were taking place on the day of our inspection.
- Both centres provided a safe environment for families with children. This included access for mothers with pushchairs, furniture that was safe for children, space for play areas and appropriate toilet facilities with baby changing facilities.
- Clinical equipment, such as weighing scales, was in good condition and had been calibrated to ensure their accuracy.
- Staff had access to play areas and a range of toys and other equipment for children. These were used to assess babies and young children and also to occupy other children present at the appointment. These toys were kept clean to avoid the spread of infection and this was monitored through infection control audits.

Assessing and responding to patient risk

- At the last inspection we found that there were incidents where health visitors had not received or responded to messages from families or other healthcare professionals. These could relate to the health and well-being of the babies, young children or their families.
- Procedures had been put into place to ensure this was no longer the case. A central administrative team had started operating in January 2017. Anyone wishing to speak to a health visitor would ring a central number and staff would transfer the call to an administrator or duty health visitor in the appropriate team. If the health visitor was not immediately available then a message was left in a book. Health visitors coming back to their team would check their messages, sign to say this was received and briefly write the action taken. These messages were checked throughout the day. Urgent calls were passed to the duty health visitor.
- External care professionals would usually contact the teams using an online ‘in box’. These messages were checked throughout the day by the duty health visitors and addressed as needed. This meant there was a much lower risk of health visitors receiving information directly and not responding as they were away from the office.
- Health visitors confirmed they now felt confident they would receive messages and that urgent matters would be addressed by the duty health visitor if they were not available.

Staffing levels and caseload

- At the last inspection, health visitors had expressed concerns about the size of their caseload and how these were allocated. At the time a tool was being developed to ensure staff were appropriately distributed between teams to meet the needs of the local population.

Good

Are services safe?

- At the latest inspection, in Greenwich, there were 58 whole time equivalent health visitors of which there were vacancies of 19%. The trust was working actively to fill these posts and new staff were joining the teams. On average one health visitor had a caseload of 410, although there were variations linked to the complexity of their caseload.
- A caseload weighting tool was in use to check the deployment of the staff to the teams and this reflected the population size, indices of deprivation and the number of clients where there were specific concerns identified. This was reviewed each month and considered staff absences. This gave an opportunity to make changes to the size of the teams where needed.
- Within the teams allocation meetings took place. There was a clear record of each person's caseload and this enabled team members to support each other, especially where a health visitor had more families with specific concerns. Caseloads were also discussed in individual supervision.
- Staff all knew about the caseload weighting tool. Health visitors said they felt this was working well and that caseloads were managed much better to ensure they could meet the needs of the families they were supporting.
- At the last inspection we found that in Greenwich only 27% of looked after children were receiving an initial health assessment within 28 days of being placed in the borough. This had gradually improved and for the first two months of 2017, 100% of the looked after children had received this assessment within the correct timescales. This had improved due to strong working with other agencies as well the young people and the families who were supporting them.

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.

At the last inspection in April 2016, we rated effective as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services caring?

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

At the last inspection in April 2016 we rated caring as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services responsive to people's needs?

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

At the last inspection in April 2016 we rated responsive as good. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

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:

- The service had addressed the issues that had caused us to rate well-led as requires improvement following the April 2016 inspection.
- In April 2016, we found that the quality of the data being used by the directorate and the trust board was not always robust. The meant the trust could not be assured of how the health visiting service was performing. At the March 2017 inspection systems had been enhanced to improve the quality of data collected to monitor the performance of the service. Recent changes in how the service was delivered had meant that further changes to data collection were taking place and being embedded.

However:

- The progress with completing the mandated ante-natal checks needed ongoing monitoring as the number of mothers receiving this check was low.

Governance, risk management and quality measurement

- At the last inspection in April 2016, we found that the quality of data being used by the directorate and the trust board was not always robust. This meant the trust could not be assured of how the health visitor service was performing.
- Since the previous inspection, a change in commissioning arrangements in September 2016 meant that there had been a number of significant changes in how the health visiting service was delivered. For example, a number of checks that would have taken place in the family home were now taking place in clinics, although home visits were still available for families, especially where they were specific needs. In addition, the check for two year old children was now mostly completed by the nursery nurses with input from other care professionals as needed.
- The trust had introduced new forms in the electronic patient record system to collect data reflecting the new contract requirements. Staff had been trained to use the new reports. The directorate had their own full-time data officer. The data reports were checked by the directorate business office. Data was available for the whole borough health visiting service.
- The new data collection process meant it would be possible to see the performance of each health visiting team in meeting a range of targets and would also identify families where there were specific needs. These processes were being completed at the time of the inspection and training was planned for operational lead nurses to enable them to make full use of this system.
- The data available at the time of the inspection showed a positive level of performance across the health visiting service for completing the mandated checks in the 'Healthy Child Programme'. For example, in February 2017, 92% of new birth visits had taken place and 76% of child 6-8 week reviews. The only check where the performance appeared low was for the ante-natal contact with mothers at 28 weeks of pregnancy or later. For October – December 2016, 29% of mothers with specific needs had this contact with a health visitor. By February 2017, data was showing an increase to 52% for mothers with specific needs, although the trust was still validating the accuracy of the data. The trust said this was a difficult mandated check to complete as the contact was optional and most families were already having input from the GP and midwives. In addition lots of families moved home during pregnancy. The trust said they were having ongoing discussions with commissioners about how this check could best be delivered, how the progress could be measured and what was a realistic target.