

Seax House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Seax House is operated by Virgin Care Services.

The service provides families with free and easy access to local health services in the community; whether in a family hub, local clinic, school, community site or in a family's home. We inspected children and young people's services.

The service delivers the following areas of care: health visiting, school nursing, family health education, physiotherapy, occupational therapy, speech and language therapy, nursing for looked after children, parenting support, support for young people with special educational needs and disabilities, provides children, parents and school staff with information on specific health issues and support with any physical, emotional or developmental problems.

We inspected this service using our comprehensive inspection methodology. We carried out the short announced inspection on 16 July 2019

To get to the heart of children and young people's experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this provider was children and young people's services.

Services we rate

We rated it as **Good** overall.

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept

good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

- The service provided dietary advice (including breastfeeding, weaning and enteral feeding), ill health and pain relief (teething, colic and post-surgery pain). Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local children and young people, took account of children and young people's individual needs, and made it easy for people to give feedback. Children and young people could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community to plan and manage services and all staff were committed to improving services continually.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Community health services for children, young people and families

Rating

Good



Summary of each main service

We rated this service as good because it was safe, effective, caring and responsive, and well led.

Summary of findings

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Summary of this inspection

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Good 

Seax House

Services we looked at

Community health services for children, young people and families

Summary of this inspection

Background to Seax House

Seax House is operated by Virgin Care Services. The service opened in 8 March 2018. It is based in Chelmsford, Essex. The service primarily serves most of the communities of the Essex area, excluding the unitary authorities of Southend-on-Sea and Thurrock. Although health visitors did provide support to a local urgent and emergency department at a local hospital trust.

The service delivers the following areas of care: health visiting, school nursing, family health education, physiotherapy, occupational therapy, speech and language therapy, nursing for looked after children,

parenting support, support for young people with special educational needs and disabilities, provides children, parents and school staff with information on specific health issues and support with any physical, emotional or developmental problems.

The service has had a registered manager in post since 8 March 2018 when the service opened. At the time of the inspection, the current registered manager had recently been appointed and was registered with the CQC in 9 May 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, three other CQC inspectors, pharmacist

inspector, a shadowing pharmacist inspector and a specialist advisor with expertise in children and young people's services. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Seax House

Seax House is part of Virgin Care the service is co-commissioned by Essex County Council and NHS West Essex Clinical Commissioning Group (CCG) and delivers children and young people services for the county of Essex.

The Essex wide service provides a broad range of pre-birth to 19 years family support interventions that are primarily delivered by 29 multidisciplinary Healthy Family Teams. Each team consisted of; health visitors, school nurses, and healthy family support workers and assistants. In addition to these teams there are district-based community engagement workers and healthy school's engagement workers and a team of public health specialists. Each of the four quadrants has its own safeguarding team and looked after children team.

In West Essex, the service provides additional children's community health care consisting of paediatrics,

occupational therapy, physiotherapy, speech and language therapy, children's community nursing, special school nursing, a continence service, a neurodevelopmental service, dietetics and allergy clinics.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

The service delivered care and treatment to children and young people in four quadrant areas, Mid Essex, North East Essex, South Essex and West Essex.

During the inspection, we visited the four quadrant areas and the family hub delivery sites, clinics and staff bases within them. We spoke with 25 staff including registered nurses, health family support assistants and workers, administrators and senior managers. We spoke with 13 service users. During our inspection, we observed staff providing care and reviewed three sets of children and young people's records. Prior to our inspection we reviewed policies and data submitted by the service.

Summary of this inspection

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The service had a number of different clinical teams including; health visitors, school nurses, physiotherapists, occupational therapists, the looked after children nurses, neurodevelopment team referred to as Journey to Autism

Diagnosis with Early Support (JADES pathway). The service does not have a learning disability team, children with learning disabilities were cared for by a number of different clinical teams operating from the service.

Activity (April 2018 to March 2019)

Track record on safety:

- Zero Never events.
- Clinical incidents total reported – 758.
- One serious incident.
- Complaints – 37.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well. Mostly, the maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks.
- The service was recruiting staff to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed children and young peoples' safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support.

Good



Are services effective?

We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored children and young people's diets to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Good



Summary of this inspection

- Staff assessed and monitored children and young people to see if they were in pain, using suitable assessment tools.
- 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.
- Healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- 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.

Are services caring?

We rated it as **Good** because:

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

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- 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.
- People could access the service when they needed it and received the right care promptly.

Good



Summary of this inspection

- 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.

Are services well-led?

We rated it as **Good** because:

- 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 children and young people and staff.
- The service had a vision for what it wanted to achieve.
- Staff felt respected, supported and valued. They were focused on the needs of children and young peoples' receiving care. The service had an open culture where children, young people, their families and staff could raise concerns without fear.
- 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.
- Leaders and staff actively and openly engaged with children and young peoples and their families, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Good



Detailed findings from this inspection






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	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good 

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

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

Good 

We rated it as **good**.

By safe, we mean people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training modules included; basic life support, conflict resolution, equality and diversity, information governance, infection and prevention control, fire safety, health and safety awareness, and moving and handling. Data provided by the service showed as of July 2019 compliance for all modules was above the service target of 85%.
- The mandatory training was comprehensive and met the needs of children, young people and staff. Staff told us they were supported to attend or complete mandatory training modules, which were provided face to face and through on-line learning packages.
- Clinical staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism. The

mental capacity act and deprivation of liberty training was provided to staff as part of their mandatory training. As of July 2019, 98% of staff had completed training on the mental capacity act and deprivation of liberty. Staff also received training on learning disabilities mental health and autism.

- Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were reminded when their training was due. Managers prioritised staff to attend training when they were unable to attend due to sickness or service demand. Sessions were increased if staff were having difficulties attending modules.

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.

- Staff received training specific for their role on how to recognise and report abuse. Each of the four service quadrants had a local-serving safeguarding team who provided training and supervision to all staff within the service. Each team was led by a named nurse for safeguarding who reported to the service-wide manager for safeguarding and looked after children. All clinical staff received up to level three safeguarding training. Training data we received from April 2019 to July 2019 showed monthly compliance was between 91% and 100% which was above the service target of 85%. Staff were provided with quarterly safeguarding supervision.

Community health services for children, young people and families

Good 

- The service provided staff with training passports which allowed staff to capture training related to safeguarding in line with national best practice, this was monitored at staff appraisals.
- Staff received safeguarding supervision and a safeguarding supervision news document which included lessons learnt from investigations, and changes to policies.
- Safeguarding training included female genital mutilation (FGM) and child sexual exploitation (CSE) sessions. Staff we spoke with were aware of how and when to report these incidents if identified.
- The service provided prevent WRAP training (a government initiative which aimed to reduce the threat to the UK from terrorism by preventing vulnerable people becoming terrorists or supporting terrorism). Attendance as of July 2019 was 94%, above the service target of 85%.
- 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. The service had systems in place to identify children at risk. All children and young people at risk were clearly identified in the electronic records system. The service had a Safeguarding Children Policy, the policy reflected relevant legislation and local requirements for safeguarding.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with were able to explain safeguarding arrangements and described the different types of abuse that prompted a referral to the safeguarding team and local county council.
- Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were able to describe when they might be required to report issues to protect the safety of vulnerable children and young peoples. Senior leaders were members of the local safeguarding children board enabling messages to be communicated from and to the provider. Health visitors routinely contributed to the child protection process, particularly initial child protection conferences. Attendance was prioritised, and reports were provided inform the decision-making process.

- The Virgin Care safeguarding network group had oversight of the service and ensured learning from serious case reviews, individual management reviews, serious incidents and incidents was shared across the service.

Cleanliness, infection control and hygiene

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

- All areas were clean and had suitable furnishings which were clean and well-maintained. All clinical areas we visited appeared visibly clean and clutter free.
- Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were issued with hand sanitising dispensers and personal protective equipment (PPE). We observed staff using PPE appropriately. Staff received annual training on infection prevention and control (IPC) as part of their mandatory training. Staff were observed to be arms 'bare below the elbows', in line with the service infection policy.
- Signs were displayed in public areas such as clinic waiting rooms and treatment rooms emphasising the importance of good hand hygiene. Staff adhered to good hand washing practices and washed or sanitised hands between each child.
- Staff cleaned equipment after it was used. Staff demonstrated a good understanding of infection prevention control and adhered to safe standards. Staff cleaned their equipment between each use.

Environment and equipment

Staff managed clinical waste well. Mostly the maintenance and use of facilities, premises and equipment kept people safe.

- The service had suitable facilities to meet the needs of children and young peoples' families. Clinics were provided at a variety of locations across the geographical area of Essex. The majority of venues were not owned or run by the service, therefore responsibility for upkeep was the owner of the building where clinics were held.

Community health services for children, young people and families

Good 

- The service had enough suitable equipment to help them to safely care for children and young people. Staff told us they had access to equipment needed to provide the care to children and young people.
- Equipment was checked and maintained according to manufacturers' instructions which ensured it was safe to use. For example, weighing scales were calibrated every six months to ensure they were accurate.
- Staff disposed of clinical waste safely. We observed that staff used the correct processes to dispose of waste appropriately.
- During our visit to one location we found sanitising gel in an unlocked cupboard, and a wooden gate that was not secured correctly. We escalated this concern to the senior team who arranged for the cupboards to be locked and the gate repaired.

Assessing and responding to risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks.

- Staff identified children or young people at risk of deterioration and escalated them appropriately. Staff told us if they had any concerns during a visit or clinic attendance they had access to urgent medical advice 24 hours a day and would not hesitate making a referral.
- Staff completed risk assessments for each child and young people. We observed risk assessments for a variety of health conditions in the electronic medical records along with plans of care. For example, health visitors undertook assessments of children at all stages of early development in line with mandatory requirements, they also conducted assessments at the request of concerned parents; where a parent was worried about their child's possible developmental delay.
- The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a child or young person's mental health). Staff told us that they routinely assessed children and young peoples' mental wellbeing at each contact and were aware how to make a referral or who to call for urgent advice.
- Health visitors offered women following their birth, with an assessment of their emotional wellbeing and used a nationally recognised screening tool known as the "Whooley Questions" tool and the more detailed

Edinburgh post-natal depression scoring (EPDS) tool. The screening tools were completed in conversation with expectant and new mothers and were recorded in their electronic patient record. If required, staff made a referral to mental health services through the perinatal mental health pathway or offered support to women through activities provided in the family hubs, for example, peer support.

- Staff completed, or arranged, psychosocial assessments and risk assessments for children or young people thought to be at risk of self-harm or suicide. Staff told us if these concerns were identified they referred children to the appropriate provider, for example, an urgent acute care setting if required.
- Children or young people with a medical condition were included, with their parents, in a multidisciplinary approach to teach them how to recognise the symptoms which would cause their child's condition to deteriorate. For example, the medical condition diabetes and how to eat healthily to prevent deterioration.
- Staff shared key information to keep children, young people and their families safe when handing over their care to others. All children seen by the health visiting teams were assessed using an evidence-based assessment framework. All professionals had the ability to sign on to the electronic records system.
- The service had leaflets available for parents to understand the signs and symptoms of sepsis. Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.

Staffing

The service was recruiting staff to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, and agency staff a full induction.

- The service had staffing vacancies for health visitors and school nurses in two quadrants (West and South). Staff told us there was a recognised national shortage of public health nurses, specifically health visitors. However, to encourage staff recruitment the service implemented the following initiatives; incentivising recruitment by offering existing staff a bonus if they

Community health services for children, young people and families

Good 

‘referred a friend’ to join the service, offering new staff the equivalent of the NHS terms and conditions of employment and salaries, signing-on and anniversary bonuses.

- The service funded additional specialist community public health nursing (SCPHN) students in addition to those funded by Health Education England, there were 15 students funded in 2018 and 25 students in 2019.
- In the interim to keep children and young people safe the service maximised the skill-mix and introduced a new staff role, the child and family wellbeing nurse, to support some health visitor and school nurse duties.
- The service told us they had robust processes for monitoring and managing variances in staffing numbers, which included the use of their risk register and business continuity plan processes, as well as providing commissioners with quarterly update reports.
- Managers could adjust staffing levels daily according to the needs of children and young people. The service used bank and agency staff or redeployed staff from other areas to ensure staffing levels were in accordance with the needs of the service.
- The service reviewed its health visitor staffing in April 2019 against the national recommendations from the Laming report. The results indicated that two quadrants had a slightly higher establishment, one had the recommended and one was slightly less. To rectify the deficit the service used agency health visitors whilst recruiting more staff.
- The service had vacancies as posts were difficult to recruit to due to national shortages of specific roles. The service launched a recruitment campaign, which included a payment to existing staff if they referred a friend to the service.
- The service used agency staff to fill gaps in staffing rotas. Agency staff received a full induction, with competency checks, and were buddied with a substantive member of staff.

Records

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

- Children and young peoples’ notes were comprehensive and all staff could access them easily. Staff used an

electronic record keeping system. Staff told us everyone accessed the same system, which enabled different professionals to share information effectively and quickly.

- When children and young people transferred to a new team, there were no delays in staff accessing their records. There was evidence of multi-disciplinary working, therapists documented their notes within the same recording system. We observed staff recorded additional information, such as children’s allergies, within care records. Support and outcome plans were reviewed annually as well as being updated when changes occurred.
- Records were stored securely. Staff had individual electronic records accounts which were password protected.
- Entries in records were signed and dated, which followed good practice guidelines on record keeping from professional bodies such as the General Medical Council and the Nursing and Midwifery Council.
- The service audited records annually as part of the service audit plan, any areas of concern or learning were addressed through action plans and monitored at team meetings. In addition, managers performed random audit of two records during staff supervision and inaccuracies were addressed with the member of staff.

Medicines

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

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We observed safe systems around the storage, administration and disposal of medication. The service had a corporate medicines management policy, this was available for staff to access on the trust intranet.
- Emergency medicines packs were stored within the clinical locations and to remote workers who provided home visits and a risk assessment identified the need. All packs were observed were in date, tamper proof and the expiry date clearly displayed.
- The service had a medicines management policy that was in date, due for review, October 2019. Staff accessed this when required from the service intranet.

Community health services for children, young people and families

Good 

- The service produced an annual medicines safety audit that identified good practice and any areas of improvement. An action plan to improve practice was monitored via the monthly care quality safety meeting.

Incidents

The service managed children and young peoples' safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support.

- Staff knew what incidents to report and how to report them. There were clear processes for reporting incidents via the electronic reporting system. Staff we spoke with were confident to report incidents and near misses.
- Staff reported all incidents that they should report. Staff told us the electronic incident reporting system easy to use and were confident in completing incident forms. They were able to explain what they needed to report and gave examples of incidents reported, for example, safeguarding incidents, missed appointments, or aggressive relatives.
- The service had reported no never events. A Never Event is defined as: 'A serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers'.
- Managers shared learning with their staff about never events that happened elsewhere. Learning was shared through team meetings, individual supervision, one to one meetings with staff, emails and the monthly newsletter. The organisation also shared learning from national organisational bulletins.
- Staff reported serious incidents clearly and in line with trust policy. The most common theme of reporting identified in the annual incidents report were child safeguarding. Staff told us that this was due to the requirement that all newly identified safeguarding issues or concerns were reported as an incident.
- Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong. Staff we spoke with were aware of the Duty of

Candour legislation. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person'.

- Staff received feedback from investigation of incidents, both internal and external to the service. We observed learning had been shared with all staff from incidents which occurred in other areas. For, example verbal incidents of aggression and threatening behaviours, in one month there were three recorded, staff were reminded to ensure they were up to date with conflict resolution training, and recognition of warning signs which may escalate.
- There was evidence that changes had been made as a result of feedback. Following the investigation of a serious incident learning was shared and practices improved. For example, staff were informed of the importance of being accurate and vigilant when documenting a child's growth measurement.
- Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident.
- The service produced an annual incident report that identified good practice and some areas of improvement. An action plan was developed monitored at the monthly care quality safety meeting.

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

(for example, treatment is 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. Managers checked to make sure staff followed guidance.

Community health services for children, young people and families

Good 

- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed several policies including but not limited to; We reviewed several policies and standard operating procedures, which included but not limited to those covering key areas of practice such as; Medicines Management, Healthy Child Programme, and The Mental Capacity Act and Deprivation of Liberty Safeguards. For example, the National Institute for Clinical and Health Excellence (NICE) guidance.
- Mangers told us the health visiting and school nursing teams delivered the department of health's national initiative 'The Healthy Child Programme,' a programme of early intervention and prevention.
- Staff were aware of guidelines from the Royal College of Speech and Language Therapists for example, the service had guidelines supporting working collaboratively, by involving the family and the child.
- Health visitors gave information to families in line with the department of health guidance, for example, reducing sudden infant death syndrome and the NICE Quality Standard, quality standard 37 safer infant sleeping. The latest research was discussed with families regarding the World Health Organisation and NICE guidance (QS37) on the benefits of breast-feeding, smoking and car seat sleeping. We observed health visitors discussing options with their families, so that they could make informed decisions.

Nutrition and hydration

Staff monitored children, young people's diet to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

- Staff monitored children and young people's growth and weight. Health visitors and school nurses discussed healthy eating with families to reduce rates of obesity.
- Specialist support from staff, dieticians and speech and language therapists was available for children and young people who needed it. Staff referred children to the dietician if specialist advice was required, for example, diabetes or allergy related illnesses.
- To demonstrate best practice feeding advice and standards had been maintained, the service followed the 'Baby Friendly Initiative' standards. The North quadrant of the service had received UNICEF baby

friendly accreditation level three in December 2018, the other quadrants were progressing towards level three rating. This meant mothers were receiving evidence based infant feeding advice from the health visiting teams.

Pain relief

Staff assessed and monitored children and young people to see if they were in pain, using suitable assessment tools.

- Staff assessed children and young people's pain using a recognised tool and gave prescribed pain relief in line with individual needs and best practice. Staff demonstrated an awareness of a range of methods in assessing pain, for example, they used non-verbal communication skills to rate a child or young person's pain using words and pictures.

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.

- Information about the outcomes for children and young people's care and treatment was routinely collected. The service was incentivised to achieve specifically commissioned outcome targets for the most needy and vulnerable children and families in Essex. The outcomes were decided following a public consultation exercise. A programme to train and upskill staff was undertaken, supported by new operating procedures, to deliver services that achieved the outcomes. The service provided monthly performance reports to commissioners which demonstrated improved outcomes for children and families in Essex.
- The service participated in all relevant national clinical audits. The service performed well in national clinical outcome audits and managers use the results to improve services further. During our inspection managers shared data which demonstrated, from March 2019 to May 2019, the service had achieved compliance against their target for the new birth review, the six to eight week baby review, and the 12 month baby review. The service was just below their target by 2% for the two to two and half year child review.

Community health services for children, young people and families

Good 

- Managers told us they followed an audit programme. This included but was not limited to a safeguarding audit, medicines management audit, records audit, infection prevention control audit and information governance audit.
- Practitioners were supported and encouraged to work with families at risk of disengaging from the service. For example, planning visits with extra time to visit travelling families. This approach was benefiting outcomes for vulnerable children and families.
- The service was partially commissioned on an outcome measures basis which provided an innovative evidence base for the effectiveness of the service.

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. All nursing staff were expected to complete competency checks related to their role. For example, nursing staff were assessed to take blood from children and young people and give intravenous medications.
- Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with confirmed they attended a corporate induction prior to starting work with the service.
- Managers supported staff to develop through yearly, constructive appraisals of their work. Midyear appraisal rates for 2019 showed that 88% staff had received an appraisal. All medical staff had received an annual appraisal.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff meetings were held every other week and minutes were shared with staff who were not able to attend.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

- Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. The health visiting, and school

nursing teams worked in partnership with other staff and agencies when required which included voluntary agencies, paediatricians, general practitioners (GP), local authorities, midwives and schools.

- Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. The attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) care pathways were developed through a multi-professional and multi-agency approach. The care pathways were comprehensive from initial assessment, treatment planning to parent training programmes and follow up.
- Staff referred children and young people for mental health assessments when they showed signs of mental ill health, depression. Staff ensured a multiagency approach collaboratively working with schools, families and health to promote a holistic plan of care. Children and young people requiring mental health treatment, were referred to the Child and Adolescent Mental Health Service (CAMHS) provided by a local hospital trust.
- We observed strong team work with no hierarchy in the clinical settings, staff were respectful and open to challenge.

Health promotion

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

- The service had a central team of public health specialists who had responsibility to oversee an annual cycle of health promotion events and activities rolled out to schools and communities by the healthy schools engagement workers and community engagement workers. We observed staff discussing nutritional feeding advice, and cot safety with mothers.
- The service promoted children, young people and families to live a healthier lifestyle. We observed a number of healthy eating and healthy lifestyle promoting leaflets and posters, were available in receptions and sitting areas. For example, but not limited to; healthy eating, first aid advice and fire safety.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Community health services for children, young people and families

Good 

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.

- Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff we spoke with showed an understanding of relevant consent and decision making requirements of legislation and guidance.
- Staff clearly recorded consent in the children and young peoples' records. We observed verbal consent was obtained in three records we reviewed.
- Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff we spoke with were knowledgeable about the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses were able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence recognised that some children may have sufficient maturity to make some decisions for themselves
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. All children and young peoples' who required advocacy were referred to local or national providers of advocacy services. For example, but not limited to: Action for Children, Mencap, Pact for Autism and Mind.
- Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. We observed implied consent was obtained for example, when blood was taken from a child.

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 all staff introducing themselves, they were friendly, attentive and caring. All interactions we observed were kind and considerate.
- Children, young people and their families said staff treated them well and with kindness. Staff we spoke with were thoughtful and spoke respectfully of children, young people and their families in their care. One parent feedback said, 'You have been extremely caring and thoughtful at some difficult times and it's very much appreciated.'
- Staff followed policy to keep care and treatment confidential. The service had a policy on their intranet to support best practices which supported staff to keep children, young people and their family's information confidential. Information was accessed by staff using password protected systems. In crowded areas staff spoke quietly to ensure they were not overheard by others.
- We observed meaningful and respectful relationships between staff children and family members whatever the condition. Parents we spoke with confirmed positive interactions with staff. We observed staff demonstrated professional and compassionate standards of care.
- Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. During home visits, wherever they were, staff treated children, young people and their families with dignity and respect. They asked permission to visit and asked where they should sit.

Emotional support

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

Community health services for children, young people and families

Good 

- Staff gave children, young people and their families help, emotional support and advice when they needed it. We observed staff using toys and play as distraction techniques whilst giving care and treatments to children to minimise their anxieties.
- Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Staff were able to find quieter areas within the buildings they used for clinics and groups if they needed to find an area to support children and young peoples’.
- Staff told us they were confident with breaking bad news and having difficult conversations with children, young people and families. Various support groups were available in the community which provided extra emotional support.
- Staff understood the emotional and social impact that a child or young person’s care, treatment or condition had on their, and their families, wellbeing. Staff we spoke with explained the importance of a holistic person centre care model and told us they aimed to work in partnership with children and young people to gain their trust.

Understanding and involvement of children and young peoples’ and those close to them

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

- Staff made sure children, young people and their families understood their care and treatment. We observed positive interactions with families, describing care and treatment in a manner that was understood.
- Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. We observed a consultant led clinic within a school. Time was given to allow the parent and child to ask questions and discussions were clear and understanding of the information given was checked.
- Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. During the home visits we attended we observed staff encouraging families to give feedback on the service.

- Staff supported children, young people and their families to make informed decisions about their care. One mother we spoke with told us she had told her health visitor her baby wasn’t sleeping well, and they recommended, explained the benefits and the mother agreed to be referred to the baby massage sessions the service provided.

Are community health services for children, young people and families responsive to people’s needs? (for example, to feedback?)

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

- The service was commissioned based on co-design with commissioners, stakeholders, service users and the public.
- Managers planned and organised services so they met the changing needs of the local population. The service provided clinic appointments, home visits, drop in sessions, support groups and teaching sessions at different venues across the geographical area of Essex.
- Staff could access emergency mental health support 24 hours a day 7 days a week for children and young people with mental health problems and learning disabilities. The service offered a peer support group called ‘butterflies,’ for parents and carers with children with mental health issues.
- The service had systems to care for children and young people in need of additional support, specialist intervention. For example, the service started an initiative in 2018 called JADES (journey of autism diagnosis and early support) referrals were made by the child’s GP, therapist, school staff, health visitor or school nurse. JADES service focused on early interventions with the child and family.

Community health services for children, young people and families

Good 

- Managers monitored and took action to review missed appointments. Staff recorded all missed appointments on the electronic system to enable them to follow up the families. If missed appointments were repeated staff would raise this as a safeguarding concern.

Meeting people's individual needs

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

- Staff used transition plans to support young people moving on to different services. The school nurse teams invited primary school children to access their services to discuss their transition to secondary school. Children gave positive feedback, for example, 'I feel less worried about secondary school' and 'I know who to talk to if I get bullied.'
- Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. Staff told us at one of the hubs there was a sensory room for children and their parents to book an allocated time slot to experience the room for an hour.
- The service had information leaflets available in languages spoken by the children, young people, their families and local community. The service was developing a phone application to have all leaflets available in one place.
- Speech and language therapists designed a course curriculum, delivered by trained healthy family support workers which provided a support group, 'chatterpillars' for parents and their children to attend.
- Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. The service had access to a telephone based interpreter service for people who did not speak English as their first language. Children who were sensory impaired were supported within school, their teachers were offered a sign language course.
- Children, young people and their families were given a choice of food and drink to meet their cultural and religious preferences. Staff told us of breakfast and

brunch clubs for families to access if they were having financial difficulties which ensured they were able to have meals. The service also facilitated a food share where charities donated food for families to access.

- Staff had access to communication aids to help children, young people and their families become partners in their care and treatment. Staff used visual aids and pictures for those who had speech or sensory impairments.
- Managers told us of their work completed on the voice of the child. The service had added prompts to the electronic record systems for staff to include the voice of the child. All staff had received training to facilitate this.
- The service had set-up 'community fridges' in the family hubs where donated food was accessible to disadvantaged families. After it emerged that some people did not know what to do with some of the fresh produce donated, the service launched cookery and healthy eating classes.

Access and flow

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

- Managers monitored waiting times and made sure children, young people and their families accessed services where needed and received treatment within agreed timeframes in line with national targets. There were 29 multidisciplinary healthy family teams, which provided a universal enhanced targeted service. Included in the universal targeted service were the five mandated checks from 'Public Health England's Healthy Child Programme' these included: antenatal, new birth, six to eight weeks, under one-year review and the two-year reviews. The service also routinely conducted post-birth 48-hour telephone calls, which included access to breastfeeding advice.
- The maternal early childhood sustained home visiting programme was offered to eligible families, which provided an enhanced level of support, for example, a minimum of 24 health visitor contacts in the two years before and after birth).
- All families, children and young people registered with a GP in Essex were supported by the health family teams in the Essex child and family wellbeing service.
- Managers monitored waiting times and made sure children, young people and their families could access when needed and received treatment within agreed

Community health services for children, young people and families

Good 

timeframes and national targets. Services provided in clinical locations were generally available Monday to Friday from 9am to 5pm. Home visits were arranged to deliver care when necessary, for example the new birth visit to mother and baby by the health visiting 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.

- Staff understood the policy on complaints and knew how to handle them. Staff told us they would try to resolve complaints at source, if this was not possible they would inform the family how to make a complaint.
- Managers investigated complaints and identified themes. The service had a complaints and customer experience team to support with responding to complainants. During the 2018-19 financial year the service received 17 complaints relating to the Essex County Council commissioned services and 20 complaints relating to the West Essex County Council commissioned services.
- Staff knew how to acknowledge complaints; and children, young people and their families received feedback from managers after the investigation into their complaint. Senior staff told us families received feedback from managers after the investigation into their complaint.
- Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that feedback was shared at team meetings, in an annual report and the monthly newsletter. For example, staff were reminded to ensure all clients are updated about issues within the service buildings including closures.

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

Good 

We rated it as **good**.

Leadership of services

Leaders had the integrity, 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 children and young peoples' and staff.

- The senior leadership team consisted of the chief executive officer, a commercial director, a chief operating officer, a people director, a chief financial officer, a clinical director and legal service. We reviewed a document that set out their purpose which included but not limited to; lead the day to day business, ensure appropriate governance and cascade and communicate.
- Essex child and family wellbeing service was led by a locally based senior management team which consisted of a managing director, a deputy managing director, a quality lead, a contract and performance manager, a people lead, a finance lead, a lead for special educational needs and disability (SEND).
- Each of the four quadrants was led by a quadrant manager who reported to the leadership team. Managers told us that they felt supported and able to perform in their roles.
- Staff told us that they felt valued by their line managers and the service, and leaders were visible.
- All staff we spoke with consistently told us they were confident to raise issues with local managers and senior leadership.

Service vision and strategy

The service had a vision for what it wanted to achieve.

- The service values and approach was; "We only provide NHS and social care services where we believe we can

Community health services for children, young people and families

Good 

make a difference. We make services better than they were before for the staff and the people using our services. In turn we provide better value to the NHS and the public”.

- Staff we spoke with were aware of the service vision and strategy.
- Staff told us the focus across all services was making sure that everyone in Essex had the best possible start in life through community services that were accessible, high quality and meet the identified needs of children, young people and their families.
- The service motto and vision statement was communicated with new staff at the recruitment, induction and with existing staff through the appraisal process.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service had an open culture where children, young people, their families and staff could raise concerns without fear.

- Staff told us that they enjoyed working for the organisation and it was evident they were passionate about their roles.
- Teams were supportive of one another and had respectful working relationships.
- Staff told us there was a no blame culture and incidents were seen as an opportunity to learn and they were comfortable and confident in reporting them
- Staff told us that they were proud to work for the service and felt that the service prioritised the care and needs of the children, young people and families they looked after.
- Managers told us their senior support was very good. We observed strong working relationships between the senior management team.

Governance, risk management and quality measurement

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.

- There was a governance structure within the service which provided assurance to the senior leadership team. The service held monthly care quality and safety meetings chaired by the quality lead and attended by relevant managers and leads. The respective leads reported up to the centrally held estates groups, health and safety groups and risk committees.
- The service held monthly quality meetings. We reviewed three meeting minutes from May to July 2019 and observed an agenda which included risks, incidents, complaints, compliments, children and young people's engagement and training. Actions identified were aligned to individuals to complete.
- We reviewed the mid-year Quadrant Safeguarding and Looked After Children Report, July 2019 and saw that safeguarding incidents and themes were discussed, actions were monitored, and training opportunities explored.
- Risks were captured and escalated on a single risk register shared with both employing organisations and commissioners. The highest risk for the service was staffing levels, the risk register had actions documented to reduce the risk of harm, an individual who was the risk owner and a review date, which was in date.
- The service produced an annual incident report, we reviewed the report from April 2018 to March 2019. The service analysed and monitored performance. For, example, it was identified that the sudden and unexpected death of a baby, in the area had increased, a review was conducted, and actions taken, preventative measures were promoted, such as educating new parents in the importance and risks of various types of sleeping arrangements.
- Staff were encouraged and supported to report incidents. If the number of incidents reported reduced, managers reminded staff the importance of incident recording.
- The service worked with other agencies to review and monitor safeguarding cases across Essex. For example, the service was working with the missing children working group to ensure the service was notified when a child went missing.

Community health services for children, young people and families

Good 

- A lone worker policy was in place across the service. Staff told us they followed the policy. Staff were issued with mobile phones, which meant staff could have contact with their office base and colleagues during working hours.

Engagement

Leaders and staff actively and openly engaged with children and young people and their families, staff, equality groups, the public and local organisations to plan and manage services.

- Following the 2018 staff survey the service developed a staff action survey plan which had four key priorities:
 - 1) Focus on apprenticeships and developmental opportunities.
 - 2) Training for managers in employee relations activities, including sickness absence training.
 - 3) Recruiting champions within the service to support Equality, Diversity and Inclusion initiatives.
 - 4) Integration of the workforce that included branding and IT projects.
- The staff survey from 2019, conducted by an external agency, demonstrated a 68% response rate which showed an improvement from 58% in 2018. The percentage of staff that reported feeling engaged with the organisation had increased to 78% from 63% in 2018.
- Each year, the service provided a 'Feel the Difference Fund' a dedicated amount of money reserved for staff to use to implement change to make a difference to the communities. Members of staff could apply to a panel of peers from across the service who decided on the winner of the funding.
- The service has held various staff engagement activities within 2019 which included, team and quadrant away days, staff listening weeks throughout the year in all quadrants, a volunteers' day and a school nursing conference. From 2017 annual funded Christmas parties had been held, for reward and team-building purposes.
- There was a Virgin care's "Love Your Lunch" initiative which encouraged staff and managers to come together and discuss important topics whilst having lunch together.

- There was a monthly staff newsletter that shared service updates, quality and safety guidance and good news stories.
- Staff were able to nominate each other for the annual 'feel the difference' awards. The awards recognised staff who developed the service or went 'above and beyond' to provide support to children and young peoples and their families. For example, a team of district nurses were presented with the award in February 2019 for their high performance in completing a service survey.
- People who were using or had used the service had the opportunity to provide feedback using a variety of modes and feedback was used to inform planning and delivery of the service.
- The service undertook a range of activities to engage with service users and the wider community. Staff recorded the individual needs and vulnerabilities of all service users they had contact with. The service demonstrated that it collated this information, along with feedback from the Friends and Family Test results, 'You Said, We Did' feedback and the Citizen's Panel meetings and presented it to each district's Family Hub (children centre) Advisory Board. These Boards, which consisted of multi-agency partners, stakeholders and community representatives, provided advice on how services were delivered.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

- Staff were committed to give good quality care to children, young people and their families and gave examples of new initiatives within the service.
- Essex Child and Family Wellbeing Service (ECFWS) supported staff to start apprenticeship programmes, which included the level five 'Leadership and Management Apprenticeship' to develop the ECFWS nursing workforce.
- The service implemented ChatHealth in October 2018, a free messaging interaction service to provide young people aged 11-19 with access to confidential advice, and support from school nurses through anonymous SMS text messages. ChatHealth provided children and young people an opportunity to ask questions they might have been embarrassed to ask face to face.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure they continue to recruit to staffing vacancies.