Care Quality Commission

Great Western Hospitals NHS Foundation Trust

RN3

Community health services for children, young people and families

Quality Report

Great Western Hospital
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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)
RN325	Great Western Hospital		

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

Summary of findings

Ratings

Overall rating for the service	Outstanding ☆
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core serviceOutstanding

We found that services were safe, effective, caring, responsive and well led. The staff were competent, compassionate, enthusiastic and well supervised in their role. During the inspection, we met with managers, staff, children, young people and parents in a variety of community settings. We observed staff delivering care being in schools, outpatient clinics and in the child's own home. There was an open reporting culture for any incidents that took place. Staff were encouraged to raise incidents and managers gave them feedback when appropriate. Staff were aware of their responsibilities to safeguard children and young people from abuse and worked closely with different agencies where appropriate. Recruitment had been a concern within the health visiting service, but we did not see any evidence that this had a negative effect on the care provided.

Care provided to children and young people was evidence based, using NICE guidance, Department of Health research and from advice from specialist centres. Local, regional and national audits were undertaken. Managers shared the outcomes with staff and, where services needed to improve, we saw action plans in place and plans to re-audit. Multidisciplinary and multi-agency working was embedded across the teams. We saw evidence that staff received regular supervision and appraisals.

We received excellent feedback from children, young people and their parents/carers about the care and treatment they received and the staff who provided it. Staff were skilled at communicating with children and young people and treated them with respect and dignity. Staff were friendly, warm, caring and professional. Staff always put the children and young people at the heart of everything they did and always involved them in their care and treatment. Specially trained health visitors and school nurses took part in a rapid response team to support parents in Wiltshire who had experienced the unexpected death of their child. We saw staff were responsive to the needs of children, young people and their families. Interpreting services were used for families where their first language was not English. Robust clinical governance structures were in place. Staff felt supported by their team leaders and managers within the community services.

Summary of findings

Background to the service

Four different NHS organisations had provided community services for children and young people. In 2011 school nursing and health visiting were brought into a Wiltshire-wide service provided by the Great Western Hospital. This was followed by the speech and language therapy team, the looked after children team, and the safeguarding team. Initially the Great Western Hospitals NHS Foundation Trust agreed to host the children's community service on a temporary basis for two years. This arrangement was extended for a further two years while tender arrangements were put in place. At the time of our inspection, all the community services for children and young people were out to tender and awaiting confirmation of the contract winners. The Great Western Hospital NHS Foundation Trust did not take part in this tender and we understood a new provider would take over services from April 2016.

The community services for children and young people provide specialist care to more than 142,800 children and young people in Wiltshire. Services include health visiting, school nursing, speech and language therapy, looked after children, children's safeguarding, community paediatricians, child health information services, continuing care, children's community nursing children's learning disability nursing, and training and development. During our inspection, we talked to 28 staff, nine parents and six children and young people. We also observed care with a further 21 parents and 17 children and young people. We visited the locality hubs in Chippenham, Devizes and Salisbury. We accompanied staff when they attended meetings, clinic visits, home and school visits. We spent time with staff in school nursing, health visiting, speech and language therapy, looked after children, continuing care, community nursing, learning disabilities, community paediatricians, safeguarding and child health information.

Our inspection team

Our inspection team was led by:

Chair: Dr Nick Bishop, Senior Medical Advisor, Care Quality Commission

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team included CQC inspectors and a variety of specialists such as a health visitor, children's community nurse and children's physiotherapist.

Why we carried out this inspection

We conducted this inspection as part of our in-depth hospital inspection programme. The trust was identified as a low risk trust according to our Intelligent Monitoring model. This model looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

Summary of findings

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about Great Western Hospital NHS Foundation trust and the Great Western Hospital. These included the local commissioning groups, Monitor, the local council, Healthwatch Swindon and Healthwatch Wiltshire, the General Medical Council, the Nursing and Midwifery Council and the royal colleges. We also talked to the provider of community services in Swindon, and the company who own, run and manage the hospital building, providing domestic and portering staff, meals and facilities management.

We held one listening event in Malborough on 24 September 2015, at which people shared their views and experiences. In addition we ran a 'share your experience' stall in a shopping centre in Swindon on 22 August 2015. In total more than 50 people attended the events. People who were unable to attend either shared their experiences by email and telephone as well as on our website.

We talked with patients and staff. We observed how people were being cared for, talked with carers and family members, and reviewed patients' records of their care and treatment.

What people who use the provider say

Children, young people and their families we spoke with were extremely positive about the care and treatment they received and how caring the staff were towards them. They told us they felt respected and listed to and that staff treated them with dignity.

Comments from parents across the community teams included "I am very pleased with the service my son has received". "It's brilliant, the staff are fantastic". "The experience of the SALT (speech and language therapy) team has been really positive with good communication".

"My experience of the health visitors has been very positive". "Staff are superb". "Having received such supportive help has given us confidence". "Thank you for all the support and guidance given".

Comments from children and young people across the community teams included "nothing could really be improved" (15 year old). "It was good, she didn't ask any difficult or silly questions and will see her again" (13 year old). "It was awesome, someone taking an interest in me". "It was good to get some information" (13 year old).

Good practice

- Specially trained health visitors and school nurses took part in an on-call unexpected child death rapid response team. When a child or young person who lived in Wiltshire died unexpectedly, the police would be contacted alongside the rapid response team. Whilst the police would investigate the circumstances surrounding the death, the staff within the rapid response team were responsible for providing emotional support to the parents. By using health visitors and school nurses that had been specially trained, it utilised their skills at communicating with parents to support them at the worst moment in their lives.
- The children and young people's community teams had excellent multi-disciplinary and multi-agency working. This extended across the local communities they served, health and social care as well as the ministry of defence to support children of military families.
- The leadership across the children and young people's community team was very visible and staff were full of praise for their immediate team leaders and wider management team within the community. They felt supported and valued by their team leaders and managers.
- The looked after children team had produced a health passport for all their children and young people. This contained full details of each individual child's health and medical history. Details of appointments,

immunisations were also included. Young people were able to take these passports with them once they left the care of the local authority to help them make a good start in their adult lives.

- The children and young people speech and language therapy team (SALT) were linked directly to local schools. This was to make sure children and young people received more intensive support and received early intervention when necessary. This link system has been shown to improve communication and outcomes for children and young people by supporting staff within the school to consistently continue with the communication plans put in place by the SALT team.

Care Quality Commission

Great Western Hospitals 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

Services provided by the children and young people's community services and the sexual health team were delivered by staff who had received appropriate training to meet the care needs of individual children and young people. Staff were knowledgeable about policies and guidance on safeguarding (keeping children safe from harm) children and young people who used the service. Staff were aware of how to report incidents and were encouraged and supported to do so by their team leaders and managers. Staff told us they received feedback following incident reporting.

Where necessary staff were trained to deliver medicine to children and young people. The of competencies of staff to give medicines were checked on a regular basis. Effective infection control procedures were in place across the children and young people's community services. While recruitment had been a concern within children and young people's services, especially within health visiting, we did not see that this had a negative impact on the care provided.

Staff in the sexual health team were competent and knowledgeable. Guidance issued by the British HIV Association was followed when prescribing drug treatments. Infection control procedures were in place across sexual health services.

Incident reporting, learning and improvement

- All the teams within children and young people's community services had good systems in place for reporting and acting on incidents. Staff reported incidents via an electronic system that they all had access to at their base locations. Staff told us that they had no hesitation in reporting incidents when they occurred and that they felt encouraged and supported to do so by their team leaders and managers.

Good

Are services safe?

- We saw evidence that incidents were reported onto a database that could identify trends in any particular area within the community teams. Between July 2014 and June 2015, there were 50 reported incidents across the community health services for children and young people.
- The most common category for incidents was documentation (21 incidents) followed by communication (seven incidents). Each incident was recorded together with any resulting action that had been taken.
- Staff received feedback on incidents both individually and at team and locality meetings. The staff we spoke to during this inspection and minutes of meetings confirmed this took place.
- For the sexual health team we saw they had systems in place for incident reporting. Incidents were discussed at the clinical governance meetings and action plans put in place where necessary.

Duty of Candour

- The duty of candour explains what providers should do to make sure they are open and honest with patients when something goes wrong with their care and treatment. This came into force in November 2014. The trust had a comprehensive duty of candour policy in place which had been rolled out to all areas. Staff we spoke with demonstrated an understanding of this.

Safeguarding

- The trust had a child protection and safeguarding policy in place across acute and community services. The policy had links to the local safeguarding procedures from the local authorities. While the policy referred to the different types of abuse that a child or young person might suffer, it did not mention child sexual exploitation, female genital mutilation or the risk to the child within a home that was experiencing domestic violence. The staff we spoke with during this inspection were all aware of the safeguarding procedures and their own responsibilities in reporting and sharing concerns. We also saw evidence that staff had received training in child sexual exploitation, female genital mutilation and domestic violence.
- Safeguarding competencies had been developed by the community safeguarding team to make sure new staff understood their responsibilities around safeguarding children and young people. The competencies were in addition to the mandatory training staff were expected to complete around safeguarding. We looked at the training records for staff, which confirmed that the majority of staff had received level three safeguarding training for children and young people. For those staff that were not up-to-date with their training, plans were in place to ensure they completed this at the earliest opportunity. Information provided by the provider prior to our inspection showed 88.5% of health visitors, 95% of school nurses and 98% of other staff within the children's and young people community team had received level three safeguarding training. The records for the first quarter of 2015 (April to June) showed that the majority of the staff (92%) had received safeguarding supervision.
- Staff received safeguarding supervision in a variety of settings and timescales that were relevant to their role. This ranged from group supervision every three months through to one-to-one supervision every month. Staff told us they found the supervision to be comprehensive. We saw evidence that supervision was in place across all the teams within children and young people's community services.
- We saw that health visitors and school nurses were notified when children had attended the emergency department and the minor injuries units at the local hospitals. All referrals were assessed and action taken where necessary including notifying other health and social care professionals where appropriate.
- Wiltshire police shared information regularly with the children and young people's community team in relation to safeguarding and domestic violence. Incidents of domestic violence were shared when children were part of the family. These reports had risen month on month between April and June 2015, and 20% from January to March 2015. The number of children in Wiltshire subject to a child protection plan had increased year on year. In 2008, 100 children were subject to a plan, but in 2015 (up until the time of our inspection), it was just over 400. This represented an increase in the workload for the children and young people community teams because of the additional assessments and the need to attend safeguarding meetings. The safeguarding team, health visiting, school nursing and looked after children's team were able to keep pace with this demand, although we acknowledge that it took priority over more routine work.

Good

Are services safe?

- An audit had been undertaken in June 2014 looking at child protection referrals from the children and young people's community service to the children's social care team. Referrals from January to June 2014 were reviewed to test compliance against national and local safeguarding children policy and guidance. The audit looked at 20 separate criteria, for example had the correct history been documented appropriately. Each had an expected standard of 100%. The service scored 100% in 10 of the criteria and above 90% in a further five criteria. It was recognised by the children's community staff that the audit results were disappointing, and action plan had been put in place and a re-audit was planned for later in 2015.
- The safeguarding team had introduced a needs assessment for use within the health visiting service. This assessment included alcohol and substance misuse and domestic violence. The assessment had only been introduced in June 2015 and there were plans to audit the assessment during 2016. This assessment acknowledged that domestic violence and alcohol and substance misuse could be indicators that children and young people could be at risk of abuse.
- Any issues with regard to safeguarding from any of the children and young people's community teams were fed through to the safeguarding team within the community children and young people's services and then discussed at the children's safeguarding forum. This in turn fed into the safety committee and the trust board. There was an executive lead on the trust board responsible for safeguarding.
- Where concerns about children and young people needed to be acted on, they were referred to the multi-agency safeguarding hub (MASH). Staff we spoke with were positive about this service. They told us that initially it had meant new ways of working, but that it was now embedded in their safeguarding work. Staff found the MASH service accessible and it had the ability to document all concerns about any particular child or young person, agree action plans, involve the relevant practitioners and to make sure that the team had the information and knowledge to support each child and young person.
- The sexual health team had good safeguarding procedures in place. We saw evidence that all clinical staff had received safeguarding training at level three and received regular safeguarding supervision. Staff took part in a national special interest group that had been developing a proforma to help professionals identify the risk of child sexual exploitation. We were told this had been rolled out nationally and a briefer version had been developed and rolled out locally for use with school nurses and the children's unit. We saw this was in use and it had been welcomed by staff to help them identify children and young people that could be at risk of sexual exploitation.
- Staff had received training on female genital mutilation and we saw that policies were in place, which included additional services that girls and women could be referred to. The policy was in line with the trust and Swindon Local Safeguarding Children's Board guidance and liaised with social services and the police where necessary.

Medicines

- We were shown patient group directions for the administration of vaccines within the school nursing service. These directions set out information about each vaccine, who was to receive it, how it would be given and the competencies of staff administering the vaccine. Audit arrangements were in place to make sure vaccines had been administered safely. The staff we spoke with during this inspection that were responsible for vaccinations were aware of the relevant policies and procedures.
- All medicines that were administered in the community were prescribed by a doctor. Staff completed drug administration records for each drug administered. This confirmed the time and date when staff had given any particular medicine, the dose, and the signature of the nurse.
- Competencies were in place for qualified staff administering specialist medicines. For example, some children were at risk of having allergic reactions and adrenaline had been prescribed for emergencies. We saw the competency booklet staff had to complete before being assessed as competent to give this particular medicine.
- Training was arranged for parents to administer specialist medicines to their children at home. For example, parents who needed to administer a particular medicine if their child had a seizure.
- Health visitor prescribers had systems in place to keep their prescription pads secure. The pharmacy department monitored all prescriptions issues and provided the managers with monthly reports. This

meant that prescribing patterns were monitored and reviewed. We were told that one of the health visitor team leaders oversaw the competencies with the health visitor prescribers in conjunction with the pharmacy and training department. Competency books were completed and filed in the staff personal files. Staff we spoke to confirmed that this took place on a yearly basis. The principles and guidance of prescribing were described in the non-medical prescribing policy of which staff were aware.

- We looked at the fridges used by the school nurses in Salisbury that were used to store vaccines and found that staff checked and recorded the fridge temperatures on a daily basis. These were found to be within the normal ranges for the safe storage of medicines. Continuous electronic temperature monitoring had also been connected to the medicine fridges to ensure medicines were stored at the correct temperature. When vaccines were taken to schools for immunisation clinics, these were transported in appropriate cool containers and the temperature constantly monitored throughout the clinic. Vaccines were ordered for each clinic from the main pharmacy department at Salisbury Hospital. The vaccines were then transferred to the locality fridges just prior to the clinics taking place.
- The sexual health team followed the national British HIV Association guidelines with antiretroviral drug prescribing. Where patients were found to have a multi-drug resistance they were referred to a specialist centre. A dedicated HIV pharmacist worked with the team every Monday and was available for advice at other times during the week. The pharmacists oversaw the home delivery service for medicines to make sure the patients received a regular supply. This reduced the risk of them running out of their medicines, which could lead to poor adherence and risk of drug resistance.

Environment and equipment

- We saw evidence that showed any equipment provided or used with the children and young people communities' team had been serviced according to manufacturer's instructions. Electrical equipment provided to children in their own homes had been tested for electrical safety to make sure it was as safe as possible. This information was documented in the risk assessment paperwork. The parents we spoke to confirmed staff took the safety of equipment very seriously to make sure it was fit for purpose and safe.
- Where faults were identified with a specific piece of equipment it was taken out of service and replaced quickly. As an example, one parent told us that a suction machine that their child used was reported faulty at 8.30am and it had been replaced by 11am that same day.
- Parents told us that they always felt staff had been properly trained to use equipment and were competent. This gave them reassurance that their child was receiving appropriate care tailored to their child's needs. We saw evidence to confirm staff had been trained to use equipment safely.
- Equipment used within the sexual health team had been maintained according to manufacturer's instructions. We saw comments from patients regarding the seating in some of the clinics, which they found to be uncomfortable.

Quality of records

- The speech and language therapy team (SALT) audited their documentation to ensure equality of service and the quality of their provision across two different child health teams (Bath and Salisbury). Questionnaires were sent electronically to paediatricians who worked with the team. The results of these questionnaires showed 100% of respondents reported that the quality of the SALT reports were either good or excellent.
- A record keeping audit was undertaken in February 2015 across all of the children and young people's community teams. Notes (96 sets) were audited across speech and language therapy, school nursing, health visiting, and the specialist services. The audit looked at 22 separate criteria such as, did the records have the childs correct name and date of birth, were entries timed and dated, were entries signed by an appropriate professional. It was an expectation of the audit that each of the 22 criteria would achieve the 100% standard. The results were: SALT scored 100% in 13 of the criteria, 99% in two of the criteria and the remainder was not applicable to the service. Health visiting and school nursing scored 100% in only one of the criteria. In eight they scored above 90%, and in seven it was below 90%. The continuing care team scored 100% in seven of the criteria, and above 90% in two of the criteria, but below 90% in the rest. The learning disability team scored 100% in 14 of the criteria and 90% or below in three of the criteria. An action plan had been put in place and arrangements for a re-audit had been made for 2016.

Good

Are services safe?

- The children and young people's community team still used paper records rather than an electronic patient administration system. This meant that each team such as school nurse, health visitor, etc., had their own set of notes they maintained. All the staff we spoke with told us that they would have preferred to move over to an electronic system and have mobile working, but whilst they had paper records, they managed as best they could.
- We looked at 26 sets of notes from across the enuresis (service to support children that were having trouble being dry at night) clinic, school nursing service based in Salisbury and the speech and language therapy services. In every case, we found these records to be comprehensive in terms of the information they contained. Notes were legible, timed, dated and signed appropriately. In the school nursing records we saw that significant events were summarised and included the health visiting records together with any early interventions the child had received for example specialist referrals and treatment programmes. Assessments were in place together with any relevant monitoring charts. As an example the notes from the enuresis clinics had fluid balance charts. We saw evidence in the notes that children and young people and their parents or carers had been involved at every stage of the child's care. The parents, children and young people we spoke to during this inspection confirmed this.
- We looked at three sets of notes held within the children's specialist nurses at Chippenham community Hospitals. The notes were stored securely in locked cabinets within locked offices that only the children's specialist nurses had access. The notes were easy to navigate, had comprehensive evidence of multi-disciplinary working with GPs, schools, hospice staff and other health care professionals in the acute trust and the community. There was evidence that letters had been copied to parents to keep them informed of what was happening with the care of their child. Hand written notes were legible, signed and dated appropriately. Care plans were in place, which were individual to each child, their needs and the needs of their family. These care plans were reviewed regularly and updated as necessary in conjunction with the parents. This made sure the child was always receiving appropriate care specific to their needs.
- Within the sexual health team, the quality outcome indicators showed us that documentation was audited on a regular basis. For example to check that staff had discussed concerns with people living with HIV within four weeks of receiving their diagnosis. The team scored 100% against a standard of 90%.

Cleanliness, infection control and hygiene

- All the locations we visited were clean and well maintained. We observed staff washing their hands and using hand sanitiser where appropriate. We saw that equipment and toys that were used as part of an assessment or clinic where cleaned appropriately between children. Equipment that was used for numerous children such as the weighing scales used by the health visitors were cleaned before and after each baby was weighed.
- An annual hand hygiene audit was undertaken in April 2015 across women's and children's services, including community services. Overall, the compliance of the audit reached 97% against a standard of 100%. The speech and language therapy team, the children's continuing care team and the majority of school nurse and health visiting teams scored 100%.
- Where clinical waste was present, such as at immunisation sessions we saw that this was disposed of appropriately and according to trust policy. As an example, arrangements had been made with one school to collect and replace sharp bins. These were checked by the school nurse before collection, which included sealing them and checking to make sure the correct information had been completed on the audit stickers. The bins were then returned to the hospital for safe disposal.
- Personal protective equipment was available for staff such as aprons and gloves and we saw these were used appropriately.
- A patient satisfaction survey undertaken in the sexual health team showed positive results for cleanliness. In January 2015, 88% of patients said that the toilets were very clean. This was higher than the national average of 74%. Patients also reported that the clinics were clean. Staff also scored 100% for hand hygiene audit, which showed staff were aware of the importance of hand washing in the prevention of cross infection.

Mandatory training

Are services safe?

- There was a range of training that the trust considered mandatory for staff to complete. The trust target was for 80% of staff to have received the appropriate training. We looked at the training records, which showed the community children, and young people's services had achieved over the trust target for conflict resolution, corporate and local induction, health and safety and information governance. For other areas such as manual handling, medicine management and infection control not all the areas within children and young people's community services had achieved above the trust target and some areas had failed to meet it. We asked the relevant managers about this and were shown plans that had been put in place to ensure staff would complete the training at the earliest opportunity.

Assessing and responding to patient risk

- We saw good examples of where risk assessments were undertaken. One example was within the children's community team. There was evidence that full assessments were undertaken of each individual child's needs, in addition an assessment was also made of the family's needs. As an example, one assessment looked at what support the family needed and where there any problems at home that needed to be taken into account. . Risk assessments were completed including an environmental risk assessment that looked at entry to the home, whether pets were present, electrical safety and infection control. Manual handling risk assessments were completed for all children and young people where necessary. Where these assessments were in place, we saw that regular reviews took place. Fire assessments were also completed to ensure that individual children's homes were as safe as they could be for the family and staff attending to care for the child. Finally, a risk assessment was completed that included issues such as safe, well-lit parking available for staff at night.
- A risk assessment was completed in conjunction with other agencies where necessary. For example, where a child was in school and required on-going health intervention. The risk assessment was carried out in conjunction with the parents and the head teacher. This helped identify if the school had their own policies for supporting children and young people with various medical conditions. Other issues were also identified such as whether a care plan was required for the school, how many staff were trained in first aid and whether the staff were able to administer medicines.
- Health visitors risk assessed each child during baby clinics. Where the babies were very young they were weighed on the scales on the table within the clinic room. However where the babies were older and more mobile, the scales were moved to the floor to reduce the risk of any baby falling off the scales. This showed that the health visiting staff were aware of the risks associated with the babies and children they were working with.
- The parents told us that they had been given information on signs and symptoms to look for in case their child deteriorated and had been given contact numbers for additional help and support. One parent told us they could always access help and support when they needed it. Children and young people within the continuing care team and children's community nursing team all had open access to the children's unit at the Great Western Hospital.

Staffing levels and caseload

- The speech and language therapy team (SALT) comprised of 46 clinical staff and seven administration staff. The team complied with departmental guidelines in line with the Royal College of Speech and Language Therapists by having no more than 16 children and young people per one session of therapists time and regular meetings were held with managers to discuss caseloads
- The children's continuing care team consisted of both qualified nurses and health care assistants 13.3 WTE (whole time equivalent) band 3, 0.8 WTE band 4, 3.5 WTE band 5, 2 WTE band 6 and a full time band 7. On average, there were 14-16 children and young people at any one time receiving care packages. The majority of this care was provided at night at the child's home. At the time of our inspection the team was caring for 12 children.
- The training and development team consisted of a band 7 nurse and 1.5 WTE band six nurses and provided training Monday to Friday 9am to 5pm. They were also able to support occasional out-of-hours training depending on the needs of staff and the service.

Good

Are services safe?

- The children's community nursing team consisted of one band six nurse to cover a caseload of 25 children Monday to Friday 9am to 5pm.
- The children's learning disability (LD) health service consisted of a band seven nurse, 3.85 WTE band six nurses, two WTE band five nurses and three WTE nurses. They supported 114 children Monday to Friday 9am to 5pm in conjunction with other health care professionals such as school nurses.
- Health visiting consisted of 76.2 WTE qualified health visitors and 20.1 WTE nursery nurses and 17.48 WTE support assistants. The health visiting team were experiencing recruitment issues similar to those faced by other health visiting teams across the country. However, we saw no evidence that this had a negative impact on the standard of care they provided to children. The current caseload at the time of our inspection was 26,059 children, which equated to 229 children per nurse. This was below the national recommendations of 250 to 400.
- The family nurse partnership had four full time nurses, one supervisor and an administrator. The service in general was provided 8.30am to 5pm but had the flexibility to respond to individual family's needs. The service was relatively new at the time of our inspection but had the capacity to see 100 mothers. At the time of our inspection 57 women were being seen by the team.
- Community child health medical services (South Wiltshire) consisted of one associate specialist doctor and 0.6 WTE specialist doctor.
- School nursing team consisted of 1.8 WTE band 7 nurses, 14.35 WTE band 6 nurses, 6.17 WTE band 5 nurses and 6.43 WTE band 2 healthcare assistants. They provided a school nursing service to 234 maintained schools and 16 independent schools (approximately 65,385 children and young people). They also supported 266 children on a child protection plan and 213 children in need. The service met the recommendations from the Royal College of Nursing by making sure each school had a named school nurse.
- The looked after children (LAC) team had 1.6 WTE band six nurses. At the time of our inspection, 403 children were in need of care. This was split between the different processionals. For example, the health visitors saw the under fives of which there were 85. The school nurses saw the five to11 year olds of which there were approximately 120 to130. The LAC team were left to see the over-11 year olds.
- The Royal College of Nursing recommend that for a child population of 50,000, a minimum of 20 WTE staff would be required to provide a holistic service to children and young people. The children and young people's community service met these recommendations.
- The sexual health team saw approximately 10,000 patients a year. At the time of our inspection, 205 patients looked after by the sexual health team had been diagnosed with HIV and the team expected to see 10 to 12 new HIV diagnoses each year.

Managing anticipated risks

- We observed that risk assessments were completed as necessary. We were also told of the procedures to manage risk. As an example, we were told about how the immunisation service worked with schools to provide vaccines to children and young people in as safe environment as possible. Equipment and specialised medication would be taken by the school nurses in case any of the young people suffered an allergic reaction to the vaccine.
- We found that all the staff we spoke to were aware of the duty of candour and were proud that they felt they had embedded this within children's community services. Staff told us they did not sweep things under the carpet and that they always worked in partnership with children, young people and their families. Another member of staff told us "we have to build a therapeutic relationship with our families and that can only be done with honesty and openness".
- Managers we spoke to, told us about the contingency plans that had been put in place to cover staff sickness and vacancies in the health visiting team. These plans made sure that children and their families received the care they needed.

Good

Are services effective?

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

Summary

Care and treatment provided to children and young people in the community and to patients using the sexual health team was based on regional and national guidance. Most procedures were evidenced based using National Institute for Health and Care Excellence (NICE guidance, Department of Health research and evidence from organisations such as the British HIV Association.

The children and young people's community team and the sexual health team both took part in local, regional and national audits. Outcomes of these audits were shared with staff and the results used to constantly review and improve services.

Staff were supported by their team leaders and managers and met regularly for one to one meetings, appraisals (with the exception of the sexual health team who met separately) and supervision. Multi-disciplinary and multi-agency working was embedded across both teams.

Detailed findings

Evidence based care and treatment

- The speech and language therapy team used a link system model, which meant therapists were assigned specific schools. Evidence based pathways were used that had been designed specifically for the SALT team based on national good practice. These included, for example, supporting autistic children.-We saw examples of changes in practice that was based on evidence. One example were the support groups organised by the speech and language therapy team. The groups helped children to develop early verbal skills and improved attention and listening skills. However, evidence suggested that the group work was more beneficial for children aged four to five rather than younger children. The groups were changed accordingly to support this age group of children.
- Another example of where evidence based care was used was within the community children's training and development team. They used the National Institute for Health and Care Excellence (NICE) guidance on epilepsy and severe allergy to inform the training material and course provided to staff. The team liaised closely with the multidisciplinary team to make sure the NICE guidance was embedded in protocols across children's community services.
- The family nurse partnership (FNP) had three main aims: to improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency. The service was introduced nationally in 2012 by the Department of Health and was based on evidence developed over 30 years. This evidence showed the FNP benefited the most needy families in the short, medium and long term across a wide range of outcomes. The service within Wiltshire started in November 2014 and provided a service to first time mothers that were under 19 at the time of conception. The team work in conjunction with the heath visiting team.
- Where appropriate, we saw evidence that NICE guidance was implemented. As an example the NICE guidance NG111 'The management of bedwetting in children and young people' was used to inform the enuresis service, and audits were undertaken to review its effectiveness. The main outcomes from the audits were to strengthen the service across the Wiltshire enuresis service and the school nursing service. We saw evidence that this was taking place. We also saw strong links and supervision arrangements with the enuresis service within Swindon.
- For the sexual health team we were shown evidence that policies, procedures and treatment plans were all based on the relevant guidance issued by NICE and the British HIV Association. They took part in local, regional and national audits.
- As an example changes had been made to the proformas and stopping the routine testing of homosexual men for Hepatitis C. In another example, the pelvic inflammatory disease audit saw a change to the follow-up arrangements and instead of bringing patients back to clinics, telephone follow-up calls were arranged. We were shown the quality outcome indicators for the sexual health team. This showed that out of the 19 rated indicators, the team scored very well in 15 of the indictors.

Good

Are services effective?

Pain relief

- The children's community nursing team included pain as part of their nursing assessment. There was a range of pain assessment tools depending on the age of the child. As an example, the use of happy and sad faces used to indicate pain levels in young children.

Nutrition and hydration

- We observed staff giving advice to parents on feeding both babies and young children. As an example of this, during the baby clinics run by the health visitors, we observed staff providing parents with general feeding advice including breast-feeding. We saw evidence that where necessary, staff would involve dieticians in the child's care.
- Care plans were in place where children and young people required nutritional support, especially via specialist tubes into the stomach such as a naso-gastric tube and a gastrostomy tube.
- Health visitors were able to support 66.7% of mothers to continue breast feed 14 days after birth and 51.5% of mothers to breast feed six weeks after birth. This was higher than the England national average of 24%

Technology and telemedicine (always include for Adults and CYP, include for others if applicable)

- The children and young people's community service do not use electronic health records or mobile working (staff having the ability to access children's clinical notes whist out on visits using laptop computers). The speech and language therapy service operated a telephone advice line that was manned by staff on a rota basis.
- The sexual health team had access to electronic patient records across all their sites, which meant they always had access to the relevant patient notes at whichever clinic the patient was seen in. We were told of a good system that had been put in place to prevent unnecessary travel by patients to specialist centres. Where patients had been identified as having multi-drug resistance, they were referred to the Chelsea and Westminster hospital virtual clinic. The referral was made via secure email and advice and / or recommendations for drug treatment were then emailed back or discussed over the phone with a clinician. This had been shown to be a successful and efficient service that meant patients could get opinions from highly experienced clinicians at a specialist centre without having to travel to London.

Patient outcomes

- The speech and language therapy team (SALT) met the recommendations from the Bercow report (Department of Education) 2008 that featured five key themes - "communication is crucial, early identification and intervention is essential, services need to be designed around the family, joint working is critical, there needs to be consistency and equity across service delivery". The service also met the three high level outcomes identified in the Wiltshire Children and Young People's plan 2012-2015 - prevention and early intervention, raising aspirations and narrowing the gap and promoting healthy lifestyles.
- The SALT service undertook a satisfaction survey to obtain feedback on early years intervention. The team received 44 replies from teaching assistants and early years practitioners. The results showed that 100% of respondents said that the duration of the sessions (30 minutes) with each child were appropriate, 43 people who responded also confirmed that the child had made progress with their individual targets during a block of therapy. Teaching assistants and early years practitioners said that observing the therapy sessions was useful because it helped to increase their knowledge and confidence to carry out the speech and language programme and use the strategies with other children.
- The children and young people's community team provided all of the core requirements for the Department of Health's Healthy Child programme. These included early intervention, developmental reviews, screening, prevention of obesity and the promotion of break feeding.
- In an audit of the enuresis service pathway during 2013 and 2014, 41% of parents said their child had achieved complete dryness at night. A further 24% said their children had shown signs of improvement. Some parents (21%) could not comment because they were still in the middle of treatment and 14% of parents had seen no improvement. We saw staff explaining to children and their parents that when children started on the enuresis programme, roughly a third of children will achieve complete dryness, a third will see

improvements and a third will either have no improvement or just take longer to achieve dryness at night. This showed that staff maintained an honest approach with both the children and parents and did not raise expectations that the programme would be successful quickly.

- The looked after children team have made sure that all the children who were in care were registered with a local GP and that 90% of them were up to date with immunisations, dental and eye checks.
- The sexual health team in conjunction with the school nurses had success in reducing the teenage pregnancy rates to 23 in every 1000 pregnancies. The national average is 24.5 in every 1000 pregnancies. The chlamydia screening programme was integrated within the Swindon Integrated Sexual Health (SWISH). This had seen 924 tests processed during 2014/2015. This meant the service had been successful in promoting the screening kits to young people.
- The school nursing teams had exceeded their target for the percentage of children receiving hearing screening at the end of the reception year. The team achieved 96.8% against a target of 95% for the last academic year.
- We saw evidence in the sexual and reproductive health profile compiled by Public Health England that compared Swindon to other centres across key indicators. Swindon compared favourably in the majority of key indicators. They also scored lower and higher in some areas compared to the England average. As an example, Swindon scored above the national average for syphilis and gonorrhoea diagnosis rates but scored worse than average for late diagnosis of HIV. Swindon scored better than the England average for vaccination with the HPV vaccine with 96.6% of the local population covered compared to an England average of 86.7%.

Competent staff

- The community children and young people's service had a dedicated training and development team. The team provided a comprehensive clinical skills training programme to staff working across statuary and voluntary organisations that provided services to children with disabilities, children with life threatening conditions. The team provided specialist induction for the community teams, which featured the role of the multi-disciplinary team and the 'team round the child' (those professionals that were involved with a particular child and family).
- All staff attended the main corporate induction but also the local induction for their own specialist areas. Within the children's community team, we saw evidence that parents experience was included. As an example of this, a parent of a child with a disability had written about her experiences of raising a child with a disability and wanted to share her experience to give a unique perspective for health care professionals. We saw evidence that additional training was provided depending on the needs of the children being care for. This training included the administration of specific medicines, anaphylaxis management, seizure management and asthma training.
- The school nurses told us that they had regular six weekly meetings with their manager and that they in turn held one to one's with the band five nurses and health care assistants. This gave an opportunity for individuals to raise any concerns, discuss progress against their development plan and to get individual feedback on their work. They also received monthly supervision for safeguarding and three monthly group supervision. Appraisals were completed yearly. We were shown appraisal information, which showed that 82.35% of staff had received their appraisals. The trust target was for 80% of staff to have received their appraisal. Plans had been put in place to make sure those staff that had not received their appraisal would have them at the earliest opportunity.
- Staff told us they had the skills and support to enable them to do their job effectively and to help them provide the best case possible for children and young people across Wiltshire.
- Staff within the sexual health team attended national and regional British HIV Association (BHIVA) meetings and conferences as part of their continuing professional development. We were provided with appraisal information for staff within the sexual health team. This showed us that 56.76% of staff had received their appraisal. This was below the trust target of 80%. Plans had been put in place to make sure staff received timely appraisals.

Multi-disciplinary working and coordinated care pathways

Good

Are services effective?

- The looked after children (LAC) team worked collaboratively with Wiltshire Council as well as foster carers and residential placements across Wiltshire. The team also worked closely with their colleagues within the community team. This included health visitors and school nurses as well as other specialist services such as sexual health and alcohol and drug misuse services. We saw evidence on the assessment process where relevant information was shared with other health and social care professionals such as GP, social worker and the parents and young person themselves.
- Joint agency guidance had been developed to support the inclusion of children and young people with a specific health care need in Wiltshire. This pathway had been developed and agreed in collaborative working between health care services, local authority, education and the commissioners of services across Wiltshire. This pathway meant that children and young people had a consistent assessment completed so that their health care needs would be met whether they were attending a main stream school, a holiday play scheme or in short term care or residential care. The assessment informed each setting on the training needs of their own staff, and the support needed from the community health care teams for children and young people. The pathway had been developed in light of recent evidence and national good practice.
- Multidisciplinary working and multi-agency working was routinely practiced on a daily basis throughout the children and young people's community service. Examples of this included working with local schools through to the Ministry of Defence to make sure the health needs of children within military families were provided.
- Within the sexual health team we saw good examples of multidisciplinary working with the local community to reduce sexually transmitted diseases. The team worked closely with the school nurses to reduce the teenage pregnancy rates. We saw evidence that the team worked closely with other clinical colleagues within the trust, the psychiatrists at the local mental health partnership as well as specialist centres in London and Oxford.
- Multi-disciplinary team meetings were held each week that included representatives from the Terence Higgins Trust. These meetings discussed patients and their treatment plans and agree any changes as necessary.

Referral, transfer, discharge and transition

- A health passport had been developed for looked after young people to support their transition out of care. It was given to all young people aged 14 and over and informed the young person of their health appointments and the different professionals they saw. It also provided information relevant to their individual health needs such as immunisations, advice and support, awareness for smoking, alcohol and drugs.
- Young people leaving care were provided with detailed information on their health history by the looked after children specialist nurse. The young people were given the contact numbers for the looked after children service in case they need advice or signposting to other services.
- An audit was completed in June 2015 regarding the transition of children from the health visiting service to the school nursing service. The results showed a performance of 95% against a target of 100% for the quality of the handover to school nurses and the records featuring the relevant information. The service was not complacent with these results however, and put actions in place to ensure 100% compliance at the re-audit planned for later in 2015.
- For the enuresis service there was no formal transition because very few young people still required the services of the clinic into their late teens and early twenties. Staff told us that on the rare occasions this had happened, they ensured the young person had access to the specialist equipment that they had found useful because it was not available via the adult incontinent services.
- We were told by staff that there was no trust wide transition policy and no trust lead for transition from children's services to adult services. Despite this, the children and young people's team had developed their own procedures.
- For young people with complex conditions, the community teams worked in conjunction with the specialist teams at the main hospitals such as the John Radcliffe Hospital in Oxford and the Royal Bristol Children's Hospital.
- The sexual health team referred patients to other services when necessary and appropriate, for example gynaecology.

Access to information

- We spoke to staff within the child health team. They were responsible for providing various forms of

information to the rest of children's community health services teams. We spoke to the manager of the service who told us they were very proud of the team's ability to deliver a high standard of work. This had been reflected by other staff we spoke to who were very complimentary about timeliness of the information provided to their teams. They provided information for health visitors on any new babies, lists of children that were transitioning from the health visiting service to the school nursing service. The team prepared lists of children who required immunisation, and these were sent to the GPs and school nursing service. They managed results of blood tests to make sure they reached the appropriate clinicians in a timely way.

- While electronic records were not in place across children and young people's community services, staff had access to the paper records. The notes were either obtained prior to the clinic or appointment or updated after the child or young person had been seen. In other circumstances such as drop in sessions, the staff would make any necessary notes and then right up the clinical medical notes once back at their base. We saw that the notes from the health visiting service were automatically included into the school nursing records once the child transferred into the school nursing service.
- The sexual health team had access to electronic records, which meant they were able to access current and up-to-date information for each patient wherever the patient attended.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed good examples of where staff obtained consent from both young people and their families. One example was within the continuing care team where consent was sought for maintaining health records at the team's base, through to the care package that had been put in place for the child.
- Another example a member of staff sought verbal consent to access a child's education records and then written consent to refer the child to other agencies and share the results of the assessment that had been completed on their child.
- Children were asked for their consent even when they where too young to legally give it. Staff talked directly to the children and explained what was needed to be done or explained their health needs. This explanation was given in a way that children could understand.
- Some children that needed care from the children's community service had extensive behavioural problems. Where this was the case, staff who cared for the child had received training in restraint. Their knowledge and competency of restraint was assessed before they were able to care for the child. This showed that staff were aware about the individual rights of each child and the need to keep them safe. Within the sexual health team, staff were aware of and had knowledge of the Fraser Guidelines and Gillick competency (the Gillick competency identifies children and young people under the age of 16 years with the capacity to consent to their own treatment. Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents' consent).

Outstanding

Are services caring?

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

Summary

The children and young people's (CYP) community teams and the sexual health teams provided a caring service. Staff within the CYP community team were experienced in working and communicating with children and young people.

The feedback we received for the CYP community teams was excellent. Children, young people and their parents or carers told us they were treated with respect and dignity and that staff were very friendly, warm, caring and professional.

There was a strong, visible person-centred culture. Staff within the CYP community teams always focused on the needs of children and young people and put them at the heart of everything they did. Children, young people and their parents or carers told us they were fully involved in their care and treatment. Relationships between people who use the service, those close to them and staff are strong, caring and supportive.

The emotional support provided to children, young people and their families was excellent. Specially trained health visitors and school nurses took part in on-call arrangements to support parents who had experience an unexpected death of their child.

Compassionate care

- In the 2014 satisfaction survey for health visiting, 98% of parents who took part said their health visitor treated them with dignity and respect.
- During our inspection we observed excellent communication by staff to children, young people and their families. The staff spoke using words the child or young person could understand. The staff were warm, sensitive and caring in their approach with every child. Staff explained things directly to the child or young person and then checking for their understanding. Listening to what the child or young person was saying was a priority for staff and this was used to engage the child or young person in their care and help them to make their own decisions with the support of their parents when necessary.
- We observed a member of staff discussing the assessment of their child with the parent. The staff understood the concerns the mother had and explained in detail the initial thoughts of the assessment and where the diagnosis might lead. The member of staff made a number of referrals because of the assessment. The mother expressed relief because she had been struggling to have her concerns listened to.
- We received extremely positive comments from both parents and children and young people about the care they received and the staff that provided it. Comments from parents across the community teams included “I am very pleased with the service my son has received”. “It’s brilliant, the staff are fantastic”. “The experience of the SALT team has been really positive with good communication”. “My experience of the health visitors has been very positive”. “Staff are superb”. “Having received such supportive help has given us confidence”. “Thank you for all the support and guidance given”.
- Comments from children and young people across the community teams included “nothing could really be improved” (15 year old). “It was good, she didn't ask any difficult or silly questions and will see her again” (13 year old). “It was awesome, someone taking an interest in me”. “It was good to get some information” (13 year old).
- We observed a very sensitive session with a member of the health visiting staff and a parent. We noticed that it was handled very carefully but with empathy and honesty. Enough time was given for the parent to ask as many questions as they wanted, and the answers were carefully explained. Throughout the discussions it was clear the child was at the centre of any decisions.
- Staff were experienced in responding to non-verbal communication from young children and were able to change their approach to make them feel as comfortable as possible. This included the use of distraction and play to complete necessary assessments. The parents we spoke with during this inspection all confirmed these positive interactions.
- We spent time on clinic and school visits with the health visitors, speech and language therapy team, community children’s nurses and school nurses. We were able to

accompany staff when they visited children in their own home. In each case, staff were responsive and aware of the child or young person's previous and current history and how this affected their current needs.
- We observed that staff had developed very good relationships and rapports with children, young people and their families. Staff demonstrated that children and young people were always at the heart of everything they did.
- In sexual health, we saw very positive feedback on the services. In a satisfaction survey in January 2015 94% of patients said they were treated with respect and dignity and 98% of patients said the health care professional they saw was friendly and approachable. Comments we saw from patients included "the service was excellent." "The staff were very friendly". "The staff made me feel at ease".

Understanding and involvement of patients and those close to them

- The children's continuing care team produced an agreement of care. This agreement set out what each child and family could expect from the team and care package as well as the expectations of the family. The agreement was explained to the family and signed by the family and professionals. Individual agreements were then put in place such as any home rules they expected the nurses to follow whilst in the family home.
- We observed excellent understanding with all the staff we spent time with during our inspection. As an example, we observed excellent communication skills with young people through the school nursing service. The school nurse was able to listen to what the young person had to say, but also was able to interpret what was not said. Options were explained and the young person was then supported with the agreed action.
- All the parents and young people we spoke to during this inspection told us that they felt very involved in their care. Where care plans were in place such as the children's continuing care team, the parents told us that they had been fully involved in the care plans and that they were regularly reviewed by the staff in conjunction with the parents. This made sure the care the child was receiving was always up to date and focused on their individual needs.
- We saw evidence that within the sexual health team patients received written information from staff regarding treatment and conditions, which had also been explained to them on a one to one basis during their consultation. Patient satisfaction surveys showed that the team consistency scored highly for providing information to patients in a format that was useful and understandable for them.

Emotional support

- Some school nurses and health visitors had been specially trained to provide a rapid response service for unexpected child deaths that occurred in Wiltshire. The staff provided an on-call service working closely with the police and provided support to parents at such a devastating time. One member of staff told us that they were the eyes and ears providing empathy and support at the worst time of the parents' lives.
- The home visits undertaken by the health visiting team were to complete various checks on the baby, but also to look at the emotional well-being of the mother. They were able to explore routines, sleep patterns and getting out with their baby. They were able to answer any concerns the mother might have had and provided emotional support for the mother in caring for her child.
- One parent told us "the nurses are like my cushion. If I'm falling or losing a grip, they are always here". Another parent told us "without our health visitor we wouldn't be where we are today with our child, I can't praise them enough".
- We observed staff providing initial emotional support for children, young people and their families. Additional emotional support was also provided to parents to enable them to support their children with their emotional needs. As an example, one child we observed in a clinic was feeling despondent about a particular issue, the member of staff provided explanations to the child concerned to reassure them, but also to the parent so they were equipped to continue the reassurance once at home.
- One quote that we were shown from a parent summed up the positive nature of the comments received from all parents during this inspection. "Thank you, the help and support provided by the team has helped our son really come out of his shell. His self-esteem and behaviour have all improved as a result".
- The looked after children team had established an emotional health pathway for children and young people in care. This involved using a screening tool for

Are services caring?

use with young people which ensured that they would receive six sessions of intervention by the looked after team, with a following referral to the Child and Adolescent Mental Health Service (CAMHS) as necessary.

- The patient satisfaction survey used within the sexual health team showed that on average 96% of patients felt the staff listened to what they had to say and that they had trust and confidence in the staff. Information on being provided a chaperone during intimate examinations was displayed in clinics and consulting rooms. This provided additional emotional support for patients undergoing intimate examinations.

Outstanding

Are services responsive to people's needs?

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

Summary

The sexual health team and the children and young people's community team were responsive to people's needs and provided services, clinics at times and places that met the individual needs of their client group.

Clinics had been developed to meet people's different individual needs. These clinics ranged from evening clinics with the sexual health team and individual rural drop in sessions for parents to take their children to see a health visitor.

For those whose first language was not English, teams had access to face to face and telephone interpreting services. Staff were aware of the importance of using interpreters when necessary and not relying on relatives.

Detailed findings

Planning and delivering services which meet people's needs

- The speech and language therapy (SALT) team provide extensive information via their dedicated web site. This information was comprehensive and used by staff in their treatment plans. As an example, parents and staff within schools would be signposted to a specific video on the website. This would reinforce the training that the SALT had provided to an individual child.
- The children's community learning disability team focused on early intervention and specifically work with early years settings and schools to support children with learning difficulties. At the time of our inspection, it was early days for the service, however the staff already had a strong sense of where the service was heading and had already advertised for a clinical psychologist to work as part of the team. The focus was to support each child in its own setting be that at home or school.
- The health visiting team arranged drop in clinics at various locations across the county. These were held at different times depending on the needs of the local community. No appointment was necessary and parents could just turn up with their children to be seen for help and support. The school nurses also operated drop in sessions at their secondary schools. These sessions were held routinely on a weekly basis so that the schools and pupils knew when the school nurse would be available to support their needs
- Within the South of Wiltshire there was a large population of military families. In one particular rural community, a number of military families were unable to attend the relevant health visiting clinics. The service worked in conjunction with the Ministry of Defence and held clinics specifically for this community so they could access relevant health services for their children.
- The looked after children's team arranged to visit young people in places that was convenient to them. This could be at their home or at school, or meeting at a coffee shop or going with them whilst taking their dog for a walk.
- The sexual health team provided services in a variety of locations such as Swindon town centre and Chippenham. They also provided services to business that provided services to homosexual men to reduce the risk of transmission of sexually transmitted diseases. Specialist advice was sought from centres in Oxford and London when necessary, which meant patients could continue to receive treatment locally.

Equality and diversity

- Where a family's first language was not English, qualified interpreters were used either in person or via a telephone interpreting service. Children and young people were never asked to interpret for their parents and the staff we spoke with were aware that this was unacceptable practice and were aware of the importance of using qualified interpreting services.
- Staff were aware of the different needs of the community they served and took pride at the service they were able to provide. As an example staff told us about the specific needs of different parts of their community such the very different needs of travelling families and military families on accessing health care for their children..

Are services responsive to people's needs?

- The sexual health team were able to access interpreters both in person and via a specialist telephone interpreting service. Where a patient's first language was not English, interpreters were always used and this included British Sign Language.

Meeting the needs of people in vulnerable circumstances

- There was a dedicated team caring for children and young people who were in the care of the local authority. The team were responsible in conjunction with the school nurses and health visitors for completing the health assessment and reviews and monitor the health of all looked after children in the county. We saw evidence that children and young people were involved in looking at all aspects of their health, development, self-esteem and their mental and emotional well-being. We saw that 95.4% of the 411 looked after children had received their annual health assessments on time.
- A pathway had been developed by the looked after children (LAC) team for unaccompanied asylum seekers who were under the age of 18. The pathway made sure that the child or young person was monitored throughout their time in care. When the team saw these children and young people, it was always in the presence of a qualified interpreter. The team ensured the child or young person had been registered with a GP, attended dental and vision assessments and taken part in the accelerated childhood immunisation programme. The team contributed to a study day for health professionals aimed at addressing the needs of unaccompanied children and young people seeking asylum in the UK. At the time of our inspection they were caring for eight children and young people within Wiltshire.
- The sexual health team offered chaperones where patients were facing intimate examinations. This followed guidance from the Royal College of Nursing and the General Medical Council. Signs were displayed in the clinic areas to inform patients that they could ask for a chaperone at any time.

Access to the right care at the right time

- The children and young people's community services were dedicated to providing care at places suitable for each child and their family. We observed care being provided to children and young people in clinic's, in their home and in their school. We saw that staff were flexible to the needs of children, young people and their families. An example of this was where special clinics were held for a rural population of military families that could not access the normal child health clinics.
- The sexual health services were provided within the Great Western Hospital, and clinics in Swindon town centre and Chippenham. The service also provided outreach services into colleges and business that provided services for homosexual men within Swindon. Evening clinics were available until 8pm Monday to Thursday. Specialist clinics were also held for sex workers.
- The looked after children team had to co-ordinate the completion of 280 review health assessments from April 2014 to March 2015. We saw that 91% (254) were completed on time. Whilst 26 assessments were not completed on time, the service had identified the reasons for this to reduce the chances of late assessments in the future. In April to June 2015 the team had to co-ordinate 34 initial health requests within the 28 day national target (a child who is placed in the care of the local authority have to have an initial health assessment within 28 days of going into care). We saw that 24 assessments were completed within the 28-day target. The assessments that were not completed within the target were scrutinised to identity the reason for the delay and where possible an action plan was put in place to make improvements.
- SALT aimed to see all children within eight weeks of referral, which was within the 18-week target. We saw evidence that from April 2014 to March 2015 81% of children were seen in under eight weeks, but 100% were seen, assessed and had intervention plans in place within the target of 18 weeks
- Within the sexual health team, a key risk had been identified in the walk-in clinics. Due to staff sickness and recruitment concerns, there were times when some people had to be turned away from the walk-in clinics without being seen. We saw that action plans had been put in place as soon as the risk was identified. These plans included looking at different staff to cover for staff sickness, and accurately recording those that were turned away.

Learning from complaints and concerns

- We saw evidence that learning took place from complaints where appropriate. Action plans were drawn

up and monitored through to completion. Examples of learning included redesigning the speech and language therapy service to make sure each school had its own named therapist.

- In January 2015, there had been complaint where a child using BIPAP (Bilevel Positive Airway Pressure a specialist type of ventilation that breathed for the child) had been discharged into the community, but none of the community staff had received training to care appropriately for this individual child. The learning from this incident had taken place and the care pathway had been changed. Specialist nurses from the main hospitals discharging children on ventilation can now train certain staff within the community in the use of specific equipment. They can then roll out this training to staff that would care for the child in the community. Staff would then have their competencies assessed to operate the ventilators and care for the child appropriately.
- Parents told us that they were aware of how to raise concerns and complaints. Leaflets were available to inform parents on how to make a complaint. In addition, details were also included at the back of care plans for children within the continuing care team, and leaflets about other children's community services.
- The sexual health service had very few complaints. We saw evidence that when a complaint came in about a consultation, it was discussed with the complainant and the staff concerned and additional learning for staff was identified.

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

Children and young people's (CYP) community services were in transition at the time of our inspection to a new provider from April 2016. Staff were aware of the vision and strategy for their own service and the majority of staff were excited about the potential to develop their services under a new provider.

Good clinical governance systems were in place within teams. Regularly team and locality meetings were held within CYP community services. The sexual health team held regular clinical governance meetings. Both teams discussed incidents, complaints, changes to local or national guidance and used this were appropriate to improve the services they provided.

Staff told us they felt well supported by their colleagues, immediate team leaders and the managers and felt part of the CYP team. However, staff did not feel supported by the Great Western Hospital NHS Foundation Trust and did not feel part of this wider organisation.

Detailed findings

Service vision and strategy

- All the staff within the speech and language therapy team that we spoke to were aware of the vision of their service. This vision included having a high-quality service that was consistent across Wiltshire and a flexible and dynamic service responsive to the needs of children with speech and language and communication needs. The aim was for a service that worked in partnership with colleagues and other agencies and a service that had excellent leadership and staff with the highest regard of clinical skills that was evidence based.
- The other teams within children and young people's community service had their own vision of which staff were aware. They also knew the overall vision of the community service. These focused on putting the needs of children and young people at the heart of everything they did. Staff did not appear to be aware of the overall trust vision.
- At the time of our inspection, all community services for children and young people were out to tender and, from April 2016, would be provided by a new provider and not the Great Western Hospitals NHS Foundation Trust. Staff were aware of the possibilities of a new provider bringing together all community children's services under one banner, but were not aware of the future vision for the service because the tender had not been awarded at the time of our inspection.
- Staff in the sexual health team were aware of the overall vision for the trust as well as their own vision with sexual health. This vision included constantly reviewing their service so that they were responsive to patient's needs.

Governance, risk management and quality measurement

- The women's and children's divisional risk register contained any risk associated with the children and young people's community teams. The register detailed the individual risk, when it was added, the severity of the risk and who was taking the lead and any review dates. Staff were aware of the risk register and said it reflected the concerns they had raised. As an example the risk register included how the increase in safeguarding work by school nurses affecting other work they were able to undertake..
- We were shown the children and young people's community health service's business plan for 2015/2016. This detailed the priorities for the service in the current financial year with the objectives, key milestones together with the lead and timescales. Each item was scored using the Red, Amber and Green system to indicate whether the work was on schedule. We saw that only one item had been rated as red. This was administrative support for the school nursing service, which could not be implemented because funding had not been released from the trust.
- An audit programme was in place and was comprehensive. The audits ranged from participating in trust wide record keeping and infection control audits, through to specialist audits such as nocturnal enuresis pathways. Reports from the audits were disseminated to

staff via their locality meetings. Action plans were produced in response to audits and these were monitored through the governance structures within the children and young people's community service.

- Children and young people's community services had good governance structures in place. The staff met monthly in either team or locality meetings to discuss incidents, complaints, audits and any changes they needed to be aware of. The managers of the service met regularly with managers from the Women's and Children's directorate to share experiences and learning across children's services.
- The sexual health team had a yearly audit programme in place and participated in local, regional and national audits such as HIV and Hep B/C testing. These audits had resulted in changes to practice.

Leadership of this service

- Prior to the inspection, the trust told us they were extremely proud of their children and young people's community services, but had decided not to bid to retain the service because the trust will be focusing on adult community healthcare services across Wiltshire.
- All the staff we spoke to during our inspection were positive about the leadership within community children and young people's services. They felt very support by their immediate managers, team leaders and the senior managers within the community team. Staff also told us that they did not feel connected to the trust as a whole. Managers of the community service told us that they attended meetings within Women's and Children's services at the hospital and fed back any relevant issues to the community teams. They felt they had a good connection with the relevant managers within the division.
- Staff told us that they were aware that the chief executive had held a few listening sessions for community staff in the south of the county, but were not aware of the other forms of engagement such as "in your shoes", an initiative where managers work in other roles to get a better understanding).
- Staff told us they felt a lack of commitment from the trust towards their services. They said that the trust had been hosting the service as a temporary arrangement. Staff were disappointed that the trust was not taking part in the tendering arrangements so that they service would be permanently part of the trust. The majority of the staff we spoke to told us "it was difficult to feel part of and engage with the trust that didn't want them".
- The staff within SALT told us that they had very supportive managers and that generally all SALT leaders at all levels were very approachable. Comments from staff included "we feel really supported by our manager and the wider community child health managers".

Culture within this service

- Without exception, all the community teams for children and young people we spent time with during our inspection focused on the needs of the child / young person in everything they did. This was done in conjunction with the child / young person themselves and their family as well as other professionals involved with that child.
- The staff were passionate about the work they did with children and young people and again without exception were all proud of the services they provided.
- One member of staff made a comment that "my aim is to help the child reach their potential and to be happy". This ethos was imbedded into all the staff that we saw during our inspection.
- Staff told us how proud they were to work for the children and young people's community team and of the care they provided to children and young people.

Public engagement

- Each year the health visiting service sends out satisfaction surveys to the parents who have used the service. We saw the results for November 2014 (the 2015 survey had not been completed at the time of our inspection). We saw that 825 questionnaires were sent out across the 10 health visiting teams. The results showed that 98% of parents thought their health visitor gave them enough time to ask questions or discuss concerns about their child. The survey showed that 92% of parents rated their health visitor as either excellent or good. The results of the survey were used to help inform health visiting service planning which we saw evidenced in the action plans produced following the survey.
- The school nursing service undertook their own satisfaction survey with children and young people who

used the service. We were shown the results for 2014. Surveys were given to schools over a three-month period of which 150 replied. The majority of schools (92%) found the school nursing service very helpful.

- All the individual children and young people that completed the survey 100% said that they found the session useful, that they were listened to and that they had enough time to talk to the school nurse.
- The looked after children team received a score of 4.37 out of 5 in the friends and family criteria. Comments made about this service included “I was given the opportunity to discuss things privately”.
- The SALT service undertook a satisfaction survey to obtain feedback on early years intervention. We saw that 44 replies were received from teaching assistants and early years practitioners. The survey showed 100% of respondents said that the duration of the sessions (30 minutes) with each child were appropriate, 43 people who responded also confirmed that the child had made progress with their individual targets during a block of therapy.
- A satisfaction survey showed 97% of parents whose children were seen as part of the enuresis service said that they were partially (17%) or fully satisfied (80%) with the service their children had received.
- We observed notice boards in various locations across Wiltshire using the ‘you said, we did’ approach. Staff would be responsible to update the boards each month with feedback from children, young people and parents and any resulting action that had been taken. These changes included improved communication with schools and parents.
- The sexual health team undertook patient satisfaction surveys in their clinics every year. We saw the latest results from the survey competed in January 2015. The results showed that the clinics performed on average the same as similar clinics across England. They showed that Swindon performed well (above average) in the clinics being easy to find for first time appointments and for the convenience of the clinics. They also scored worse than the average for not informing patients how long they would have to wait to be seen. 96% of patients said that they rated their overall care as either very good or excellent. 92% of patients said they would recommend the service to a friend.
- The friends and family test for sexual health showed that the team consistently scored highly (97% or above) in the number of patients that would be likely to recommend the service to others.

Staff engagement

- We were told on the first day of our inspection that the trust had a number of initiatives to engage with staff including team visits, patient safety visits, ‘in your shoes’ (where senior staff spend time working in other roles), staff excellence awards. The staff we spoke to within children and young people’s community seemed to be unaware of these efforts to engage staff.
- We did observe staff engagement within the children and young people’s community team especially around what was happening with the new tender arrangements. This had caused a lot of uncertainly amongst staff, but also a good deal of optimism about the possibilities for the future of children’s community services in Wiltshire.
- Overall, we found that with exception of managers, staff did not feel engaged with the overall Trust and did not feel part of the trust. They were proud to work for the children and young people’s community team. Staff felt the trust overall had not taken an interest in them or in children’s services.

Innovation, improvement and sustainability

- The speech and language therapy team (SALT) showed us a number of innovative areas where they have made improvements within children and young people’s services. These have included producing a range of videos used as part of an early intervention strategy, which attracted praise from the Governments Communication Champion at the annual early years SENCO conference. The team had been rolling out a pre-school communication tracker used for monitoring, signposting and referral to SALT.
- The SALT service had been looking to income generate by delivering supervision to SLTs in other counties using remote secure video links.
- SALT used technology in innovative ways such as supporting remote intervention. As an example, communication therapy was delivered via video links and has been shown to be extremely successful, efficient and cost effective method of delivering the service.