

Lewisham and Greenwich NHS Trust

RJ2

Community health services for children, young people and families

Quality Report

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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)
	Honor Oak Health Centre, 20 Turnham Road, Brockley, Lewisham, SE4		
	Jenner Health Centre, 201-203 Stanstead Road, Lewisham, London SE23 1HU		
	Kaleidoscope, 32 Rushey Green , Lewisham, London, SE6 4JF		
	Waldron Health Centre, Amersham Vale, New Cross, Lewisham, London, SE14 6LD		
	Downham Health and Leisure Centre, 709 Moorside Road, Downham, Bromley, London BR1 SEP		
	Sydenham Green Health Centre, 26 Holmshaw Close, Lewisham, London, SE26 4TH		

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Outstanding

We rated community children and young people's (CCYP) services outstanding because:

- Community children and young people's safety performance was monitored and when something went wrong there was a process in place to review or investigate incidents involving all relevant staff, children and young people (CYP) and their families. Lessons were learned and communicated widely to support improvement in other areas as well as services that were directly affected.
- There were clearly defined and embedded systems and processes to keep children and young people safe and safeguarded from abuse. Staff received up-to-date training in safeguarding to an appropriate level. Staff took a proactive approach to safeguarding; and took steps to prevent abuse from occurring, and responded appropriately to any signs or allegations. There was active and appropriate engagement in local safeguarding procedures and effective working with other relevant organisations.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staffing levels and skill mix were planned, implemented and reviewed to keep children and young people safe at all times. Any staff shortages were responded to quickly to ensure staff could manage risks to CYP who used services. However, there was a freeze on the recruitment to the School Nursing Service (SNS) team due to tendering of the service.
- Risks to CYP were assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks to CYP who use services. Risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively.
- Outcomes for CYP who used services were consistently better than expected when compared with other similar services. CYP care and treatment was planned and delivered in line with current evidence-based guidance, best practice and legislation, including the Healthy Child Programme (HCP). This was monitored to ensure consistency of practice.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to CYP who used services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. CYP had comprehensive assessments of their needs, including consideration of their mental health, physical health and wellbeing, and nutrition and hydration needs.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, and research were proactively pursued. Including health visitors achieving level 3 United Nations Children's Fund (UNICEF) baby friendly accreditation for breastfeeding. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff, and used to improve care and treatment and CYP outcomes.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to CYP. For example, at Kaleidoscope children were cared for by a multidisciplinary team (MDT) of dedicated and skilled staff.
- There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- The systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services.

Summary of findings

- Consent practices and records were actively monitored and reviewed to improve how CYP and families were involved in making decisions about their care and treatment.
- Parents spoke highly of the care CYP received and told us they felt involved in their children's care. We observed a number of examples of compassion and kindness by staff.
- The trust received confirmation on the 17 March 2017 that they had been successful in their tender to continue to provide HVS and FNP services. However, a third sector provider had been commissioned to provide SNS services.
- CCYPS were planned and delivered in a way that met the needs of the local population. The CCYPS service planning emphasised delivering services in a range of settings to maximise reach into communities.
- The needs of CYP were taken into account when planning and delivering services. The CCYPS model bridged health and social care. The aim of the service model was to improve CYPs outcomes and experience through bringing existing community services from health and social care into a more combined way of working. CYP care and treatment was co-ordinated with other services and other providers.
- Complaints handling policies and procedures were in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.
- CCYPS local leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. The CCYPS was undergoing a significant reorganisation of services. Managers and team leaders demonstrated a clear understanding of their role and position in the trust. However, we found that some staff were unclear about the long term strategy for SNS and community nursing services.
- Governance and performance management arrangements were proactively reviewed at a local level and reflected best practice.
- Local leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture.
- There were high levels of staff satisfaction across all equality groups in CCYPS. Staff were proud of CCYPS as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across CCYPS and a common focus on improving quality of care and people's experiences.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. For example, Kaleidoscope in Lewisham provided a "one stop shop" for children with complex needs. CCYPS were also involved in a number of research projects with both London based and National research units.

However, we also found:

- There was a lack of security on the main entrance at Kaleidoscope.
- CCYPS there were 66.61 (81%) whole time equivalent (WTE) nursing staff in place which was less than what was determined by the trust to provide effective and safe care. There was also a freeze on recruitment to the community nursing team and school nursing service (SNS) due to tendering. However, this was mitigated by the use of bank staff.
- The tendering process had an impact on staff morale, especially in regards to SNS.

Summary of findings

Background to the service

Information about the service

Integrated children and young people's community services (CCYPS) are provided within the borough of Lewisham; the children's community nursing team covers Lambeth, Southwark and Lewisham. Kaleidoscope is the children's multiagency hub within the borough of Lewisham. CCYPS are provided in Lewisham for 70 000 children and young people (CYP) aged up to 19 years old, funded through a block contract with the clinical commissioning group (CCG) and local authority.

CCYPS are provided in the borough of Lewisham, with some services in Lambeth and Southwark.

We visited a range of services and teams including: Health visitor (HV) teams at Honour Oak Health Centre; Jenner Health Centre; Downham Health Centre; and Sydenham Green Health Centre. The primary health visitors' role was to promote health and ensure health policies were accessible to individuals, families, and communities, enabling them to be empowered and take responsibility for their own well-being and good health. The health visitor service (HVS) addressed the health needs of families in their community settings, and worked in partnership with other agencies from statutory, voluntary and community sectors.

SNS teams at: Waldron Health Centre and Jenner Health Centre. The SNS teams aimed to promote and protect the health of school-aged children and prevent ill health via a team of specialist practitioners, general nurses and nursery nurses. This included helping to improve CYPs emotional well being; physical activity and healthy eating; promoting children's health outcomes in areas of deprivation; providing support for groups of children known to be more vulnerable; and working with children in readiness for school. The SNS service was outsourced to another provider from April 2017.

Kaleidoscope is a children's centre in Lewisham, providing services for local children and young people

with special health, education, mental health or social needs. Kaleidoscope enables paediatricians, therapists, psychiatrists, psychologists, HVs, social workers, nurses and educators to work together to provide the individual support each child or young person should have.

The community paediatric occupational therapists (OT), speech and language therapists (SLT) and physiotherapists teams at Kaleidoscope. CYPs OT provided a community service for CYP. The OT's assessed in a variety of settings including CYPs homes, educational facilities, pre-school and any other environment applicable to a child. Paediatric physiotherapy was a specialist community physiotherapy service for babies, children and young people. Children's physiotherapists had additional knowledge and experience of child development and childhood disabilities. The SLT are trained to work with children and young people who have difficulties with language, speech, communication, eating and drinking.

The looked after children's (LAC) team at Kaleidoscope provided specialist community services for children who were looked after.

Family Nurse Partnership (FNP) at Jenner Health Centre. The FNP provides a home visiting service to support young first time mothers (aged 22 years and under) from early pregnancy until their child is two years old.

The Hospital at Home (H@H) service is run by five specialist paediatric community nurses who visit children in their homes and provide treatment which was traditionally only available within a hospital. This includes the management of respiratory conditions such as asthma or the administration of intravenous (IV) antibiotics.

The community children's nursing team provides caring and specialist nursing care to children in their own homes and in community settings, across Lewisham, Lambeth and Southwark.

Our inspection team

Our inspection team was led by:

Summary of findings

Chair: Dr Timothy Ho, Medical Director Frimley Health NHS Foundation Trust

Team Leader: Nick Mulholland Head of Hospital Inspection Care Quality Commission

The team included CQC inspectors and a variety of specialists: including a registered general nurse and physiotherapist.

Why we carried out this inspection

We carried out this inspection to determine whether the hospital had made progress following their 2014 comprehensive inspection. Community services were not included in that inspection.

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?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 22-24 September 2015.

During the visit we spoke with over 30 community staff including: community paediatricians, community nurses, health visitors, school nurses and support staff.

We talked with two children and young people who use services and eleven parents. We observed how patients were being cared for and talked with carers and/or family members and reviewed care or treatment records. We met with children and young people who use services and their carers, who shared their views and experiences of their care and treatment.

What people who use the provider say

Parents and children we spoke with were positive about the care and treatment they received. They told us the staff were kind and helpful and they were involved in discussions and decisions about their care.

Good practice

- Kaleidoscope in Lewisham provided a "one stop shop" for children with complex needs. The centre housed a multi-disciplinary team, and enabled paediatricians, therapists, psychiatrists, psychologists, health visitors, social workers, nurses and educators to work together

to provide individualized support to each CYP. Having a range of services under one roof meant CYPs, parents and carers didn't have to travel to different parts of the borough to see different specialists.

- The Maternal Early Childhood. Sustained Home-visiting (MECSH) was an approach pioneered by the HV teams. The Maternal Early Childhood. Sustained Home-visiting (MECSH) was an approach

Summary of findings

pioneered by the HV teams. This involved an anticipatory child development focused early intervention with vulnerable children and families. HV visited families' antenatal to develop an advocacy relationship. Families received time limited interventions that commenced antenatal with the aim of reducing mothers' social isolation and improving parental post-natal mental health. MESCH offered a coordinated multidisciplinary approach to early

intervention. This involved an anticipatory child development focused early intervention with vulnerable children and families. HV visited families' antenatal to develop an advocacy relationship. Families received time limited interventions that commenced antenatal with the aim of reducing mothers' social isolation and improving parental post-natal mental health MESCH offered a coordinated multidisciplinary approach to early intervention.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

Continue to recruit staff to reduce the number of vacancies, including medical staff, across adult community services.

Consider how the security in the Kaleioscope unit could be improved.

Lewisham and Greenwich NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community children and young people's (CCYP) services good for safe because:

- Community children and young people's safety performance was monitored and when something went wrong there was a process in place to review or investigate incidents involving all relevant staff, children and young people (CYP) and their families. Lessons were learned and communicated widely to support improvement in other areas as well as services that were directly affected.
- There were clearly defined and embedded systems and processes to keep children and young people safe and safeguarded from abuse. Staff received up-to-date training in safeguarding to an appropriate level. Staff took a proactive approach to safeguarding; and took steps to prevent abuse from occurring, and responded appropriately to any signs or allegations. There was active and appropriate engagement in local safeguarding procedures and effective working with other relevant organisations.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Monitoring and review processes and meetings enabled staff to understand risks and gave a clear and accurate picture of safety.
- Staffing levels and skill mix were planned, implemented and reviewed to keep CYP safe at all times. Any staff shortages were responded to quickly to ensure staff could manage risks to children and young people who used services.
- Risks to CYP were assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks to CYP who use services. Risks to safety from service developments,

Are services safe?

anticipated changes in demand and disruption were assessed, planned for and managed effectively. Plans were in place to respond to emergencies and major situations.

However, we also found:

- There was a lack of security on the main entrance at Kaleidoscope.
- CCYPS there were 66.61 (81%) whole time equivalent (WTE) nursing staff in place which was less than what was determined by the trust to provide effective and safe care. There was also a freeze on recruitment to the community nursing team and school nursing service (SNS) due to tendering. However, this was mitigated by the use of bank staff.

Detailed findings

Safety performance

- Trusts are required to report serious incidents to Strategic Executive Information System (STEIS). These include 'never events'. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Community children and young people's services (CCYPS) reported no never events from January 2016 to January 2017.

Incident reporting, learning and improvement

- CCYPS used an incident reporting system widely used in the NHS. We found incidents were consistently reported across teams; and staff used the reporting system appropriately.
- Between 1 December 2015 and 30 November 2016, trust staff reported 172 incidents for community children's services. The majority of these incidents were no or low harm (160 incidents, 93%). One incident was recorded as severe harm; this involved a personal injury to a member of staff.
- Between 1 December 2015 and 30 November 2016 HVS had the highest number of incidents over the period, with 54, equal to 27.3% in total and averaging 4.5 per month. There was a notable increase in incidents for this service in May 2016 when 14 incidents were recorded.

- CCYPS managers told us learning from incidents was shared at monthly managers meetings. This meant staff across CCYPS could learn from incidents across CCYPS services.
- Staff told us the reporting of incidents was actively encouraged in CCYPS. Staff said they always received individualised feedback following an incident.
- Staff we spoke with told us a serious incident investigations (SI) would be completed as part of the investigation of serious incidents (SI). There had been no SIs in the previous 12 months in CCYPS. Staff told us lessons learned from SI investigations would be shared across CCYPS teams at team meetings and via email.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. There had been no never events in CCYPS in the previous 12 months.

Duty of Candour

- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Overall, staff we spoke with were aware of the Duty of Candour and could explain the services responsibilities in regards to the duty. However, some HV staff at Honour Oak centre told us they had heard of the Duty of Candour, but were not familiar with the specifics of how the duty would be applied in practice.
- Overall, staff across CCYPS were able to articulate instances where the Duty of Candour had been applied in practice. For example, HV staff at the Waldron Health Centre told us about an incident where a parent had been contacted due to a child having a minor accident at the centre whilst in the care of another family member.

Safeguarding

- The service had an up to date children and young people's safeguarding policy. Staff were able to explain their understanding of the policy and how they used this as part of their practice.
- The trust's website included contact details for the safeguarding children's team and advice for parents, carers and the public on how to contact the team.

Are services safe?

- Child safeguarding governance arrangements include named directors responsible for overseeing child safety. The trust also had a named doctor; a named nurse; and a named midwifery safeguarding lead. Contact details of the trust's safeguarding team were available on the trust's website.
- Staff we spoke with told us they would liaise with the trust's safeguarding lead nurse for advice and guidance on safeguarding. Staff told us they received regular safeguarding alerts from the safeguarding team.
- All staff, (100%), had received safeguarding training at an appropriate level in accordance with the intercollegiate document, 'safeguarding children and young people, roles and competences for health care staff, March 2014.' This included staff with direct contact with CYP receiving level three training and managers receiving level four training. 100% of non-clinical staff and 91% of clinical staff had received level one safeguarding adults training.
- Staff across CCYPs were also trained in 'Prevent' (98%); this is training to prevent vulnerable young people being drawn into terrorism.
- Parents we spoke with told us they felt their children were safe and expressed confidence in the staff that worked with them.
- The trust had an adult and children and young people safeguarding committee which was chaired by a Non-Executive Director (NED). Staff told us the trust board received regular reports on safeguarding from the committee and through executive reports. The trust worked closely with the local clinical commissioning group (CCG), designated professionals and the local safeguarding children board (LSCB). For example, Lewisham and Greenwich NHS Trust was a member of Bexley, Greenwich and Lewisham Safeguarding Children Boards and sub groups.
- Health visitors told us they had a good relationship with the midwifery service and HVs were invited to antenatal safeguarding meetings.
- HVs told us there were enhanced safeguarding processes for CYP considered to be at risk, and these were flagged on CCYPs electronic records.
- Staff across the trust we spoke with told us they could access the local authority multi-agency safeguarding team (MASH), and were able to demonstrate how they would do this.
- The LAC team told us they had good links with the children's safeguarding lead nurses.
- Staff at the Family Nurse Partnership (FNP) confirmed that they were all trained to an appropriate level in safeguarding. Staff also told us they received quarterly safeguarding supervision. We viewed the staff training record and found 100% of eligible staff had up to date safeguarding training at levels one to four in accordance with the intercollegiate document guidance.
- Staff had good links with the local police force's domestic abuse team. Staff also told us about referrals they had completed to multi-agency risk assessment conferences (MARAC).
- HV staff told us they received safeguarding supervision at three monthly intervals from a safeguarding supervisor at the safeguarding team at Kaleidoscope. The supervision involved a review of any CYP with a child protection plan and any CYP where staff had safeguarding concerns.
- Staff told us the hospital contacted them directly where there were safeguarding concerns with a child. HV staff told us safeguarding was also discussed at daily allocation meetings.
- All children aged under one year with a head injury were followed up by the HVS within 24 hours. All safeguarding referrals to HVS were followed up within five days.
- Every child on a child protection plan had an allocated school nurse, with the allocated school nurse (SNS) acting as the point of contact for CYP, families and professionals.

Medicines

- Overall, medicines were observed to be prescribed, supplied, stored, and administered appropriately across CCYPs. However, we found the system for storage of prescription pads at Waldron Health Centre posed a risk, due to the pads being stored in a draw in an open office. Staff assured us that to mitigate the risk only the HVs knew where the keys to the draw were stored. However, there was a risk that an unauthorised person could see the whereabouts of the keys and gain access to prescription pads.
- We viewed six medication charts which were maintained by community paediatricians, and found these were recorded appropriately.
- Training in the administration of medicines was undertaken by appropriate staff groups. All case holding

Are services safe?

HVs, SNSs, FNP nurses were trained in community formulary, prescribing and advanced practice clinical skills. However, staff told us they did not prescribe and would refer children or young people to their GP.

- Staff at the special needs team told us out of date medicines had been discovered in February 2017 at Watergate School. The team had recorded this as an incident and informed the parent of the child involved. As a result the special needs team were working with the hospital pharmacy to develop a policy on medications and feeds in the school. An action plan was in place, this included all nursing and nursing assistants in the team updating their training in medicine competencies as well as weekly stock checks.

Environment and equipment

- There were regular environmental audits in place across CCYPS. We found most audits identified areas for improvement and these were acted upon. For example, the community nursing team had completed an environmental audit dated 15 January 2017. The audit did not meet the trust target of 100% at 78%. However, this was due to a fridge not receiving regular checks, due to the team not requiring the fridge and the fridge usage being discontinued.
- HVS scales had a sticker attached to them which stated the date on which the scales had been calibrated. All the scales we viewed had been calibrated within the previous 12 months.
- Reception staff at Kaleidoscope said staff were concerned about the lack of security on the main entrance to the centre. Staff said the centre did not have a security guard or an intercom as a method of filtering entry to the centre. The main doors were open to the public between 9.00am and 5.00pm. Reception staff said they had been verbally abused by people visiting the service. Staff told us people who did not have an appointment at the centre, who had been drinking, had gained access to the reception area. Staff also told us a social worker had been physically assaulted in the reception area. A staff member said, "This is a children's centre, it's not appropriate not to have security on the main doors from the street. Everywhere else in the building is secure with card access." However, a manager we spoke with told us security arrangements for the reception area at Kaleidoscope were under review, as the trust recognised the need to improve security at the main entrance.

Quality of records

- Records we viewed demonstrated staff had managed CYPs care and treatment plans appropriately. We saw that records were updated regularly and reflected the care and support received. Risk assessments had been completed to highlight any risks to children and young people's safety. Staff told us they were expected to update notes within 24 hours of an appointment or visit.
- The service used RIO an electronic records system. However, staff told us CCYPS were not connected to the EMIS system used by GPs. This meant staff had to email or fax GP information.
- All community CYP services used the RIO electronic records system, with the exception of hospital based services and dietitians.
- Staff told us the trust used minimum paper based records, this included initial contact documentation for HVS. Paper based records were scanned onto the electronic records system when complete to ensure all staff could access these.
- There was a timetable in place for the child health information system (CHIS) to be tendered. This is a patient data administration system that provides clinical information for children and young people. This supports a variety of child health and related activities. CHIS are responsible for the processing of data returns and statutory reporting requirements to support the NHS and Public Health England (PHE) in the overall management of public health programmes and to track progress via the indicators detailed within the Public Health Outcomes Framework. NHS England became responsible for ensuring the child health information system is commissioned effectively, this included the trust winning the tender for HVS in February 2017.
- Electronic records relating to training and meetings were kept securely in the services computer drive folders.
- We noted at Kaleidoscope that there were no notices informing parents that they were responsible for their children and their safety when using the outside play area. This posed a risk that children may have been left unsupervised in the area.
- Confidentiality was maintained in discussions with CYP and their relatives; and in written records and other communications.

Cleanliness, infection control and hygiene

Are services safe?

- The CCYPS had effective infection prevention and control policies in place.
- We observed staff during home visits and in clinic settings. Staff demonstrated a good understanding of infection prevention and control. We observed staff following trust guidelines in particular hand hygiene and wearing clothes bare below the elbow. However, on one occasion we saw a HV sit on the floor during a home visit. This presented a risk of cross infection. We raised this with the team manager who said this was not trust policy and addressed this immediately with the member of staff.
- The community locations we visited were visibly clean. Clinic environments we visited were visibly clean and tidy. However, we found one sharps bin in a clinical room at Kaleidoscope where the label had not been completed. This meant staff would not know when the bin was due for collection by the company contracted to deal with sharps waste or when the bin commenced usage.
- Across CCYPS staff demonstrated a good understanding of infection prevention and control. We observed staff following trust guidelines in particular hand hygiene. Staff had access to personal protective equipment (PPE), gloves and aprons.
- We saw equipment being cleaned by staff after use. Clean equipment had 'I am clean' stickers applied across the services we visited.
- Staff received mandatory training in infection control and prevention (IPC). We found that over 89% of clinical staff had updated training in clinical IPC compared to a trust target of 85%, and 100% of non-clinical staff had up to date training in non-clinical IPC compared to a trust target of 100%.
- We viewed a range of audits from across CCYPS and found that where non-compliance with trust IPC policy was identified an action plan was in place.

Mandatory training

- Staff told us they could access their training records electronically on the trust's electronic staff record system. Staff said they could request further training in addition to their mandatory training; but additional training was only available to staff who had completed 100% of their mandatory training.
- The CCYPS had a rolling programme of mandatory training, 85% was the trust target for staff completion. Overall, most staff were up to date with mandatory

training with the expectation of fire safety for clinical staff. Mandatory training completion rates were: patient manual handling (86%); information governance (83%); fire safety clinical (70%) and non-clinical (100%); health and safety (89%); conflict resolution (92%); and bullying and harassment (88%).

- CCYPS staff had 'combi-training' days. These were days allocated to staff in order that they could complete their mandatory training. Staff told us they could not work as a member of the trust's bank staff unless their mandatory training was up to date.

Assessing and responding to patient risk

- Core services were universal and provided access to all. The CCYP service also provided targeted services to CYP with additional or complex needs. For example, the Family Nurse Partnership (FNP) team worked with families experiencing domestic abuse on relationships skills. The FNP team provided early intervention where there was a risk of domestic abuse in families. Staff told us 50% of families open to the FNP had experienced domestic abuse.
- HVS at Sydenham Green Health Centre were trained in the 'Freedom Programme for Domestic Abuse'. This was a 10 week programme to enable victims of abuse to change their circumstances. The programme was facilitated by HVs with a special interest in domestic abuse.
- The Hospital at Home (H@H) service was an admission avoidance service which facilitated early hospital discharges for CYP. However, the service also specialised in identifying early symptoms of Sepsis, blood poisoning, in CYP following hospital discharge. All the H@H team's nursing staff were trained in advanced assessments of acutely ill CYP as part of the team's service agreement.
- Most eligible staff were trained in both adults and children's basic life support at 88%, this was better than the trust target of 85%. 100% of eligible staff had received training updates in advanced paediatric life support (APLS).

Staffing levels and caseload

- Across CCYPS there were 66.61 (81%) whole time equivalent (WTE) nursing staff in place which was less than what was determined by the trust to provide effective and safe care.

Are services safe?

- The overall vacancy rate for children's services in Lewisham was 11% (34.72 WTE), the team with the highest vacancy rate was HV with 16.98 WTE. The WTE for HV was 104.4 WTE, in December 2016 the trust reported that the actual number of staff employed as HV in CCYPS was 87.4.
- Six departments throughout CCYPS had more whole time equivalent (WTE) than expected. For example, the Family Nurse Partnership WTE was 6.62. However, the actual number of FNP nursing staff employed by the trust was 7.4 WTE.
- Managers had escalated workforce planning onto the divisional risk register. This was due to the number of staff on long-term sickness absence and maternity leave.
- Staff told us there had been a recruitment freeze until the tendering process had been completed. Managers said the SNS would see a reduction in staffing as a result of tendering from 39 WTE staff to 20.
- The CCYPS were using bank staff to cover staff vacancies and sickness. Managers told us staff were willing to work extra hours as bank staff. However, staff told us staffing was an issue due to SNS and HVS being specific services that needed SNS and HVS staff. Staff said there had not been an impact in regards to the safety of services, but staffing had affected the services ability to provide health promotion initiatives. Staff said the services priorities were ensuring CCYPs were safeguarded, immunised, and care plans were adhered to.
- The CCYP risk register identified a risk in SNS due to the service being unable to recruit staff due to the service being tendered. However, bank staff were being used to cover SNS vacancies.
- The risk register also identified a risk due to the community nursing team being unable to recruit as the service was due to be outsourced to another trust. In response the service were prioritising visits to the CYP with the greatest identified need, for example, safeguarding and oncology.
- Staff at the FNP told us Lewisham FNP had 5.6 WTE FNP nurses and a WTE supervisor and a WTE administrator. The FNP team told us the service had capped FNP nurses caseloads at 23, and not 25 which was the norm, due to the complexities of caseloads in Lewisham.

Managing anticipated risks

- The community service had business continuity plans in place. We saw in each location we visited a red folder which was dated April 2016. The business continuity plan included the major incident command and control plan. This detailed staff roles and responsibilities in the event of a major incident, such as a major accident or terrorist incident.
- The trust had a lone workers policy in place. Staff working in the community on their own used a signing in and signing out system when they left office. Staff carried mobile phones to ensure they could contact, or be contacted by, the office. Staff also had access to electronic devices to ensure their safety when working away from their offices.



Are services effective?

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

Summary

We rated community children and young people's (CYP) services outstanding for effective because:

- Outcomes for CYP who used services were consistently better than expected when compared with other similar services. Children and young people's care and treatment was planned and delivered in line with current evidence-based guidance, best practice and legislation, including the Healthy Child Programme (HCP). This was monitored to ensure consistency of practice.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to CYP who used services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. Children and young people had comprehensive assessments of their needs, including consideration of their mental health, physical health and wellbeing, and nutrition and hydration needs.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, and research were proactively pursued, including health visitors achieving level 3 United Nations Children's Fund (UNICEF) baby friendly accreditation for breastfeeding. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff, and used to improve care and treatment and children and young people's outcomes.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to CYP. For example, at Kaleidoscope children were cared for by a multidisciplinary team (MDT) of dedicated and skilled staff.
- There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- The systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services.
- Consent practices and records were actively monitored and reviewed to improve how CYP and families were involved in making decisions about their care and treatment.

Detailed findings

Evidence based care and treatment

- The health visiting service (HVS) staff told us they had followed and worked to the 'health visitor implementation plan 2011-2015: A call to action, 2011.' This was part of the government's agenda to introduce an evidence based approach in health visiting. Staff also told us they had followed the 'National health visiting core service specification 2015-2016.' The objective of these initiatives was to provide high quality support for families and children by expanding access to health care and tackle population health issues, as well as delivering better health outcomes. Health visitors (HV) we spoke with told us there had been a number of initiatives involving the HVS as a result of the national initiatives including staff retention initiatives.
- The HVS had achieved level 3 UNICEF 'Baby Friendly' accreditation for breastfeeding. This was the highest level attainable. The Baby Friendly Initiative is based on a UNICEF and World Health Organization (WHO) global accreditation programme. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care.
- The HVS lead and delivered the Healthy Child Programme (HCP) for pre-school children, which was designed to offer a core, evidence based programme of support, starting in pregnancy, through the early weeks



Are services effective?

of life and throughout childhood. HVs were the gateway to other services families needed. For example, health and development checks, support for parents and access to a range of community services and resources.

- The school nursing service (SNS) were responsible for leading and delivering the HCP for children and young people aged between five and 19 years. This involved: promoting the health, wellbeing and protection of all children and young people of school age up to 19 years old in any setting; identifying the health needs of individuals and communities; using appropriate assessment tools; developing programmes to address the needs of children and young people using effective communication methods to facilitate information sharing and integrated care packages; ensuring safe and effective practice within the school health team; and providing clinical supervision, management, teaching and mentoring.
- The SNS contributed to a wide range of indicators within the Public Health Outcomes Framework (PHOF) including: domestic abuse; under 18 conceptions; conceptions in those aged under 16; excess weight in four to five year olds; excess weight in 10 to 11 year olds; smoking prevalence; population vaccine coverage; and tooth decay in children. The service also contributed to achieving the NHS outcomes framework
- Community paediatricians signposted us to guidance they used in regards to safeguarding from the Royal College of Paediatrics and Child Health (RCPCH), this included guidance on writing reports for children involved in legal proceedings.
- The CCYPS service worked closely with the local authority special educational needs (SEN) team. Staff told us the trust provided the SEN team with financial support to maintain an effective MDT working relationship.

Nutrition and hydration

- CCYPS were involved in the governments 'Health Weight, Healthy Child' (HWHC) programme. This involved HWHC nursing staff in a longitudinal study into childhood obesity. The HWHC team had four whole time equivalent (WTE) nursing staff, who sat with the obesity strategy group. The programme started in January to March. Staff told us there had been a 94% uptake of parents wishing to be involved in the programme. All parents received a 'top tips' leaflet which outlined

health eating and health lifestyle choices for CYP and families. Data collected by the team was sent to Public Health England as part of the national HWHC monitoring.

- The HVS and SNS worked with CYP and their carers in the community providing advice and information on healthy eating. For example, child health clinics monitored children's weight, and staff could refer children to a private service that was commissioned by the local authority on healthy eating in children's centres.
- We observed a HVS 'Well Baby' clinic and saw a HV weighing and recording a three month old baby's weight. The HV also gave the child's parent appropriate advice on feeding and introducing solid foods.
- HV staff told us the service also offered 'breast feeding cafes' to support and encourage mothers with breastfeeding. The cafes were facilitated by a specialist nurse consultant in breast feeding.
- The SNS provided information on drugs and alcohol during drop in sessions in schools.
- HV staff told us all nursery nurses and health visiting staff were trained in promoting breastfeeding with new mothers.
- The special needs team worked closely with dietitians for CYP on strategies to prevent obesity in CYP with special needs.
- Where a need for additional support with nutrition and hydration was identified, for example with diabetic patients, HV staff told us they could not refer CYP directly to a dietitian, but would liaise with the GP. The GP would then refer to a dietitian if this was considered an appropriate course of action.
- Information leaflets about nutrition and hydration were available for CYP and their families at all the locations we visited.

Technology and telemedicine

- HV services did not use hand held devices or laptops. However, managers told us some staff were trialling a number of devices in order to determine which devices would meet the needs of the HVS.
- HV staff told us they could not access the RIO electronic records system in some community clinics. This created extra work for staff as it meant staff had to record notes



Are services effective?

on paper and then record notes on RIO when they were at a clinic with RIO access. It also meant staff did not have access to the most up to date information on CYP in some clinics.

Patient outcomes

- We found outcomes for CYP were consistently better than expected when compared with other similar services. The CCYPS returned data to Public Health England on a quarterly basis. We viewed the data for the period 1 October 2016 to 31 December 2016. We found: 93% of children had received their '5 in 1' vaccination before their first birthday, this was a vaccination that protected children from diphtheria, tetanus, whooping cough, polio, and Haemophilus influenzae type b (Hib) (this is a bacterium that can cause a number of serious illnesses in young children); 93% of children had received their meningitis C vaccination before their first birthday; 93% of children had received their Pneumococcal conjugate vaccine (PCV), this is a vaccine used to protect infants, young children, and adults against disease caused by the bacterium Streptococcus pneumoniae; 90% of children had received their meningitis B vaccination before their first birthday. However, the figure was lower for the BCG tuberculosis vaccine, with 59% having received the vaccine prior to their first birthday.
- 86% of children had received their measles, mumps and rubella (MMR) vaccine by their second birthday. 85% of children received their MMR booster by their fifth birthday.
- There were 77% of children being fully or partially breast fed in December 2016 according to quarterly data collated by the local authority.
- The total number of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months was 76%.
- The total number of children who turned 15 months in the quarter, who received a 12 month review by the age of 15 months was 83%.
- The total number of children due a review by the end of the quarter, who received a two year review, by the age of two and a half years, was 78%.
- Staff at the Looked After Children (LAC) team told us they completed 100% of LAC initial assessments within

20 days of receipt of consent documentation from the local authority. However, staff said the LAC dashboard was skewed due to delays in the local authority forwarding consent documentation.

Competent staff

- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, and research were proactively pursued. School nursing staff and health visiting staff told us they completed safeguarding and clinical supervision every three months. Records we viewed confirmed that all HV staff and SNS staff had received regular supervision.
- HV staff told us they had received training in 'Attachment' theoretical approaches to practice in the previous 12 months. This was training that enabled staff to understand CYPs relationships with their care givers.
- The trust's HVs were all trained in health visiting. Staff we spoke with told us all the work of the HVS had to come from an identifiable evidence base. Staff described how they could access the trust's policies and procedures on the trust intranet.
- HV staff received mandatory training in breast feeding support. Staff also told us they received annual training updates in breast feeding support. Staff we spoke with confirmed that their breast feeding support training was up to date.
- Staff at the LAC team told us they were linked to the British Association of Adoption and Fostering (BAAF) regional groups to share best practice.
- A band 7 nurse told us they had received funding to study a bachelor's degree in public health.
- The FNP nurses received two hours psychological supervision every month to support staff resilience.
- HV staff told us they received three monthly safeguarding supervision from the safeguarding team supervisor at Kaleidoscope.
- Staff across CCYPS had access to minuted monthly team meetings.
- The HVS had an established preceptorship programme to support newly qualified HV staff. This was a structured period of transition for staff new to the service.



Are services effective?

- Community paediatricians told us they received weekly clinical supervision as well as educational supervision. Medical staff confirmed they had job plans in place and these outlined their responsibilities to the service and public.
- The Family Nurse Partnership (FNP) had introduced Schwartz rounds. These were structured forums where staff came together regularly to discuss the emotional and social aspects of working in healthcare. FNP staff told us the Schwartz rounds made a significant difference to how staff dealt with the demands of their jobs.
- The FNP had a competency document which was completed on a three monthly basis for all FNP nursing staff and reported back to the national FNP programme.
- Staff we spoke with told us they had received training in the common assessment framework (CAF).
- HVS had a band 7 practice educator. The practice educator described the support that was available to newly qualified HV staff. We found this support to be robust.
- Reception staff at Kaleidoscope received conflict resolution and customer services training.
- Nursing staff in the special needs team had received accredited bowel and continence training from a charity. Staff told us the course covered healthy and complex bladders and bowels, nocturnal enuresis, toilet training children with special needs, and managing children's continence problems in schools. Staff had also received training in tracheostomies, this is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help with breathing.
- Through a recruitment drive, every secondary school had a registered nurse with a specialist community public health nursing qualification.

Multi-disciplinary working and coordinated care pathways

- There was a truly holistic approach to assessing, planning and delivering care and treatment to CYP who used services. Kaleidoscope was a newly built, award winning children's centre in Lewisham. Kaleidoscope brought together specialist community services for health, disability, mental health, education and social care, who all worked closely with the voluntary sector. The centre provided services for local CYP with complex health, education or social needs.
- Kaleidoscope enabled paediatricians, therapists, psychiatrists, psychologists, HVS, child and adolescent mental health services (CAMHS), social workers, nurses and educators to work together to provide individualised support to CYP.
- There was a multi-agency planning pathway (MAPP) for CYP aged 0-25 years old who had complex health, learning, therapy or transitional needs. The service was based at Kaleidoscope and brought together CYP with disabilities, their families, and professional networks to ensure coordination of services for CYP with complex needs. However, staff told us there was an eligibility threshold for CYP wishing to access MAPP services.
- CCYPS staff told us they regularly attended team around the child (TAC) meetings. These are multidisciplinary meetings for children with a common assessment framework (CAF) in place.
- The Family Nurse Partnership (FNP) had a number of care pathways in the form of flow charts displayed on the walls of the FNP office. For example, the 'clients at risk of subsequent pregnancy sexual health' referral pathway.
- HV staff told us an aspect of their work involved the promotion of dental care. For example, health visitors gave out dental care packs with toothbrushes. Some health visitors told us there was a shortage of dentists in the area.
- HV staff we spoke with told us they had, "good," relationships with the trust's midwives. This included in maternity information evenings with the midwifery service and joint visits with midwives. Health visitors we spoke with told us they considered multi-disciplinary working as a strength in the service. HV staff gave examples of their relationships with GPs and schools. All GP's had a named HV.
- SNS worked with education colleagues and the wider multi-agency team to influence the: National Healthy Schools Programme (NHSP). This is a government project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers.



Are services effective?

- Staff told us there were good joint working arrangements between education, community physiotherapy, occupational therapy and speech and language therapist (SLT).
- The community children and young people's physiotherapists were responsible for the assessment and physical rehabilitation of children and young people who were identified as having difficulties with the development of gross motor skills and mobility as a result of accident, injury, disease or disability. They also saw children with specific conditions such as cystic fibrosis, juvenile idiopathic arthritis, chronic fatigue syndrome, gait anomalies and life-limiting conditions. Community staff told us they had good relationships with community physiotherapists.
- The community CYP OT team told us they worked in partnership with CYP and their families, as well as education, and were part of a multidisciplinary team approach. OTs assessed for functional difficulties CYP may have, including fine and gross motor skills in partnership with physiotherapists, perceptual skills, children's home environment, specialist equipment, self-care skills, children discharged from hospital and sensory processing. The community OT team worked with children and young people in groups or on an individual basis. The team also provided a major and minor adaptation service to families. Community staff told us relationships with the OT service were good, however some staff said some children had long waits for OT assessments. We viewed a spreadsheet provided by the trust, this indicated that OT's were meeting the trust's 18 weeks maximum waiting times targets.
- HVS could refer CYP directly to community paediatrician. HV staff utilised an 'ages and stages' questionnaire to determine CYP needs. Families were sent a copy of the questionnaire prior to an appointment with the community paediatrician.
- HV staff told us they regularly had 'Health Child Programme' (HCP) meetings with NHS England. The meetings were chaired by a public health professional, and looked at how the service were meeting the four levels of service set out by the HCP programme. These were: community, universal, universal plus, and universal partnership plus.
- We saw community paediatricians conducting joint clinics with orthopaedic and gastroenterology consultants.
- **Universal Partnership Plus** HV staff provided ongoing support and, played a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child had a long-term condition.
- CCYP services had access to a clinical psychologist via a service level agreement with child and adolescent mental health services (CAMHS). This gave CYP access to psychological assessment and therapy. Staff told us there were monthly meetings with CAMHS in regards to the autism pathway and attention deficit hyperactivity disorder (ADHD).
- The Hospital at Home team (H@H) worked collaboratively with the special needs team. This meant CYP with special needs could receive some treatments without having to be admitted to hospital.
- The looked after children (LAC) team met three times a year with the 'Health and Social Work' steering group. This was a group which looked at the direction of multidisciplinary working and services for LAC.

Referral, transfer, discharge and transition

- There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences. Staff at CCYPS told us integrated community health services had the aim of ensuring children, young people and their families received a seamless service during referral, transfer, discharge and transition.
- CCYPS had a multi-agency planning pathway (MAPP) which acted as a single point of access (SPA) for CYP with complex needs. Referral to the MAPP team was via a health or social care professional completing a common assessment framework (CAF) assessment and with the permission of the CYPs family.
- HV accepted referrals from GPs, midwives, children's centres, and local authority social services. Families could also self-refer by telephone or by visiting their local children's clinic.
- HVS took responsibility for making appointments. Staff told us line managers conducted eight weekly checks on appointments to ensure CYP and families were seen frequently.
- The HV service were meeting the 14 day National Health Service Specification for babies to receive a home visit. Staff told us follow up visits may be performed by band 5 nurses or band 4 HCAs.



Are services effective?

- The Family Nurse Partnership (FNP) provided a home visiting service to support young first time mothers (aged 22 years and under) from early pregnancy until their child was two years old. The FNP accepted self-referrals from women if they were less than 28 weeks pregnant. Referrals were also accepted from GPs and health and social care professionals.
- The community paediatric team accepted referrals from HVs, GPs and allied health professionals (AHP) for example physiotherapists or occupational therapists.
- Community paediatricians explained the CCYPS discharge planning process for children being discharged from the Evelina and Kings College Hospitals. This involved community paediatricians taking referrals from and teleconferencing with staff from the hospitals for CYP who were returning to the community and would need support from the community paediatricians.
- The FNP referrals were mainly from maternity services and hospitals. However, staff told us people could self-refer to the programme, but self-referral was rare. Children were discharged from the FNP to the HVS when they reached the age of two years.
- The LAC team were commissioned to provide service until CYP reached the age of 18 years. Staff told us the local authority took the lead with LAC transitions services, but the LAC team would offer advice to CYP upon reaching the age of 18.
- Referrals to the Hospital at Home (H@H) service were from hospital emergency departments (ED), CYP hospital inpatient wards, and from hospital neonatal units (NNU) and maternity departments. The service responded to referrals within three hours. Staff could take referrals via mobile working whilst in the community, as part of a mobile working pilot scheme. The service worked with CYP for up to five days when they would be discharged to other community services. The criteria for referral to the service were the CYP must have a Lewisham GP. Discharge summaries were sent to the CYP's GP.
- The special needs team accepted referrals from GP's and health or social care professionals as well as educational psychologists and early years inclusion co-ordinators. Self-referrals were not accepted. All referrals were reviewed for urgency. The special needs team provided care for CYP from birth to age 19 years.

However, transitions to adult services commenced when a young person became 14 years old. Staff told us as long as a CYP was in school they would be seen by a paediatrician up to the age of 19 years old. Transitions services also took place at age five years to the special needs team from portage or nursery. Staff said the transitions pathway from portage or nursery ensured smooth transitions for children.

- HV staff we spoke with told us they worked closely with families and the local authority for children who were being adopted.
- HV staff told us the children and young people's hospital wards were good at notifying them of babies and pre-school children who were discharged home.
- The HVS and SNS effectively used the 'health visiting and school nursing programmes: supporting implementation of the new service model No. 2: school nursing and health visiting partnership-pathways for supporting children and their families', when children were starting school and in transition from the HVS to SNS.
- Access to SNS was via referral. School nurses demonstrated the SNS referral reviewing process. This involved a school nurse practitioner reviewing health and social care referral information from health care professionals.
- HV service were available Monday to Friday from 8.00am to 6.00pm. Staff told us the service had trialled Saturday working, but this had been abandoned due to low take up from CYP and families.
- CCYPS were working with the local authority social services department on a consultation exercise for transition services. However, there was a stumbling block due to a lack of "like for like" services in community adult services.

Access to information

- Information to support staff practice and guidance about children's care and treatment was available through the trust intranet, which also provided signposting and links to external internet sites. Staff told us the trust's intranet provided information to support their work.
- We reviewed a sample of information staff used to support their work. The information was clear and



Are services effective?

accessible. Staff told us they received briefings, newsletters and updates about particular themes by email on a regular basis. We viewed copies of trust newsletters staff had received via email.

- We spoke with a Kaleidoscope administrator who told us they checked referral information and discharge documents. The administrator said if information was missing, this was requested. Patient details were registered on the electronic system and assigned according to the patient's urgency and complexity of need.
- In community locations, information displayed in the staff areas was up to date and relevant.
- Staff told us the trust's IT systems had improved over the previous 12 months. SNS staff told us the computers at Jenner Health Centre had stopped working. However, staff were able to access computers by working from 'hot desks' at Kaleidoscope, as well as some staff trialling laptops.
- The LAC team had access to the trust's electronic records system and the local authority records system. This enabled staff to view LACs health and social care records and provide a holistic assessment of LACs needs. This meant the systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services.

Consent

- Consent practices and records were actively monitored and reviewed to improve how CYP and families were

involved in making decisions about their care and treatment. Parents were involved in giving consent to examinations, as were children when they were at an age to have a sufficient level of understanding. Staff were aware of Gillick competence, this is a decision whether a child or young person aged 16 years or younger, is able to consent to their own medical treatment, without the need for parental permission or knowledge. Staff told us they would always speak with young people and encourage them to involve their parents when appropriate; but would respect the rights of a CYP deemed to be competent to make a decision about their care or treatment.

- We observed how staff explained procedures to CCYPS in a way they could understand. We observed a number of examples of staff gaining consent to provide care and treatment across all CCYPS service.
- HVS staff told us they always asked staff at local children's centres and schools if they had parental permission before discussing children.
- The SNS told us referrals were always received with the consent of a child's parent or the young person being referred. The SNS told us they had received training in consent and this had included the Fraser guidelines and Gillick competence.
- All the parents and carers we spoke with told us they felt involved in their child's care. We saw that staff spent time with CCYPs and their parents to ensure they understood their care and treatment and could give informed consent.

Are services caring?

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

Summary

We rated community children and young people's (CYP) services good for caring because:

- Children and young people (CYP) and their parent were supported, treated with dignity and respect. Feedback from CYP and families was positive. CYP and their parents were treated with kindness during interactions with staff and relationships with staff were positive. CYP and families felt supported and said staff cared about them.
- CYP were involved and encouraged in making decisions about their care. Staff spent time talking to CYP and parents. They were communicated with and received information in a way they could understand. Staff responded compassionately when CYP needed help and supported them to meet their basic personal needs. CYPs privacy and confidentiality were respected at all times.
- Parents spoke highly of the care CYP received and told us they felt involved in their children's care. We observed examples of compassion and kindness by staff. Staff spent time with CYP and their families in their homes and in clinic environments to make sure they understood their care and treatment.

Detailed findings

Compassionate care

- We saw compassionate care being delivered by staff across community services. Staff were seen to be very considerate and empathetic towards CYP and their families, and other people. Staff demonstrated a good understanding of children and young people's emotional wellbeing. CYP social and emotional needs were valued by staff, and embedded in the care and treatment community staff provided. There was a strong visible person-centred culture. For example, we saw a child with complex needs having a motor skills assessment from physiotherapists at Watergate School. The staff protected the child's privacy and dignity by using a privacy screen. The physiotherapy staff were at all times caring and kind in their approach.
- We found the approach staff used when interacting with CYP and families was consistently appropriate and

demonstrated consideration for the child or young person. Staff interacted with children, young people and their relatives in a respectful and considerate manner. A parent told us, "The clinical staff are kind and compassionate."

- We observed care being delivered by HV staff to CYP and families in their own homes. We saw them respecting and maintaining patients' dignity; and administering care sensitively and with compassion. Discussions with children and families were conducted with appropriate sensitivity to their needs.

Understanding and involvement of patients and those close to them

- We saw staff demonstrating good communication skills during interactions with CYP and families. Staff gave clear explanations and checked CYP's and their parents or carers understanding of methods they were using and the rationale that underpinned these.
- We observed three visits by HVS staff. Parents and carers told us HV staff always involved them in decision about their children's care.
- A parent at Kaleidoscope told us staff always took time to clarify their understanding of their child's care and treatment. Parents told us they were reassured by the staffs' knowledge and advice.
- HVS and SNS staff provided an educational resource for patients and carers. For example, HV staff we spoke with told us they also provided patients, families and carers with education about breastfeeding, as well as advice and support with breastfeeding. SNS provided drop-in sessions at secondary schools where young people could get advice on issues such as alcohol, relationships, healthy eating and weight management, bullying, family issues, self-harm, anxiety and eating disorders. Most parents told us CCYPS they felt involved in their child's care. For example, a parent at Kaleidoscope told us, "The reception staff are very nice and helpful. If I raise an issue about waiting they have a look on screen or ring the clinic. They always let you know what's happening." However, one parent told us they were sent an appointment letter with the name of the doctor they would be seeing on it and were not offered a choice of appointment times. Staff said

Are services caring?

parents could telephone the service and rebook appointments if an appointment time was unsuitable. Another parent told us they didn't always get a response when they left messages on the answerphone for the community paediatricians team.

- We observed a home visit with the HV team. We saw the HV giving a parent advice on transitions from breast feeding to solid foods. The parent told us, "They have been an extremely helpful service. If I have questions they answer them. You don't know what to expect with your first child. The information I have been given has been invaluable."

Emotional support

- We observed staff providing emotional support to children, young people and relatives. Staff we spoke with were aware of the emotional aspects of care for CYP living with long term conditions and provided specialist support where this was needed. Relationships

between children, young people, parents and staff were strong, caring and supportive. Relationships with children, young people and their families were highly valued by CCYPS staff.

- Feedback from all the children, parents and carers we spoke with was positive about the emotional support the community staff provided. Patients thought staff provided good care that met their expectations.
- We observed telephone calls staff made with parents and carers. Staff consistently demonstrated good communication skills and a caring approach. We saw children and parents being advised by staff in a caring, competent, and compassionate manner, which maintained their dignity during home visits and at clinics.
- Parents we spoke with were very positive about the care and treatment they received. A parent told us on a HV home visit, "They've offered me a lot of emotional support."
- Staff were aware of local counselling services and how to refer CYP and parents in need of therapeutic support to these.

Are services responsive to people's needs?

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

Summary

We rated community children and young people's services (CCYPS) good for responsive because:

- The trust received confirmation on the 17 March 2017 that they had been successful in their tender to continue to provide HVS and FNP services. However, a third sector provider had been commissioned to provide SNS services.
- CCYPS were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided. The CCYPS service planning emphasised delivering services in a range of settings to maximise reach into communities.
- The needs of CYP were taken into account when planning and delivering services. The CCYPS model bridged health and social care. The aim of the service model was to improve children and young people's (CYP) outcomes and experience through bringing existing community services from health and social care into a more combined way of working. CYPs care and treatment was co-ordinated with other services and other providers.
- Complaints handling policies and procedures were in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.

Detailed findings

Planning and delivering services which meet people's needs

- The trust received confirmation on the 17 March 2017 that they had been successful in their tender to continue to provide Health Visiting Services (HVS) and Family Nurse Partnership (FNP) services. However, a third sector provider had been commissioned to provide School Nursing Services (SNS). Some CCYPS staff told us they were concerned about the reconfiguration of SNS. Staff said they did not have any information on what the SNS may look like following reconfiguration. Staff said they had not been informed of what the model would look like following tendering and that the incoming service provider had not liaised with the CCYPS in

regards to the handing over of services. Some staff expressed concerns that services would be handed over on 1 April 2017 without assurances that cases open to the CCYPS would have adequate cover from that date.

- The trust's CCYPS risk register identified the Lambeth, Lewisham and Southwark community nursing team as being decommissioned from April 2017. This was a local authority funded service with an emphasis on highly skilled nursing care for children in a home care setting. There was a caseload of 180 CYP in Lambeth and Southwark and 160 in Lewisham. The risk register identified actions the trust was taking in response to the teams decommissioning. However, staff highlighted their concerns about delays in services being decommissioned and repatriated and the potential risk to CYP receiving services.
- Nurses on the 'Health Weight, Health Child' (HWHC) team expressed concern about the future of the service. Staff told us they had been told the service would be incorporated into SNS services.
- Staff at Kaleidoscope explained the autism pathway for CYP. Staff said Kaleidoscope had facilitated services for CYP with Tier 3 and Tier 4 specialist autistic spectrum disorders (ASD). This was due to CYP gaining access to the multi-agency autism pathway with services based on one site.
- Community paediatricians were medical advisors for adoption and fostering. The team also contributed to LAC reviews, these were regular meetings which reviewed the care plans of children who were looked after.
- The CCYPS service had an immunisation co-ordinator who worked in the childhood immunisation team at Kaleidoscope. The coordinator ensured the delivery of effective immunisation programmes.
- The Hospital at Home (H@H) team was run by five specialist paediatric community nurses who visited children in their homes and provided treatment which was traditionally only available within a hospital. This included the management of respiratory conditions such as asthma or the administration of intravenous antibiotics.
- The FNP were commissioned by the local authority to deliver a licensed programme of care for teenage

Are services responsive to people's needs?

mothers experiencing a first pregnancy. Staff told us initially this had covered teenage mothers up to the age of 19 years; but due to the success of the programme it had been extended to include young adults up to the age of 22 years.

- The LAC team had a specialist nurse for children placed out of borough. This meant CYP placed out of borough could receive localised assessments without the need to travel to trust clinics.
- Managers told us the service engaged with the Joint Strategic Needs Assessment (JSNA). The JSNA looks at the current and future health and care needs of local populations to inform and guide the planning and joint commissioning of health, well-being and social care services within a local authority area. Staff told us this included CCYPS attending the bi-monthly commissioning group, Healthy Child Programme (HCP) board, strategic immunisation meeting, mental health and well-being board, special educational needs (SEND) board, and LAC board. Managers said engagement with the meetings enabled the service in service planning.
- Comprehensive advice and information leaflets on care and treatment were available across CCYPS services. These could be accessed across CCYPS locations, and from the trust's website
- The SNS planned to pilot in 2016 'Individual School Health Profiles' to identify needs and support future provision in schools, the School Health Profiles system assesses school health policies and practices in large urban school districts. This pilot was going to be undertaken in 2016 based on the SNS service specification. The recruitment of specialist community public health nurses was seen as a positive drive to support this pilot from September 2016. The plan was for the 'School Health Profile' to be rolled out in 2017. However, the SNS were renegotiating with commissioners due to the tendering of the service with a significant budget cut and a new service specification to begin in April 2017.

Equality and diversity

- The Family Nurse Partnership (FNP) were involved in research with the Dartington Social Research Unit (DSRU) and transgendered young people.
- Staff at the FNP team told us the team demographics reflected the diversity of the boroughs in which the team practised. Staff told us they worked closely with child

and adolescent mental health services (CAMHS) and were involved in perinatal mental health assessments with registered mental health nurses (RMN) from the mental health team.

- Staff told us they had advised parents on keeping babies hydrated during Ramadan.
- The FNP had produced a leaflet targeted at fathers. Staff told us this was due to fathers sometimes feeling excluded in early years care provision. The leaflet was to promote fathers inclusion and engagement with FNP services.

Meeting the needs of people in vulnerable circumstances

- Kaleidoscope's primary aim was to ensure a quality service was delivered to families with children suffering from a wide variety of developmental disorders, disabilities, and special needs. The centre took a lead role in the assessment, diagnosis and management of these conditions. Staff at the centre told us they provided information and advice to colleagues in education in relation to children with special educational needs arising from medical conditions.
- The trust also had a medical advisor for adoption and fostering.
- CCYPS staff worked alongside other health and social care providers to provide care to children and families requiring complex packages of care; as well as supporting children with life-limiting conditions.
- HV staff told us they could do listening visits with parents who were considered vulnerable. For example, due to mental health, domestic abuse, or learning disability. HV staff said they would prioritise a parent who was considered vulnerable and would if referring a child where the parent was considered vulnerable; ask for them to be prioritised by other services.
- Telephone interpreting services were available immediately to staff for CYP and families where English was not their first language. Face to face interpreters could be booked by prior arrangement for in-depth visits. Staff told us the RIO electronic records system carried prompts for staff where CYP or families required an interpreter.
- Physiotherapy staff had access to a hydrotherapy pool at Watergate School. Children in receipt of hydrotherapy received individualised therapeutic hydrotherapy programmes.



Are services responsive to people's needs?

- Community paediatricians told us the CCYPS had recently met with CAMHS in regards to planning services for CYP with neuro-disabilities. Staff told us this was an initial meeting to look at service developments for CYP aged 0-19 years with complex neurological needs.
- The trust had a nurse specialist for children out of school. This was a specialised post to engage with CYP up to the age of 12 years and their families who were not attending school. The nurse specialist had a background in mental health.
- The LAC team provided an escort service to young people accessing sexual health services. Staff told us LAC could be fast-tracked to sexual health services by the LAC team. Staff told us advocacy was an important part of the LAC team's role.
- Therapies, including physiotherapy and occupational therapy, had redesigned their referral forms to ensure that the forms included a question on whether an interpreter was required.
- HVS had access to tools to assess mother's mental health. HVS also had some specialist mental health nurses who had received training in parental mental health.
- Transitions were part of the local authorities 'Special Educational Needs (SEN) and Disability Strategy'. Staff told us they would offer CYP and families advice on transitions, but were not formally involved in SEN and disability transitions.
- CCYPS had implemented a number of strategies to engage 'hard to reach' families. These included letters to schools and HVs. The service also sent a text to remind parents or carers of appointment times.
- CYP who 'did not attend' (DNA) appointments were always contacted by letter offering another appointment.
- Staff told us there was a verbal handover from HV to SNS when children were due to start school. A written summary of the handover would be recorded on RIO the electronic records system.
- The LAC team were meeting 100% of review health assessments for LAC. This was in accordance with the standard operating procedure (SOP 2) of the child's health plan, which states that health reviews must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday (DFE and DOH 2015).
- There had been improvements in the number of patients who exceeded an 18 week wait from referral to treatment in the CCYPS. For example, in April 2015 the number of CYP waiting over 18 weeks was 25, by March 2016 there were no CYP waiting more than 18 weeks from referral to treatment.

Learning from complaints and concerns

- The trust had complaints handling policies and procedures in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.
- Complaints were monitored by CCYPS to identify any themes. Actions taken to address complaints were recorded on the complaints log.
- Information for CYP and families about services included information about how to raise concerns or complaints and information about the patient advice and liaison service (PALS). Most parents we spoke with were aware of the complaints procedure. Staff we spoke with told us they would direct a young person or parent to PALS if they wished to make a complaint.
- Staff were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complainants were directed to the trust's complaints department; informal complaints were dealt with on the spot. Staff were aware of complaints patients had raised about their service area and of what was done to resolve the complaint.

Access to the right care at the right time

- Staff at Kaleidoscope told us the CCYPS were meeting 98% of referral to treatment time (RTT) for a community outpatient's appointment. The trust target was 95%.
- The HVS completed 94.9% of new birth visits within 14 days.
- 74% of children received a six to eight week review by the time they were 8 weeks. However, these reviews were the responsibility of GPs, and the service highlighted there were delays in HVS receiving the information from GPs.
- CCYPS had conducted an audit into 'did not attend' appointments in 2016. Staff told us they had halved the DNA rate since 2013. As a result of the audit the service had identified families at risk of not attending appointments. Staff told us they were looking to collect further qualitative data on the families to improve their access to services.

Are services responsive to people's needs?

- Managers told us action to be undertaken following the investigation of a complaint was identified and discussed with CYP and parents. Line managers fed back learning from complaint investigations at team meetings.



Are services well-led?

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

Summary

We rated community children and young people's services (CCYPS) outstanding for well-led because:

- CCYPS local leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. The CCYPS was undergoing a significant reorganisation of services. Managers and team leaders demonstrated a clear understanding of their role and position in the trust. However, we found that some staff were unclear about the long term strategy for SNS and community nursing services.
- Governance and performance management arrangements were proactively reviewed at a local level and reflected best practice.
- Local leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture.
- There were high levels of staff satisfaction across all equality groups in CCYPS. Staff were proud of CCYPS as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across CCYPS and a common focus on improving quality of care and people's experiences.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. For example, Kaleidoscope in Lewisham provided a "one stop shop" for children with complex needs. CCYPS were also involved in a number of research projects with both London based and National research units.

However, we also found:

- The tendering process had an impact on staff morale, especially in regards to SNS.

Detailed findings

Leadership of this service

- Staff knew who the chief executive officer (CEO) was and felt they were approachable. Senior managers we spoke with told us there was clear leadership at executive level. Managers told us they had attended staff briefings with the CEO. Senior managers told us they had a meeting with the CEO. Staff told us the CEO and members of the board held regular 'back to the floor' sessions where staff could ask questions or raise issues. Staff also told us that members of the board would attend team meetings when invited.
- The community children and young people's service (CCYPS) lead had a joint role as nursing and clinical services manager and joint clinical director for community. The joint clinical director for CCYPS told us they met bi-monthly with the executive team.
- CCYPS local leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. All the staff we asked spoke highly of CCYPS nursing and clinical services manager and joint clinical director for community. Staff said the manager was visible, approachable, and supportive.
- Local leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. Staff said their direct line managers were supportive and visible. For example, the community paediatricians' team received weekly educational and clinical supervision from paediatric consultants.
- The trust had a 'Leading through change' programme. This was a nine month training course for band 7 nursing staff to develop skills in leadership and change management.
- Staff across the community children and young people's service told us their line managers were supportive and accessible.
- Community health care assistants we spoke with told us they felt comfortable in their role and well supported in their development.

Service vision and strategy



Are services well-led?

- The CCYPS were part of the trust's Children and Young People Operating Plan 2016-2018 had clearly defined objectives, and included measurable objectives and actions. For example, an objective was 'embed our trust values in everything we do – Everyone counts;' the quantifiable outcome was alignment with the CYP five year plan, and actions to achieve this included respecting patients and putting them first, working together to deliver the right care first time; encouraging innovation and being open to change, and developing leaders of the future.
- The trust's mission statement was "Working together to improve healthcare." Staff told us the trust's mission statement and values were regularly discussed at team meetings.
- The vision of the CCYPS was to "be a consistently high performing and financially sustainable Trust by 2020." The trust had a set of corporate objectives which set out how the trust intended to achieve the vision. For example, improvements in quality and safety, patient and staff experience, whilst meeting the trust's financial objectives for 2016/2017.
- Staff told us CCYPS had a 'living our values' initiative which had involved staff and the public answering a questionnaire. The result of the initiative was CCYPS teams producing team charters which set out what the public could expect in terms of CCYPS team values.
- The School Nursing Service (SNS) and Health Visiting Service (HVS) was underpinned by public health principles with an emphasis on preventative interventions to promote child health and well-being as well as tackling inequalities.
- The Family Nurse Partnership (FNP) were aligned to the national strategy for FNP. This included quarterly meetings with the FNP advisory board which was chaired by the Children's Commissioner.
- School nursing staff expressed anxiety about the future direction of school nursing service. HVS staff told us that the service was relieved as the trust had been awarded the health visiting tender and this had allayed HVS staff anxiety about the tendering.

Governance, risk management and quality measurement

- There was a system of governance meetings in place to ensure information was passed from front line-teams to

the board. These meetings were team meetings, CCYPS directorate clinical governance meetings, CYP divisional quality and safety meetings, and the trust quality and safety committee.

- CCYPS had monthly divisional governance meetings. The meetings had a standard agenda where incidents and complaints were standard agenda items. Clinical governance meeting minutes 25 February 2016 confirmed that the terms of reference for the meetings had been agreed.
- The service had also met with service commissioners and discussed the potential risks arising from services potentially being outsourced.
- Managers were aware of the risks on the divisional risk register and were able to explain what the service was doing to mitigate transitions risk register in place and mobilisation plan in response to the tendering process.

Culture within this service

- Managers told us there had been a lot of staff anxiety due to the service tendering process. Some staff told us they had felt demoralised by the tendering process due to the uncertainty about jobs. Managers said the trust were looking at how staff could be redeployed if their job was threatened. A manager said, "These are educated public health practitioners, with a lot of skills, knowledge and experience. We want to keep their skills and knowledge in our organisation."
- Medical staff told us the culture of CCYPS was very focused on research. For example, staff told us the service were involved in research with a youth work charity on an intervention project for gang violence.
- A staff member told us, "The culture in community is respectful. The clinical services manager and joint clinical director set the tone. She is very good." Another staff member told us, "I am proud to work for the trust. They want to improve and get things up to standard."
- Staff we spoke with in CCYPS service were unanimous in saying that bullying and harassment of staff was not a feature of the CCYPS.

Public engagement

- HV staff had included parents who were engaged with the Maternal Early Childhood. Sustained Home-visiting (MECSH) in arranging Christmas and Easter parties for CYP and families.



Are services well-led?

- The CCYPS completed a range of surveys and feedback to seek CYPs and their families' feedback on the service provided. The SNS completed a survey of CYPs opinions on the service offered in 2016. For example, 53 young people participated in the survey. 73% of CYP said they were aware of their public health nurse; 65% said they would see their public health nurse in school; 88% said they found the SNS service helpful. The survey demonstrated that most CYP thought the SNS were addressing their needs.
- The LAC team received 63 evaluation forms from CYP between January and December 2016. Four were completed by children aged five to 10 years, with the service receiving 100% positive responses from this cohort: 59 were completed by the 11 to 18 year olds age group; positive responses ranged from 97% to 100% for the four questions in regards to service provision they were asked.
- Kaleidoscope had a service user group which met monthly. We viewed minutes from the group meeting dated 22 September 2016. The minutes demonstrated that both trust, children's charities, and parents were represented at the meeting. The meeting gave parent representatives the opportunity to ask questions and receive answers. For example, the CCYPS updated the meeting on delays to information being uploaded onto the Kaleidoscope website.

Staff engagement

- Managers told us the tendering process had a significant impact on staff morale. To mitigate the impact of this the service had set up briefing session workshops for staff to enable staff to understand the public health agenda.
- HV staff told us a consultation on the reconfigured service following tendering was scheduled to commence in April 2017.
- Staff told us the clinical services manager and joint clinical director for community had offered staff individual sessions with the human resources (HR) team to allay their anxieties about tendering and to discuss their career options.
- Staff received regular newsletters which updated them on what was happening across the trust. Staff also told us the CEO sent a weekly 'blog' which updated them on what was happening at board level.
- Staff had access to 'Right Care' a confidential counselling service, this offered staff support with both personal and work related issues.

Innovation, improvement and sustainability

- Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. For example, the Maternal Early Childhood. Sustained Home-visiting (MECSH) was an approach pioneered by the HV teams. MESCH offered a coordinated multidisciplinary approach to early intervention. This involved an anticipatory child development focused early intervention with vulnerable children and families. HV visited families' antenatal to develop an advocacy relationship. Families received time limited interventions that commenced antenatal with the aim of reducing mothers' social isolation and improving parental post-natal mental health.
- CCYPS were involved in a number of research projects with both London and National research units. For example, the CCYPS were engaged in research with the Maudsley Hospital with children in a nursery setting. The CCYPS were also engaged in research with the Dartington Social Research Unit (DSRU) into early intervention with children with autistic spectrum disorder (ASD). The FNP were also engaged in research with the DSRU trialling a personalised programme, 'accelerated decision and rapid testing' (ADAPT), which enabled families to identify their own 'strengths and weaknesses.'
- Kaleidoscope in Lewisham provided a "one stop shop" for children with complex needs. The centre housed a multi-disciplinary team, and enabled paediatricians, therapists, psychiatrists, psychologists, health visitors, social workers, nurses and educators to work together to provide individualised support to each CYP. Having a range of services under one roof meant CYPs, parents and carers didn't have to travel to different parts of the borough to see different specialists.