The Whittington Hospital NHS Trust

RKE

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)
RKE	The Whittington Hospital	Community Health Services For Children and Young People.	N19 5NF

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for the community health services for children, young people and families of requires improvement because:

The use of a combination of paper and electronic records led to problems such as notes being mislaid. Records were not always available to clinicians when needed and details from paper notes were not always added to electronic records. This meant there was a risk that staff might not see important patient information.

The management of medicines required improvement as some vaccines were found to be past their expiry date, and processes and equipment for transporting medicines to schools was not always adequate.

The care environment and facilities did not always meet the needs of children. Many pieces of equipment were worn and tired.

The transition pathway from children's to adult services was not clear.

There were long waiting times for children with autistic spectrum disorder and attention deficit hyperactivity disorder referrals.

There was no management for administrative staff since the previous manager had left and there was no plan in place at the time of inspection.

However,

Staff showed a good level of understanding of the incident reporting process, and of safeguarding processes.

Staff followed national and local guidance and delivered good outcomes for patients.

There was good multidisciplinary team working.

Most care pathways were well laid out.

Staff treated people who use the service with respect and kindness. Staff communicated with people in a way they could understand. Children and their parents or carers were involved in their care and treatment.

The service had a system for recording, managing and responding to complaints.

Summary of findings

Background to the service

The Whittington Hospital NHS Trust provides community services for children, young people and families at over 30 locations across the boroughs of Haringey, Islington and Camden. Services include health visiting, audiology, looked after children, family nurse partnership and school nursing, and speech and language therapy.

We visited St Anne's Hospital, Bounds Green Health Centre, Northern Health Centre, Highbury Grange Health Centre, Hunter Street Health Centre and Kentish Town Health Centre.

Our inspection team

Chair: Alastair Henderson,

Team Leader: Nicola Wise, Head of Hospital Inspection, Care Quality Commission

The team included a CQC inspector and specialist advisors.

Why we carried out this inspection

The inspection was part of a planned scheduled 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 the trust 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 between 8 and 11 December 2015. During the visit spoke with a range of staff who worked within the service, such as managers, nurses, and therapists. We observed how people were being cared for and spoke with patients and their relatives or carers, and reviewed a small number of treatment records of people who use services.

What people who use the provider say

Feedback from people who use the services and those close to them was positive. Some commented that the care was "life changing" either for them or their children. Parents particularly praised the Michael Palin Centre speech and language therapy service for stammering, saying the service was "11/10" and "very special". Parents told us they were fully involved in their child's care and that communication was clear and documented.

Summary of findings

Good practice

The hospital at home service is an innovative initiative designed to provide care for children and young people in Islington. The service provides specialist community children's nurses who work in partnership with acute paediatricians at Whittington Health The service has been shown to provide safe care at home for acutely unwell children and young people enabling them to be discharged from hospital in a timely fashion or preventing admission.

Compassionate care was tangible throughout the service.

The Michael Palin Centre provided a high level of care for stammering children and their parents.

Procedures for maintaining the confidentiality of patient information was good.

Speech and language therapy services were very good.

Breast feeding promotion was good.

Multidisciplinary team working was very good.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The locations we visited did not have separate cleaning equipment for different areas and this should be addressed.

Haringey immunisations records were not synchronised with the community health service computer system and this should be addressed.

Paper notes must be reconciled with electronic records to ensure that all staff are enabled to see all pertinent and important information about a child or family.

The management of vaccine storage during transit must be improved to ensure optimum temperature control. Enhanced procedures for checking expiry dates of drugs must be implemented as some vaccines were found to be past their expiry date,

Out of date policies must be updated to ensure that best evidence is applied to care in all cases.

The care environment and facilities in various parts of the service should be improved, as they did not always meet the needs of children, with many pieces of equipment being worn and tired.

The service should look to improve waiting times for children with autistic spectrum disorder and attention deficit hyperactivity disorder referrals.

The service should implement routine cleaning checks.

Action the provider COULD take to improve

School nurse caseloads could be reduced.

The Whittington Hospital NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse

We rated 'safe' as requires improvement because;

The service used a combination of paper and electronic records which led to incidents where paper records were mislaid and misfiled. Paper notes were not always added to electronic records which meant that staff might not see important information.

Most locations did not have routine cleaning checks. The management of medicines required improvement as some vaccines were found to be past their expiry date, and processes and equipment for checking vaccine temperatures when being transported to schools was not always adequate.

However,

Staff showed a good level of understanding of the incident reporting process and the duty of candour. Staff also had a good understanding of safeguarding processes.

Appropriate action plans were in place for dealing safeguarding referrals. The service took appropriate actions to reduce the risk of harm occurring to patients.

Caseloads were manageable within most areas and there was a low usage of agency staff to fill vacant posts. Although there was some staff turnover there was constant recruitment which kept vacancy rates within acceptable levels.

Safety performance

- There were 42 incidents relating to community children's services from September 2014 to September 2015. Of these, 37 caused no harm, three caused low harm and two caused moderate harm.

Requires improvement

Are services safe?

- There had been no 'never events' in the children's community services in 2015. 'Never events' are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Incident reporting, learning and improvement

- Staff were aware of how to report patient safety incidents and knew about the trust-wide electronic system for incident reporting. They told us they got individual feedback and that incidents were discussed at team meetings. They gave examples such as when a member of staff left a handover sheet at a tube station and when a child with autism spectrum disorder (ASD) fell through a window.
- This breach of confidentiality where the handover sheet was found in a public domain was reported via the Datix system and fully investigated. The handover reports had been printed on white paper and were easily confused with other less important documents .Subsequent to the Datix inquiry a change in colour of the handover sheets from plain white to pink was implemented.
- Lessons learned from incidents were cascaded to all relevant staff and the various staff members we spoke with told us that they received regular email bulletins related to Datix reports and the lessons learned.
- Staff were aware of the requirements of the duty of candour, including apologising and sharing the details and findings of any investigation. The incident investigations we reviewed showed duty of candour principles were appropriately applied.
- Staff had been informed of a never event that had happened elsewhere in the trust.
- Staff gave examples of changes that had been made as a result of incidents. For example, as a result of incorrect new birth registrations, training was given to staff, and when a malfunctioning feed pump caused overfeed, the feed was reduced next time.

Cleanliness, infection control and hygiene

- The service conducted annual infection prevention and control (IPC) audits. There were no other more regular IPC audits completed outside of this. Most service locations achieved the target of 95% in the 2015 audit. However, the services at Lordship Lane Primary Health Care Centre (84%) and Finsbury Health Centre (79%) did not meet the target.
- The IPC dashboard for April to June 2015 rated environment, hand hygiene, use of personal protective equipment and low use outlets (water outlets that are not used regularly). All locations achieved 'green' (a positive ratting) other than the following: Child Development Centre at St Anne's Hospital (amber environment), Bounds Green Health Centre (amber low use outlets), Hornsey Central Health Centre (amber environment), Lordship Lane Primary Care Centre (red environment), Tynemouth Road Health Centre (amber environment), Landsdowne Road Health Clinic (amber low use outlets), Northern Health Centre (amber environment and red low use outlets), River Place Health Centre (amber low use outlets), Finsbury Health Centre (amber low use outlets), Killick Street Health Centre (amber environment, red low use outlets), Partnership Primary Care Centre (red low use outlets), audiology St Anne's Hospital (amber low use outlets), and Pulse (red low use outlets).
- Most facilities and equipment we checked appeared clean, however, there were dusty surfaces and stained ceilings in Bounds Green and dirty windows at the Northern Health Centre.
- Most locations did not have cleaning checks in place. The only clinic room that we saw a cleaning audit for was at the Northern Health Centre, which was up to date and had a check every two weeks.
- Although a cleaning sheet was in place for toys, this was only updated monthly and there was no check to show toys had been cleaned between each use in a session.
- The locations we visited did not have separate cleaning equipment for different areas. For example they did not use different coloured mops and buckets for cleaning toilets to those used for cleaning clinical areas as required by infection prevention and control guidance. This meant there was a risk of cross infection.
- Appropriate hand washing facilities were in place at locations we visited and the IPC dashboard showed that all locations were rated 'green' for hand hygiene, indicating that staff adhered to hand hygiene practices.

Requires improvement

Are services safe?

Environment and equipment

- Most of the equipment we checked was up to date including resuscitation bags, weighing scales and height measuring equipment. Checks for these were completed with no gaps in recording. The only premises we did not find this to be the case was St Anne's.
- Equipment was appropriately stored. Waste bins were not overfull and there were appropriate types of waste bins including sharps, clinical and general waste.
- There were often delays in obtaining community provided wheelchairs.
- Toys provided were age appropriate.
- The environment used by family nurse partnership and speech and language therapists in Camden was appropriate for the child and family's needs.
- There were defibrillators and medical 'green bags' in all schools that were linked to the local ambulance service.

Medicines

- Medicines were stored appropriately in most premises. However, the fridge temperature monitors at Highbury Grange were not clear. Although checks showed medicines were stored at the correct temperature, the gauges used appeared to be incorrectly labelled and showed different temperatures on the three fridges we checked. The manager we spoke with was unable to clarify what each gauge related to.
- Vaccines for schools were stored in lockable medicine fridges. Three of the vaccines we checked were out of date by two months. We alerted staff to this and they acknowledged they were out of date and disposed of them. The vaccines were transported in a cool box which stated vaccines could be kept in it for up to eight hours. School nurses had probes to ensure the temperature of the vaccines was kept appropriately. However, nurses told us they either did not use them or they did not work. Therefore we were not assured vaccines were always kept at an appropriate temperature. This is because exposure of vaccines to temperatures outside the recommended ranges can decrease their potency and reduce the effectiveness and protection they provide.
- Staff signed medicines in and out when taking them to schools.

Records

- The service used a combination of paper and electronic records. The type of records used differed between staff groups. Some staff had laptops with access to the electronic records system. This meant they could view and add to patient notes electronically with little use of paper records. However, there were sometimes issues with connectivity which meant staff could not always use the system when not working at a trust site.
- Other staff groups used tablets but these did not have the electronic records system on them. This meant staff either had to write up their notes on paper or send an email or document to themselves to add to the electronic record once they were back at a trust site.
- Some staff did not have tablets or laptops. They wrote paper notes and scanned or typed them a trust site.
- Staff said the service did not have a standardised way to write up different parts of records which meant there was an information governance risk. There had also been incidents where notes had been mislaid in public places or misfiled.
- Not all parts of the paper record were uploaded or copied onto the electronic system. Some staff completed assessments on paper but only uploaded a summary. Therefore there was a risk that staff would not be aware of client's full history if they relied on the electronic notes.
- Most of the records we checked were up to date with fully completed assessments and legible notes. Medical history assessments were completed. The electronic system automatically logged who had completed the record. We observed personal child health records being used appropriately. Care plans were clear on what to do in the event of a fit, temperature or allergic reaction.
- However, the continuing care assessment in Islington was inappropriate as the service used an elderly care assessment proforma.
- The service archived old records until they were due for destruction under the records management policy. Only those records that were uploaded electronically were destroyed before this.
- Records were kept securely locked when on trust property.

Requires improvement

Are services safe?

- Staff were complimentary about the electronic records system used in Camden. It interfaced with all the services commissioned within Camden that were run by other trusts which aided communication.

Safeguarding

- Appropriate action plans were in place after safeguarding referrals. They contained recommendations, timescales, actions and monitoring for each case. Examples included ensuring all new birth visits were completed within 14 days, improving communication between universal and primary care, health visiting and midwifery, child protection supervision was to be carried out by child protection advisors, improved visibility of school nurses. However, some of these action plans were not complete or did not specify a timescale.
- Staff had an awareness of safeguarding children and knew who to report concerns to. Most staff were able to tell us about a serious case review, however, some quoted were many years old. Most staff either quoted the same case or one that had only involved their team.
- Staff were part of local safeguarding boards and attended meetings which included discussions of lessons learned. Lessons included ensuring safeguarding was prioritised and all health information on a child was collected and reported on. However, some senior staff said learning was only conducted within the team and not shared across the wider organisation, although a process was being developed to improve this.
- Each member of staff received child protection supervision on each referral but this was not always followed up. Looked after children staff had supervision from the named safeguarding nurse every three months.
- There was a page on the trust's intranet regarding safeguarding and the speech and language therapy service had a shared drive where safeguarding issues were stored.
- The safeguarding children and female genital mutilation (FGM) policies were up to date. Staff we spoke with had attended a workshop on FGM and domestic violence.
- Each borough had a dedicated safeguarding nurse and there were a number of safeguarding meetings including forums and committees.

Mandatory training

- Mandatory training records showed most staff were up to date with mandatory training, with around 15% requiring updates. However, this rate did not include new starters.
- Staff told us they kept up to date with their mandatory training and their line manager emailed them if they were due to for an update. Staff told us their training rates were always visible and they discussed them with their line manager. Any issues with accessing training were resolved quickly.
- However, we received varying feedback from staff as to whether training time was protected.

Staffing levels and caseloads

- The service had low use of agency staff in most areas.
- Caseloads were variable. Health visitors in Haringey had an average caseload of around 350 each which included a high number of complex, safeguarding and child protection cases. The recommended caseload rates should be below 300. They were around 30 staff vacancies.
- Some school nurses also had high caseloads due to high vacancies and there was a high use of agency staff. Haringey had 33,000 mainstream school children between 12 school nurses.
- There were 420 looked after children in Haringey. Additional managerial support and cross team working was used where caseloads were highest.
- There was a low family nurse partnership caseload in Camden and Islington and health visitors had caseloads of around 250. However, caseloads in some boroughs were not weighted due to the geography of the area. For instance, there were higher amounts of complex cases in the east of Haringey so teams in the west took on some of those. In Islington, complex cases were mixed around the borough so cases were only weighted by numbers. Managers said they knew this was not always appropriate but in the circumstances, was the best method they had.

Requires improvement

Are services safe?

- Caseloads were manageable within Camden, and although there was turnover, there was continuous recruitment which kept staffing levels constant. There was one vacancy in the Camden Family Nurse Partnership service.
- There was a high vacancy rate in some staff groups such as Haringey health visitors (over 30 vacancies), community matrons and some school nursing. This had partly been caused by a high turnover of staff, lack of retention of qualifying students both to other organisations and also internally from Haringey to Islington. This was also due to the Department of Health 'call to action' to increase health visitor levels nationally. Senior staff felt this had had an impact on the designated doctor service for looked after children and that opportunities were being missed for health visitor input.
- There was a lack of administrative staff which meant many clinical and nursing staff completed administrative duties such as sending appointment letters. However, posts were being advertised.
- The services were struggling to recruit in a number of specialities and areas. The trust brought in a pay increase for new health visitors in Haringey to improve staffing levels. This had only been in place for a month at the time of inspection so it was too early to ascertain if this had improved the situation.
- Staff in Haringey said the recruitment freeze impact was now over and they were recruiting a clinical psychologist. However, there were occupational therapy vacancies in Haringey.
- The service had a recruitment drive for nursery nurses to meet the healthy child programme.
- There were 0.2 whole time equivalent (WTE) GPs, 0.5 WTE dietitians and 2 WTE nurses for the allergy service in Islington.
- There was a shortage of occupational therapists in Haringey although they had recently expanded to four WTE. However, there was only one therapist for the whole early years' service despite having 87 children on the caseload, some of which with complex needs.
- There was a good skill mix in the speech and language therapy service in Haringey.
- The service in Haringey needed an additional doctor to review children for ASD assessments.
- There was an appropriate level of speech and language therapists for group sessions, with two therapists running a session for three children.
- Speech and language therapy staff told us the early years caseloads were busy, with 40 children for home visits. However, caseloads were reviewed yearly.
- Community paediatrics had no vacancies and good retention but there was no activity tool.
- The case load for the part time community matron for Haringey had increased from nine to 25 so their post was scheduled to be converted to a full time position.
- Specialist school nurses caseloads varied. One nurse had a caseload of 96 children at three schools.

Managing anticipated risks

- Staff had appropriate lone working arrangements. They had key contacts to call if they got into difficulty, and different teams had different key words or phrases if there was an issue.
- The computer system staff used alerted them if they needed to complete a risk assessment if they were to be lone working, but staff did not always have access to this.

Major incident awareness and training

- Staff were aware of their responsibilities in the event of a major incident including being redeployed and how to ensure the service continued at a different location. Staff had conducted table top exercises to train for major incidents.

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Good

Are services effective?

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

We rated effectiveness as **good** because;

- Staff followed national and local guidance and delivered good outcomes for patients.
- There was good multidisciplinary team working.

However,

- Staff did not always have adequate access to patient information as electronic records were not always available.
- The transition pathway from children's to adult services was not clear.

Evidence-based care and treatment

- Services met national guidance such as NICE including for the GP led allergy service in Islington and post-natal depression.
- Staff were aware of how to locate any trust or national guidance documents and changes were discussed at team meetings. However, some health visitors in Islington told us policies were not easy to find and not necessarily linked to their service.
- Although the policies and procedures we viewed on the trust intranet were mostly up to date, the locations we visited had folders with paper copies and many of these were out of date.
- Policies and procedures for the Haringey Occupational Therapy team were still being developed, particularly for dyspraxia and ASD.
- The looked after children service was compliant with the statutory guidance, 'Promoting the health and wellbeing of looked-after children'. However, their last audit results showed that improvements were required, for example NHS numbers and immunisations were not always being listed. Therefore the service changed their report template which staff felt had improved things.
- The healthy child programme was delivered appropriately during the health visitor visits we observed. Health visiting reviews were conducted within the six week to one year window at a local clinic, a review at one year and another review at two years either at home or in clinic. New birth visit targets were met.
- School nursing followed the national growth programme for weighing and measuring children at reception and year six.
- We saw that staff had conducted local audits and their own self-assessment showed that they had awarded themselves a grade of requires improvement for safety, good for effective, requires improvement for caring, good for responsive, and requires improvement for well led. The primary issues of concern were demand and capacity in audiology, therapies and musculoskeletal (MSK) but good service in Family Nurse Partnership (FNP), Children's and looked after children.
- An audit for non-physically disabled children with housing needs (which examined 11 client records) showed that occupational therapy assessments were completed in all cases, and safeguarding assessments and referrals were appropriate. 'Team around the child' meetings were held in all but one case, but initial meetings were not timely.
- A Health recommendations/assessment 2015 audit which examined 10 client files showed that a number of recommendations were necessary. This was because five children had failed to attend appointments, two children did not have a treatment plan and one child without a dental plan. Recommendations included the keeping of diary notes for treatment recommendations and that audit results should be forwarded to Looked after Children (LAC) teams.

Nutrition and hydration

- We observed staff giving appropriate health promotion information such as diet choices.

Good

Are services effective?

- Staff were responsive to children's nutritional needs. One parent told us that they were concerned about their child's ability to swallow effectively. The speech and language therapist reviewed the child's swallowing abilities and was able to reassure the parent.
- The school nursing team employed a healthy weight nurse with a six week programme to encourage healthy eating and activity. However, as the obesity rate at year six in Islington was 23%, it was not possible to include all children who met the programme's criteria.
- There were only two dieticians employed across the borough of Haringey so they were only able to intervene for those children with complex needs. For any child falling outside of these criteria the adult dieticians had to provide the care. There was also no dietician input into reducing obesity among the childhood population .

Patient outcomes

- Outcomes were measured in the different areas of speech and language therapy including use of 'smiLE' which assessed how children functioned in real situations both before an intervention and afterwards using moving image filming therapy (this is a structured, specific therapy for children with special communication needs). This was originally introduced to specialist schools in the area but had been rolled out to the mainstream schools.
- The service was not meeting some of its key performance indicators such as timeliness of health assessments for autistic spectrum disorder.
- There were good outcomes for audiology and asthma across the boroughs and across all services in Camden.
- Senior staff felt they had a clinically excellent service but were unable to tell us how they were measuring this in some areas.
- An audit was on-going to ascertain if admissions to the A&E had reduced since the introduction of the long term conditions clinic which is part of the Trust's mission of "Helping local people live longer, healthier lives".
- Although there were local audits for the musculoskeletal service in Islington, the service had not been benchmarked.
- Haringey services collected data from educational organisations to show improvement in children's attainment due to input by their services. However the early years foundation stage one children were not making the expected progress.
- The looked after children service was meeting its key performance indicators.
- The Edinburgh post-natal depression scale (EPDS) was only offered if it was identified through the use of brief generic case finding questions (known as the Whooley questions).
- The Islington health visiting service had achieved level 2 UNICEF) accredited baby friendly status. The UNICEF accreditation is designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. Level 2 accreditation is achieved when a service demonstrates that all staff have been educated according to their role. The standards state that all health care staff must be trained to support a mother to express her breast milk for her baby. However the service had failed to achieve level three status due to issues with weaning. Staff told us that they were hopeful they would achieve level three in the near future.
- There had been a drop in breastfeeding initiating in Islington but the immunisations take up was the second best in London.
- There were clear goals in place for children cared for by the speech and language therapists in Camden.
- There were no national audits for community paediatrics, however there were plans to commence audit activity.
- Dieticians we spoke with told us they recorded outcomes on a database but were unsure if this was audited.
- Home visiting dosage resulted in over 80% of expected visits completed (target 100%) and for pregnancy 56%, infancy 43%, and toddler 71%. The average length of visits (target over 1hr)for pregnancy was 69.1mins, infancy 65.1mins, and toddler 64.1mins.

Good

Are services effective?

- We saw that Child Health outcomes measured through Immunisation was-6/12 - 83.8% - Programme average 92.4 %-12/12 - 78.6% - Programme average 91.1 %-24/12 - 100% - Programme average 98.1%
- The Ages and Stages Questionnaires (ASQ) accurately identifies children at risk for developmental or social-emotional delay and we saw that joint assessments were completed by the parents with their family nurse. We noted that very few children completing their ASQ's, for any stage of the programme in all areas were outside of the cut off range.
- Maternal Health Outcomes measured through the Hospital Anxiety and Depression Scale (HADS) which is a valid and reliable self-rating scale that measures anxiety and depression in both hospital and community settings. .We saw that the HADS assessment was completed with clients at 36 weeks gestation and 6 weeks post-delivery. The family nurses 's through observation of and in discussion with clients were able to identify low mood and anxiety, for clients who had low HADs scores.
- Repeat HADS were carried out at one year for those with moderate to high scores at 6 weeks post-delivery (following additional support as required). We were told that to date all clients identified as needing repeat HADS at 1 year had not required any additional support at 1 year.
- We saw that the service had a robust smoking cessation programme in place and Whittington Health announced that for example 2,460 Islington residents managed to successfully give up smoking during 2011-2012 through the Islington Stop Smoking Service.
- We saw that no clients reported drinking excessively in previous 14 days at intake and 36 weeks gestation. This was in keeping with the previous 3 year data.
- There had been an increase in client reporting of illegal drug use in last 14 days at intake 6.3% of 49 client (3) compared with the previous 3 year data of 3.9% with a programme national average of 2.1 %.
- We examined the data from the Friends and Family Test which revealed that all clients who completed the test would recommend the service to a friend or family.
- We noted that there had been a slight increase in waiting times falling from 88% of children seen in 8 weeks to 83%.

Competent staff

- All the staff we spoke with told us they had appraisals every year and these were effective in promoting their professional development.
- We were concerned about the competences of the nurses within the FNP team in Camden, particularly regarding the management of children with learning disabilities.
- Staff were positive about the professional development support they received. We spoke with some staff who had joined at band four level staff who were now managing health visitor teams. Staff were also positive about induction.
- Continuing professional development (CPD) records were up to date for services in Camden. CPD meetings took place every six weeks in Islington.
- Band 5 staff had group supervision and band 6 staff had one to one supervision as well as group training in Haringey. Band 7s were supervised every four to six weeks.
- Speech and language therapists undertook training with teachers so that children did not miss out if the therapists were unable to undertake as many sessions as required. Training included autism spectrum disorder management and language development.
- Speech and language therapists (SALTs) at the Michael Palin Centre trained other SALTs both locally and nationally in the care of children who suffered from stammering conditions.
- Looked after children nurses were provided with clinical supervision by the parent infant psychologist service on a monthly basis.
- Health care assistants were trained in audiology and vision screening. Band six and seven school nurses were trained in sexual health for drop in sessions.
- Child health doctors told us that they received good training from their consultants and had an adequate amount of study leave.

Good

Are services effective?

Multidisciplinary working and coordinated care pathways

- Multidisciplinary team (MDT) working took place in all services in a variety of ways. Different clients with either complex or specialist support needs promoted MDT discussions and care which included therapists, school nurses, and paediatricians. This included the hypermobility and audiology clinics. However, therapy staff in Haringey said they were not integrated with other members of the MDT.
- We were told the cross community and acute working had only just started with some consultant paediatricians working in both sectors. Otherwise the only cross site working was at Integrated Clinical Service Unit (ICSU) level or between community services cross boroughs. Two therapists were in place to develop cross borough working.
- Most hospital deliveries in Haringey and parts of Islington were undertaken at two other hospitals. However, staff told us that there were not good links between those two hospitals' midwifery departments and Whittington's health visitors, which meant initial visits to new mothers, were sometimes delayed.
- Senior staff said there were link health visitors at those hospitals with one of them additionally having Whittington staff to help with transfers. There should be link Health Visitors between the maternity unit and the children's community service so that when a baby is born, the link health visitor can conduct an assessment and ensure the family and child are followed up appropriately and within the target timescales. It was clear from feedback from health visitor staff that they felt this was not always occurring in some local hospitals as there were consistently delayed referrals. However, senior staff insisted that these arrangements were actually in place.
- The speech and language therapy service had clinical networks. The Camden SLT Service for Young People had developed an approach called Listen-EAR and clinical networks had been established both for Listen-EAR and for working with challenging and vulnerable populations.
- Occupation therapists had links with Great Ormond Street Hospital for their deaf service.
- There were 'every child matters' meetings every two weeks which included health visitors, teachers, speech and language therapists, physiotherapists, midwives and occupational therapists.
- Learning from one serious case review had led to better working in Haringey between the looked after children team and child and adolescent mental health service (CAMHS) with a shared care agreement. However, computer access for Haringey CAMHS staff was still being developed.
- There was cross-borough working across the looked after children service to share good practice, including peer supervision and report reviews. Feedback from social services staff was that communication and information sharing from the looked after children tea, had greatly improved. However, some health visitors told us there was a lack of cross-borough meetings other than for training.
- There were no meetings between health visitors and family nurse partnership staff and family nurse partnership staff did not meet cross borough.
- There was good integrated working in Camden. There was a programme which included input from occupational therapists, physiotherapists and speech and language therapists.

Referral, transfer, discharge and transition

- The effectiveness of transition of care was varied. There was a good transition process for children moving from the care of health visitors to school nursing.
- The transition between school nurses and adults' services for children turning 16 worked well when a child was at a specialist school, but not for those in mainstream schools. For children in specialist schools there were dedicated sixth form transition nurses to support teenagers moving into adulthood. There was no transition team for those that were not in specialist schools.
- There were transition clinics for patients with sickle cell and epilepsy. Looked after children were transitioned with a care leaver summary document which included the last assessment and this was given to their GP and dentist.

Good

Are services effective?

- Children under community paediatricians had transition clinics which included social workers.
- A new specialist development nurse had been recruited to develop a trust wide policy for transition.

Access to information

- Access to information was inconsistent between teams depending on whether staff had tablets, laptops, or paper records.
- Family Nurse Partnership nurses used computer tablets to access care records.
- Staff had access to social services files to ensure good joint working.
- There was access to the community electronic records system at Whittington Hospital which meant staff could view a patient's community records. However, some staff said this was not the case and that the electronic system was not accessible in primary care.
- Haringey immunisations records were not synchronised with the community health service computer system.
- In Islington, antenatal teams did not always receive notifications of new births, particularly at other trusts.
- Monthly team planners were not on the computer system so health visitors could not see each other's schedules and had to call each other if there was to be a transfer or reallocation of work.
- Police reports were always available to Islington health visitors but not Haringey. There was also a backlog of police reports.
- Although Camden services had a different IT system to those in other boroughs, they also had access to the main community services electronic records system. However, Islington and Haringey services did not have access to Camden's system. In addition, there was no access to the Camden system off-site.
- There were plans to improve access to the community services electronic records system which would mean staff could access the system just with internet access rather than having to be signed into the trust system. This would mean better access with tablets.
- There were often delays or lack of receipt of discharge letters.

Consent

- Consent was recorded in most records we reviewed including health assessments.
- Staff were aware of their requirements in obtaining consent including Gillick competence assessments (used to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Children were involved in consent discussions at all ages and directly involved when they were judged to be competent.

Good

Are services caring?

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

We rated caring as **good** because:

Staff treated people who use the service with respect and kindness. Feedback from people who use the services and those close to them was positive. Staff communicated with people in a way they could understand. Children and their parents or carers were involved in their care and treatment.

Compassionate care

- All the people we spoke with praised the service they received from the children's community teams. Some commented that the care was "life changing" either for them or their children. Parents particularly praised the Michael Palin Centre speech and language therapy service for stammering, saying the service was "11/10" and "very special".
- Children and young people we spoke with were happy about the service they received. One person said "it's nice to speak to someone who is interested in me."
- When we observed care, staff were kind and compassionate. Staff gave children encouragement during their care when they made progress, for example using gestures such as 'high fives' and saying "well done".
- Assessments and visits were conducted in a caring and considerate manner. Staff were approachable.
- NHS 'friends and family' tests and other surveys conducted by children services had positive results.
- Comments from the Children's Community Nursing parent/carer survey 2015 were consistently positive. One respondent said, "The service we were given was excellent. I am happy with [the staff member] who was very supportive and explained everything to us clearly." Another said the staff member was "brilliant. Really informative, helpful and gentle with children. She was really amazing with my daughter. I would recommend this service to anyone!"
- Therapies did not participate in the friends and family test but did conduct their own patient experience surveys. One parent was unhappy with the speech and language therapy input for their child in nursery school as they only provided a biweekly service. However, they were happy with the thoroughness of the autism spectrum disorder assessment process.

Understanding and involvement of patients and those close to them

- Staff encouraged children to be involved in their care. After children had consented to staff staying during one of our discussions, staff encouraged children to give honest feedback without pressuring them on saying anything good or bad.
- Staff asked children how they wanted to structure their sessions. We observed one session where a series of games were used to encourage a child to speak but the games were done in the order the child wanted.
- Staff used sign language in group speech and language therapy sessions we observed, to ensure young children could understand.
- Parents told us they were fully involved in their child's care and that communication was clear and documented. They also received lots of advice in a variety of ways.
- Home and school diaries were in place to track both a child's home and school life.
- Fourteen out of 15 respondents of the Children's Community Nursing parent/carer survey 2015 said they thought the choices their child had in their own treatment were explained to them in ways they understand. The other person did not select a response.

Emotional support

- Psychological support was available to parents and guardians if they received a life changing diagnosis for their child. However, some staff we spoke with were unaware of any psychological support available to families.
- Family nurse partnership clients had access to monthly psychological support sessions.
- We observed staff responding to anxieties and concerns with appropriate reassurance.
- There were follow up groups for parents and children who were attending the Michael Palin Centre for stammering children. This had enabled parents and children to have a network to share concerns and advice.
- All of the 15 respondents of the Children's Community Nursing parent/carer survey 2015 answered 'I agree a lot' when asked if they felt supported by staff.

Requires improvement

Are services responsive to people's needs?

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

We rated the responsiveness of the service as **requires improvement** because;

- The care environment and facilities did not always meet the needs of children.
- There were long waiting times for children with autistic spectrum disorder (ASD) referrals.
- Many pieces of equipment were worn and tired. Most care pathways were well laid out.

However:

The service had a system for recording, managing and responding to complaints.

Service planning and delivery to meet the needs of local people

- Most care pathways had been configured well. There were separate assessment teams and community teams for autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).
- The nurses and doctors we interviewed were highly complementary about the hospital at home service developed by the trust .This service provided a virtual ward within the child's own home. Children who were referred to the service from the emergency department or Ifor ward at the Whittington Hospital were offered shared care from the hospital team who work in partnership with the hospital at home nurses who deliver care in the home. The parameters for this service were structured and it was aimed at children who are acutely unwell who require interventions that can be safely given in the community. We were shown a quotation from a mother "it is always scary when your child is not well but the nurses were fantastic .They came every day and I could phone them if I was worried .I was not aware of how comprehensive the service would be."
- Staff told us equipment requests could often be very delayed, with some waiting around two months if a child did not have complex needs.
- The environment and facilities did not always meet the needs of children. Many pieces of equipment were worn and tired. Some of the rooms used for physiotherapy were not big enough for the full range of exercises physiotherapists wanted to conduct. Sometimes staff had to swap rooms with colleagues, particularly at St Anne's Hospital, due to priorities.
- There was a nurse led primary care referral clinic , for long term conditions in Islington aimed at reducing urgent and non-urgent episodes in secondary care.
- Half of all general paediatric referrals were for the allergy service after their pathways were reformed. These were triaged at the hospital. Clinics ran with six to seven patients, two at the hospital and two at health centres.
- There was a different service in Islington compared to Haringey for occupational therapists due to different commissioning arrangements. Staff said this meant it was like working for two different organisations. There was no occupational therapy for early diagnosis of ASD.
- There was a nurse-led eczema clinic which GPs could refer children to.
- An advice line was available for parents to get advice and refer children with possible ASD. Referrals were also received from GPs, schools and nurseries for speech and language therapy. The speech and language therapy team triaged and prioritised these accordingly. Staff told us the new prioritisation procedure had greatly improved the service.
- Baby clinic drop in appointments were available in Islington every Friday and had between 20 and 40 attendances each.
- A few parents felt the speech and language therapy sessions should be more frequent to improve their child's independence.
- There was a single point of referral for all services in Camden, no matter how they were commissioned.
- The 'education, health and care plan' was tailored to meet a child's individual needs.
- The trust did not currently have access to real time population data such as deprivation, obesity etc. Therefore they were relying on public health information that was three years old.

Requires improvement

Are services responsive to people's needs?

- The musculoskeletal (MSK) physiotherapy service was short of over 15,000 appointment slots per year, which was nearly 100% of their current staffing capacity. The MSK clinical assessment service was 31% short of capacity.

Equality and diversity

- Staff were aware of their responsibilities to ensure they met equality and diversity standards.
- Translation services were available. Staff or parents often translated when appropriate. The service provided translated reports for parents when required.
- Leaflets were not readily available in other languages. Leaflets did have sentences in the three most prominent other languages in the area stating that leaflets were available in other languages on request. However, there was nothing electronic staff said they would show people despite leaflets and information being easily translatable on websites.
- All locations had appropriate disabled access.

Access to the right care at the right time

- On average across all community children's services, from April 2015 to August 2015, 67% of patients waited less than six weeks from referral to their initial 'face to face' contact.
- Therapy staff had started to do blocks of therapy at the start of each school year. This meant all children on their caseload always had some therapy even if the service was unable to conduct further therapy subsequently.. This had been appreciated by parents, although the caseload meant therapy sessions during the rest of the school year were not always completed and staff said some had not been seen for two years.
- There were long waits for assessments for children who may have ASD. There was a 12–18 week wait for referral to the stage one assessment, and six months to one year wait for the second stage assessment. One parent told us they had a short wait for their first assessment but a long wait of ten months for the second ASD assessment.
- However, the service had reconfigured the pathway so children who clearly required support were triaged and assessed quicker than those who were considered likely to be borderline ASD.
- The community matron service was below target for completing continuing care assessments, particularly in Haringey. The service had approved a business case to increase staffing levels to improve this target but this had not yet been put in place.
- There were long waits in Haringey for post-natal new born babies to be reviewed.
- Waiting lists were declining for the hypermobility clinics.
- Children accessing the deaf service were seen at least once every school term and there were no waits with accessing the service.
- The health visiting team in Islington was meeting the healthy child programme targets for new birth, six week to one year, one year and two year targets. Mothers who did not attend visits were always offered a further appointment but staff were unsure what the policy was for those who still did not attend.
- DNA rates across children's community services were 6.6% in October 2015 and had been improving.
- DNA rates for the Michael Palin Centre were much lower at 2%. They had no targets for assessing referrals but it was six weeks for a local and six months for a national referral at the time of inspection.
- Due to caseloads, school nurses were unable to do weekly visits to each school in Haringey.
- Waiting times for dietitians were normally two days but could be up to two weeks.

Meeting the needs of people in vulnerable circumstances

- Specific teams for children with learning disabilities were in place and staff commented there was good support for these children.
- If looked after children moved out of area but were still within easy travelling distance, the Whittington NHS Trust kept them on their caseload instead of transferring care. This helped to ensure continuity of care for vulnerable children.
- Staff used sign language, picture books, voice talkers and Makaton to communicate with children. Easy read was also available.

Learning from complaints and concerns

Requires improvement

Are services responsive to people's needs?

- Complaints within the service were well managed. Parents and guardians were aware of how to complain.
- Staff were able to tell us about complaints that had happened in their service and how they had learnt from them. Complaints were discussed in team meetings.
- There were 19 complaints recorded between August 2014 and July 2015. Staff logged details of the complaints and categorised them depending on which department and location they involved. The service responded to 72% of these within the target time period and recorded the response and any actions taken.
- There had been a high amount of complaints regarding the lack of therapy for mainstream school children due to the caseload issue.

Good

Are services well-led?

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

We rated the leadership of the service as **good** because;

Staff were aware of the trust's vision and they were aware of the strategy for the service. There was good team working.

There were effective governance arrangements in place to manage risk and resources within the service.

However, there was no management for administrative staff since the previous manager had left and there was no plan in place at the time of inspection.

Vision and strategy for this service

- The children's service business plan set out aims for the service. These included the healthy child programme, integrated teams to provide services in a range of locations, pathways developed around families to reduce attendances/admissions, care with long term conditions in schools, enabling patients to be active in their own care using leaflets, self-management plans, and focus groups on conditions.
- Most staff were aware of the trust values and that this was part of their appraisals. However, they were not aware of the strategic direction of the trust, only their own local service.
- There were concerns about how health visiting services would be configured in the future as a number of children's centres in Haringey were closing.
- Senior staff felt that children's community services were on the trust's agenda.
- The Trust was committed to tackling childhood obesity within its community and in increasing healthy life expectancy and the Family Nurse Partnership (FNP) annual report for Haringey 2014/15 demonstrated aspirations to improve child development of those families enrolled in the FNP programme .

Governance, risk management and quality measurement

- Children's services committees oversaw acute and community services. The risk register and strategy was very community-orientated, however the Key Performance Indicators (KPIs) were more focused on acute services.
- There was a good governance process in Camden with senior leads involved both in Whittington Health governance processes and a combined governance process for those within the Camden commissioned services.
- Camden also had shared KPIs across all the services, no matter who provided them.
- There were lessons learnt meetings and regular operational meetings. There were monthly community health forums and paediatric meetings with regular agendas. Health visitors were able to attend midwife team governance meetings.
- A business manager was in place in Islington to help improve key performance indicators. Health visitors were able to attend midwife team governance meetings.
- There was no risk documented regarding communication between midwifery services at other trusts and the health visiting team nor the issue with immunisation vaccine transport temperatures.
- KPIs were access focused such as rates of non-attendance. However, senior staff understood that KPIs also needed to be outcome based.

Leadership of service

- Staff reported varied levels of visibility of the executive team. Some staff said members of the team had visited their community locations, whereas others said they had not. Although staff forums were in place, staff told us they often found it difficult to attend either due to the location or because only a few staff from each team could go without depleting the workforce.
- School nurses and health visitors in Haringey told us that the management team was small but accessible.

Good

Are services well-led?

- Senior staff told us ICSU directors were approachable and they conducted 'floor walks' where they visited children's community services.
- There was no management in place for administrative staff since the previous manager left, and there was no plan in place to recruit a new manager at the time of our inspection.
- Therapy staff told us leadership and governance changes had resulted in all therapy staff being under one department which had improved interdisciplinary working.
- Senior leads and managers had good awareness of the strengths and weaknesses in the children's community services.

Culture within the service

- Staff said there was good team-working, both in their own teams and across community children's services. All staff we spoke with told us their colleagues within the service were committed to providing high quality care for their clients.
- Junior doctors in Haringey told us they received support from their consultants.
- However, there were allegations of bullying in one health visiting team. Staff reported that managers had not followed the appropriate disciplinary and recruitment processes and escalation had not led to any action.
- Staff felt there was a culture of being open to and embracing change.

Public and staff engagement

- Staff felt informed by their local teams and the executive team about changes within the trust. They received newsletters and emails about any changes.
- Staff forums took place that all staff were invited to attend. Members of the executive team used these to communicate messages to staff, and staff had the opportunity to raise concerns or queries.
- Although there was a feedback box at the Northern Health Centre, it was inaccessible and no feedback cards were available.
- The Haringey occupational therapy service had set up training for parents and schools. Feedback for this was positive.
- The Haringey speech and language therapy service sent questionnaires to head teachers and families and feedback was used to make improvements such as listening and language groups for children with autistic spectrum disorder.

Innovation, improvement and sustainability

- There was a good research programme embedded within the service with links to academic departments at City University.
- There was a lack of research into stammering locally but the Michael Palin Centre was able to rely on a high amount of research from Australia. The Centre for the study of such children is located at the Faculty of Health Sciences at the University of Sydney.
- Camden expected cost improvement plans (CIPs) to be underwritten by growth in revenue from services provided.
- A sickle cell clinic had been set up and there were plans for an epilepsy clinic.
- The GP led allergy service in Islington was nationally accredited and was the first to be set up in the UK. This initiative resulted in the writing of a scholarly paper for the British Society of Allergy and Clinical Immunology.
- The service had developed a musculoskeletal assessment and treatment service for children in Islington.
- Haringey therapy staff had clinical excellence network meetings and journal clubs to formerly appraise journal articles.
- Camden had an annual day for sharing activity and research across services.
- There was a simulation centre for staff to be trained in home visits.