

The Royal Marsden NHS Foundation Trust

RPY

Community health services for children, young people and families

Quality Report

The Royal Marsden Community Services
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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)
RPYX2	Cedar Lodge		SM5 4AW
RPYX1	The Royal Marsden Community Services	Cheam Priory Day Centre	SM3 8EP
RPYX1	The Royal Marsden Community Services	Green Wrythe Lane Health Centre	SM5 1JF
RPYX1	The Royal Marsden Community Services	Robin Hood Health Centre	SM1 2RJ

This report describes our judgement of the quality of care provided within this core service by The Royal Marsden NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by The Royal Marsden NHS Foundation Trust and these are brought together to inform our overall judgement of The Royal Marsden NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service **GOOD**

We rated the service as being good overall

- Parents we spoke with were positive about the staff that provided their care and treatment. They told us they had confidence in the staff they saw and the advice they received.
- The friends and family (FFT) test for Sutton and Merton children's and families' services for the period April 2015 to March 2016 showed that 95.3% of patients would recommend the service.
- Staff knew how to report incidents; team meeting minutes demonstrated that incidents were discussed as part of the meetings.
- Staff working with children had access to regular safeguarding supervision and were able to attend further training provided by the Local Safeguarding Children's Board (LSCB).
- 89% of staff had completed level 2 and 88% had completed level 3 which was against the trust target of 90% for safeguarding levels 2 and 3.
- The trust target for completing mandatory training was 85%; however, this target was stretched to 90% for the community division in December 2015. For completion of the five core elements of mandatory training 92.1% of staff in Sutton and Merton community services had been trained.
- Staff told us they participated in the appraisals process. The trust reported 87.4% of staff within the Sutton children's and young people's services had received an appraisal as of April 2016, which was higher than the trust target of 85%.
- There was evidence of good MDT working across different the different services and with other health care professionals. The safeguarding team had good working relationships with the Sutton Multi Agency Safeguarding Hub (MASH) and Multi Agency Risk Assessment Conferences (MARAC).

- Clinics and services were located in places where people could access them and the school nursing service also ran drop in clinics outside school times in different locations including voluntary sector provision for young people.
- The service experience low level of complaints, learning from complaints led to improvements in the service. However, guidance on how to make complaints was not readily available in the clinics we visited.
- Governance structures were in place within community services there were divisional management meetings which fed into children's services managers' operational meeting and cascaded into team meetings
- Risks were identified on the risk register and action was being taken to mitigate the risks. Most staff were aware of what was on the divisions risk register.
- Senior staff within children and young people's service had clear visions on how the services were to develop and move forward, this included opportunities to share learning across services.
- Staff reported that they were proud to work for children's and young people's community services and liked being part of the Royal Marsden NHS Trust. They were enthusiastic about the care and treatment they provided for the people who used their services.

However

- Children did not have timely access to some therapies following a referral for treatment.
- Guidance on how to make a complaint about the service was not readily available in many of the clinics that we visited. The service did not meet their target for responding to complaints.
- Care leavers did not have relevant health information and health summaries were not being routinely completed. Health assessments for 'looked after' children were not being completed within time scales and there was lack of coordination in the monitoring quality of care for 'looked after' children who lived out of the area.

Summary of findings

- There was a lack of disabled parking at some of the clinics that services operated from which presented access difficulties for wheelchair users.
- The trust undertook infection control audits at different locations where community services were based and operated from. A score of 75% and below demonstrated minimal compliance. In one of the four locations children's and young people's services operated from scored 59.1% in February 2016.
- For completion of the other mandatory training which was not part of the core programme, 89.1 % staff in Sutton and Merton community services had completed the training as of April 2016. Training was below the trusts target of 90% for Equality and Diversity (87.4%), medicines management (77.1%), moving and handling patient handling (82.4%), and paediatric basic life support (87.7%).

Summary of findings

Background to the service

Information about the service

The Royal Marsden Community Services formed Sutton and Merton Community Services (SMCS) in 2011. Various community health services were provided in the London Boroughs of Sutton and Merton. From 1 April 2016 The Royal Marsden Community Services stopped providing services to Merton and formed Sutton Community Services (SCS). Our report includes data from the 12 month period leading up to our inspection which was before the disaggregation of service and contains some data relating to Merton. We have included separate data where it was available. Our site visits during the inspection were limited to Sutton only.

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The trust provided a wide range of community health services for children, young people and their families. This included health visiting, school nursing, 'looked after' children, children's immunisation service, children with disabilities and safeguarding children, as well as children's dietetics, speech and language services, physiotherapy and occupational therapy.

Children and young people under the age of 20 years make up 25% of the population of Sutton. 45.5% of school children are from a minority ethnic group. The health and wellbeing of children in Sutton is generally better than the England average. The infant and child mortality rate is similar to the England average.

The level of child poverty is worse than the England average with 14.3% of children under 16 years living in poverty. The rate of family homelessness is worse than the England average. Children in Sutton have average levels of obesity: 6% of children aged 4-5 years and 17% of children aged 10 – 11 years are classified as obese.

There were 230 children in care at 31 March 2015, which equate to a lower rate than the England average. A lower percentage of children in care are up to date with their immunisations compared with the England average for this group.

The trust worked closely with a range of partners including other acute and specialist acute hospitals, GP organisations and local practices, local authorities, schools across Sutton and other teams within the trust.

Services cover the London borough of Sutton and several parts of Surrey: Carshalton, Wallington and Cheam. Services are generally provided in health centres as well as schools, children's clinics and in the patients' own homes.

As of 1 April 2016 the trust ceased providing community services to the London borough of Merton following a competitive tendering process which saw the services of Merton transferring to another trust.

Our inspection team

Chair: Robert Aitken

Head of Hospital Inspection: Nick Mulholland, CQC

Team Leaders

Stella Franklin, Inspection Manager, CQC

Margaret McGlynn, Inspection Manager, CQC

Michelle McCarthy, Inspection Manager, CQC

The team that inspected services for children, young people and families consisted of CQC inspectors and a variety of specialists including a health visitor, and nurse specialist.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

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?

We visited Cedar Lodge, Cheam Priory Day Centre, Green Wrythe Lane Health Centre and Robin Hood Health Centre. With their consent, we observed young people and their families receiving services and accompanied staff on school visits and home visits to children and their parents.

We also:

- Looked at 12 clinical records
- Spoke with 19 parents and young people using the service plus accompanied staff on two home visits
- Spoke with 41 staff in the children and young people's services. We also spoke with health visitors, school nurses, specialist nurses, administrative staff, physiotherapists, occupational therapists, and speech and language therapists.
- We observed a school nurses' team meeting with 21 staff present.
- Prior to, and following our inspection, we analysed information sent to us by the trust and a number of other organisations, such as local commissioners and Healthwatch.

What people who use the provider say

People we spoke with during the inspection were complimentary about their care and treatment. They told us they had confidence in the staff they saw and the advice they received. Their comments included: "They have been a great support to me with my first child", "staff

are friendly", "I found it easy to get an appointment", "staff are helpful", "wonderful, they gave me time to talk and explain things to me", and I was "given the opportunity to ask questions and they are answered."

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should ensure children have timely access to therapies.
- The trust should ensure that information on how to make a complaint about the service is available in clinics.
- The trust should ensure they meet their own target for responding to complaints.
- The trust should liaise with local authorities to resolve delays in the consent process for assessments for looked after children.
- The trust should ensure locations where services are offered are accessible to children with disabilities and their parents.

The Royal Marsden NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as 'good'. This was because:

- Staff knew how to report incidents. Team meeting minutes demonstrated that incidents were discussed as part of the meetings.
- Staff working with children had access to regular safeguarding supervision and were able to attend further training provided by the Local Safeguarding Children Board (LSCB).
- The trust had a policy for the administration of immunisations by nurses in the community services division. The policy outlined the procedure to manage the cold chain for the storage and transportation of vaccines.
- 89% of staff had completed level 2 and 88% had completed level 3 which was against the trust target of 90% for safeguarding levels 2 and 3.
- There was high compliance with mandatory training for staff.

However:

- Health visiting staff caseloads exceeded best practices recommended case load level of 300 families per health visitor.
- Completion of the other mandatory training which was not part of the core programme, 89% staff in Sutton and Merton community services had completed the training as of April 2016. Training was below the trusts target of 90% for Equality and Diversity (87%), medicines management (77%), moving and handling patient handling (82%), and paediatric basic life support (88%).
- The trust undertook infection control audits at different locations where community services were based and operated from. A score of 75% and below demonstrated minimal compliance. In one of the four locations children and young peoples' services operated from scored 59% in February 2016.

Detailed findings

Are services safe?

Safety performance

- There were no never events related to children, young people and families in the community in the last 12 months. These are serious, largely preventable patient safety incidents that should not occur if available preventable measures have been implemented.
- Between February 2015 and January 2016 a total of 32 incidents were reported by staff working in the community with children, young people and families. All these incidents were reported as causing 'no harm'. The most frequent types of incidents related to medication (12), implementation of care and ongoing monitoring and review (five), consent, communication or confidentiality (four) and documentation (four). There were no emerging themes.
- An electronic incident reporting system was in place to record incidents; staff we spoke with were able to tell us how they used it.

Incident reporting, learning and improvement

- Incidents were reported through a trust wide electronic reporting system. This allowed for the management overview of incident reporting and an ability to analyse any emerging themes or trends.
- Staff knew how to report incidents, although some staff acknowledged that they did not always report issues relating to IT provision. Staff told us that incidents were discussed as part of team meetings or on an individual basis. Team meeting minutes covering the different disciplines with the children and young peoples' service showed incidents were discussed as part of the meetings.

Duty of Candour

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Care Quality Commission (Registration) Regulations 2014. The duty of candour is a regulatory duty that rates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff we spoke with were aware of the principles of Duty of Candour regarding being open and transparent.

Safeguarding

- Staff had access to the trust's child protection and safeguarding children policy and adults safeguarding policy via the trust intranet.
- Staff understood how to safeguard children and young people and could explain the trust's safeguarding arrangements. Staff had good access to the trust's safeguarding team for advice and support.
- The trust had a dedicated, qualified children's safeguarding team working in the community. All the team were trained to level 4 in safeguarding and two of the team had also undertaken NSPCC supervision skills training.
- The trust used an electronic records management system, which all community staff could access. All children and young people with a child protection plan were identified on this system to aid information sharing.
- The safeguarding team provided safeguarding supervision for all community staff working with children, young people and families either on a one to one basis or as group supervision at least every 3 months. Information provided by the trust demonstrated that the number of health visitors receiving supervision over the period from June 2015 to March 2016 was between 93% and 57%. The number of school nurses receiving supervision over the period from June 2015 to March 2016 was between 92% and 75%. School nurses and health visitors told us they were also able to use the team as a resource should they have any concerns they wished to discuss.
- Staff working with children, young people and families were able to attend further training provided by the Local Safeguarding Children Board (LSCB) which included: working with resistant families, child sexual exploitation, domestic abuse awareness, learning from serious case reviews, recognising self-harm in young people, safeguarding young people affected by gang activity and harmful cultural practices relating to FGM/FM/religious and cultural beliefs.
- Safeguarding adults and children was part of the mandatory training programme for staff and different levels of training were provided according to the job role. The trust's target was for 90% of staff to have completed the training. Within Sutton and Merton community services 90.5% of staff had received training in Safeguarding Children Level 1, 89% of staff had completed level 2 and 88% had completed level 3. This

Are services safe?

was against the trust target for safeguarding levels 2 and 3. For safeguarding adults training, 92% of staff had completed level 1 and 100% of staff had completed level 2 training. This met the trust's own target of 90%.

Medicines

- The trust had a policy for the administration of immunisations by nurses in the community services division. This was published in October 2015 and was due for review in October 2016. The policy outlined the procedure to manage the cold chain for the storage and transportation of vaccines.
- Records were available to demonstrate that medication fridges were regularly checked to ensure that the optimal temperature for drug storage was not compromised. The records provided by the trust showed at three locations that during the period November 2015 to May 2016 that although room temperatures were not recorded, fridge temperatures were within the recommended temperature range.
- Six patient group directives (PGDs) were in place for immunisation nurses and school nurses to support them to give the correct immunisations and vaccinations. The PGDs we looked at had been reviewed and were up to date. The PGDs had been ratified by the lead for the clinical group which included the senior pharmacist, senior medical officer medical director, chair of the nonmedical prescribing committee and chair of the drugs and therapeutics committee.
- 12 incidents relating to medicine were reported between February 2015 and January 2016. The most frequently reported incidents were out-of-date medicines (three incidents) and overdose (three). Nine out of the 12 medication incidents reported had actions identified to prevent reoccurrence.
- Medicines management was part of the mandatory training programme for staff. The trust had a target of 90% staff completion of this training. Sutton community services showed that only 77% of staff had been trained, which was below the trust target.
- Nursing staff at Cedar Lodge were unable to administer medicines without seeing a copy of the prescription. One person was admitted at the weekend who required antibiotics and staff were unable to contact the person's GP for a copy of the prescription. This meant the person had to go without their antibiotics for two days. This was reported as an incident. The registered manager was working with the community services pharmacist and

had proposed an amendment to the medicines policy, so that in the future staff can take parental consent plus the pharmacy label on the medicines as sufficient evidence to administer the medicines.

- We looked at two medicine administration records (MAR) at Cedar Lodge. There were several instances when a staff signature was absent from the administration record. We were told the patient was not in Cedar Lodge but at school or home at the time the medicines were due; however, a code was not included on the MAR to indicate this.

Environment and equipment

- Clinics were provided at a variety of locations across the borough.
- In the corridor outside the physiotherapists' rooms at Green Wrythe Lane Health Centre, there was a large mirror leaning against a wall and loose wooden slating. Neither of these items had been secured to the wall. These presented a potential hazard as during our inspection we observed the corridor was being used by therapists as a treatment area.

Quality of records

- The trust used an electronic record keeping system and there was a system in place to flag any safeguarding concerns or the child was a 'looked after' child.
- The records we looked at were comprehensive and demonstrated effective interagency working with multidisciplinary team (MDT) members within children's services. For example, speech and language therapists (SALT) worked alongside health visitors and school nurses.
- The different professional staff completed a range of different electronic forms. The school nursing, speech and language, physiotherapy, occupational therapists and health visitors all had access to the same system. This enabled different professionals to share information.
- Where necessary, staff scanned in reports, letters and minutes from meetings to complete the chronology of people's care. Records we looked at showed a clear history of care.
- Information provided by the trust for Sutton and Merton community services showed 97% of staff had received training in information governance, which is above the trust's own target of 90%.

Are services safe?

Cleanliness, infection control and hygiene

- The trust undertook infection control audits at different locations where community services were based. These audited hand hygiene, environment, spillage and or contamination with blood/body fluids, use of personal protective equipment (PPE), prevention of sharps injuries and decontamination. There was a variance in compliance, with different locations scoring between 59.1% and 90% in these various audits. The trust stipulated that a score of 75% and below demonstrated minimal compliance, whereas scores over 85% demonstrated compliance. Sherwood Park School scored 59.1% in February 2016. This had been identified on the children and young peoples' service risk register.
- There was guidance for staff on reducing the risk of healthcare associated infection in the community. PPE, such as gloves, aprons, and hand sanitiser gel were readily available to staff.
- In baby clinics, we observed that staff used cleansing wipes to clean surfaces. Staff used hand-sanitising gel and clean paper sheets on scales when weighing babies.
- We accompanied health visitors on two new birth home visits and appropriate infection control measures were followed.
- Therapists' clinical rooms at the Green Wrythe Lane Health Centre were carpeted, which made them difficult to clean and an infection control hazard. We also observed that a sharps box used by a therapist following acupuncture did not have the label completed correctly, with no start date specified. Sharps boxes should be changed every three months.
- Infection control was part of the mandatory training programme for staff. The trust's target was 90% of staff having completed the training. Within Sutton and Merton community services, 92.6% of staff had received training in Infection control level 1 and 90.1% of staff had completed level 2.

Mandatory training

- Completion of mandatory training was monitored and reviewed through electronically held training records which staff and managers could access. The training was RAG (red, amber, green) rated to encourage staff to undertake refresher training before their training was due to expire.
- The mandatory training covered five core elements: information governance, fire, safeguarding adults,

safeguarding children and infection prevention control. Staff were also required to undertake additional mandatory training in adult and paediatric basic life support, conflict resolution, equality and diversity, medicines management, moving and handling, back care awareness, patient handling, risk awareness, risk management and Venous Thromboembolism (VTE) and pressure ulcers.

- Records showed that 92% staff in Sutton and Merton community services had been trained in the five core elements of mandatory training.
- Completion of the other mandatory training, 89% staff in Sutton and Merton community services had completed the training as of April 2016. Training was below the trust's target of 90% for Equality and Diversity (87.4%), medicines management (77%), moving and handling patient handling (82.3%), and paediatric basic life support (87.7%).

Assessing and responding to patient risk

- The Healthy Child Programme (HCP) and the National School Measurement Programme (NCMP) includes assessment stages and tools to identify and respond to children and young people between 0 and 19 years of age who may be at risk of harm, disorder or ill health. Correct use of the HCP ensures that risks relating to parental welfare, child welfare or child development could be identified at routine checks carried out by midwives, health visitors, nursery nurses, school nurses and GPs.
- The service had implemented and embedded the HCP and NCMP throughout their clinics and community visits and used these as the tool for assessing and monitoring the welfare of children, young people and families and responding to identified risks.

Staffing levels and caseload

- Health visiting staff caseloads exceeded best practices recommended case load level of 300 families per health visitor. For the past 4 years the local Health Visiting Service has classified caseloads as high, medium and low- this has been determined by the levels of safeguarding, number of new births and number of transfer into the service. Throughout the Health Visitor Implementation Plan the trust have aimed to have caseloads that are manageable for the allocated WTE/ children and have determined and aim for the following:

Are services safe?

Low 450-550 children

Medium – 350-450 children

High 250-350 children

Data provided by the trust showed that for Sutton and Merton Health visitor caseloads varied between 332 and 577 families with between 39 and 151 enhanced cases. Health visitors we spoke with felt that their caseloads were manageable. The trust had a draft Standard Operating Procedure (SOP) for Management of the Health Visiting Caseload. This was not dated and there was no information provided when the standard operating procedure would be ratified.

- Figures provided by the trust shows that post disaggregation, community services had a whole time equivalent (WTE) vacancy rate of 10.3% (42.5 WTE) which was across all staff groups. The nursing and midwifery vacancy rate was 16.1% (27.2 WTE) and 6.6% (7.6 WTE) for allied health professionals.
- In school nursing, staff told us that they had three WTE vacancies in which they had difficulty recruiting to. Agency school nurses were being utilised to cover the vacant posts, two of whom had been covering posts for over 12 months.

- Bank and agency staff usage across Sutton and Merton Community services was 16.6% (monitored over a 12 month rolling period), which was higher than the trust target of 11%.
- For the period March 2015 to February 2016 the amount of sickness absence was 3.4%, which was higher than the trust target of 3%. Sickness absence was monitored on a rolling 12 month period and was RAG rated on a monthly basis with less than 3% scoring green, between 3% and 4% scoring amber, and greater than 4% scoring red. There were two months when staff absence scored red: November 2015 and January 2016, where staff absence was 4.3% and 4.4% respectively.

Managing anticipated risks

- The trust had standard operating procedures for the use of lone working devices, dated April 2016. Staff told us how they were following the procedure for arranging and carrying out home visits. Staff were able to access shared electronic diaries which gave details of their appointments that had been booked. Staff used a 'buddy' system to report in after 5pm. Before 5pm staff would call into their office. Each team had an agreed telephone message that they would use if they needed assistance.

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 effective as 'good'. This was because:

- The trust had a number of policies and procedures in place which were based on the national institute for health and care excellence (NICE) or other nationally or internationally recognised guidelines.
 - There was a high uptake of staff participating in the trust's appraisal process to support their development.
 - There was a high number of new staff attending the trust's induction training.
 - There was good MDT working across different the different services and with other health care professionals. The safeguarding team had good working relationships with the Sutton Multi Agency Safeguarding Hub (MASH) and Multi Agency Risk Assessment Conferences (MARAC).
 - The health visiting service had been accredited in May 2015 under the UNICEF baby friendly initiative for their breast feeding service.
 - Staff sought consent before undertaking any care interventions. Records showed evidence that consent was gained for care and treatment.
- NHS England. The initiative provided an opportunity for staff to engage with children and families about healthy lifestyle choices. The school nurses delivered this across Sutton.
- Health visitors delivered the healthy child programme (HCP) to all children and families during pregnancy until the age of 30 months. The programme was designed to include children up to the age of five years. The HCP for the early life stages focuses on a universal preventative service, providing families with a program of screening, immunisation and health and development reviews. This was supplemented by advice around health, wellbeing and parenting.
 - The health visiting service had been accredited in May 2015 under the UNICEF Baby Friendly Initiative for their breast feeding service. This is an evidence based approach to improving the long term health outcomes for mothers and babies.
 - The immunisation service offered the HPV (human papilloma virus) vaccination to girls in year eight (aged 12 to 13) in schools in England. This vaccine protected against cervical cancer. They also provided the final year school booster, meningitis C vaccination and measles, mumps and rubella (MMR) vaccination as part of the NHS childhood vaccination program.
 - The trust offered a family nurse partnership (FNP) programme providing an intensive, evidence based preventative programme for vulnerable first time mothers aged 20 years and under, from pregnancy until the child was two years of age. Family nurses delivered a licensed programme with a well-defined and structured service model. The performance of this programme was monitored to ensure compliance with the national FNP guidelines.
 - The looked after children (LAC) team supported 'looked after' children, to improve their health and life chances by providing a holistic and health educational approach to health assessments. The team also contributed to strategic planning designed to raise the profile of children and young people within the care system.

Detailed findings

Evidence based care and treatment

- The trust had a number of policies and procedures in place which were based on the national institute for health and care excellence (NICE) or other nationally or internationally recognised guidelines. Policies and guidance were easily accessible for staff on the trust intranet. Staff we spoke within the therapies department, health visiting service and school nursing were aware of the national guidance relevant to their practice.
- The national child measurement program (NCMP) measured the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess obesity levels in children within primary schools. This is a government initiative, supported by

Patient outcomes

Are services effective?

- The trust was awarded full accreditation under the UNICEF Baby Friendly Initiative in May 2015. Baby Friendly awards are based on a set of interlinking standards for maternity, health visiting, neonatal and children's centres services. These are 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. Facilities implement these standards in stages over a number of years.
- The breast feeding initiation rates were higher than the England average in 2014/2015. The England average rate for breast feeding was 74.3%; in Sutton it was 80.8%.
- The immunisation rates for measles, mumps and rubella (MMR), diphtheria, polio, tetanus, pertussis and Hib were worse than the England average for the period 2014/2015. The England average MMR rate at age two was 92.3%; in Sutton it was 88.8%. The England average rate for combined diphtheria, polio, tetanus, pertussis and Hib at two years was 95.7%; in Sutton it was 80.8%. The trust is not commissioned to deliver under 5 immunisations without GP agreement and consent. GPs deliver this as part of the Health Services Executive Primary Childhood Immunisation Programme. GPs invite, appoint, deliver and record the under 5 immunisations. The trust's Health Visiting service has a role in promoting as a partner and we work to support those targets within the local health economy, but are not responsible for them in a way that reaches issues of regulatory compliance.
- The immunisation rates for looked after children (LAC) were worse than the England average for the period 2014/2015. The England average was 87.7%; in Sutton it was 80.8%.

Competent staff

- Staff told us they participated in the appraisal process. The trust target was for 85% of staff to have an annual appraisal. The trust reported 87.4% of staff within the Sutton children and young peoples' services had received an appraisal as of April 2016.
- New staff working within the children and young peoples' service also attended induction training. The trust target was 90% staff completion. Information provided by the trusted showed that within Sutton and

Merton community services, 92.8% of staff had received training. A further 79.7% staff had also attended local induction training. The target for attendance at the local induction was 70%.

- New health visiting and school nursing staff had protected caseloads during their first year post qualification.
- Staff reported good access to training and development. Staff had opportunities to attend specialist training to develop their skills and were funded to undertake individual courses of study.
- New community nursery nurse (CNN) competencies were in place for new CNN's joining the health visiting service. There were also a range of competences in place for different nurse bandings and therapists to demonstrate their skills and knowledge.
- To support new nurses and health visitors in their first year, the trust had adopted the health visiting preceptorship framework supported by the practice educator for health visiting. There was a trust preceptorship policy in place for other nurses working with children and young people.
- Health visitors attended training updates on perinatal mental health.
- School nurses had opportunities to attend study days on topics such as self-harm, eating disorders and diabetes. There were also been sessions on epilepsy and the administration of emergency medicine, which also included the 'children with disability' team.
- To support children with autism, speech and language therapists had a bespoke development programme, known as 'Floor time'. This helped to conduct a comprehensive assessment and develop an intervention program tailored to the unique challenges and strengths of children with Autism Spectrum Disorders (ASDs). Health visitors and school nurses also attended a seminar on the diagnosis and treatment of ASDs.

Multi-disciplinary working and coordinated care pathways

- Staff working within the service described excellent working relationships between healthcare professionals. The multidisciplinary electronic patient record (EPR) ensured there was good communication about the input of each profession within the service.

Are services effective?

These included speech and language therapists, occupational therapists, physiotherapists, school nurses and the liaison health visitors at St George's and St Helier Hospital's.

- The safeguarding children team regularly attended the Sutton Multi Agency Safeguarding Hub (MASH) and Multi Agency Risk Assessment Conferences (MARAC). This ensured there was effective information sharing so that child protection concerns were promptly actioned to minimise risks to children. Staff told us there were good working relationships with GPs, school staff, social services and the police. Information was shared and cross agency working ensured that where there were concerns about vulnerable children, these were identified and managed.
- The Looked After Children (LAC) team reported that they worked closely with social workers, health visitors, education, and mental health workers. The LAC team provided a specialist service to children and young people who were under the care of the local authority or who had left care and required ongoing advice or assistance.
- School nurses reported that they used to work closely with the community mental health teams (CAHMS) to provide clinical supervision and often they shared cases. However, this ceased in April 2015. The trust advised CAMHS used to provide supervision to the school nurses on an informal basis. CAMHS stopped providing this due to their own organisational changes. School nurses identify cases that are appropriate for but feel that they have a requirement for ongoing support if there are no other services to refer to. This issue has been discussed at the Sutton CAMHS partnership Board and school teachers in Sutton felt the same way and supported the views of the school nurses.

Referral, transfer, discharge and transition

- We found there was a clear process for transferring children from health visitors to school nurses. Transfer summaries were provided in cases where there were safeguarding concerns, child in need concerns or additional health needs.
- Children and young people were referred for paediatric speech and language therapy (SALT) through a variety of routes, including from paediatricians, health visitors, school nurses and from parents or carers.

- Children who did not access immunisation sessions at schools were referred to their local services via health visitors and GPs.
- Parent, carers, family members, schools and any health professionals could refer children between the age of five to 13 to the MEND programmes (Mind, Exercise, Nutrition, Do it!). This was a healthy lifestyle child weight management programme aimed at families with overweight and obese children.
- Women under the age of 20 could self-refer or be referred via their GP, midwife, social worker, or through MASH to the family nurse partnership (FNP) team. The FNP was a voluntary home visiting programme for first time young mums. A specially trained family nurse visited the young mum regularly, from the early stages of pregnancy until their child was two. On completion of the programme, the women and their child were transferred back to the care of their local health visiting team.
- The transition of children with complex needs was managed through the Sutton Transition Board, which was multiagency. This aimed to oversee the process of these young people moving across to adult services.

Access to information

- School nurses and health visitors were amongst the first staff to benefit from agile working which enabled staff to work from various designated different locations within the trust. Therapists advised us that they would be receiving new laptops in the next phase of the IT programme roll out.
- The trust used predominantly electronic patient records, which meant information could be shared easily between different services. We saw that where paper records had been used to record information, these were shredded once information was entered onto the EPR system.
- Staff had experienced some difficulties as they changed from a previous IT system to the Royal Marsden's IT system. However, staff also said the trust had been responsive and addressed any IT issues quickly.
- The intranet was available to all staff and contained links to guidelines, policies and standard operating procedures, as well as contact details for colleagues within the organisation. This meant that staff could access advice and guidance easily.

Are services effective?

- Staff were issued with mobile phones, which meant that staff could have contact with their office base during working hours.

Consent

- Records showed evidence that consent was gained for care and treatment interventions, and for information sharing with other health and social care partners where appropriate.
- Observations of practice with speech and language therapists, physiotherapists, health visitors and school nurses showed that staff asked for peoples' consent before undertaking any care interventions.
- There were protocols for gaining parental consent for school health checks and immunisations. Consent was implied if the child was in attendance at school.
- Staff who worked with young people described how they applied Fraser guidelines when assessing a young person's competency to consent. These guidelines provided a legal framework for deciding whether a child or young person was mature enough to make decisions without parental consent.

Are services caring?

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

Summary

We rated caring as 'good'. This was because:

- Parents we spoke with were positive about the staff that provided care and treatment. They told us they had confidence in the staff and the advice they received.
- The friends and family test (FFT) for Sutton and Merton children's and families services for the period April 2015 to March 2016 showed that 95.3% of patients would recommend the service.
- We observed the way children and their parents were treated, both in the home and in clinic settings. Interactions with patients were always respectful and kind. Staff were informative and parents were treated as individuals.

Detailed findings

Compassionate care

- Staff provided treatment and care in a kind and compassionate way and treated people with respect. Parents we spoke with were positive about the staff that provided their children's care and treatment. They told us they had confidence in the staff they saw and the advice they received. Parents told us that staff were "caring", "friendly and helpful" and "very supportive". They assured us that staff always dealt with concerns and answered their questions promptly.
- We observed the way children and their parents were treated both in the home and in clinic settings. Patient interactions were always respectful and kind. Staff were informative and parents were treated as individuals.
- The friends and family (FFT) test for Sutton and Merton children and families services for the period April 2015 to March 2016 showed that 95.3% of patients would recommend the service.
- The trust used the 'CARE (Consultation and Relational Empathy) Measure to capture views from parents and children over the age of 12 years with cognitive and communication difficulties. During the period 1 April 2015 to 31 December 2015, 95.4 % of staff showed care and compassion.

- We observed interactions between staff, children and their families in a range of situations, including schools, children's clinics and during therapy sessions. Care and support was non-judgemental and we observed staff talk through people's options with them in a clear and open way.
- Staff took time to explain treatment or care plans, involving children and young people in any decisions as appropriate. They tailored their language to the age and comprehension of each child. Staff ensured parents understood what was going to happen and why at each stage of their child's treatment. This included adapting their style and approach to meet the needs of each child and involving their families in all the services and settings we visited.
- We observed a school nurse advise young people of different services websites they could access depending where they lived.
- The 'CARE (Consultation and Relational Empathy) Measure for the period 1 April 2015 to 31 December 2015 showed that 95.4% of staff explained things and 94.3% of patients and their families were involved in making an action plan.

Emotional support

- In all cases we observed, staff showed a commitment to providing emotional support in addition to health care or treatment. Health visitors provided a range of examples of how they supported the wellbeing of the family, as well as the individual child. For example, staff were able to refer those with specialist support needs to other services such as physiotherapy and speech and language services. Families told us they felt supported by staff.
- The family nurse partnership (FNP) communicated with everyone who was involved with a young mother, including their parents and extended families. They supported and worked with the family network.
- We saw school nurses advise young people of different services they could access for support with any mental health issues. They provided details of the websites they could access, depending where they lived.

Understanding and involvement of patients and those close to them

Are services caring?

- The parents we spoke with told us about consistently clear and effective communication from staff. If they contacted the team, their calls were always taken quickly and staff gave clear advice.

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 responsive as 'requires improvement'. This was because:

- Children did not have timely access to some therapies following an appropriate referral for treatment.
- Guidance on how to make a complaint about the service was not readily available in many of the clinics that we visited. The service did not meet their target for responding to complaints.
- 'Looked after' children leaving care were not accompanied by relevant health information and health summaries were not being routinely completed. Health assessments for 'looked after' children were not being completed within agreed time scales. There was lack of co-ordination in the monitoring of the quality of care for 'looked after' children who lived out of the local area.
- There was a lack of accessible parking at some of the clinics that services operated from, which presented access difficulties for people who used wheelchairs.

However:

- Clinics and services were located in places where people could access them. The school nursing service also ran drop-in clinics outside of school times in different locations, including voluntary sector provision for young people.
- The service experienced a low level of complaints. Learning from any complaints led to improvements in the service.

Detailed findings

Planning and delivering services which meet people's needs

- School nursing teams provided a service to both children of school age and other young people. The team included nursery nurses and school nurses who were responsible for delivering the National Children's Measurement Programme (NCMP) to children in reception and year 6. The service was in the process of developing a health questionnaire for school children in year 7 and year 10. They also ran sessions in schools on Personal Social Health Education (PSHE).

- Specialist services such as enuresis (involuntary urination at night) clinics were available for school children and young people. These were provided by the school nursing service.
- Health visitors and community nursery nurses were in the process of being relocated within children's centres across the borough. They were responsible for delivering the healthy child programme, working with families and carers who have children under five to promote good health and to help with the prevention of illness.
- The MEND programme was offered in different locations across Sutton including in sport complexes. Parent, carers, family members, schools and any health professionals could refer children between the age of five to 13 to the MEND programmes (Mind, Exercise, Nutrition, Do it!). This was a healthy lifestyle child weight management programme aimed at families with overweight and obese children. The MEND team included school nurses, health visitors, dietitians and community nursery nurses.
- Speech and language therapists worked with children and staff in clinics, mainstream schools and special schools. They were involved when there were concerns about a child's speech, language, communication or feeding.
- The family nurse partnership (FNP) was a voluntary home visiting programme for first time young mums. A specially trained family nurse visited the young mum regularly throughout the early stages of pregnancy until their child was two. The FNP worked with mothers pregnancy, every one week or two weeks until birth. After the birth, they visited weekly for the first six weeks and then fortnightly until the baby was 20 months old. There was a monthly visit until 'graduation' when the child had reached two years.
- The immunisation service operated out of all schools in Sutton covering children aged 11 to 18. This included the HPV vaccine for girls in year 8, the final school booster and meningitis C vaccination in year 9, as well as the measles, mumps and rubella (MMR) vaccination.

Equality and diversity

Are services responsive to people's needs?

- Equality and Diversity training was part of the trust mandatory training programme, which 87.4% of staff within Sutton and Merton community service had attended. This was below the trust target of 90%.
- Patient information could be provided in different languages, large print for people with visual impairment or in easy read versions. Staff could access translation services as and when required.
- The staff that we spoke with had a good understanding of the population who used the service and were able to explain the specific needs of the people they cared for. The skill mix and cultural representation of staff reflected the client group they worked with.

Meeting the needs of people in vulnerable circumstances

- The school nursing service ran drop-in clinics outside of normal school times in different locations, including voluntary sector provision for young people.
- Not all the clinics we visited (Green Wrythe Lane Health Centre) had accessible parking for people with disabilities, which meant that parents and children who were wheelchair users had difficulty accessing the buildings. Parents we spoke with told us that accessible parking was an issue.
- 'Looked after' children leaving care were not accompanied with relevant health information and health summaries were not being routinely completed. Health assessments for 'looked after' children were not being completed within agreed time scales.
- Looked After' Children (LAC) is a partnership service and the Local Authority (LA) are the corporate parents and without consent from either the LA or the foster (LAC) parents the nurse cannot undertake any assessments. The trust told us: All the health assessments are requested by the Social Work (SW) team when they are due, but before the trust can offer the appointment the SW has to send across the consent. There is often a delay in doing this as the LA SW do not have an electronic way of doing this although this should be in operation from mid October 2016. The trust has 20 days to complete the review health assessment from the date due, so if the consent is received late from the SW this reduces the amount of time available to complete it. There have been occasions where the request for a

review health assessment has arrived after the date it was due and so although the LAC nurses may have completed the assessment within 28 days, the assessment is late because it is already out of time.

- These issues were identified on the LAC health risk register. We saw that these were reviewed in January 2016. However, the risk register did not indicate when these risks were first placed on the register.

Access to the right care at the right time

- Sutton and Merton Community Services key performance indicators (KPI) data provided by the trust showed that in the 12 months up to November 2015:
 - Routine patient referrals to Sutton children's therapies offered appointments within 18 weeks of acceptance, in an average of 88.5% cases, against a trust target of 95%.
 - Routine referrals to Sutton children's therapies offered assessment within 30 days of acceptance in an average of 39.8% cases, against a trust target of 75%.
 - There was no activity recorded for urgent patient referrals to Sutton children's therapies offering assessment within 10 days, which had a trust target of 90%.
- The trust measured the waiting times for children awaiting initial assessment with the children's therapy services. Information provided by the trust showed that as of the 27 April 2016:
 - The speech and language therapists saw 7.4% of children within six weeks, with 138 children waiting more than six weeks. The department saw 40.7% of children within 18 weeks, with 44 children waiting more than 18 weeks.
 - The occupational therapy (OT) department saw 19% of children within six weeks, with 52 children waiting more than six weeks. The department saw 33.3% of children within 18 weeks, with 15 children waiting more than 18 weeks.
 - The trust provided details of their action plan to reduce waiting times to 18 weeks in the OT and

Are services responsive to people's needs?

speech and language therapy (SALT) departments, which included increasing the number of initial appointments offered between May and June and redesigning the services.

- The dietetics department saw 64.7% of children within six weeks, with 13 children waiting more than six weeks. The department saw nearly 100% of children within 18 weeks, with one child waiting more than 18 weeks.
- The physiotherapy department saw 23.7% of children within six weeks, with 34 children waiting more than six weeks. The department saw 100% of children within 18 weeks.
- Children referred to the enuresis clinics ran by school nurses waited an average of 51.5 working days to be seen between June and December 2015. This meant that children were waiting an average of 10.3 weeks to be seen from the time of referral.
- Performance measures in the Healthy Child Programme in Sutton for the period April 2015 to March 2016 showed an average of 87.8% of new birth visits were undertaken within 14 days.
- Health reviews were undertaken to enable the service to monitor contacts with mothers and babies and assess their emotional welfare, growth and development. These all exceeded trust targets of 50%, for the period April 2015 to March 2016:
 - 77.3% of infants had a 12 month review.
 - 79.0% of infants had a 15 month review.
 - 65.4% of infants had a 24 month review.
 - 57.6% of infants had a 30 month review.
- Health visitors asked parents about breast feeding at the six to eight week check and results showed that in Sutton for the period April 2015 to March 2016:
 - 95.3% of women had breast feeding assessments.
 - 57.6% of infants were totally or partially breastfed.
- Immunisation rates for the period April 2015 and March 2016 showed that 87.4% girls in year 8 received two doses of Human Papilloma Virus (HPV) vaccination. This was above the trust target of 75%.
- In year 10, 87.8% of children received boosters for diphtheria, tetanus and polio, and 57% of children received boosters for measles, mumps and rubella (MMR).
- The percentage of children receiving immunisations in reception year was not available for the trust.
- At Cedar Lodge, the registered manager told us that the numbers of referrals were decreasing. The service is often closed and often only has two or three children or young people using the five-bedded service for a couple of nights a week.

Learning from complaints and concerns

- Information received from the trust showed that four complaints were received concerning children and young people in the community between March 2015 and August 2015. In each case, outcomes and action points were identified. Two of the four complaints detailed the lessons learnt as a result.
- Guidance on how to make a formal complaint was not readily available in the clinics we visited
- The service did not meet their target for responding to complaints within 25 days in three of the four complaints.
- Staff told us that they received very few formal complaints. When complaints were received staff advised us that they would try to resolve this at a local level. When a complaint was made, it was addressed and where applicable, lessons were learned and used to improve the service.
- Staff directed patients to the Patient Advice and Liaison Service (PALS) if they were unable to deal with their concerns directly and advised them to make a formal complaint. Formal complaints were then signed off by the divisional director.

Are services well-led?

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

Summary

We rated well-led as 'good'. This was because:

- Governance structures were in place within community services. There were divisional management meetings which fed into service managers' operational meetings and then shared in team meetings.
- Risks were identified on the risk register and action was being taken to mitigate the risks. Most staff were aware of what concerns were included on the divisional risk register.
- Senior staff within children and young people's services had a clear vision on how the services were to develop and move forward. This included opportunities to share learning across services.
- Staff reported that they were proud to work for children and young people's community services and liked being part of the Royal Marsden NHS Trust. They were enthusiastic about the care and treatment they provided for the people who used their services.
- The results from the friends and family test (FFT) for the period April 2015 to March 2016 showed that people held the service in high regard.

However:

- It was not clear what the trust did to tell children, young people and families about the restructuring of the community services following the disaggregation with the Merton services. We found no evidence of any information in clinics about the changes.
- Results of the staff survey for Sutton and Merton community services for 2015/2016 showed only 62% staff would recommend it as a place to work.

Detailed findings

Service vision and strategy

- As of the 1 April 2016, the trust continued to provide community services to the London Borough of Sutton following a competitive tendering process which saw the services provided to the London Borough of Merton

transferred to another provider. Staff and services were affected by the tendering processes as staff were still in the process of relocating to new offices and working from different centres and clinics.

- The trust had a new model of care for Sutton community services, which included a vision of community services designed to meet the NHS 'Five Year Forward View' and 'Transform London's community services declaration. This declaration aims to bind all community practitioners together in order to realise a community-led revolution in health and social care across London.
- Senior staff within children and young people's service had clear visions on how the services were to develop and move forward. This included opportunities to share learning across services.

Governance, risk management and quality measurement

- Governance structures were in place within community services. There were divisional management meetings, which fed into service managers' operational meetings and were then further shared with wider staff groups in team meetings. We reviewed the minutes of three operational meetings and saw that complaints, incidents, business continuity and complaints were routinely reviewed.
- Local teams held regular meetings. We reviewed minutes of the different team meetings and saw that topics such as safeguarding, complaints, incidents and overall performance were regularly discussed.
- Staff understood their role and function within the service and how their performance enabled Sutton community services to achieve objectives.
- Staff we spoke with in the service demonstrated a good awareness of governance arrangements. Most staff we spoke with were aware of what concerns were included on the divisional risk register.
- There were 20 risks identified on the risk register for the children and young people's services. Each risk had a red, amber or green (RAG) rating, a review date, and there was a named manager responsible for overseeing

Are services well-led?

the risk. For each item on the risk register, there were details of the actions taken to mitigate the risk. Progress was regularly recorded, demonstrating active management of identified risks.

Leadership of this service

- There was a clinical director responsible for the children, young people and families' service. The clinical director was supported by five service managers and a safeguarding lead.
- Staff knew their manager and the senior management of the children's community services. Some staff were also aware of members of the trust executive leadership team.
- Staff were positive about the skills, knowledge and experience of their immediate managers. They felt well supported by their managers and the trust. Staff acknowledged that it had been a difficult time with the recent changes and relocations but felt that management and leadership had been effective in managing this.
- New staff said that they felt welcomed and supported by their colleagues. They enjoyed working in the team, with staff commenting "it's a friendly welcoming team", "my manager's very approachable" and "I am really pleased to have come here".
- The senior management team spoke about leadership succession planning. Staff from different nurse bandings had opportunities to develop new skills. For example, six health visitors undertook appraisal training and were involved in recruitment processes.

Culture within this service

- Staff reported they were proud to work for children and young people's community services and liked being part of the Royal Marsden NHS Trust. They were enthusiastic about the care and treatment they provided for the people who used their services. We saw that all staff were committed to delivering good quality care. This was evident when we observed staff working with the children, young people and their families.
- Staff felt valued by the trust. The recent investment in new IT equipment had helped to promote this feeling.
- Staff described the trust as having an open culture and described an 'open door' management style. They felt they would be able to contact their line managers or senior managers if they had any concerns.

- Staff said that they worked well as a team and there was good collaborative working across the children and young people's services. However, the impact of the trust not being able to recruit into long-term vacant posts was putting additional pressure on teams in terms of workload.
- The trust held an annual awards evening which gave staff an opportunity to nominate individuals and teams for outstanding performance.

Public engagement

- It was not clear what the trust did to tell children, young people and families about the restructuring of the community services following the disaggregation with the Merton services. We found no evidence of any information in clinics about the changes.
- The results from the friends and family test (FFT) for the period April 2015 to March 2016 showed that people held the service in high regard.
- A bespoke questionnaire was devised by the children's speech and language (SALT) service to survey schools in Sutton regarding the provision of their service during April and May 2015. The survey had 65 responses from mainstream and special schools. The responses from the survey demonstrated:
 - 92% of respondents agreed SALT input has a positive impact on children's ability to access the National Curriculum.
 - 95% of respondents agreed SALT targets and strategies given by the SALT are clear and easy to implement.
 - 95% of respondents agreed SALT supports the staff to feel confident in carrying out work on the SLT targets.
 - 88% of respondents agreed SALT allocates adequate time for liaison.

Staff engagement

- The trust undertook annual staff surveys. The staff survey for the children and young people's services for Sutton and Merton community services for 2015/2016 demonstrated:
 - 82% of respondents agreed staff are able to make suggestions to improve the work of their team/department
 - 52% of respondents agreed staff were involved in deciding on changes introduced that affected their area, team or department

Are services well-led?

- 60% of staff were satisfied with the recognition they got for good work
- 62% of staff would recommend as a place to work
- Staff told us that some ideas they had put forward were not always actioned. For example, to help staff build relationships with mothers and their babies as they were undertaking fewer home visits, health visiting staff had suggested baby massage sessions and introducing a post-natal programme. This had not been implemented.

Innovation, improvement and sustainability

- The school nursing service had been successful in expanding their service and was now operating within

five grammar schools within the London Borough of Sutton. The team aimed to be based in these schools at least one day per week to enable them to deliver the personal social health education (PHSE) programme and get to know staff. They had also had plans to work with primary schools within the designated catchment areas of these schools to reach children before they entered secondary school.

- The immunisations team had seen an increase in the number of final year school children receiving their boosters, from 62% to 82% over the last three years.
- Health visitors had reintroduced the healthy child programme (HCP) review for two year old children, using existing resources within the service.