

Guy's and St Thomas' NHS Foundation Trust

RJ1

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)
RJ1X6	Guy's & St Thomas' NHS Foundation Trust Community Services Community health services for children, young people and families	Sunshine House Children and Young People's Development Centre	SE5 8UH
RJ1X6	Guy's & St Thomas' NHS Foundation Trust Community Services Community health services for children, young people and families	Mary Sheridan Centre for Child Health Wooden Spoon House	SE11 4TH
RJ1X6	Guy's & St Thomas' NHS Foundation Trust Community Services Community health services for children, young people and families	Mawbey Brough Health Centre	SW8 2UD

This report describes our judgement of the quality of care provided within this core service by Guy's and St Thomas' 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 Guy's and St Thomas' NHS Foundation Trust and these are brought together to inform our overall judgement of Guy's and St Thomas' 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?		Good	●
Are services well-led?		Good	●

Summary of findings

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Summary of findings

Overall summary

People using the trust's community health services for children, young people and families were protected from avoidable harm and abuse.

Staff were encouraged to raise concerns and to report incidents and near misses. Learning from incidents was shared with staff through regular meetings and newsletters.

There were robust safeguarding policies and procedures in place. Staff received regular safeguarding supervision and were knowledgeable about their responsibilities regarding safeguarding vulnerable people.

There was sufficient serviced and maintained equipment to meet the needs of patients and staff. Most environments were clean, tidy, suitable and safe.

There were generally enough staff to meet the needs of the people using the service, although school nurses were struggling to deliver a full core service because of having to attend meetings.

There was a high rate of compliance with statutory and mandatory training amongst staff.

The trust's community health services for children, young people and families provided effective care and treatment so patients had good outcomes.

Staff followed accepted national and local guidelines for clinical practice. A number of pathways had been developed to ensure that patients received treatment focused on their needs. The trust participated in national and local audits so that they could benchmark their practice and performance against best practice.

There was a multidisciplinary, collaborative approach to care and treatment that involved a range of health and social care professionals. Staff had regular supervision meetings and access to learning opportunities to promote their development.

Appropriate handover arrangements were in place for those children and young people moving between services

People using the trust's community health services for children, young people and families were treated with dignity and respect and were involved as partners in their care. People felt they were listened to by health professionals and were involved in their treatment and care. People using the service told us that they felt well-informed and involved in the decisions and plans of care. Staff respected the choices and preferences of people using the service and were supportive of their cultures, faith and background.

The service was responsive to the needs of people using it and had adapted to meet the diverse needs of the community it served. Complaints from people using the service were learned from and used to improve the service. The health visiting service needed to further improve the amount of patient facing time spent.

The trust's community health services for children, young people and families was well-led. The integration of children's community services to become part of Evelina London Children's healthcare in 2014 has had a positive impact and promotes the ability of the trust to provide a truly integrated model of health care to children across the trust's acute and community services.

The service actively sought and responded to the views of people using the service.

There was a robust governance framework and reporting structure. Staff had confidence in their immediate line managers and leadership at board level. Staff were proud of their achievements and input into a wider health agenda at local, regional and national level.

Summary of findings

Background to the service

The trust provides a wide and varied range of community health services; examples include health visiting, school nursing, community paediatric nursing, audiology, Family Nurse Partnership, continuing care and services for 'Looked After Children' and safeguarding children, as well as specialist care for children and young adults with complex neurological disabilities and sickle cell. In addition, the trust provides sexual health services in the two Boroughs.

Evelina London Children's Healthcare is part of Guys and St Thomas' Foundation NHS Trust (GSTFT). It provides specialist and universal children's community services to the populations of Lambeth and Southwark.

Children and young people under the age of 20 years make up 22% of the population in Lambeth and 25% in Southwark.

86% of schoolchildren in Lambeth and 79% schoolchildren in Southwark are from a minority ethnic

group. The health and wellbeing of children in Lambeth and Southwark is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 29% children in Lambeth and Southwark living in poverty. The rate of family homelessness is worse than the England average.

The trust works closely with a wide range of partners including other specialist hospitals in London; district general hospitals across South London and Kent, Surrey and Sussex; GP organisations and local practices; Local Authorities and Schools across South London, Lambeth and Southwark.

As well as health centres, services are provided in schools, community buildings, in patients' homes and occasionally in hospital.

Our inspection team

Our inspection team was led by

Chair: Ellen Armistead Deputy Chief Inspector Care Quality Commission

Team Leader: Margaret McGlynn Interim Head of Hospital Inspection Care Quality Commission

The team inspecting this core service included an inspection manager, three specialist advisors and an 'expert by experience'.

Why we carried out this inspection

This was a scheduled comprehensive trust 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?

We visited three community health centres where, with their consent, we observed young people and their families receiving services and accompanied staff on

Summary of findings

home visits to children and their parents. We looked at a range of clinical records. We spoke with 25 parents and young people and distributed comment cards to people using the service.

We spoke with 47 staff across the service including the Clinical Director for Community Paediatrics, Director of Nursing, Head of Nursing and the General Manager. We also spoke with consultant paediatricians, health visitors, school nurses, specialist nurses, administrative staff,

physiotherapists, audiologists, speech and language therapists, occupational therapists and sexual health specialist staff. We received comments from staff using a web based form.

Prior to and following our inspection we analysed information sent to us by the trust and a number of other organisations such as the Royal College of Nursing, the local commissioners and Healthwatch.

What people who use the provider say

In the NHS Family and Friends test from April to June 2015, between 95.1% and 95.9% people using the service said they were likely to recommend the trust's community services to friends and family if they needed similar care or treatment.

People we spoke with were positive about their experience of care and treatment. They told us they had confidence in the staff they saw and the advice they

received. Their comments included : "We're always treated with respect", "I can't fault it", "staff never seem to let anything faze them; they are friendly, approachable and helpful."

The trust's own patient experience survey for young patients and their families using community based services showed high levels of satisfaction with specialist services between June and August 2015.

Good practice

- The safeguarding team had strong links with external agencies. We visited the Multi-agency safeguarding hub (MASH) office in Southwark where the team of safeguarding nurse specialists spend a week each in rotation. This ensured that important information was shared between agencies. The trust's safeguarding team was represented at the monthly meetings of the multi-agency risk assessment conference (MARAC), the multi-agency sexual exploitation group (MASE) and on local authority Local Safeguarding Children Boards.
- All the staff we spoke with were knowledgeable about the risk of female genital mutilation (FGM). Staff told us they have benefited from advice and training from the

FGM Consultant and Public Health Specialist who established, and still leads, the African Well Woman's Clinic at Guy's and St Thomas' in 1997, which has the UK's busiest FGM clinic.

- The trust recently introduced a specialist nurse for childhood obesity in Southwark in response to an identified need. Lambeth have had a similar nurse specialist post for a number of years.
- The Looked After Children (LAC) nurse specialist introduced opportunistic immunisations for looked after children, which improved the uptake of immunisations by 22% in this group of children.
- The trust had implemented routine discreet enquiries about the experience of domestic violence to all women in families they had contact with during the course of their work.

Summary of findings

Areas for improvement

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

- The trust should improve the amount of 'patient facing time' in the health visiting service.
- The trust should ensure the waiting area at Mawbey Brough provides an appropriate environment for children and families.
- The trust should review the use of wooden baby changing tables to promote improved infection control.
- The trust should review the school nursing provision to ensure the full core service can be delivered to schools.
- The trust should ensure that interpretation services are offered to people for whom English is not their first language.
- The trust should take action to reduce the rate of patients who 'did not attend' appointments (DNA) among children's community services.
- The trust should take action to improve the rate of first and second child health reviews.

Guy's and St Thomas' 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

People using the trust's community health services for children, young people and families were protected from avoidable harm and abuse.

Staff were encouraged to raise concerns and to report incidents and near misses. Learning from incidents was shared with staff through regular meetings and newsletters.

There were robust safeguarding policies and procedures in place. Staff received regular safeguarding supervision and were knowledgeable about their responsibilities regarding safeguarding vulnerable people.

There was sufficient serviced and maintained equipment to meet the needs of patients and staff. Most environments were clean, tidy, suitable and safe.

There were generally enough staff to meet the needs of the people using the service, although school nurses were struggling to deliver a full core service because of having to attend meetings and health visitors needed to increase 'patient facing' time spent.

There was a high rate of compliance with statutory and mandatory training amongst staff.

Safety performance

- There were no Never Events related to children, young people and families in the community in the last 12 months. (Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.)

Are services safe?

- There was one serious incident requiring investigation (SIRI) related to children, young people and families in the community 2014/15. The SIRI involved several organisations and was reported through STEIS by another trust.
- There were zero incidents related to children, young people and families in the community reported to the Strategic Executive Information System (STEIS) in 2014/15.

Incident reporting, learning and improvement

- All incidents were reported through a trust wide electronic reporting system called Datix. This allowed for management overview of incident reporting and an ability to analyse any emerging themes or trends.
- There were 42 incidents, all graded as 'no harm' or 'low harm', related to children, young people and families in the community reported between 1 March and 30 June 2015. The most frequently occurring types of incident related to medicines (predominantly repeat immunisations), patient accident and documentation.
- We saw evidence of the incidents reported, action taken and lessons learned as a result of each incident. For example, when the wrong test was carried out by the laboratory on a patient's blood sample for haemoglobinopathy screening, changes were implemented to improve communication, pathway processes and checks to avoid a reoccurrence.
- We spoke with medical, nursing and allied health professionals who told us the trust encouraged them to report adverse incidents. Staff knew how to report incidents and 'near misses' using the Datix system. Staff told us they consistently received feedback on the reports they made. Staff comments included; "I believe services are safe and there is an open and honest culture which promotes continuous learning."
- Trends or lessons learned from incident reporting were shared effectively during staff 'handovers' or 'huddles' and also through staff email, newsletters and staff meetings. We saw evidence of this in the staff newsletters and minutes of team meetings we looked at. We observed staff using the SBAR (Situation, Background, Assessment, Recommendation) Tool when handing over the care of a patient with complex needs.
- Summaries of actions taken by the trust included sending 'Duty of Candour' letters to tell the relevant person that a notifiable safety incident had occurred and provide support to them in relation to the incident.

We saw an example of this when the wrong test was carried out by the laboratory on a patient's blood sample for haemoglobinopathy screening. We spoke with a range of staff who were all aware of their responsibilities relating to Duty of Candour.

Safeguarding

- The trust had safeguarding policies and procedures in place.
- There were teams of dedicated safeguarding nurse specialists in each borough (3.9 whole time equivalent (WTE) in Southwark and 4.5 WTE in Lambeth) led by a safeguarding children named nurse (1 WTE in each borough). There were identified clinical leads for safeguarding in each borough. We spoke with two consultant paediatricians, one safeguarding children named nurse and one safeguarding nurse specialist; all staff were experienced and knowledgeable about their roles and responsibilities.
- The safeguarding team had strong links with external agencies. We visited the multi-agency safeguarding hub (MASH) office in Southwark where the team of safeguarding nurse specialists spend a week each in rotation. This ensured that important information was shared between agencies. The trust's safeguarding team was represented at the monthly meetings of the multi-agency risk assessment conference (MARAC), the multi-agency sexual exploitation group (MASE) and on local authority Local Safeguarding Children Boards.
- We saw evidence of shared learning from three recent serious case reviews (SCR) in Lambeth and Southwark relating to Child H (2013), Child I (2013) and Child R (2014).
- There was a system in place for highlighting and monitoring vulnerable children where there were safeguarding concerns. Staff demonstrated and we sampled electronic records identifying vulnerable or at risk children and families along with details of how they were being supported. There were systems in place to monitor and track looked after children.
- We saw documented evidence that staff routinely made enquiries to mothers about domestic violence.
- All of the staff we spoke with told us they had regular safeguarding supervision with a member of the safeguarding team at least every three months. Information provided by the trust confirmed 87% compliance with supervision sessions in the last quarter.

Are services safe?

- 89% nursing staff, 94% medical staff and 94% allied health professionals working in the community (Evelina London) had received training in child protection at level three against the trust's own target of 95%.
- Ninety four per cent of nursing staff, 88% medical staff and 95% allied health professionals working in the community (Evelina London) had received training in safeguarding vulnerable adults against the trust's own target of 95%.
- All the staff we spoke with were knowledgeable about the risk of female genital mutilation (FGM). Staff told us they have benefited from advice and training from the FGM Consultant and Public Health Specialist who established, and still leads, the African Well Woman's Clinic at Guy's and St Thomas' in 1997.
- The trust provided every member of staff with 'A quick guide to Safeguarding', a pocket reference tool providing staff with comprehensive guidance on safeguarding children, young people and vulnerable adults. It included information about female genital mutilation (FGM) and child sexual exploitation (CSE). The safeguarding children team produced safeguarding newsletters to maintain awareness among staff.
- There were effective working relationships between the borough teams and governance through the trust's safeguarding children's structure which fed into the Safeguarding Assurance Committee, where the Chief Nurse had executive responsibility for children's safeguarding. We looked at the trust's 'Safeguarding the Welfare of Children Annual Report 2014 -2015', which provided assurance to the board that suitable systems and process were being used within the trust to safeguard children.
- Patient group directives (PGDs) were used by staff to enable them to give immunisations, vaccinations and contraception in sexual health clinics. The three PGDs we sampled had been reviewed regularly and were up to date.
- Staff working in the community had access to pharmacists and could call them for concerns, anecdotal information demonstrated that this resource was widely used.
- Staff who were independent prescribers had their prescribing audited by the trust pharmacist.
- Seventy seven per cent of nursing staff working in the community (Evelina London) had received training in medicines management against the trust's own target of 95%.
- Three medicine errors were reported between 1 March and 30 June 2015: one prescribing error and two related to vaccination.

Quality of records

- The trust used an electronic record keeping system (RIO) and was in the process of moving to a new electronic record system (Carenotes).
- We observed staff using the electronic record system when they assisted us to look at patients' electronic records. We looked at a range of care records across school nursing, health visiting and looked after children. We found that records including those of vulnerable children contained enough appropriate information. Additions were made in a timely manner.
- Staff told us they were writing records by hand during home visits and then typing the information in the electronic record back at the office. Staff felt that this process was time consuming and meant that they were working extra hours rather than take time away from patients to make sure records were kept up to date. It was planned that staff would have mobile working devices such as tablets or laptops. We saw copies of care plans in the homes of patients we visited with therapists.
- 66% of all staff working in the community (Evelina London) had received training in information governance against the trust's own target of 95%.
- We saw the outcome of a recent local audit of clinical and audiology records. There was evidence that the results of the audit were discussed at team meetings and actions agreed to implement improvements where identified.

Medicines

- Our inspection team and a CQC pharmacist reviewed the management and storage of medicines in the trust's community services.
- We observed that medicines were kept secure and handled safely; for example, we saw locked fridges in clinics for the safe storage of vaccines. The trust had a policy and procedures 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 the optimal temperature for drug storage was not compromised. Medicine administration records were completed fully and accurately.

Are services safe?

Environment and equipment

- Wooden Spoon House at The Mary Sheridan Centre and Sunshine House were well-presented and fit for purpose with age appropriate facilities. The environment was child friendly and welcoming. Toys, soft play and outside play areas were available. Consulting rooms, treatment rooms and waiting areas were decorated in bright colours with age appropriate pictures on walls. We saw firefighting equipment and designated fire assembly points. The equipment was regularly tested.
- Staff told us that they had enough equipment to deliver care and they had no problems ordering equipment. Allied health professionals and therapy teams reported they had good access to equipment for children using the service, and most items were readily available.

Cleanliness, infection control and hygiene

- Staff demonstrated a good understanding of infection control precautions.
- Personal protective equipment (PPE), such as gloves, aprons and hand sanitiser gel were readily available to staff. We observed staff using hand gel when they visited patient homes.
- The clinics visited were clean and tidy and there were rotas in place to make sure areas were cleaned regularly.
- We observed wooden baby changing tables in use in one location, which would be difficult to decontaminate if soiled.
- We observed cleaning wipes used to clean toys following a patient assessment.
- Eighty four per cent of all staff working in the community (Evelina London) had received training in infection prevention and control against the trust's own target of 95%.
- Hand hygiene audits in the community children's directorate showed 100% compliance for the quarter ending in June 2015.
- We saw evidence of infection prevention and control audit reports.

Mandatory training

- There was a high rate of compliance with statutory and mandatory training amongst staff working in the

community (Evelina London). For example, 84% of staff had completed fire training, 98% had completed health and safety training and 88% had completed moving and handling training against a trust target of 95%.

Assessing and responding to patient risk

- We found a wide range of risk assessments in use to assess and manage individual risks. Examples included risk assessments for children who were at risk of developing pressure injuries, manual handling risk assessments and for children who were subject to a child protection plan. Where risks were identified, staff had access to support guidance and equipment to help manage risks.
- We observed staff using the Situation Background Assessment Recommendation (SBAR) tool during a handover meeting between nurses caring for children with complex needs.
- 90% nursing staff working in the community (Evelina London) had received training in basic life support against the trust's own target of 95%.

Staffing levels and caseload

- Health visiting staff caseloads averaged 290 in 2014/15 and 271 between April and July 2015. This was better than the Lord Lamming 2009 recommended caseload level of 300 families per health visitor.
- School nurses were unable to deliver the full core service to all schools due to the high levels of safeguarding cases with requirements to attend conferences, core groups and review all cases within three months. The priority of the school nursing service was to meet safeguarding requirements. This was identified on the Evelina risk register in July 2015.
- Staff comments were generally positive; including, "Staff work hard, no matter whether teams are fully staffed or not to provide children with the best care. Staff will go out of their way to support families."
- The vacancy rate was 9.4% for nursing and 9.2% for allied health professionals amongst the Evelina London community staff compared to the trust average of 13.2%. Medical and dental posts were overestablished by 2.9%.
- Bank or agency staff usage was 10% for the Evelina London community nursing staffing in the 12 months up to May 2015 compared to the trust average of 11%. We saw evidence of an induction process for bank and agency staff.

Are services safe?

- The sickness rate was 4.4% for nursing, 3.7% for medical and dental and 2.2% for allied health professionals amongst the Evelina London community staff in the 12 months up to May 2015 compared to the trust average of 3.3%.
- The turnover rate was 16.3% for nursing, 14.6% for medical and dental and 19.5% for allied health professionals amongst the Evelina London community staff between April 2014 and May 2015 compared to the trust average of 12.2%.

Managing anticipated risks

- Lone working policies were in place and staff followed them. Staff told us of the Trust's protocols for arranging, and carrying out home visits. Lone working devices with

GPS were in use which included an emergency support alarm and audio monitoring facilities. A 'buddy' system was also in place, with staff recording their whereabouts on a whiteboard in the office base.

- Support and guidance was provided to staff by way of managers who operated on-call rotas

Major incident awareness and training

- The Trust had protocols in place to respond to major incidents and staff were aware of escalation procedures for areas of risk.
- A cascade system was in use in the event of a major incident, with staff being alerted by telephone or text, to inform them of any risks and action to take. The system was implemented effectively when a location had to be evacuated when an unexploded World War 2 bomb was discovered on a nearby building site.

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

The trust's community health services for children, young people and families provided effective care and treatment so patients had good outcomes.

Staff followed accepted national and local guidelines for clinical practice. A number of pathways had been developed to ensure that patients received treatment focused on their needs. The trust participated in national and local audits so that they could benchmark their practice and performance against best practice.

There was a multidisciplinary, collaborative approach to care and treatment that involved a range of health and social care professionals.

Appropriate handover arrangements were in place for those children and young people moving between services

Staff had regular supervision meetings and access to learning opportunities to promote their development.

Evidence based care and treatment

- The trust had a number of policies and procedures in place which were based on National Institute for health and care excellence (NICE) or other nationally or internationally recognised guidelines. Policies and guidance were easily accessible to staff on the trust's intranet. Staff we spoke with in the therapy, health visiting, school nursing and sexual health teams were aware of the national guidelines relevant to their practice.
 - We saw evidence that services undertook regular audits to monitor their practice.
 - Children's community services had a clinical governance group that met regularly (every other month) to look at the progress on the audits across all the teams. There were named audit leads for each service provided including school nursing, health visiting, audiology, occupational therapy and speech and language therapy. The audit register was presented in the Directorate Performance and Governance meeting. Individual teams discussed audits in their regular team meetings and planned any re-audits as required.
- Community paediatricians presented audits to their teams and identified learning and practice points in their weekly meetings.
- The trust utilised the Common Assessment Framework; a multiagency tool used to identify the needs and to help support children with complex needs to access the necessary services in a timely fashion.
 - The trust offered a Family Nurse Partnership (FNP) programme which was an intensive, evidence based, preventative programme for vulnerable first time young mothers, from pregnancy to until the child is 2 years of age. Family nurses delivered a licensed programme, within a well-defined and structured service model. The performance of this programme was audited continuously to ensure compliance with national FNP guidelines and FNP Programme Licence for Supervision in FNP.
 - Health visitors and their teams delivered the Healthy Child Programme (HCP) to all children and families during pregnancy until 5 years of age. The Healthy Child Programme for the early life stages focused on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
 - School Nursing services were delivered to children aged 5-19 years of age, providing a core programme of evidence based preventative health care, with additional care and support for those who need it, such as supporting emotional and mental health, providing sexual health advice, tackling substance misuse and risk taking behaviours.
 - Performance information about community health services was included in the Evelina Integrated Quality and Performance Report. This included information about patient safety, incidents, infection prevention and control, and patient experience such as complaints and serious incidents. Quality and performance scorecards were also available for individual services (such as school nursing and health visiting).

Are services effective?

- Staff were aware of the performance information and said this was discussed with them individually and at team meetings. We saw evidence of this within minutes of team meetings.
- We observed that patient pathways were followed in practice when we observed (with consent) patients attending an autism diagnosis clinic and during a home visit by a physiotherapist to a child with cerebral palsy.

Pain relief

- There were clear guidelines for staff to follow which reflected national guidance.
- Children's pain levels were appropriately assessed according to the age of the child. We saw that different methods were used, such as pictures and assessment of facial and body language, where verbal communication was not possible.

Nutrition and hydration

- In 2014/15 the number of infants whose breastfeeding status was known at 6-8 weeks was 98% against a target of 95%.
- Although the initiation of breastfeeding was significantly lower than the England average, the number of infants breastfeeding at 6-8 weeks was 79% (annual average in 2014/15) which was better than the England average.
- The school nursing service was exceeding their targets in the National Child Measurement Programme (NCMP). In 2014/15 98% of children in Lambeth and 95% of children in Southwark entering school in the reception year received a height and weight measurement as part of NCMP against a target of 85%. In 2014/15 92% of children in Lambeth and 91% of children in Southwark in year six received a height and weight measurement as part of NCMP against a target of 85%.
- The trust had recently introduced Healthy Weight nurses to promote the nutritional health of children using the service. In 2014/15, 81% of children in Lambeth and 71% of children in Southwark who were measured as obese were proactively followed up with an action plan against targets of 65% and 60% respectively.

Patient outcomes

- The immunisation rates for measles mumps and rubella (MMR), diphtheria, polio, tetanus, pertussis and Hib across the trust were marginally worse than the England average, but better than the regional average. The England average MMR rate at age two was 93%; in

Southwark it was 89% and in Lambeth it was 90%. The England average rate for combined diphtheria, polio, tetanus, pertussis and Hib at two years was 96%; in Southwark it was 94% and in Lambeth it was 95%.

- The percentage of girls in year 8 receiving a complete Human Papilloma Virus (HPV) vaccination was 85% in Southwark and 80% Lambeth (against DH target 90%) in 2104/15.
- The trust provided data about their performance against British Association for Sexual Health and HIV (BASHH) Standards for the management of sexually transmitted infections (STIs) (2010). Specifically:
 - 99.6% of people were offered an appointment, or walk-in, within 48 hours of contacting the trust.
 - 94% people having a first STI check were offered HIV testing. The uptake was 76%.
 - 100% individuals accessing services with STI concerns had a sexual history and STI/HIV risk assessment made by the trust. This was incorporated into initial triage.
 - 100% reports (or preliminary reports) were received by clinicians within seven working days of a specimen being taken. The trust's laboratory target was 35 hours. In the 12 months up to 13 September 2015, 79.6% of requests met the target with an average of 24.6 hours to report

Competent staff

- Staff had regular supervision meetings. The appraisal rate was 70% for nursing, 68% for allied health professionals and 67% for administrative and clerical amongst the Evelina London community staff in the 12 months up to May 2015.
- Eighty five per cent of staff reported receiving job-relevant training, learning or development in the previous 12 months in the 2014 NHS staff survey and was trending upwards from the previous survey. This was significantly better than the average for other trusts
- Systems were in place to check Nursing and Midwifery Council (NMC) registration for staff.
- Staff spoken with told us the trust provided excellent opportunities for learning; some staff said it was one of the reasons they chose to work at the trust. A practice development nurse was in post in the community to support professional development.

Are services effective?

Multi-disciplinary working and coordinated care pathways

- The trust had integrated children's community services into the Evelina acute hospital successfully. Staff told that this integration had a very positive impact on multidisciplinary working as hospital staff rotated into the community and community staff rotated into the hospital.
- There was collaborative working within the multi-disciplinary team (MDT). Staff worked well together; there was effective communication between staff; and healthcare professionals valued and respected each other's contribution to the planning and delivery of children and young people's care. For example, an integrated model was used in the diagnosis of autism and involved CAMHS, community paediatrician, speech and language therapist and social worker.
- The Safeguarding Children's team said there were strong relationships with external organisations and effective information sharing so that children's safeguarding concerns were responded to quickly to minimise risks to children. We visited the multi-agency safeguarding hub during our inspection and observed members of the children's safeguarding team responding to incoming information. Staff in the children's safeguarding team rotate into the MASH spending a week at a time working there.
- Staff told us that they had good working relationships with GPs, school staff, social services and the police. This meant that information was shared readily and cross agency working ensured that where there were concerns about vulnerable children, these were shared and managed.
- There were arrangements in place for rotation of nursing staff between the acute and community Evelina London settings to promote improved understanding of integrated care pathways between the settings.

Referral, transfer, discharge and transition

- We found appropriate handover arrangements in place for those children and young people moving between services. There were procedures in place to ensure that as young people made the transition to adult services, this was done sensitively and when the patient was ready to start the transfer process.
- The process of transition to adult service usually began as the person approached the age 14 however this was dependent on each individual, their maturity and their wishes.

Access to information

- Staff had access to the electronic medical records of children and young people through the RIO system which also included GP records.
- The intranet was available to all staff and contained links to current guidelines, policies, procedures and standard operating procedures and contact details for colleagues within and out with the organisation. This meant that staff could access advice and guidance easily.

Consent

- The trust's clinical guidance on consent for children and young people was updated in 2014. Consent forms were based on standard forms produced by the department of health.
- Staff used 'Gillick competencies' and 'Fraser guidelines' to determine whether a child was mature enough to make their own decisions and give consent. Therapy and nursing teams were seen to involve parents in planning children's care, including consent.

Are services caring?

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

Summary

People using the trust's community health services for children, young people and families were treated with dignity and respect and were involved as partners in their care.

People felt they were listened to by health professionals and were involved in their treatment and care.

Staff treated people with respect. People using the service told us that they felt well-informed and involved in the decisions and plans of care. Staff respected the choices and preferences of people using the service and were supportive of their cultures, faith and background.

Compassionate care

- People using the service were treated with kindness and compassion.
- 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. Their comments included : "We're always treated with respect", "I can't fault it", "staff never seem to let anything faze them; they are friendly, approachable and helpful."
- We observed the way children and their parents were treated both in their homes and in clinic settings. Staff were kind, patient and informative. Patients were treated as individuals and we saw that staff and patients had built up good working relationships.
- Staff spoke passionately about their commitment to provide compassionate care.
- There was a low response rate to the 'Friends and Family' test for Evelina community directorate with a year to date average of 20% response. Results of the survey showed 93% of people would recommend the service.

- The trust's own patient experience survey, June - August 2015, for young patients and their families using community based services showed high levels of satisfaction with specialist services.

Understanding and involvement of patients and those close to them

- People using the service told us that they were treated with dignity and respect.
- The home visits we observed and other interactions in clinical areas showed us that staff helped children and their families understand the care treatment and care support available to them.
- Through observation of practice and review of records, we found evidence of actions taken by staff to ensure parents understood what was going to happen and why, at each stage of their child's treatment and care. This included adapting the style and approach to meet the needs of individual children and involving their relatives in all the services and settings we visited.

Emotional support

- Children, young people, their families and carers told us they felt supported by staff. Should further more specialised support be needed, staff were able to make referrals to other services such as child and adolescent mental health services (CAMHS), psychologists, GPs and counselling services.
- The parents we spoke with told us that there was effective communication from staff and any concerns were addressed quickly and appropriately.
- Guidance was available for parents about a range of support services if required. Staff told us about a range of voluntary services that were available for parents if required; this included information on support services for parents with children who had been diagnosed with autism.

Are services responsive to people's needs?

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

Summary

Services were planned and delivered to meet the diverse needs of the community served including those in vulnerable circumstances

People using the service had access to the right care at the right time, although the time health visitors spent in 'patient facing time' needed to be improved.

Complaints from people using the service were learned from and used to improve the service.

Planning and delivering services which meet people's needs

- The services had adapted to meet the needs of its local population because people's needs were assessed and reviewed from a service perspective. When needs were identified the teams put the necessary steps in place to address local health needs.
- During autumn 2014 Stockwell Partnership, a Lambeth charity with extensive experience of engaging ethnic parents with young children in health and well being issues, was commissioned by the Evelina to run three focus groups on the barriers to accessing health provision currently experienced by ethnic groups in South London. The project sought the views of parents and carers of babies and young children from the Somali, Tigrinya and Portuguese speaking communities in Lambeth. We did not see evidence of how the results of the project were being used.
- The trust recently introduced a specialist nurse for childhood obesity in Southwark in response to an identified need. Lambeth have had a similar nurse specialist post for a number of years.
- The Looked After Children (LAC) nurse specialist introduced an opportunistic immunisations programme for looked after children, which improved the uptake of immunisations by 22% in this group of children.
- In 2014/15, health visitors achieved 26% patient facing time against a target of 40% or greater. Trust performance records showed this had improved to an average 32% between April and July 2015.
- The sexual health service delivered SH:24, a free online sexual health service making it easier for people to get

tested for the four most common sexually transmitted infections (STIs). The service provided people in Southwark and Lambeth with test kits, information and advice - 24 hours a day. A testing kit is discreetly posted to people using the service and a text message is sent when results are ready so the patient can make contact at their convenience.

- The sexual health service had a specific clinics for lesbian, gay, bisexual and transgender (LGBT) communities.
- The Sexual Health Team provided out-of-hours drop-in sexual health clinics so as to be more accessible to young people.
- The breastfeeding team used social media (Facebook) to engage and share information with breastfeeding mothers.
- We observed the environment at Mawbey Brough was not family or child friendly; it provided no play area or toys in the waiting area. Health visiting staff raised this as a concern when we spoke with them.

Equality and diversity

- The staff we spoke with had a good understanding of the population who used the service and were able to explain with confidence the requirements of the people they cared for.
- Buildings were easily accessible and adhered to the Disability Discrimination Act 1995.
- Staff were able to access interpreters for people whose first language was not English, or who had a sensory disability. However, we observed three incidents of care when parents of children struggled with English as it was not their first language. Staff confirmed interpreters were always used routinely where there were safeguarding concerns
- We saw a variety of written information in different languages for people using the services.
- Ninety five per cent of all staff working in the community (Evelina London) had received training in equality, diversity and human rights against the trust's own target of 95%.

Are services responsive to people's needs?

Meeting the needs of people in vulnerable circumstances

- We noted the trust had implemented routine discreet enquiries about the experience of domestic violence to all women in families they had contact with during the course of their work.
- A child who is being looked after the local authority is known as a looked after child or a child in care. They might be living with foster parents, at home with their parents under the supervision of social services, in residential children's homes other residential settings like schools or secure units. Looked after Children (LAC) teams supported 'looked after' children, to improve their health and life chances; provide holistic and health educational approach to health assessments; and contribute to strategic planning to raise the profile of children and young people within the care system.
- FNP staff used text messaging to contact young parents using the service. Work was in progress to introduce the use of free instant messaging (such as 'WhatsApp') to avoid reliance on mobile phone credit.
- Community staff visited people in their own homes, local schools or in local centres to ensure people got the care they required. The parents we spoke with confirmed care had been received in a variety of settings.

Access to the right care at the right time

- Staff told us there was effective communication between departments within the organisation. This meant that referrals were made easily. Most staff told us they could make a call to refer a patient as long as this was followed by a formal referral.
- School nurses offered regular drop-in sessions for pupils to attend and discuss concerns or questions they had about sexual health, smoking, alcohol consumption, drugs or general health.
- The percentage of cancellations by service among children's community was 2.1% (annual average in 2014/15) against a target of 5% or less.
- The rate of patients who 'did not attend' appointments (DNA) among children's community was 7.7% (annual average in 2014/15) against a target of 3.5%

- Between 90 and 100% of children were seen for their first treatment within 18 weeks of referral to treatment (RTT) in 2014/15.
- The RTT for audiology was 100% for both completed and incomplete pathways.
- The RTT for Allied Health Professionals was 92%. The RTT for consultant was 90% for completed pathways and 95% for incomplete pathways.
- The health visiting service undertook 97% of new birth visits within 14 days in 2014/15
- Trust performance for first and second child health reviews was better in Southwark than in Lambeth.
- The percentage (annual average) of children who received a 12 month review was 66% in Lambeth and 73% in Southwark in 2014/15 against a target of 75%.
- The percentage (annual average) of children who received a two to two and a half year review was 65% in Lambeth and 79% in Southwark in 2014/15 against a target of 75%.

Learning from complaints and concerns

- People we spoke with told us that they had never made a complaint but said they felt able to raise a concern if needed and were confident that they would be treated with respect, and have their complaint dealt with in a transparent manner.
- The service experienced low levels of complaints. Information received from the trust showed 11 complaints were received concerning children and young people in the community in the last 12 months. The themes of complaint related to communication, clinical care and staff attitude. Records showed the trust had partially or fully upheld the complaints received. The children's community directorate had a target of zero for the number of complaints responded to in more than 25 working days and the number of complaints open that have exceeded 25 working days. The year to date average for 2104/15 was one.
- There was evidence that when a complaint was made it was addressed and learned from and, when applicable, used to improve the service. Patient experience data including complaints and detailed trend information and analysis was included in the monthly Evelina integrated quality and performance report.

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

The trust's community health services for children, young people and families was well-led.

The integration of children's community services to become part of Evelina London Children's healthcare in 2014 has had a positive impact and promotes the ability of the trust to provide a truly integrated model of health care to children across the trust's acute and community services.

The service actively sought and responded to the views of people using the service.

There was a robust governance framework and reporting structure. Staff had confidence in their immediate line managers and leadership at board level. Staff were proud of their achievements and input into a wider health agenda at local, regional and national level.

Service vision and strategy

- All the staff we spoke to were able to tell us about the trust's values and were committed to delivering excellent care in line with the trust's strategy.
- The service vision for Evelina London Children's Services was to create an integrated local child health service that works seamlessly across primary, community and secondary care, and with other local agencies, focused upon improving health and child development outcomes for the children of Lambeth & Southwark.
- The Evelina London's clinical strategy planning document identified four strategic priorities: to create an integrated local child health service, to create a specialist services network across South London, Kent, Sussex and Surrey, to establish Evelina London as a comprehensive specialist children's hospital and to develop and expand the academic activities.
- An annual directorate business plan was developed for the Children's Community Services, which clearly set out objectives and supported the trust's overall strategic plan for children's services.
- Lambeth and Southwark Community Children's Services joined Evelina London on 1st April 2014 to create Evelina London Children's Healthcare

- The Children's and Young People's Health Partnership was established April 2013, funded by GSTT Charity. This is a local multi agency partnership aimed at improving the primary and secondary care interface within local services, working with primary care; asthma, epilepsy; mental health; and young people.
- The Local Child Health Strategy was in draft; bringing together services and planning local hospital and community services for children in Lambeth and Southwark.

Governance, risk management and quality measurement

- There was a robust governance framework and reporting structure. We saw from the monthly quality performance report and risk register that there were clear lines of responsibility and communication.
- Key performance indicators, workforce issues and learning from incidents, complaints and patient experience were discussed at team meetings and reported through to the Board.
- We found the service had a process in place for carrying out clinical audits and that any actions required to resolve concerns were taken.
- The Evelina operated a risk register. In addition, each locality service managed local risk registers which contained risks applicable to their own location.
- Each risk was scored according to a nationally recognised risk scoring system, and then subsequently RAG rated. Each risk was assigned to a manager and included actions, progress and due dates. There were five risks recorded on the Evelina London Community register. Four risks were rated as Amber (moderate risk) and one rated as green (low risk).

Leadership of this service

- The Children's Community Services directorate was led by a clinical director, general manager and head of nursing who reported to the medical director, director and director of nursing respectively at Evelina London.

Are services well-led?

- There were six managers in health visiting, two managers for school nurses (one each for Lambeth and Southwark), two managers for family nurse partnership (one each for Lambeth and Southwark), and one manager for the sickle cell service.
- Each borough (Lambeth and Southwark) had an identified community paediatric lead clinician.
- There was a manager for each of the children's therapy services (occupational therapy, speech and language therapy, physiotherapy and audiology, nutrition and dietetics).
- Staff we spoke with told us that they had confidence in their immediate line managers and leadership at board level. In particular, staff commented that the trust's chief nurse was visible, approachable, would listen to their concerns and take action where needed.
- Information from the NHS Staff Survey 2014 indicated that the trust performed about the same as other trusts nationally with regards to staff receiving support from their immediate managers.

Culture within this service

- In 2011, community services provided by two separate primary care trusts in Southwark and Lambeth combined and became part of Guys and St Thomas's. Staff told us the integration of these services into the acute trust was managed very effectively. Several staff commented that community services benefited from being known as part of the trust. One staff member said, "We have benefited from the 'brand' and the reputation of the trust".
- In 2014, the children's community services became part of Evelina London Children's healthcare. Staff told us this has had a positive impact and promotes the ability of the trust to provide a truly integrated model of health care to children across the trust's acute and community services.
- Staff were proud of their achievements and input into a wider health agenda at local, regional and national level.

Public engagement

- Staff recognised the importance of the views of people who used the service about the services provided. Staff were involved in actively seeking feedback from people.
- Young patients and their families using community based services are invited to complete a questionnaire at the end of their appointment. Around 300 questionnaires were completed between June and August 2015. The information was used to identify 'things patients tell us we are doing well' and 'things patients tell us we could improve'. We saw evidence of 'you said, we did...' feedback in child friendly displays when we visited Sunshine House.
- One parent we spoke with described their involvement in producing information leaflets about the service.
- The trust produced a quarterly Patient Experience and Engagement report, which comprehensively summarises the trust's performance. The report informs the trust management executive, trust nursing and midwifery committee and the trust quality committee.

Staff engagement

- Staff told us they were continuously encouraged to be involved in how the service was delivered and were able to feedback any comments or concerns they had. Without exception, staff we spoke with told us they felt proud to work for the trust.
- In the 2014 NHS staff survey, 71% trust staff said they were able to contribute towards improvements at work compared to 68% in other trusts nationally.

Innovation, improvement and sustainability

- The development of SH:24, a free online sexual health service making it easier for people to get tested for the four most common sexually transmitted infections (STIs) is funded by Guy's and St Thomas' Charity.
- The current financial scorecard showed the children's community directorate were working to budget, with no financial deficit.