

Solent NHS Trust

R1C

# Community health services for children, young people and families

## Quality Report

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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/ unit/team)</b>	<b>Postcode of service (ward/ unit/ team)</b>
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This report describes our judgement of the quality of care provided within this core service by Solent NHS Trust . Where relevant we provide detail of each location or area of service visited.

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

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

Overall, this core service was rated as 'requires improvement'.

A comprehensive inspection of Solent NHS Community Trust was carried out from 27 to 30 June 2016, and the subsequent report was published on 15 November 2016.

Community Health Services for children, young people and families was rated as 'Requires Improvement' with safe rated as 'Inadequate'. There were significant concerns within two of the specialist schools we inspected at that time, Mary Rose Academy and Rosewood Free School.

Due to the inadequate rating in safe, we conducted an unannounced focused inspection of the safe domain on 11 and 18 October 2017. The inspection team focused on Mary Rose Academy and Rosewood Free School due to the significant concerns found at the last inspection. The team also visited the Highpoint Centre to review documents relating to governance arrangements, records and staffing. The focus of this inspection was to review whether the concerns we raised during the 2016 comprehensive inspection of the Community CYP service had been fully addressed.

This inspection only covered the inadequate domain rating for safety, so any new rating for Safe will not address or affect the other domain ratings for this core service.

At this inspection, we rated the safety of the service as 'requires improvement' and although this is an improvement for that domain, it does not change the overall rating of 'requires improvement' for the whole core service rating.

We visited and inspected two specialist schools, which cater predominantly for pupils with severe and complex needs such as cognitive difficulty, physical disabilities, medical conditions and autistic spectrum disorder. The schools are state schools run by local government, but the nursing care is supplied by qualified nurses employed by Solent NHS Trust.

At this inspection, we rated the safety of the service as 'requires improvement' because:

- Medicines management processes, although showing improvements, were not yet fully embedded for safe practice. Because processes and guidelines were not consistently followed, this had resulted in an uneven provision of practice, and a mismatch across the two specialist school services. This did not completely ensure the quality and safety of the care children and young people received. Medicine stock numbers were not always fully reconciled, and this continued to pose potential risk to the health and safety of children and young people.
- Records were mainly stored safely and securely, although records management was not yet fully secure in one location. Some records held inaccurate or out of date information, and had been used by teaching assistants to deliver care. This had the potential to pose potential risk to the health and safety of children and young people.

However:

- We noted substantial improvements in the service delivered through the specialist schools we inspected on this occasion, and evidenced through the pre-inspection presentation.
- Medicines were now stored, dispensed and administered safely, although not always with best practice guidelines. Following a discussion with the trust about our concerns with medicine stock checking, an immediate action plan was developed. This outlined areas for improvement with leads identified and clear timescales for actions to be completed.
- We noted some highly personalised care, record keeping and process assurance at one of the schools. This wholly supported the safe care of children and young people within this school environment.
- By the time of this inspection, the services had completed the actions we required it to take following the inspection in June 2016. The specialist community services for children and young people were now meeting Regulations 12 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

# Summary of findings

## Background to the service

### Information about the service

Solent Health NHS Trust provides a wide range of community based services to children and young people in the Southampton, Portsmouth and Hampshire areas. Care is provided in a variety of settings including schools, health clinics, a mobile Tracheostomy bus, and home visits. Services provided include school nursing, health visiting community paediatric nursing, community paediatricians, occupational therapy, physiotherapy, learning disability nursing, podiatry, education health, orthotics, care support assistants and speech and language therapy.

Solent NHS Trust provides services to meet the physical, mental and psychological needs of children and young people aged 0-19 years. The inspection included two specialist schools: Mary Rose Academy and Rosewood Free School, which cater predominantly for pupils aged from 3-17 years with severe and complex needs such as cognitive difficulties, physical disabilities, medical conditions and autistic spectrum disorder. The schools are state schools run by local government, but qualified nurses employed by Solent NHS Trust supplied the nursing care.

At our inspection in 2016, we told the trust the actions they must take to improve, in respect of these locations :

The trust must ensure:

- Urgent equipment such as a suction machine must be available in schools in order to meet the emergency needs of children and young people.
- Medicines are administered safely in special schools and must include a valid prescription and protocol for as required medicines in special schools.
- Medicines in special schools are administered from the original labelled container ensuring medicines are given to the correct patient, correct dose, appropriate information and advice.
- Medicines are stored safely and securely in all schools and in line with current legislations, trust's policies and standard operating procedures.
- Staffing is reviewed and there are adequate staff to deliver the healthy child programme, health visiting and school nursing services.
- Staff receive training and appropriate supervision of their practices. and their competencies are assessed when they are undertaking extended roles.

## Our inspection team

The team that inspected these services was comprised of a CQC inspection manager and two CQC inspectors who undertook the previous inspection.

Further post-inspection activities were supported by the CQC Medicines Management team, including the National Lead for Controlled Drugs.

## Why we carried out this inspection

We undertook this inspection to find out whether Solent NHS Trust had made improvements to their specialist community services for children and young people since our last comprehensive inspection of the trust in June 2016.

When we last inspected the trust in June 2016, we rated the community services for children and young people as 'requires improvement' overall. We rated the core service as inadequate for safe, requires improvement for effective, responsive and well led and good for caring.

# Summary of findings

Following the June 2016 inspection, we told the trust that it must take the following actions to improve specialist school community services for children and young people:

The trust must ensure:

- Urgent equipment such as a suction machine must be available in schools in order to meet the emergency needs of children and young people.
- Medicines are administered safely in special schools and must include a valid prescription and protocol for as required medicines in special schools.
- Medicines in special schools are administered from the original labelled container ensuring medicines are given to the correct patient, correct dose, appropriate information and advice.
- Medicines are stored safely and securely in all schools and in line with current legislations, trust's policies and standard operating procedures.
- Staffing is reviewed and there are adequate staff to deliver the healthy child programme, health visiting and school nursing services.
- Staff receive training and appropriate supervision of their practices. and their competencies are assessed when they are undertaking extended roles.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Treatment of disease, disorder or injury; Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment:  
How the regulation was not being met in 2016:

- People who use services and others were not protected against the risks associated with unsafe care or treatment.
- Medicines were not always kept safe in some school locations. Medicines management was not consistently in line with current legislation in relation to administration, prescription and their safe storage. Regulation 12 (2) (g).

Regulated activity

Treatment of disease, disorder or injury Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met in 2016:

- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the needs of people using the service. Regulation 18(1)
- Staff did not receive such appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2) (a).

In October 2017, we undertook a responsive inspection to find out whether Solent NHS Trust had made improvements since our last comprehensive inspection of the trust in June 2016.

The focus of this inspection was to review whether the concerns we raised during the 2016 comprehensive inspection of the Community CYP service had been addressed.

Many, although not all, of the concerns at that time related to specific aspects of the practice and care delivered at two "specialist schools".

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about specialist community services for children and young people.

We asked for a presentation by the wider Community CYP team, to give them the opportunity to describe how they had worked towards achieving or exceeding compliance

since the previous inspection. They provided a large portfolio of written evidence, and gave a detailed presentation of the work that had been undertaken, supported and facilitated by many Solent staff.

Post-inspection, we requested further information from the trust, including the action plan they created to address the issues raised at the last inspection.

During the inspection visit, the inspection team:

# Summary of findings

- visited the clinical environments where treatment was provided, looked at the quality of the environment and observed how staff were caring for young people
- spoke with three young people using the service
- spoke with the matron of the school teams we visited
- spoke with five other staff members
- met with the senior management team in charge of these services
- reviewed nine treatment records of children and young people.
- reviewed a range of policies, procedures and other documents relating to the running of the service

## What people who use the provider say

We did not speak with people who use the service on this inspection, but the previous comments, from children, young people, families and carers was complimentary and described “very caring nurses” who worked in both schools.

## Good practice

We observed the following areas of outstanding practice:

- The CYP team provided a large portfolio of written evidence, and gave a detailed presentation of the work that had been undertaken, supported and facilitated by many Solent staff.
- Some care plans were of exemplar standard, included best practice guidelines and were highly individualised.
- An asthma update for all nursing and HCA staff had taken place: as a result, they learnt that each inhaler has 200 doses, and it can sound as if it has worked even if it is empty. New inhalers had been requested for all children who were known asthmatics and a new tally system had started so staff were aware how many doses had been given.

## Areas for improvement

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

#### Action the service **MUST** take to improve:

- The trust must ensure that adequate prescribing and recording of buccal midazolam takes place at Mary Rose School.
- The trust must ensure that records are always up to date, consistent, and appropriately filed at Mary Rose School .

### Action the hospital **SHOULD** take to improve:

- The trust should ensure all nurses working in school nursing settings, who provide clinical care and treatment to children and young people are trained to the appropriate level for safeguarding children.
- The trust should consider the efficacy of the medicines audit form.



Solent NHS Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

**Requires improvement** 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as 'requires improvement' because the trust have made improvements to their safe provision of care, which we previously rated as Inadequate in June 2016.

In our comprehensive Trust inspection in June 2016, we rated safe as inadequate because we found that:

- Safety systems and standard operating procedures were not followed with regard to the safe management of medicines in the schools.
- Medicines were not always managed safely or consistently in some special schools which posed risks to the health and safety of children and young people. Staff practice and processes in these schools did not follow regulatory guidelines for the safe administration of medicines.
- A piece of emergency equipment was not available in one school, which could affect the immediate safety of children with profound disability.
- Some equipment in schools was not checked and tested to ensure they remained fit for purpose posing safety risks.
- Patients' records were not always recorded and updated in a timely way due to IT connectivity issue and pressure on staff time. This had posed risks of delays in recording and incomplete records.
- Staff reported incidents and there was evidence of lessons learnt. However this was not consistent across all services. Some staff said they had not reported incidents due to staffing shortages and high workload, other staff did not recognise concerns such as safety issues in medicines' administration.
- Compliance with safeguarding training was below trust target in some teams and it was not clear that relevant staff had completed level 3 training as needed when working with children.

## Are services safe?

When we visited in October 2017, we found the Trust had worked hard to improve these areas of practice and care provision.

- Safety systems and standard operating procedures had improved regarding the safe management of medicines in the schools.
- Good medicines management practice was not yet fully embedded entirely consistently, but the practice was mainly safe, and the risks to the health and safety of children and young people had diminished.
- One of the schools managed medicines in a safe, appropriate and consistent manner and this continually supported safe care aligned to best practice guidelines.
- Emergency equipment was now available within the school.
- Equipment in schools was correctly serviced and maintained by an external contractor, to ensure it remained fit for purpose.
- Staff were mainly up to date with mandatory training and staff were receiving clinical supervision and annual appraisals.
- Staff knew how to report incidents using the online reporting system, and were encouraged to be early reporters. The consistency of this was emergent, and staff at one school did not yet fully recognise concerns such as safety issues in medicines' logging-in procedures.
- All staff we spoke with were knowledgeable about the trust safeguarding process. They were clear about recognising possible signs of abuse or neglect of children and young people. There was evidence of some inconsistency across both schools as one band five had not yet undertaken the prescribed level three training, which other trained staff, had completed. However, this had not affected their working knowledge base.

However:

- Although good medicines management practice was not yet fully embedded entirely consistently, the practice was mainly safe, and the risks to the health and safety of children and young people had diminished.

There was considerable evidence of very good practice relating to care records in one of the schools, where all of the care-plans had been updated using national guidance and best practice guidelines. This helped to deliver highly personalised care to children at this school.

### Safety performance

- Trusts are required to report serious incidents to Strategic Executive Information System (StEIS). These include never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- During the period of October 2016 to October 2017, there had been no serious incidents or never events attributable to either of these school locations.

### Incident reporting, learning and improvement

- The trust had an incident reporting policy, and staff understood their responsibility to report incidents via the trusts electronic reporting system. Each member of staff we spoke with could explain the reporting process, and said they felt confident that senior staff dealt with incidents correctly. Managers had oversight of incidents using a safety and quality dashboard, which displayed current information about the stage each incident was at in terms of investigation and sign-off.
- We reviewed incidents reported from October 2016 to October 2017. The majority of incidents resulted in no injury or low harm.
- The matron had asked Portsmouth and Southampton staff to arrange a day for specialist schools to come together in each area to share learning. We saw evidence that incidents were discussed amongst the staff through the regular staff meetings across all professional groups within children and young people's services.
- Staff did not have any examples of incidents at the schools that have required a Root Cause Analysis.

### Duty of Candour

- The duty of candour is a regulatory duty that relates 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.
- The trust have a current Duty of Candour Policy which we reviewed, and this is used in conjunction with a separate Incident policy, when necessary.

## Are services safe?

- The schools had no incidents where duty of candour had been required, but staff we spoke with were aware of the duty of candour, and spoke about the requirement to be 'open and honest' with patients and families if things went wrong.

### Safeguarding

- The intercollegiate document for safeguarding children and young people: roles and competences for health care staff (2014) states that "All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns" should have level three safeguarding training.
- There were effective systems to keep children and young people safe and safeguarded from abuse. This included a safeguarding policy and pathway for reporting and dealing with child protection and safeguarding concerns, both accessible on the trust intranet. Safeguarding training was also available, at levels appropriate to the staff roles and responsibilities.
- We asked for information on the number of staff who had undergone level three safeguarding training. Not all staff had undertaken level three.
- Staff we spoke with were knowledgeable about the trust's safeguarding process and understood their professional responsibilities. Staff protected children and young people from avoidable harm and abuse, and followed appropriate processes and procedures to keep them safe. Safeguarding children and young people was given sufficient priority and staff knew what to do if they had a concern. School nurses made a referral if needed.
- Safeguarding supervision was held once a month in group sessions run by a team leader. The school nurses took it in turns to each attend every other month.
- Safeguarding issues were dealt with appropriately, but slightly differently at the two schools.
- At Mary Rose Academy, if there was a safeguarding issue at school, the school nurses discussed it with senior managers in the school to make an appropriate plan. If it was a medical or health related issue then school nurses would lead: if it was a school or social issue then the school would lead.
- At Rosewood School, the deputy head was the safeguarding lead, so the nurse would discuss the case

with them, record it on the electronic system and report to her line manager. If the child or staff was thought to be in immediate danger, the appropriate emergency service would be called.

- 'Prevent' training and the FGM training had been undertaken as part of the level three course.
- We were told no safeguarding incidents had been reported.

### Medicines

- The trust had processes and standard operating procedures to manage the ordering, storage, disposal, and monitoring of vaccines.
- We reviewed how medicines were recorded and stored for the specialist school nursing teams. For one of the schools, all the medications were ordered via a contract with the local acute hospital. Where required, medicines were stored in fridges.
- We saw staff followed guidelines appropriately and found evidence of some good practice, for example, fridge temperature checks and the administration of medicines using the appropriate checks. Staff were aware of the trust protocols for checking medicines to ensure the risks to people were minimised, however the daily practice did not always support this knowledge.
- We did note some positive changes in medicines management. Medications were now drawn up and given at same time by a Registered Nurse, ie they were not drawn up in advance and given by teaching assistants later. All medicines were now given by the school nursing team while children were on site. This had changed the nurses way of working, as they saw the children far more, thus giving them a better overview. There was a new medication trolley which was lockable (and locked), and was kept in the nurses treatment room. This trolley contained the lunchtime medicines. All medicines due before or after lunch were stored in another lockable cupboard. The keys for the cupboard and trolley were now kept in a locked key safe in treatment room.
- We reviewed the arrangements for medicines receipt from home, and reconciliation at the schools, and noted that practice differed. Other aspects of medicines management practice differed between the two locations, this gave rise to some concern and we have noted these differences below.
- At Mary Rose, the signing-in procedure did take place, but did not check or record the quantity within the

## Are services safe?

presented boxes. This meant there was a potential for error. We did a stock cupboard review and reviewed the log book. There was an entry showing seven boxes were brought to school on 27 September 2017. However, there was a discrepancy between the assumed and actual number of ampoules, as not all boxes were full. Although there were sufficient stocks for multiple doses, the lack of contents check meant there was a risk that the last dose may be unable to be given because of the shortfall in medication: this was a process-fail which potentially made the child less safe.

- The school did not audit the actual vs expected numbers to check the cupboard content vs the records. This formed an incomplete audit process and an area for potential harm if there was insufficient medication to treat.
- A medicines audit was carried out at Mary Rose Academy 15 September 2017, and submitted to CQC within the presentation of improvements within CYP community service. However, there was no outcome recorded for the question 'A record is kept of all medicines ordered and received by the ward / unit'. There was a comment reading 'email trail' in the comments box, but no further follow-up was appended. The audit also recorded a positive outcome for the measure, 'There is a process for any patients own drugs brought into the ward unit'. The comment also stated 'checked by staff when logging meds'. The nurse and matron advised there was no audit to check the medicines recorded in the log book corresponded with the medicines held in the cupboard.
- Buccal Midazolam was not always recorded on a PRN drug chart. For the children who had regular medicines this was prescribed, but if the children did not have regular medicines, they did not have a PRN drug chart. If buccal (or any other PRN drug) medication was given, it was written-up retrospectively. Staff told us 'if we wrote a MAR chart for every child who may need Bucculam then we would have lots of charts not used'.
- Where buccal Midazolam was taken out for day trip purposes, it was not recorded in and out of the CD register to maintain an audit trail. While this is not a legal requirement, it is widely regarded as good practice.
- At one school, the nurses were performing one nurse checks for CD's. The trust policy states that two checkers is best practice, but also recognises this is not always practical within the community setting. However, four days a week between 0900-1400 there were two nurses

on duty but they still did single checking, so did not deliver to best practice guidelines, although there were sufficient staff to do so. The other school used two checkers, which gives rise to inconsistency of practice across these two sites. In order to improve consistency of practice, and therefore decrease risk, the trust need to follow their own policy or review /amend the local policy if two checkers is not a feasible solution.

- Regular medicines were requested from home by nurses and stored in drug trolley or drug cupboard. There was no written procedure as this was managed between two school nurses. If the school nurses were absent and a temporary nurse was in place, there would be no written policy to guide practice.
- Rosewood School demonstrated significant improvement towards compliance. They did record the quantity of medications received, and we saw evidence of this. All children had a prescription chart with their PRN or regular medications on it. CD checking took place with two nurses each day.
- Staff checked all medications on a weekly basis to ensure all medicines were still in date, and this was recorded on a weekly cleaning checklist. There was no audit to compare if stock in cupboard matches stock recorded in log. Nurses told us this would not happen as all drugs were labelled with a date-opened sticker when they were brought in. If the staff were busy medicines were locked in an empty shelf of the cupboard and then logged and labelled when less busy.
- Buccal Midazolam was checked every Monday – all boxes were opened and checked. All boxes of buccal Midazolam had pictures of children to aid with identification.
- All children, including those with no regular prescriptions, had a medication chart and were prescribed paracetamol, ibuprofen and salbutamol to be used if needed.
- The band six nurse had recently arranged an asthma update for all nursing and HCA staff: as a result they learnt that each inhaler has 200 doses, however it will still sound as if it has worked even if empty. The nurse requested new inhalers for all children who were known asthmatics and then started a tally on each box so staff were aware how many doses had been given.

# Are services safe?

## Environment and equipment

- Both schools were easily accessible for people with limited mobility. Facilities were very good and large rooms had adequate equipment to meet the needs of the pupils.
- The schools had acquired some wheelchairs; however there were on going issues with long waits for wheelchairs, and some children had outgrown them.
- There were dedicated car parking spaces for people with limited mobility and there was level access to the entrance to the service. The school buses also had tail lift to accommodate children in wheelchairs and clips to secure the wheelchairs.
- The security of the children had been taken into account at both schools. Visitors signed in and were issued with a pass.
- All areas were clean, tidy and well ventilated. Regular cleaning schedules by school staff ensured this was a hygienic and appropriate environment for the children who attended school
- Staff told us they had access to the equipment they needed for the care and treatment of children and young people. Staff also told us that they were trained in its' use where necessary. The equipment staff used was well maintained in line with manufacturers' instructions.
- At Mary Rose, the suction machine, hoist scales, chair scales, fridge and school hoist, pulse oximeter and thermometer were all tested, working and compliant with check dates. All equipment except the fridge had a visible asset number. Staff told us all Solent- owned equipment was tested at the same time in the school to ensure nothing was missed. The fridge was last tested on 18 October 2016 and therefore was due for its' annual safety checks. The matron was made aware and planned to follow this up.
- There were new emergency bags across the trust including at both schools: they contained both adult and child equipment. Their tags were intact. Matron informed us these bags arrived at the end of the previous week. These would require weekly tag checks but this had not yet been added to the checklist.
- There was a checklist in use for the cleaning, monitoring and replenishment checklist for the medical room: records were checked back to July 2017 and were all complete.
- At Rosewood School, the new emergency bags had arrived, although there were no emergency drugs in

place as these were awaiting a delivery. The bag was managed directly by an external company contract, and if something became near-expiry, the company would automatically replace it. The suction machine kept in school for emergencies was in place and had been serviced on 16 September 2017: the next service was due by end of 2017, and the CCN administration team arranged all testing.

- Children had their own oxygen cylinders, which were checked weekly. If oxygen cylinders were running low, nurses contacted the contractor who came out to school to replace them. The contractor had carried out an audit in school showing all oxygen cylinders were correct. The nurse had reduced the amount of oxygen cylinders stored in school for each child as the stock level was too high. An oxygen cylinder for the resuscitation emergency bag was awaited, but in an emergency, staff may need to call the ambulance service at present, as there was no separate emergency oxygen: this was in line with the current trust policy.

## Quality of records

- Noted within the 2016 report, records were stored safely and securely, although access to them was variable due to IT issues. Records were in electronic and paper forms, which meant staff had to input some of these manually to capture all information about safety and care of children.
- In this inspection, IT systems were further developed so that electronic records were available when needed. The Trust has integrated into a Sustainability and Transformation Plan-wide strategy to improve interoperability and enhanced sharing of electronic records in the wider system. All community staff now had access to laptops, a working VPN connection and increasingly optimised patient records in the community.
- We reviewed nine care records across school nursing. Most records we saw were contemporaneous, clearly set out, legible, and comprehensive. Records included care plans, risk assessments, medications documents, action plans, and relevant pathways where required.
- At Mary Rose Academy, some records were not updated or the correct version, and were not entirely robustly recorded or stored. There were paper consent forms for medication which had been completed by parents for



## Are services safe?

this school year but they were not filed in the current folder. The school nurse did not know and had not checked to see if all the new consent forms had been received.

- The record keeping was contemporaneous, and of a consistently high standard at Rosewood School. These were of an excellent standard, included best practice guidelines, and were highly individualised to the child. All children had a care plan booklet devised by the school nurse: all children had a diagnosis and medications page and associated care plans, for example respiratory, epilepsy, oxygen, nutrition and cardiovascular. A copy of the care plan was kept in the child's classroom, each care plan was signed by the parents and updated every year as a minimum. Care plans were individualised and included best practice, for example RCN guidelines.

### Cleanliness, infection control and hygiene

- The school premises we visited were visibly clean and staff followed national guidance in relation to hand hygiene and infection prevention and control.
- Staff were aware of safe infection prevention and control (IPC) measures and knew how to access the IPC policy on the intranet.
- Staff had undergone infection control training in the preceding 12 months.
- We saw personal protective equipment was readily available for staff to use and we observed staff using it appropriately.

### Mandatory training

- The trust set a target of 100% for completion of mandatory training by the schools nursing staff. Mandatory training courses for staff included safeguarding children, information governance, fire safety, infection control, health and safety, and basic life support. Solent also provide Deterioration and Resuscitation Training (DART) for all Solent staff. This has also been provided to the school staff as a trial by Solent. Most mandatory training is online, but child protection level three and DART training was face to face.
- Staff told us they were fully compliant with all of their mandatory training requirements, although we noted

one nurse had not yet completed level three safeguarding. Evidence provided to us from the trust demonstrated compliance levels were good across all services.

- Training resources were accessible and available face-to-face or online via an e-learning package.
- Individual members of staff were responsible for making sure they were up-to-date with all of their own training; however, they also received notifications from line managers. Staff told us they were encouraged to share knowledge and experience with colleagues
- Internal study days and away days were provided as part of their continuing professional development. We reviewed the minutes of staff meetings and noted that these had taken place.

### Assessing and responding to patient risk

- In the 2016 inspection, where risks such as swallowing were identified, care plans were not always developed to inform staff's practices and put children at risks of not receiving consistent care to meet their needs.
- We found significant and positive changes had taken place when we undertook this inspection. Robust processes had been developed to swiftly identify risk and monitor quality within school nursing.
- The process for assessing needs of new children was that parents applied to LA for a place at school, then came to visit. They met school nurses as part of that visit to find out about medical needs. Depending on the level of need, a home visit may have been undertaken and an integrated plan put in place. An assessment of medication and feeds would have taken place. Nurses would put in place a clear care plan and daily care plan listing the needs at different time intervals for that child during the day,
- On a day-to-day basis, staff assessed, monitored, and managed risks to children and young people. This included risks to children who were subject to a child protection plan or who had complex health needs. Risk assessments were completed and evaluated. Staff had undertaken training in completing risk assessments and where required individual risk assessments were placed in patient records. Competency training had been provided to teaching staff and teaching assistants for children with complex needs.
- In the nine records we reviewed, we observed patient risk assessments were completed appropriately and updated as required.

## Are services safe?

- Equipment was checked before it was taken out of the school on trips, to ensure it was working, medicines were in date and were at the correct temperature.
- Competency assessment forms in folder were reviewed, and these included competencies for gastrostomy/PEG, tracheostomy tube changes, monitoring oxygen checklist, nebulisers, ventilator – nippy junior, NG tube, training from speech and language therapists for how to use thickener.
- Competencies were based on the needs of the individual children staff were caring for. Nursing staff provide the training which is recorded on blue sky training record held by school and a spreadsheet.
- The matron explained that the Coventry and Warwickshire interactive competency framework was being used. Staff can click on the training subject, complete the training, then the workbook and finally a competency has to be signed off by a RN. This made training across Solent consistent. (This was used for school staff). Staff had just started to complete the Coventry and Warwickshire framework online. The new competencies will be stored electronically
- Children were weighed at least once a term: if it was identified there was a concern with their weight, they were weighed monthly.

### Staffing levels and caseload

- At both schools, the nursing workforce employed by Solent is stable. The care-load is also stable within the school.
- At Mary Rose Academy, at the end of last term there were two part time Occupational Therapy (OT) posts

plus one OT assistant. Both OT's have now left and there are two temporary part time OT's with one OT assistant. There is one physiotherapist in post for four days a week. The physiotherapist has previously had one band 5 assistant but this post is currently out to advert and expected to fill soon. A physiotherapist told us they were short of staff, they were supporting a number of schools and working extra hours.

- Nursing staffing comprises of one band six whole time equivalent , (on a term time contract), who works from 8am - 4pm Monday to Friday. There is also one band five nurse working 20 hours, from 9am – 2pm 4 days per week. The band five nurse changes and condenses hours to meet the demand of the workload.
- At Rosewood School, the nurse staffing is one band six and one band five nurse who work full time, on a year-round contract, four days per week: one HCA , four days per week and one HCA, three days per week.

### Managing anticipated risks

- The trust had a lone worker policy, which staff were aware of, staff informed colleagues of their schedules, staff were aware of each other's whereabouts and all staff working in the community had a work mobile phone.
- The trust had an incident response plan which set out the trust's generic response to internal and external critical incidents. This included roles and responsibilities, communications, and co-ordination and plan activation. There was a current business continuity plan for specialist schools.

## 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**

<Enter findings here>

### **Evidence based care and treatment**

<Enter findings here>

### **Pain relief (always include for EoLC and inpatients, include for others if applicable)**

<Enter findings here>

### **Nutrition and hydration (always include for Adults, Inpatients and EoLC, include for others is applicable)**

<Enter findings here>

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

<Enter findings here>

### **Patient outcomes**

<Enter findings here>

### **Competent staff**

<Enter findings here>

### **Multi-disciplinary working and coordinated care pathways**

<Enter findings here>

### **Referral, transfer, discharge and transition**

<Enter findings here>

### **Access to information**

<Enter findings here>

### **Consent, Mental Capacity act and Deprivation of Liberty Safeguards (just 'Consent' for CYP core service)**

<Enter findings here>



## Are services caring?

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

### Summary

<Enter findings here>

### Compassionate care

<Enter findings here>

### Understanding and involvement of patients and those close to them

<Enter findings here>

### Emotional support

<Enter findings here>

# Are services responsive to people's needs?

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

## Summary

<Enter findings here>

## Planning and delivering services which meet people's needs

<Enter findings here>

## Equality and diversity

<Enter findings here>

## Meeting the needs of people in vulnerable circumstances

<Enter findings here>

## Access to the right care at the right time

<Enter findings here>

## Learning from complaints and concerns

<Enter findings here>

## 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**

<Enter findings here>

### **Service vision and strategy**

<Enter findings here>

### **Governance, risk management and quality measurement**

<Enter findings here>

### **Leadership of this service**

<Enter findings here>

### **Culture within this service**

<Enter findings here>

### **Public engagement**

<Enter findings here>

### **Staff engagement**

<Enter findings here>

### **Innovation, improvement and sustainability**

<Enter findings here>

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Nursing care

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**12 (1) Care and treatment must be provided in a safe way for service users;**

**(2) (g) the safe management of medicines.**

**How the regulation was not being met:**

Care and treatment was not provided in a safe way for patients, as medicines were not consistently managed in a safe and proper manner.