Kent Community Health NHS Trust

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# Community health services for children, young people and families

## Quality Report

Tel: 01622 211900
Website: www.kentcht.nhs.uk

Date of inspection visit: 9th-14th June 2014
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This report describes our judgement of the quality of care provided within this core service by Kent Community Health 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 Kent Community Health NHS Trust and these are brought together to inform our overall judgement of Kent Community Health NHS Trust

# Summary of findings

## Ratings

| | |
|---|---|
| Overall rating for Community health services for children, young people and families | Good |
| Are Community health services for children, young people and families safe? | Good |
| Are Community health services for children, young people and families effective? | Good |
| Are Community health services for children, young people and families caring? | Good |
| Are Community health services for children, young people and families responsive? | Good |
| Are Community health services for children, young people and families well-led? | Good |

# Summary of findings

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# Summary of findings

## Overall summary

Overall this core service was rated as Good. We found that Community health services for children, young people and families was safe, caring, responsive and well led but required improvement to be effective.

Kent Community Health NHS Trust delivers community based services to children and young people, and their parents, across Kent and East Sussex. It provides a range of health services including health visiting, school nursing, community paediatric nursing, audiology, continuing care and services for Looked After Children and safeguarding children.

### Our key findings were as follows

- Arrangements were in place to minimise risks to children and young people receiving care and staff working alone in the community.
- Staffing levels were generally safe although some teams did not have the capacity to meet demand.
- Incident reporting was consistent and there was good awareness amongst staff how to manage incidents and near misses
- There were effective systems in place to learn from incidents both within individual teams and across the organisation.

### We saw some good and outstanding practice including

- Services that were evidence based and focussed on the needs of children and young people.
- The Trust was identified as an "Exemplar Organisation" by the Kent Safeguarding Children Board during their 2012/2013 review of safeguarding processes.
- There were many examples of good 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.
- The multi-disciplinary approach adopted at Valence School
- Staff were compassionate and respectful and parents and carers were supported and involved with their children's treatment.
- Staff undertaking home visits were dedicated, flexible, hardworking, caring and committed.
- Chlamydia Screening
- The trust has consistently met the Health Visiting Programme target.

However, there were also areas where the Trust needs to make improvements.

### Importantly the trust should

- Review strategic plans to ensure that the service meet the demands of the population to which it was commissioned to serve

# Summary of findings

## Background to the service

Kent Community Healthcare NHS Trust was first registered with the Care Quality Commission on 31 March 2011 and delivers community based services to children and young people across Kent and East Sussex in a variety of community and residential short stay facilities. In people's homes, schools and health centres.

The Trust is commissioned to provide health services including health visiting, school nursing, community paediatric nursing, integrated therapies, community paediatrics, residential short breaks for children with complex needs, audiology, continuing care, and services for Looked After Children.

We visited three community health centres, an integrated residential short break service, a residential school for children with complex needs, and accompanied staff on six home visits to children and their parents. We spoke with 91 staff across the service including the head of services for community paediatrics, universal speech and language services, residential short break services, community children's nursing and continuing health care team and the assistant director for health visiting. We also interviewed the operational director for children and young people's services. We held focus groups with administration staff, community paediatricians, health visitors and school nurses. We visited fourteen teams either at their base of work or within the community setting. During our inspection, we spoke with 13 parents and saw 13 children. We looked at individual plans of care for children, risk assessments and a variety of team specific and service based documents and plans. We also sought feedback from external partner organisations and received 5 completed comments cards from parents who had used the service.

## Our inspection team

Our inspection team was led by:

**Chair:** Carolyn White, Director of Quality/Chief Nurse

Derbyshire Community Health Services

**Team Leader:** Sheona Browne Inspection Manager Care Quality Commission

The team of 34 included CQC senior managers, inspectors and analysts, doctors, nurses, pharmacist, patients and public representatives, experts by experience and senior NHS managers.

## Why we carried out this inspection

Kent Community Health NHS Trust was inspected as part part of our comprehensive community health services inspection programme we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

## 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?

The inspection team inspected the following four core services at the Kent Community Health NHS Trust:

- Community health services for adults
- Community health services for children, young people and families

# Summary of findings

- Community health inpatient services
- End of life care

Prior to the announced inspection, we reviewed a range of information we held and asked other

organisations to share what they knew about the hospital. These included the clinical commissioning groups (CCG), Monitor, NHS England, Local Area Team (LAT), Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We carried out the announced inspection visit between 09 and 13 June 2014 .

## What people who use the provider say

Comments from patients and family members collected over the three days included "Everyone is very friendly and informative. Positive and good listeners", "The staff were very helpful; very good service", "The staff were amazing", "Very good staff. Very friendly, very respectful although we waited a long time after initial assessment the therapy now is great. My child is learning and definitely speaking more" and "Very helpful and addressed all of my questions as I would have liked. Very friendly and listened to my requests appropriately"

## Good practice

We saw some good and outstanding practice including:

- Services that were evidence based and focussed on the needs of children and young people.
- The Trust was identified as an "Exemplar Organisation" by the Kent Safeguarding Children Board during their 2012/2013 review of safeguarding processes.
- There were many examples of good 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.
- The multi-disciplinary approach adopted at Valence School
- Staff were compassionate and respectful and parents and carers were supported and involved with their children's treatment.
- Staff undertaking home visits were dedicated, flexible, hardworking, caring and committed.
- Chlamydia Screening
- The trust has consistently met the Health Visiting Programme target.

## Areas for improvement

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

### Action the provider SHOULD take to improve

- Review the current workforce establishment to ensure that there are sufficient numbers of skilled and experienced staff to meet the needs of the service. Where deficits are identified, appropriate action should be taken to resolve the issue without delay.
- Review the leadership and culture of the service to ensure staff are fully engaged with the Trust's core vision as well as ensuring the Children and Young Persons Directorate has a clear future strategy.

Kent Community Health NHS Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

## The five questions we ask about core services and what we found

Good

## Are Community health services for children, young people and families safe?

By safe, we mean that people are protected from abuse


**Summary**

Services provided to children, young people and families were safe.

The Children and Young People's Directorate operated a directorate wide risk register. In addition, each locality service managed local risk registers which contained risks applicable to their own location.

Staff receive information on learning from incidents and complaints that were discussed in monthly staff meetings.

Staff demonstrated a good understanding of infection control precautions. The clinical procedures we observed in the community setting were consistent with the Trusts Standard infection Control Precautions document dated 1 September 2012.

Arrangements were in place to minimise risks to children and young people receiving care and staff working alone in the community. Staffing levels were generally safe although some teams were understaffed and were struggling to meet demand. Incident reporting was consistent and staff were aware of how to manage incidents and near misses.

There was a reliance on staff utilising paper records, as compared to having access to a trust-wide standardised electronic patient record system; staff reported working within a system that was "Paper heavy". Systems to learn from incidents were effective at individual team level and across the organisation.

Good

# Are Community health services for children, young people and families safe?

## Detailed findings

### Incidents, reporting and learning

- The Trust reported no Never Events in the last twelve months. A never event is classified as an incident so serious that they should never happen.
- The East Sussex Integrated Therapy and Care Co-ordinated Service for children with disabilities (ITACC) did not have access to Datix, the electronic incident reporting system. The East Sussex ITACC service operated from three locations in East Sussex. The lack of Datix access had been identified as a risk and had been entered on the Children and Young People's (CYP) risk register in June 2014. The level of risk had been recorded as green (a risk score of 6); staff had access to paper incident forms which they were seen to complete; these forms were reviewed by the local managers and then sent to the risk team at the trust's headquarters where they were then transcribed onto the Datix System. This process caused duplication and potential delays within the risk management pathway. There is an action plan in place to resolve this issue.
- Staff receive information on learning from incidents and complaints that were discussed in monthly staff meetings.
- The chair of the Quality Committee Meeting (February 2014) made reference to a lack of learning following serious incidents within the Children and Young People's Directorate and that this was attributed to the clinical leadership.
- The Trust provided CQC with a list of 84 incidents which were reported as serious incidents which required investigations, as defined by the NHS Commission Board Serious Incident Framework 2013, dating from 18 March 2013 to 20 March 2014. Three incidents related specifically to confidential information relating to children being sent to incorrect recipients or information being shared with third parties against the wishes of the child's parents but staff across the directorate were positive about the actions that were being taken to reduce the overall number of information governance breaches within the directorate.
- Staff were able to explain how they would identify and report incidents using the electronic reporting systems.

### Cleanliness, infection control and hygiene

- Personal protective equipment (PPE), such as gloves, aprons and hand sanitser gel were readily available to staff working in both the community setting and within the residential short break services.
- Staff demonstrated a good understanding of infection control precautions. The clinical procedures we observed in the community setting were consistent with the Trusts Standard infection Control Precautions document dated 1 September 2012.
- 94% of staff working within the Children and Young People's directorate had completed their mandatory training on Infection Control against a benchmarked target of 85% and 99% of staff had completed their mandatory training in hand hygiene training against a benchmarked target of 85%.
- According to data submitted by the East Kent Children's Community Nursing Team, there have been no reported new or old cases of patients under their care, who received treatment for a Urinary Tract Infection (UTI) whilst they had a Catheter fitted, between April 2013 and March 2014.

### Maintenance of environment and equipment

- The locations we visited were fit for purpose and well maintained.
- Firefighting equipment was tested regularly.
- The majority of locations we saw were child friendly and welcoming. Toys were available in many of the clinics we visited and consulting rooms, treatment rooms and waiting areas were, in the main, decorated in bright colours with age appropriate pictures on walls.
- Within the Minor Injuries Unit at Sevenoaks, there was age appropriate resuscitation equipment which was seen to be checked regularly.
- There was a process in place for ensuring that water outlets were appropriately maintained. This process was supported by a detailed Water Quality Safety Policy which was ratified in May 2013.

### Medicines

- Medicines were kept secure and handled safely. Staff were aware of the Trust's protocols for handling medicines so that the risks to people were minimised.
- Fridge temperatures were routinely recorded.

Good

# Are Community health services for children, young people and families safe?

- We checked the controlled drug cupboard at Windchimes and found the contents were accurately recorded within the controlled drug register.
- It was noted that there was an inter-agency home remedy medication policy for children and young people using the short-break residential service. The head of service informed us that both Paracetemol and ibuprofen could be administered to children as a part of the home remedy protocol. Whilst we did not observe any children or young people being administered these medications during our visit to Windchimes, we found that the integrated home remedy protocol only supported the administration of "As required" Paracetemol; the administration of ibuprofen was not supported by the protocol.
- There were 32 reported medication incidents within the Children and Young People's Directorate between January and March 2014.
- There was evidence that learning took place from incidents relating to medicines. Of note, the children's residential short break service had implemented a number of processes following a drug error in February 2014.
- Staff undertook annual competency assessment training with regards to the preparation, handling and administration of medications within the children's short break service.
- We saw that where children on the community children's nursing team caseload had changes in medication, these changes were discussed and disseminated at the weekly case note review meeting.

## Safeguarding

- The Trust was identified as an "Exemplar Organisation" by the Kent Safeguarding Children Board during their 2012/2013 review of safeguarding processes.
- The Trust had a Safeguarding Declaration which had been revised in April 2014.
- There was a Named Doctor and Named Nurse who were appointed as the professional safeguard leads.
- The Trust had a Safeguarding Assurance Group which was chaired by the Director of Nursing; the remit of the group was to review all Serious Incidents related to safeguarding and adult protection alerts to ensure they are managed in a timely manner.
- There were proper procedures for child protection planning, investigations and outcomes of safeguarding concerns.
- We found that there were effective processes in place for following up on children who repeatedly missed outpatient appointments.
- 97% of community hospital staff had completed Safeguarding adults and children awareness training.
- It was acknowledged by the Director for Children and Young People's services that the frequency with which staff received supervision regarding child protection was less than the organisation had liked. This was listed as an amber risk on the local safeguarding teams risk register. Established staff were currently receiving supervision in child protection every four months, and new staff were receiving supervision every two months. The Director told us that the "Gold standard" was for all staff working with children, to have supervision in child protection every month. There was an action plan in place to resolve staffing issues within the Safeguarding Team which included an increase in the number of designated safeguard nurses from 4 WTE to 5 WTE. It was envisaged that by increasing the number of nurses working within the safeguard team, the level of child protection supervision would increase.
- A recent review of health services for Children Looked After and Safeguarding in Kent (CLAS Review) identified that there were inconsistencies in the arrangements for overseeing safeguarding referrals associated with patients attending Minor Injury Units provided by Kent Community Health Trust.
- We heard some concerns from the health professionals located in Maidstone that there were insufficiently robust arrangements for children and young people requiring services from the sexual assault referral centre (SARC) following the closure of the service that was provided at Darent Valley Hospital. We were told that SARC services were now provided to adults only from a centre which was facilitated by Kent and Medway partnership Trust, located in Maidstone hospital. However, nominated paediatric forensic examiners in Dartford, Gravesham and Swale reported that the sexual assault service they provided was sufficiently robust and was well organised amongst the three allocated practitioners with appropriate facilities and equipment available.

## Records

- The children's audiology team used a system called audit based which captured all relevant patient information including measurements from audiology

examinations. This allowed the audiology team to maintain accurate care and treatment records. Furthermore, the number of information governance incidents within audiology was reported to be lower when compared to other services within the Children and Young People's Directorate.

- Audits of record keeping had been carried out in 2014 across Specialist Children's Community Nursing and Short Breaks Services, Community Paediatrics, Audiology, Universal Services and Psychological services.
- 88% of staff working within the CYP directorate had received training in Information Governance as compared to the trusts benchmarked target of 85%.
- Staff told us that there was no standard patient administration system across the trust with some staff describing the system as "Paper heavy".
- Staff within the Community Children's Team who were scheduled to cover the out-of-hours service were provided with a summary of each child on the team's caseload. However, because the service operated with paper based records, staff were required to attend the office where records were kept prior to visiting children they were unfamiliar with, or who had complex health needs. Staff reported that the lack of instant access to electronic files could lead to increased time spent travelling, as compared to being able to be more efficient in providing patient care, especially when the CCN service was understaffed with a vacancy rate of 11.9% as of April 2014.
- The Director for CYP reported that the trust had successfully implemented a Child Health Information System three weeks ahead of schedule. Service Specification Number 28 (Public Health functions to be exercised by NHS England) requires all applicable services to ensure that every child in England has an active care record, supporting delivery of, as a minimum, screening, immunisation and the health child programme. This record must be held within a secure information system.
- There were 306 information governance incidents reported between April 2013 and March 2014 across the trust; a reduction of 85 incidents when compared to the previous year. 120 of those incidents were reported specifically as a record incident (misfiled, poor data quality, lost or misplaced records). 52 of these were reported as a "near miss" incident but the remaining 68 were actual incidents, with 1 incident being referred to the Information Commissioners Office.
- We were provided with a list of 84 incidents which were reported as serious incidents which required investigations as defined by the NHS Commission Board Serious Incident Framework 2013, dating from 18 March 2013 to 20 March 2014. Three incidents related specifically to confidential information associated to children, being sent to incorrect recipients or information being shared against the wishes of the child's parents.

### Lone and remote working

- 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.
- The community children's nursing team and the health visiting service each operated a "Checking in" system whereby staff text or rung the office based nurse to notify them of their location. There was a process for escalating any issues whereby a staff member failed to check in.
- Support and guidance was provided to staff by way of managers who operated on-call rotas.

### Adaptation of safety systems for care in different settings

- We noted that at the Windchimes Short Break Service, two bedrooms had been furnished so as to allow easy decontamination of the rooms. This included flooring which had been specifically chosen so that it was safe to walk across, even when wet.
- Children referred to the Continuing Health Care Team underwent joint-agency assessments to ensure that their needs could be met within a suitable environment upon discharge from hospital. We were told that where necessary, parents and carers would be supported by the continuing health care team, in partnership with social services and the relevant clinical commissioning group to source appropriate accommodation.

### Assessing and responding to patient risk

- A range of risk assessments were utilised by the various clinical teams to assess and manage risk. Examples included risk assessments for children who were at risk

Good

# Are Community health services for children, young people and families safe?

of developing pressure ulcers, manual handling risk assessments, central venous line infections and for those 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. However, staff working in the Continuing Health Care Team raised concerns that the Trust's equipment store did not routinely stock pressure relieving mattresses for people who weighed less than 25KG. We were told that whilst there were systems in place to source specialist equipment, they occasionally experienced delays predominantly associated with securing funding from third party Commissioners.
- Multi-agency care planning meetings took place for children who were scheduled to attend Vallance School. Care planning meetings were attended by parents and or carers, key workers and a range of health care professionals to ensure that appropriate care plans and risk assessments were implemented to safeguard children and young people.

### Staffing levels and caseload

- Staffing difficulties were seen to be a common theme on the Children and Young People's Risk register. There were a total of 8 risks logged within the register specifically relating to staffing levels.
- Senior staff within the Specialist Community Children's Nursing Team, Residential Short Break Service, Safeguarding Team, Universal Speech and Language Service, Sexual Health Team, Continuing Care Team and Community Paediatrics all raised concerns that the recruitment and retention of skilled and experienced staff was problematic.
- There were varying levels of staff turnover rates across the CYP directorate. For example, the audiology service reported a 0% staff turnover rate and this was seen to have been static when reviewing trends. However, the school nursing service was rag rated Red, with a reported staff turnover of 16.7% against a trust set benchmark of 10%; it was noted that the staff turnover for school nursing was rated as "Adverse" with the staff turnover seen to be increasing when considering the trends. The children's community nursing team was also reported as being red RAG rated, with a staff turnover of 20.1% as of April 2014 and was also reported as being "Adverse".
- Children in Care staff turnover was reported as 32.9% against a benchmark of 10% with a staff vacancy rate of 25.7%. However, both the turnover and vacancy rates were marked as "Favourable" and were seen to be improving when compared to previous month's data.
- The total number of whole time equivalent vacancies for CYP services was reported as 34.4. However, it was noted that temporary staffing, equivalent to 33.87wte was being used to offset the budgeted vacancy rate, therefore resulting in an overall vacancy rate of 0.6WTE.
- The sickness rates amongst the different services were noted to be varied. Health Visiting, School Nursing, the East Sussex Childrens Integrated Therapy Service, New-born hearing service were all rag rated as red. The School nursing team reported the highest level of sickness with an overall rate of 8.8% as of April 2014 against an expected trust level of 3.75%.
- The Children's community nursing team, CIC, Integrated Therapy service for Kent, universal speech and language service, children and young people's liaison service and audiology were each rag rated Green for staff sickness levels, and each service was in line with the expected trust benchmark rate of 3.75%.
- The Head of Service for Universal Speech and Language Therapy told us that team were carrying caseloads of approximately 200 cases per practitioner versus a national benchmark of between 50 and 60 children per whole time equivalent. A risk on the CYP register dated March 2014 identified that there had been an increase in complaints due to waiting times in patients accessing the universal speech and language service. The increase in waiting list had been attributed to vacancies which had since been recruited to.
- We saw that the audiology team were providing services on Saturday's to help manage the increase in referrals.
- The Continuing Health Care Team were required to "Outsource" less complex cases to third party providers because the team was not sufficiently resourced with skilled practitioners to provide a full "In-house" service.
- Staff from the Sexual Health Service told us that there had been a high demand for the service. An entry was made on the CYP risk register in June 2013 stating that there were reduced numbers of nursing staff with Genito-Urinary Medicine (GUM) competencies due to high sickness levels (7%). A second entry on the CYP risk register dated August 2013 referred to a reduced capacity of staff within sexual health clinics due to vacant posts. We found that triage systems had been

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# Are Community health services for children, young people and families safe?

implemented and staff told us that they would prioritise cases when they were reaching capacity and would therefore ask low priority patients to return to the clinic at a later date.

- Data provided by the Trust for March 2014 indicated that 100% of patients were able to access GUM services within 48 hour; this had remained stable for the preceding twelve months.
- We were told there had historically been a reliance on locum clinicians to support the Maidstone Community Paediatric Service. The head of service informed us that they had received complaints due to the inconsistencies of the same clinician seeing the same child on their second visit; this resulted in parents/carers having to spend a part of their clinic time explaining the medical history of their child because they were seeing a new clinician. During our inspection one locum consultant was supporting the Maidstone Community Paediatric Service; of note, the consultant had worked in a substantive post at the same location and so offered a level of consistency.
- We found that areas of risk relating to staffing levels were routinely reported to the board and a recruitment action was plan in place.

### Managing anticipated risks

- The Children and Young People's Directorate operated a directorate wide risk register. In addition, each locality service managed local risk registers which contained risks applicable to their own location.
- Each risk entry contained a description of the problem, the risks posed and the underlying cause. We found that each risk was scored according to a nationally recognise risk scoring system, and then subsequently RAG rated. Key Controls were listed to assist staff with managing the risk, and summaries of action plans were included to demonstrate how the risk would be resolved. Each risk was assigned with a "Risk Owner" and there were dates when risks required reviewing.
- There were 41 risks recorded on the CYP register.
- 21 risks were rated as Amber (moderate risk) and 20 rated as green (low risk).

### Major incident awareness and training

- The Trust had protocols in place to respond to major incidents and staff were of aware of escalation procedures for areas of risk.

Good

# Are Community health services for children, young people and families 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

Services were evidence based and focussed on the needs of children and young people. We saw some examples of very good collaborative work and innovative practice. Specifically the multi-disciplinary approach at Valance school and the focussed Chlamydia screening target

Most governance arrangements ensured a robust, cyclical process of information sharing between operational services and the Trust Board. Most teams had a clear overview of their own performance and outcome measures which were based on the needs of the population.

There were many examples of good 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.

There were inconsistencies in the provision of some services to patients across Kent. A contributing factor was the lack of sufficiently commissioned specialist posts to aid in the assessment of children referred under the National Institute for Health and Care Excellence Autism pathway.

## Detailed findings

### Evidence based care and treatment

- Departmental Policies were easily accessible on the trusts intranet: Staff zone.
- Children referred to the Integrated Therapy Children's Service were assessed by the most appropriate therapist, ranging from speech and language, physiotherapy and occupational therapy. The Assessment of needs were carried out by qualified staff who utilised nationally recognised, age specific assessment tools and resources such as, but not limited to the Oxford Muscle Strength Scale, Gross Motor Function Measure, Peabody Developmental Motor Scales, Beighton Scores, Pre-school Language Scales, Pre-school Clinical Evaluation of Language Fundamentals, Clinical Evaluation of Language Fundamentals and Derbyshire Language Scales.
- The Trust adopted the National Institute for Health and Care Excellence (ASD) Clinical Guideline 28 – Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum.
- The provider had robust systems in place for the ratification of new policies and guidance. This included the dissemination of new or revised policies to teams via team meetings, of which we saw evidence of this.
- Staff worked well with multi-disciplinary colleagues to ensure optimum health and well-being of children and young people. We observed joint therapy sessions taking place between occupational therapists and physiotherapists as well as between speech and language therapists and physiotherapists.
- Therapy and nursing teams were seen to involve parents in planning children's care, including consent and they followed national guidance on consent for children assessed as competent.
- 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 health visiting service reported that in April 2014, 19 common assessment frameworks had been initiated against a benchmark target of 10.

### Pain relief

- There were clear guidelines for staff to follow regarding palliative care.
- Children's pain levels were appropriately assessed according to the age of the child. We saw different methods were used such as pictures and assessment of facial and body language, where verbal communication was not possible.
- Staff were seen to use distraction techniques during invasive procedures.

### Nutrition and hydration

- Children and young people attending Valence School underwent care planning meetings with health care professionals, the pupil, parents and key workers. As

part of the care planning meeting, the eating and drinking requirements of each pupil were assessed and care plans were developed to ensure staff were aware of each pupil's individual requirements.

- Nursing Staff at Valence School maintained a database which included details of each pupil's dietary risk assessment. We found that staff could, and routinely accessed the database so they could assure themselves that each pupil was receiving appropriate amounts to eat and drink. In addition, the database contained useful information such as the specific equipment each pupil required if they were reliant on enteral feeds. This database was seen to be reviewed monthly.

### Patient outcomes

- Data provided by the Trust for March 2014 demonstrated that the number of 3-4 month peri-natal mental health assessments had increased to 67.4% against a benchmarked target of 60% (Green rated).
- Data provided by the Trust for March 2014 demonstrated that the number of antenatal visits carried out by the health visiting teams had reached 177 visits. This again was rated as green.
- The trust was seen to offer 100% of eligible cases a Universal New Birth visit, 3-4 month maternal mood assessment and a 1 year and 2-2 ½ year developmental and family review. However, it was noted that the update of those services was variable, with 70% of eligible cases up taking the offer of a universal new birth visit in April 2014.49% of eligible cases up took the offer of a Universal 1 year family and development assessment in April 2014 despite 100% of eligible cases been offered the service.
- The Chlamydia screening target was revised and agreed with commissioners. The target is now focussed on the number of patients diagnosed rather than the number of patients tested. This change means that the trust can provide a much more targeted approach where higher risk clients are approached. This will improve the quality of the Trust service as more clients will be positively diagnosed and therefore treated more effectively. The new positivity target means the focus is on identifying clients at high risk of Chlamydia rather than simply screening large numbers of low risk clients in order to reach targets.
- This new way of working has enabled staff to plan their work through an evidenced based approach to seek out young people 15-24 years at highest risk of poor sexual health.
- In the east of the county the target has now been met for the first time in seven years. It is well documented that poor sexual health is higher in the areas of social deprivation and the east of the county has several districts with challenges.
- The west of the county is more complex, it is generally more affluent and finding the pockets of poor sexual health is difficult. However there is now good data collection in place and by mapping this and using other sources of information the trust believes it can target resources much better and plans to get better at identifying young people at risk of Chlamydia.
- This targeted approach has resulted in a change of focus of work, with targeting of minority groups where the trust know there are young people who are more likely to be engaged in risk taking behaviour.
- The Trust participated in the National Epilepsy Audit and the National Paediatric Diabetes Audit during 2013.

### Performance information

- Performance information about community health services was included in the Trust's Integrated Performance Report. This included information about patient safety, incidents, infection prevention and control, and patient experience such as complaints and serious incidents.
- We did not see any performance information on public display in any of the locations we visited.
- 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.

### Competent staff

- 35 doctors who had a prescribed connection to Kent Community Healthcare NHS Trust in 2013. Of those 35, 31 (89%) had undergone an appraisal in the first 12 months of revalidation as compared with the national average of 76% across England for 2012/2013. The Trust provided an assurance report to the board of the trust highlighting the reasons why the four remaining doctors had not received an appraisal.
- 66% of doctors who had a prescribed connection to the Trust had taken part in a 360 degree appraisal which

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# Are Community health services for children, young people and families effective?

included them receiving feedback from colleagues, peers and patients. The assurance report provided by the trust indicated that no significant concerns had been reported as part of the 360 degree appraisal programme.

- 85% of staff reported receiving job-relevant training, learning or development in the previous 12 months, in the 2013 staff survey. This compared with a national average of 83% for community trusts.
- 41% of staff reported having a well-structured appraisal in the last twelve months. This compared with 35% the previous year and was seen to be higher than the benchmark rate of 37%.
- The Trust reported in April 2014 that 86% of staff had had an appraisal in the last year, against the Trust wide target of 85%.

### Use of equipment and facilities

- Equipment and facilities were generally fit for purpose.
- Some delays in the provision of individually adapted mobility equipment from another provider were identified, and this issue had been escalated to the Commissioners for the service.

### Multi-disciplinary working and working with others

- There were many examples of good 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.
- This work was underpinned by sound implementation of approved care pathways, for example, within the Integrated Therapy and Care Co-ordination Service for Children with Disabilities.
- We found that there were close working relationships between the children's residential short break service and the local county council.
- The Children's Community Nursing Team attended multi-agency safeguarding meetings which were attended by representatives from Social Services and Kent Police. Furthermore, the children's community nursing team and continuing health care team had developed strong links with the local children's hospice in order that they could provide timely, flexible and consistent care to the children and families they supported.
- The Safeguarding Children's team said there were strong relationships with external organisations and effective information sharing so that child protection concerns were responded to quickly to minimise risks to children.
- We considered that the multi-disciplinary approach adopted at Vallance School was of an exceptional standard, with clear evidence that the pupil was placed at the centre of the multi-disciplinary team.

### Co-ordinated integrated care pathways

- The Integrated Therapy and Care Co-ordination service for Children with Disabilities was made up of Occupational Therapists, Physiotherapists, Speech and Language Therapists, Therapy Assistants and Keyworkers. The ITACC service was provided from a range of community based health centres to ensure they were easily accessible to the local population to which they served. The Keyworker service engaged with a range of health and social care professionals to ensure that parents and carers could access the most appropriate help, support and treatment for their child.
- One person using the ITACC service commented that "It was nice to see Occupational Therapy and Physiotherapy as a team. It was easy to discuss all needs and contribute to the overall plan for the child's individual needs".
- We found that the Looked after Children's service engaged with a range of health and social care professionals to help support children in care. Integrated team meetings took place between the East Kent and West Kent team which was inclusive of paediatricians who were the allocated clinical leads for looked after children.
- The Looked after Children Virtual School provides an integrated pathway to ensure children continue to receive education. The team consists of professionals from education, social care, an educational welfare officer, family liaison officers and looked after children nurses. The virtual school ensures that health and social needs of children are managed in an integrated way.

Good

# Are Community health services for children, young people and families effective?

- The continuing health care team worked closely with tertiary children's hospital to facilitate the timely discharge of children who required long term support within the community.
- We found that, with the exception of children referred for assessment for autism within the Dartford, Gravesham and Swanley Locality, multi-disciplinary professionals worked flexibly to ensure joint approaches to care delivery to combine the meeting of identified needs of children with minimal disruption to family routine.
- We found that, due to variations in commissioning, children referred for assessment under the Autism Diagnosis pathway were managed differently depending on where they lived. For example, we found that implementation of the pathway was seen to be well adopted within the East Sussex region, with one parent stating how impressed they had been with the service, with their child being diagnosed with autism before the age of three; this allowed them greater access to support and therapy services.
- This was in contrast to patients in the Dartford, Gravesham and Swale service, where there was a waiting list of 173 patients who had been referred but had not commenced an assessment because there was insufficient numbers of commissioned speech and language therapists to carry out specific components of the ASD pathway assessment.

Good

# Are Community health services for children, young people and families caring?

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

## Summary

People we spoke with who used the service were positive about the way they were treated by staff. People said they were treated with compassion and respect. We saw staff ensuring that people's dignity and privacy were upheld.

People were mostly involved in making decisions about their care and treatment. People were encouraged and supported to manage their own care where possible and to maintain their independence. People had appropriate emotional support and were helped to keep in touch with their family and friends.

Comments from patients and family members collected over the three days included "Everyone is very friendly and informative. Positive and good listeners", "The staff were very helpful; very good service", "The staff were amazing", "Very good staff. Very friendly, very respectful although we waited a long time after initial assessment the therapy now is great. My child is learning and definitely speaking more" and "Very helpful and addressed all of my questions as I would have liked. Very friendly and listened to my requests appropriately".

## Detailed findings

### Compassionate care

- Patients who used the service were treated with kindness and compassion.
- Patients were positive about the staff that provided their care and treatment.
- The Trust seek feedback from patients and parents using a range of different methods. We found that the ITACC services utilised a system called "Meridian" to seek feedback. Data for May 2014 demonstrated that the combined ITACC patient experience score was 92% and was therefore within the RAG range of Green.
- Data from Meridian for quarter 4 of 2013/2014 indicated that of the 2,547 responses received for the children and young people's directorate, 99.6% of patients and or parents/carers were happy with the attitude of staff, 97.4% considered they had been given the necessary information and 99.4% felt they had been listened to and that their worries had been taken seriously. 98.67% of people felt they had been involved in decisions about their care and treatment.
- Comments from patients and family members collected over the three days included "Everyone is very friendly and informative. Positive and good listeners", "The staff were very helpful; very good service", "The staff were amazing", "Very good staff. Very friendly, very respectful although we waited a long time after initial assessment the therapy now is great. My child is learning and definitely speaking more" and "Very helpful and addressed all of my questions as I would have liked. Very friendly and listened to my requests appropriately".

### Dignity and respect

- The staff interactions with children and their parents we observed on all the home visits were positive, respectful and centred on the child.

### Patient understanding and involvement

- We found staff delivered child centred care within all its services and that children, their parents and carers were involved in and central to all decisions made about the care and support needed.
- We found parents had an understanding of their children's care and treatment that the service provided. This was supported in all areas we inspected but was especially commendable at Valence School. Examples included a pupil who was being fitted with new splints; the pupil was supported to be engaged in the process, including staff obtaining the necessary consent from the individual, as well as promoting them to self-care for the splints. Information was provided to the pupil on how to care for the splints and this information was also provided to the carers.
- Through observation of practice and review of records, we found robust 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

- We found the Trust delivered good emotional support within all the children and family services.

Good

# Are Community health services for children, young people and families caring?

- 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 of 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.

**Promotion of self-care**

- Adaptations to physical environments had been made to help encourage children and young people to be as independent as possible. This included height adjustable vanity mirrors and remote control taps within the bathroom at Windchimes.

Good

# Are Community health services for children, young people and families responsive to people's needs?

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

## Summary

Overall the Community health services for children, young people and families was responsive to peoples needs.

Kent Community Healthcare NHS Trust provided services to children and young people across 12 different localities. The services were commissioned by 8 different clinical commissioning groups (CCG). Each CCG commissioned different services.

The Trust had made a number of changes in response to patient and carers feedback. For example: the Looked after Children service as result of feedback from "Did Not Attend" results had amended clinic times so as to allow children and young people to attend Health Assessment Clinics after school.

The Sexual Health Team provided out-of-hours drop-in sexual health clinics so as to be more accessible to young people and Community staff visited people in their own homes, local schools or in local centres to ensure people were able to access the care they required. The parents we spoke with told us care had been received in a variety of settings.

However, some services within specific localities were failing to respond to the needs of the local population and were failing to ensure that people could access the right care at the right time. For example

Provision of school nursing services was seen to be inconsistent with significant variations in the types of services offered depending on the location of the school nursing team. Examples included a formally commissioned bladder and bowel service being offered in East Kent. This was compared with services in North Kent where one band 5 school nurse provided an enuresis clinic, and in West Kent where the school nursing team were able to offer only four enuresis clinics due to their workload. Inconsistencies with service provision in relation to school nursing was further identified during the April 2014 Review of Health Services for Children Looked After and Safeguarding in Kent.

## Detailed findings

### Service planning and delivery to meet the needs of different people

- Provision was made for people who did not have English as their first language. Staff could access interpreter services and written information could be provided in other languages or in large print.
- The staff we spoke with had a good understanding of the population who used the service and were all able to explain with confidence the requirements of the people they cared for.
- The trust has consistently met the Health Visiting Programme target. Increasing the number of health visitors by 63 wte. This has led to improvements in the active baby programme with an increase in the number of children who achieved the ability to crawl from 34% to 90% in the first 12 months.
- The introduction of the family nurse partnership has shown results consistent with the national programme. The trust's 2012/13 quality account stated that the ongoing recruitment of health visitors will continue in 2013/14 aiming towards the trust's target and further Family nurse partnerships will be developed.

### Access to care as close to home as possible

- Services such as the Looked after Children service were responding to client feedback and increased "Did Not Attend" results by amending clinic times so as to allow children and young people to attend Health Assessment Clinics after school.
- The Sexual Health Team provided out-of-hours drop-in sexual health clinics so as to be more accessible to young people.
- Community staff visited people in their own homes, local schools or in local centres to ensure people were able to access the care they required. The parents we spoke with told us care had been received in a variety of settings.

### Access to the right care at the right time

- Staff told us there were challenges to achieving some performance indicators; in particular referral to treatment for speech and language therapy and the LAC service did not always achieve their initial assessments

Good

# Are Community health services for children, young people and families responsive to people's needs?

within the 20 day time scale or their annual review. During March, April and May 2014, the percentage of looked after children who underwent their annual health assessment within the required timescale was 85.6%, 86.5% and 85.4% respectively. This was below the trust benchmark level of 90%.

- The Children's Community Nursing Team provided support to children out-of-hours and they also operated a weekend rota system. Kent Community Healthcare NHS Trust provided services to children and young people across 12 different localities. The services were commissioned by 8 different clinical commissioning groups (CCG). Each CCG commissioned different services. However, we found that there were variations in the different localities in relation to the services meeting national targets.
- The West Kent Children's Hearing Service and Community Paediatrics in localities 2 and 3 were seen to consistently meet the national target for assessing new referrals within 18 weeks between April 2013 and March 2014. Community Paediatrics in locality 1 had improved on assessing new referrals within 18 weeks, with 100% of cases being seen within 18 weeks in October and December 2013, and in January and March 2014. This was compared with previous performance of between 59.7% and 75.9% of patients being assessed within 18 weeks between April 2013 and September 2013.
- Universal Speech and Language Therapies within the East Kent areas were experiencing delays in new referrals being assessed within 18 weeks. For example, 91.9% of new referrals were being seen within 18 weeks as compared to those referrals within Maidstone and Malling and the Tonbridge and Sevenoaks locality area, where 100% of children were being assessed within 18 weeks. The head of service told us that approximately two years ago patients were waiting approximately two years before they were initially treated in Maidstone and Malling. by the Speech and Language Service. We were told that this was now no longer the case however, due to a depleted workforce, patients were still experiencing some delays in being assessed, with some patients waiting approximately six months before they were initially treated.
- Changes to the workforce within the residential short break service had resulted in a reduction in the number of clients whose placements had been cancelled at short notice due to the unavailability of skilled staff. We were told that the short break service was historically supported by qualified registered nurses. However, nursing staff had been phased out of the service and clinical support workers, supported by a practice educator, had been up skilled to care for children. This had seen a reduction in the overall number of placements being cancelled from 23% to 0%.
- Provision of school nursing services was seen to be inconsistent with significant variations in the types of services offered depending on the location of the school nursing team. Examples included a formally commissioned bladder and bowel service being offered in East Kent. This was compared with services in North Kent where one band 5 school nurse provided an enuresis clinic, and in West Kent where the school nursing team were able to offer only four enuresis clinics due to their workload. Inconsistencies with service provision in relation to school nursing was further identified during the April 2014 Review of Health Services for Children Looked After and Safeguarding in Kent.

### Moving between services

- Handover arrangements were in place for those children and young people moving between services.
- Staff explained to us plans were developed for children who would require further care from adult services. Staff explained these plans commenced at around 15 years of age but could vary depending on the needs of each individual child.
- The Audiology service described how they supported young people with the transition from children's services to adult services. This included a formal hand-over meeting with both the audiologists from the child and adult service which was attended by the young person and their parent or carer.
- The ITACC team provided key worker support for children up to the age of 7; keyworkers helped support parents to access the necessary services at the right time for each individual child.

### Complaints handling (for this service) and learning from feedback

- We found the service had systems in place within all its teams for learning from experiences, concerns and complaints, and these systems were generally effective in all areas we inspected.

Good

# Are Community health services for children, young people and families responsive to people's needs?

- Information about making complaints or raising concerns was available in the community hospitals and clinics.
- Between January and March 2014, the children and young people's directorate received a total of 30 complaints. A summary complaints and patient experience report which was presented to the board described the main topic of complaint, as well as the area to which it applied. This allowed staff to identify trends and to assist in resolving any recurrent issues.

Good

# Are Community health services for children, young people and families 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 Board and senior managers had oversight of the reported risks and had measures in place to manage these risks. There were risk management systems in place across the service and generally staff had a clear oversight of risks and quality in the organisation. The service engaged well with children and young people, and their parents, and feedback was incorporated into service design and delivery.

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.

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.

The Trust had a clear vision and strategy however staff were not always able to identify or relate with them. However they clearly understood the challenges facing the Trust.

Where services were out-sourced to external third parties, the service did not have a robust governance system in place to ensure that the quality of care provided through such arrangements, was always consistent and in line with the trusts own standards.

## Detailed findings

### Vision and strategy for this service

- The majority of staff we spoke with understood the difficulties the Trust was experiencing, in particular the challenges to the commissioning of services.
- Staff at a senior level told us the Trust's ongoing negotiations with commissioners about the type of services they delivered at present and also of those scheduled to be provided in the future was affecting their day to day work. Staff considered that the lack of appropriately commissioned services impacted on their ability to provide high quality care to children; this was especially noticeable within the Dartford, Gravesham and Swanley community paediatric team who described being "Frustrated" at not being able to fully implement the NICE Autism pathway.
- It was not clear from speaking with staff whether the engagements between the Trust and local commissioners were effective. We were told of four different business cases that had been presented to local commissioners, all of which had been rejected. For example, we were told by the Director for Operations for Children's and Young People's services that they had raised issues regarding the lack of universal, school age, speech and language therapists with the Kent and Medway Commissioning service since the formation of the Trust but that the issue had not yet been resolved.
- The Director for Operations for Children's and Young People's services told us that their vision for the service was to prevent people from dying early, enhancing the quality of life for people with long term conditions, help people to recover following from ill health or injury, ensure people have a positive experience of care and to ensure people received safe care. These strategies were aligned with the corporate strategic goals.
- Some of the staff we spoke with were not clearly able to identify the Trust's vision and values.
- The Trust has participated in the national Special Educational Needs and Disability (SEND) Pathfinder programme since 2012. The pathfinder programme was established to test core elements of the Children and Families Bill and the subsequent development of SEND regulations and code of practice.
- The Trust has acknowledged, and provided updates to the Board of the impact that the changes to how children with special educational needs and disabilities were to be assessed.
- It was acknowledged that staff working for the Trust would require additional training and support as of September 2014 when the new legislation comes into effect.
- There was also an acknowledgement by the Director of Operations for Children and Young People's Services that a requirement to convert approximately 6,500 children from statements of education need to the new Education, Health and Care Plan would have significant impact on the children's specialist therapy and nursing teams as development of the plans are a multi-agency activity.

Good

# Are Community health services for children, young people and families well-led?

- There already exists a deficit of commissioned speech and language therapists within the Dartford, Gravesham and Swale locality and it is envisaged that the gap will further widen with the already very limited resources being placed under additional pressures.
- The Director of Operations acknowledged that the trust would need to take a pro-active position in working with the local commissioners to ensure they are fully aware of the present and future commissioning gaps to ensure the safety and welfare of children across Kent and external counties, to which the Trust is commissioned to provide services.

### Guidance, 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 effective process in place for carrying out clinical audits and that any actions required to resolve concerns were taken.
- The continuing health care team commissioned a third party provider to support children with low to moderate complex health needs. This arrangement was supported by a service level agreement. The head of service met with the third party every 6 months and carried out "Contract meetings". However, there was no formal governance process in place, nor could it be evidenced that the Trust undertook checks on the third party provider to ensure they were providing care to the appropriate level expected of the Trust and the commissioners.

### Leadership of this service

- Information from the NHS Staff Survey 2013 indicated that the trust performed on average, about the same as other community trusts with regards to staff receiving support from their immediate managers.
- "Getting to the top of the Trust's agenda" was how staff described one of the biggest challenges faced by the Children and Young People's Directorate.

### Culture within this service

- Kent Community Healthcare NHS Trust came into effect in 2011 and was created following the merger of East and West Kent Community Health Services. Whilst some staff had embraced the merger, it was apparent that there remained a sense of loyalty towards individual staff member's predecessor organisations. For example, we were constantly told by staff that they were either "East Kent" or "West Kent". The Director for Operations for Children's and Young People's services told us that equity amongst the trust would "Take a long time". This was reflective of the thoughts of staff throughout the directorate and was attributed to the long term under-investment of health services within specific geographical locations of Kent.
- Staff described working in "Silo's" with many of them associating themselves as working for the location to which they were assigned as compared to working for Kent Community Health NHS Trust.
- Staff told us of their commitment to provide safe and caring services for the children and young people in their communities.
- The number of staff who reported within the NHS 2013 staff survey that they would recommend the organisation as a place to work had increased from 50% in 2012 to 54% in 2013; this was consistent with the average median for community trusts.
- Data from the 2013 staff survey suggested that overall, staff engagement remained below (worse than) average when compared to other community trusts.

### Public and staff 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.
- In response to the 2013 NHS Staff Survey, the trust was looking to carry out a further survey for staff within the Children and Young People's Directorate in order that they could gain further insight with regards to responses submitted by staff in relation to bullying and harassment.
- The Trust were in the process of launching the staff Friends and Family Test.

### Innovation, improvement and sustainability

- The paediatric audiology service was reviewed as part of the New-born Hearing Screening Programme Risk

Good

# Are Community health services for children, young people and families well-led?

Assessment and Quality Assurance initiative on 17 January 2013. The service attained ratings of an "Acceptable standard" in the four assessment criterions. The service was commended by the quality assurance team for the marked improvement in the performance against Key Performance Indicators (KPI'S) with regards to carrying out screens within 4 weeks, when compared to the services previous quality assurance report of 2011.

- The audiology service hosted the first Paediatric Hearing Aid Audiology Master class in October 2013. Additionally, the Sevenoaks Childrens Hearing Centre, operated by the Trust was endorsed by the British Academy of Audiologists as a Higher Training Scheme Centre.