Bolton NHS Foundation Trust

RMC

Community health services for children, young people and families

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RMC	Bolton NHS Foundation Trust	The Breightmet Centre	BL2 6NT

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

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

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We rated the community children and young people services at the Bolton NHS foundation trust as 'Good'.

This was because: -

- The level of incidents reported showed low risk of harm and safe systems for care and treatment of patients. Staff understood how to report incidents.
- There were enough suitably skilled, competent staff with the right mix of skills to meet patients' needs.Patients were treated in clean and suitably maintained premises. Patient records were complete and accurate.
- The care and treatment was based on national clinical guidelines and staff used care pathways effectively. Audit records showed most patients experienced positive outcomes following their care and treatment and appropriate actions were taken to improve compliance with best practice standards
- Services were planned and delivered to meet the needs of local people. There were systems in place to support vulnerable patients. Most patients received care and treatment in a timely manner.
- Patients and their relatives spoke positively about the care and treatment they received. They were treated with dignity and compassion. They were kept involved in their care and they were supported with their emotional needs.
- The service delivery was based on the trust values and core objectives and staff had a clear understanding of what these involved. There was clearly visible leadership in place through local team leaders and staff were positive about the culture and support available.

However;

- Only 70% of staff in the Children's Community Nursing service had received their level three safeguarding children training.
- Some staff experienced difficulties in accessing trust-wide IT systems due to connectivity issues.
- There was a gap in compliance for nocturnal enuresis (bed-wetting) in children and young people because of an issue with alarms.

Summary of findings

Background to the service

Information about the service

The community children and young people services provided by Bolton NHS Foundation Trust are commissioned by Bolton Clinical Commissioning Group, Bolton Local Authority including Public Health and Education. In Bolton, children and young people under the age of 20 make up 26% of the population of Bolton. Of these, 32% are children from an ethnic minority group. The level of child poverty was 22.%, which was worse than the England average. There were 530 looked after children in Bolton, which is a higher rate than the average in England.

In Bolton the Community Children and Young People Services are based and offer clinics at locations across the city. The services include the Intergrated Community Paediatric Service, Allied Health Professions and the Learning Disabilities Team, with some services in reaching to the acute hospital setting. Theservices we inspected were based at the Breightmet Centre. Other services including Community Paediatrics (Consultant Paediatricians and Advanced Nurse Practitioners, Epilepsy Specialist Nurse), Paediatric Audiology, Paediatric Physiotherapy Service and Paediatric Occupational Therapy Service are based at Halliwell Children's Centre. The Paediatric Learning Disability Service is based at Pikes lane.

The Integrated Community Paediatric Service offer clinics at six community sites in Bolton covering the Bolton area geographically. The team consisted of specialist nurses, assistant practitioners and Healthcare support workers. It offered health promotion such as health visiting along with a children's community nursing team that was split into three sub-teams (acute, specialist nurses and continuing care).

The acute community nurse team supported early hospital discharge and aimed to prevent attendance or readmission where conditions could be safely managed in the community. The team worked closely with the hospital wards to try to ensure children to prevent prolonged hospital stays. They accepted referrals from accident and emergency and assessment and observation units, GPs, paediatricians (specialist doctors for babies and children) and advanced nurse practitioners/specialist nurses. Referrals could be sent by fax, letter or email.

The children's specialist nursing team provided specialist-nursing care, advice, information, education and support for children and their families living in the Bolton area. At the time of our inspection the team provided specialist care for children with asthma, allergies, chronic respiratory illness, eczema and constipation from birth to 16 years or older if the young person was still under the care of a paediatric consultant. The team also provided information, education, advice and support for other professionals including nurses, junior doctors, medical students, GPs, school nurses, practice nurses, school and nursery staff.

The continuing care team provided and coordinated care and treatment for children and young people with long-term conditions, disabilities and multiple or complex needs. The team also made palliative care provision.

The Children's Community Nursing Service were available 365 days a year from 8am to 8pm. From April 2015 to March 2016, the community children and young people service received 6,501 GP referrals and 19,294 referrals from other sources. Each month on average the team has 22,528 contacts with patients.

Our inspection team

Our inspection team consisted of a consultant paediatrician, an advanced nurse practitioner, infection control nurse and an inspector.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit between 22 and 26 March 2016 and 30 March 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with carers and/or family members and reviewed care or treatment records of people who use services. We spoke with eight people who use services and carers, who shared their views and experiences of the service. We spoke with 20 staff members including health visitors, nurses, consultants and service leaders. We reviewed eight sets of patient's records.

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?

What people who use the provider say

- 92.7% of patients recommended the service provided.
- Patients' families told us the team, 'just knew how to speak to a teenager and get them onside.' Another parent described the team as 'fantastic, like a second family and brilliant.'

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure level three safeguarding training is in place for all community based staff who are working with children and young people in accordance with the intercollegiate guidance.
- The trust should review the availability of specialist equipment to enable staff to obtain it in a timely manner.

Bolton NHS Foundation Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Overall, we found that community services for children were good in terms of patient safety because:

- There was an open incident reporting culture and learning from incidents was appropriately shared.
- Medicines were securely managed.
- Clinic environments were clean and provided a suitable environment for treating children and young people.
- The records we reviewed were securely stored and contained relevant information that was well ordered. The service also undertook records audits and created action plans to address learning needs.
- The clinic area was visibly clean and there were arrangements in place for management of clinical waste.
- Mandatory and statutory training figures were above the trust's target.

However;

- Only 70% of staff had received their level three safeguarding children training. This is not in accordance with the intercollegiate guidance for safeguarding which requires that 100% of staff have received this training. We escalated our concerns regarding this issue at the time of our inspection. Service leads told us that all remaining staff members who had not received level three training were booked on courses in April and May 2016.

Incident reporting, learning and improvement

- Staff knew how to report and record incidents. Managers were informed of incidents and forms were filled in on line. When the incident had been dealt with the team would reflect and learn from it at the next team meeting.
- There were no never events or serious incidents reported for the children and young people's community services from 1 February 2015 and 31 January 2016. There were 151 incidents recorded

Good

Are services safe?

between 1 February 2015 and 31 January 2016. Of these, 97.4% were low or no harm incidents and were regarding communication, documentation, access and infrastructure.

- 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. Staff were aware of the duty of candour and were open and honest with patients and their families and carers.

Safeguarding

- At the time of our inspection, the community team reported that 70% of the team had received level three children's safeguarding training. The intercollegiate guidance for safeguarding outlines that 100% of staff working with children should be level three trained. We asked senior staff about this and they advised that plans were in place to address this. All staff that had not been trained were booked on training courses in April and May 2016.
- 98.4%of staff had completed level two safeguarding training, which was above the trust's target of 95%.
- The staff we spoke with demonstrated a good understanding of the different types of abuse and how to detect these. Staff were aware of the process for reporting safeguarding concerns and allegations of abuse within the trust.
- Staff used an early help form to identify children and families in need of additional support. This form could be completed by multiple agencies so the team around the child were aware of ongoing concerns.
- Staff were aware they could obtain support and guidance from the trust-wide safeguarding team and understood how to contact this team.
- Staff received quarterly 1:1 supervision and completed reflective pieces of work. If staff needed to discuss cases before supervision, the team had a good working relationship and would discuss cases with each other, their supervisor or the children's safeguarding lead.
- The health visiting team told us they identified cases that required 'early help' and put steps in place to address what needed to change before child action meetings.
- The trust had a Female Genital Mutilation policy and a pathway had been developed. Staff understood their responsibilities within the policy, and protocols related to child sexual exploitation awareness.

Medicines

- Medicines were securely stored.
- The service had a stock of medications available for patients. They relied upon patient's GPs for the provision of medication for patients at the end of their lives.
- Staff had clear medication policies to follow for example treatment of asthma in the community.
- There was also a protocol in place for managing medication within the community.

Environment and equipment

- We visited a clinic within a building that had been purposely built as a health centre. The clinic rooms were airy and well decorated. The patient areas were well laid out and there was a range of seating available. The building was accessible to patients with mobility issues.
- The clinic provided a suitable environment for treating children and young people. There were suitable toilet facilities and nappy changing facilities.
- The equipment we observed was visibly clean and well maintained.
- A centralised maintenance team managed equipment servicing. All the equipment we saw had labels showing they had been calibrated or serviced and when they were next due for servicing. All the portable equipment we saw had also been appropriately tested.

Quality of records

- The records for children and young people were paper based.
- There was good office space and storage space for records.
- We looked at eight sets of patient records. The records were all accurate, complete, legible and securely stored. The content was well laid out with accessible information and clear divisions and we found evidence of good interagency and multi-agency working. All the records gave practitioners a good knowledge of the child's journey and the voice of the child.
- The records contained information such as patient contact details and history, referral letters, assessment notes, test results and discharge letters.

Good

Are services safe?

- Patient records were stored securely in the clinic area we visited. Staff transported paper based patient records in a locked case when carrying out home or community visits. The individual staff members were responsible for the security of patient records.
- The service undertook monthly records audits. Action plans were created following these audits to address any shortfalls e.g. recording of allergies.
- Records were centrally securely stored so all staff could have access to them.
- The records we looked at contained all the relevant information relating to the patient. This meant staff could access all the information needed about the patient at any time.

Cleanliness, infection control and hygiene

- Staff were aware of current infection prevention and control guidelines. The areas used for seeing children and families were clean, tidy and well maintained. There were adequate hand washing facilities for staff and patients in the clinic settings.
- There were arrangements in place for the handling, storage and disposal of clinical waste.
- There were sinks in the clinic rooms and hand gel available.
- From April 2015 – March 2016 hand hygiene audits showed staff were compliant in 99.6% of cases. This was above the trust's target of 98%

Mandatory training

- The trust split their training into statutory and mandatory training. Statutory training included topics such as control of infection, fire safety awareness, safeguarding, manual handling and equality and diversity. Mandatory training included resus, information governance and medicines management.
- A system to ensure staff were up to date with statutory and mandatory training subjects was in place.
- Statutory and mandatory training was monitored by the trust. The figure for the Integrated Community Service Division for mandatory training was 94.6%, which was above the trust's target (85%). For statutory training the figure was 97.5%, which was just above the trust's target of 95%.

Assessing and responding to patient risk

- All patients referred to the services underwent an initial assessment, which highlighted patients with specific health needs and identified patients at risk of harm. This assessment also considered whether staff were safe to visit the patient on their own.
- Patient records demonstrated that staff monitored individual patient risk through the use of treatment plans and care pathways, which they used effectively.
- Staff were aware of how to escalate deteriorating patients to the children's ward and could refer patients straight into the observation and assessment unit. Staff could also contact the observations and assessment unit for advice from a paediatrician, if needed.
- Staff were aware of safeguarding protocols and could escalate issues to safeguarding teams in the local authority, as necessary.

Staffing levels and caseload

- The services had sufficient numbers of trained health professionals and support staff with an appropriate skill mix to ensure patients were safe and received the right level of care.
- In community children and young people services, at the time of our inspection, there were 19.6 whole time equivalent vacancies. This meant the service had 94% of required staff in post. We discussed this with senior staff, who told us plans were in place to address this and the service had recently been recruiting following transition. At the end of March 96% of staff were in post and there were only 8.73 whole time equivalent vacancies. This was better than the trust's target of 95%.
- In community paediatrics, staff sickness levels in February 2016 were 5.1%, slightly above the trust's target of 4.2%. The year to date sickness rate was 4.6%. In health visiting, staff sickness levels were 4.4%, just above the trust's target of 4.2%.
- The service had recently gone through a transition period and service leaders told us this was why the staff turnover was slightly higher (11.6%) than the trust's target of 10%
- At the time of our inspection approximately one third of staff were on their preceptorship. The health visiting team were split into eight smaller teams that worked within community boundaries. Each staff member had an average caseload of 68.8 cases which was slightly below the trust's target of 73.9. Health visitors had a weighted caseload based on population numbers,

deprivation indices and levels of need within the case load. If staff had particularly challenging cases to manage senior staff took this into account when considering case allocation.

Managing anticipated risks

- All staff we spoke with were aware of the process for escalating risks and concerns to their line managers. Key risks, such as staffing and capacity issues, were discussed during routine meetings within each team.
- Staff were aware of the trust's lone worker policy, which outlined the process for managing patient and staff safety where lone and remote working took place. There was a lone working risk assessment that included instructions for staff on how to maintain their safety when carrying out lone visits to patients' homes.
- Each team had daily diaries so the whereabouts of individual staff members was known. The team were also in the process of introducing registers.
- Staff were aware of the major incident policy and knew who to contact.

Consent

- Staff had the appropriate skills and understood the processes for seeking consent before providing care or treatment.
- Staff understood how to apply the Gillick competency (used to decide whether a child is mature enough to make decisions) to balance children's rights and wishes with the responsibility to keep children safe from harm.

Good

Are services effective?

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

Summary

Overall, in terms of being effective, we found that community children's service were good because:

- The children and young people's services provided effective care and treatment that followed national clinical guidelines and staff used care pathways effectively.
- Audit records showed most patients experienced positive outcomes following their care and treatment and appropriate actions were taken to improve compliance with best practice standards.
- There was a programme of clinical audits with action plans and updates.
- Patients received care and treatment by trained, competent staff who worked well as part of a multidisciplinary team. Staff sought consent from patients before delivering care and treatment.
- There were dashboards that showed the performance of services against national and local targets which were regularly reviewed by the commissioners. Multi-agency working was effective and multi-disciplinary working was evident.
- The service used a standardised care pathway, which gave continuity of care to a family even if they moved within the borough.

However;

- Some staff experienced difficulties in accessing trust-wide IT systems due to connectivity issues.
- There was a gap in compliance for nocturnal enuresis (bed-wetting) in children and young people because of an issue with alarms.

Evidence based care and treatment

- Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE). However, there was a minor gap in compliance with NICE guidance for nocturnal enuresis (bed-wetting) in children and young people because of an issue with alarms.
- Staff participated in local audits to assess how well guidelines were adhered to. Findings from local audits were shared with staff during routine staff meetings to aid learning and improve services.
- Staff told us policies and procedures reflected current guidelines and these were accessible via the trust's intranet. We looked at a selection of policies and procedures and these were up to date and reflected national guidelines.
- The Early Help Assessment (EHA) is a localassessment that is used by all agencies working withchildren and their families toagree what extra help may be neededto supporta child or young person at an early stage. Staff used 'early help' to identify concerns and initiate support and appropriate intervention including referral when required.
- Patients with long-term conditions or complex needs had personalised care plans that were up to date and set out clear goals for them.
- The community children's team cared for patients heading towards the end of their lives. Advance Care planning is a means of improving care for people nearing the end of life and of enabling better planning and provision of care, to help them live and die in the place and the manner of their choosing. The service was trialling advanced care plans at the time of our inspection.
- The team regularly audited readmissions to identify any trends or themes. Action plans were put in place if a theme was identified.
- At part of the Greater Manchester Network, the team were part of an intravenous therapy (IV) group. They used an IV pathway and documentation had been agreed within the network so children could have IV therapy at home.
- Health visitors completed newborn observation techniques in accordance with the Neonatal Behavioural Assessment Scale (NBAS). Staff had been trained to complete these assessments. Health Visitors uses a recognised developmental assessment tool for all preschool assessments carried out as part of the healthy child programme.

Good

Are services effective?

- There was a programme of clinical audit for community services.

Technology and telemedicine

- The service operated a telemedicine service. From April 2015 to March 2016 the service had 13.377 consultations which was above the trust's target of 7.201. The service had introduced telephone contacts in place of Face to Face contact to support self management and to encourage families to be in control of their child's/young person's care. Staff ensured that the service was used when clinically appropriate.
- Community Nursing Service telephone clinics were held for acute illness triage and reviews, constipation, eczema, asthma, continuing care. These clinics were run by the shift coordinator and other children's community nurses.
- Other community services for children also held telephone clinics: Paediatric Speech and Language Therapy, Paediatric Occupational Therapy, Epilepsy specialist nurse and advanced nurse practitioners.

Patient outcomes

- Bolton's Child Health Profile compared very poorly to the England averages. Of the 32 indicators, 12 (38%) were significantly worse than the England average. In the Prevention of Ill Health Domain, six of nine indicators are significantly worse than the England average. However, the measures of Health Protection were very good.
- In Bolton the uptake of Measles, Mumps and Rubella vaccine and the uptake of the vaccine for diphtheria, tetanus, polio, pertussis and Hib were significantly better than the England average. The uptake of vaccinations for children looked after was significantly better than the England average.
- Bolton had average levels of obesity in 4-5 year old children with levels of 9.6% compared to an England average of 9.5%, for 10-11 year olds the obesity level was 20.47% compared to an England average of 19.1%.
- The health visiting service participated in the healthy child programme and were aware of the expectations required.

Competent staff

- Newly appointed staff had an induction, which included a corporate induction, mandatory training and shadowing an experienced member of staff for a period of time based on their training needs.
- Staff told us they routinely received supervision and annual appraisals. Records showed that 95% of staff across the services had completed their appraisals. This was above the trust's target of 85%. There was a good training matrix, and managers identified staff's interests during appraisal to create opportunities and career development.
- Staff were positive about on-the-job learning and development opportunities and told us they were well supported by their line management.
- Staff across the service described good multi-disciplinary, multi-agency training with consultants from the trust delivering some of this training
- Preceptorship was structured ensuring that newly qualified staff were well supported.
- Nurses within the palliative care team had completed a degree module on the palliative care pathway.
- Students received 1:1 training. They had monthly meetings and a preceptor within another team.
- The service also had community specific training available to them via the intranet.

Multi-disciplinary working and coordinated care pathways

- There was effective communication and multidisciplinary team working within each team. Each team routinely conducted staff meetings and multidisciplinary team (MDT) meetings involving health professionals and support staff to ensure all staff had up-to-date information about patient risks and concerns.
- Staff routinely communicated with other healthcare professionals, such as GP's, social workers, school nurses, district nurses and other healthcare professionals when patients were referred to or discharged from the services to ensure all the relevant information about patients was made available.
- The acute team had a good working relationship with the children's ward. They had communication meetings with patients' consultants. Staff provided continuing care for patients with complex needs if they were admitted to the ward.

Good

Are services effective?

- Staff reported they were involved with MDT meetings with the children's ward and were involved in discharge planning.
- Health care support workers supported children on care packages both in hospital and at home.
- Staff worked with local commissioners and GPs to develop a community urgent care scheme with a proforma for referrals. This had increased GP referrals and helped divert patients from hospital to community services. It also helped ensure children and young people had access to the right care quickly.
- The health visiting service was performing well against the Healthy Child Programme.
- Health visitors were able to refer patients directly to paediatricians. They worked providing partnership plus services, which were ongoing support from the health visiting team and a range of local services to deal with issues that were more complex over a period of time. These included services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.
- Health visitors were conducting antenatal visits between 28 and 32 weeks of pregnancy, as identified in the health child programme. This ensured health visitors started to build relationships with new mums and start health promotion within pregnancy.
- Health visitors were linked to a GP surgery and some health visitors were invited to GP meetings. Health visitors were doing ante-natal visits between 28-32 weeks in to the pregnancy which started relationships with new mums. If the health visitors were not able to see all new mums they prioritised those with most need. The team completed multi-agency safeguarding training, which had helped build relationships with other agencies.

Referral, transfer, discharge and transition

- The team accepted referrals from accident and emergency, the paediatric ward and assessment and observation units, GPs, paediatricians (specialist doctors for babies and children) and advanced nurse practitioners/specialist nurses. Referrals could be sent by fax, letter or email.
- The team worked closely with the children's ward to support discharge arrangements particularly for children with complex needs. The team met families on the unit where possible.
- All staff were being trained in the 'Ready, Steady, Go' an initiative to support young people and their families with preparation for transition from children's services to adult services.
- All patients received a transition assessment for the community adults' team when they were fifteen. The team used person centred health and social care plans to ensure there was a comprehensive assessment.
- For asthmatic and epileptic patients, the children and adults community teams worked jointly to ensure patients could transition across smoothly.
- The diabetic specialist nurses ran transition clinics alongside paediatric clinics in the Bolton Diabetes Centre. All children with diabetes over 12 years of age were seen at this clinic to improve communication and transition between paediatric and adult services.

Access to information

- All staff had access to computers and to the trust intranet system. IT systems were reported to be slow and there were connectivity issues.
- Staff within the service reported they had good access to information and had hard copies of policies and procedures and electronic copies off the intranet.
- The team had access to a shared drive to ensure they could store information securely.

Consent

- We saw that consent was documented appropriately within the records.
- Staff were aware of Gillick competence and when to apply it.

Good

Are services caring?

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

Summary

We rated this service as good for the provision of caring services because:

- Staff were committed to meeting the needs of children, young people and their families.
- Parents of children with complex needs were supported through the services provided and through other agencies including social care and the voluntary sector.
- Parents spoke positively about the care and treatment their children received. They were treated with dignity and compassion.
- Patients and their relatives were kept involved in their care and they were supported with their emotional needs.

Compassionate care

- We spoke with three parents regarding the care their children received and they told us that children were seen as children foremost and their physical, emotional and social needs were recognised and responded to.
- Parents told us staff demonstrated an effective approach to calm children who were distressed and provided clear explanations of the care being provided. They said staff ensured children understood the importance of taking their medication and staff were sensitive and supportive of their child's needs.
- Parents told us staff were very respectful of the fact that they were within a patient's home and considered positioning of equipment carefully.
- Parents described the team as 'fantastic, like a second family and brilliant.'
- The service participated in the NHS Friends and Family test. The service had good friends and family test scores (92.7%) from April 2015 to February 2016, which was above the trust's target of 85%. The trust recorded a small number of respondents early in the year, but this number had increased substantially. A sample of patients who had had home visits were contacted and asked to complete the friends and family test over the phone.

Understanding and involvement of patients and those close to them

- Parents told us they felt their child was encouraged to discuss their condition with the team and they were listened to. They explained the team pitched their communication at the right level for their child and 'just knew how to speak to a teenager and get them onside.'
- Parents told us they felt informed about their child's care and were clear on the care that was being provided and what plan there was for their child going forwards.
- Clinic letters were routinely copied to paediatricians and parents.

Emotional support

- Health visitors provided emotional support for parents through courses and one to one support.
- For palliative care patients the team facilitated and supported parents in caring for their children at home. Staff ensured there was 24 hour a day cover and that the team could provide a rapid response. The team knew of organisations who could support the parents and other family members and shared this information with families. Staff arranged post-bereavement memorabilia boxes with support from a local charity.
- The parents we spoke with explained that staff provided them with support in understanding their child's condition and plan of care.

Good

Are services responsive to people's needs?

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

Summary

Overall, in terms of being responsive, we found that community children's service were good because:

- Staff worked with commissioners and service leads to develop the service so it could be responsive to the community's changing needs. Part of this work involved working closely with commissioners and GPs to help keep patients out of hospital, when appropriate.
- The service offered patients flexibility and had a good understanding of different patients' needs, for example teenagers, staff worked flexibly around their social lives regarding appointments so as to ensure their health needs could still be addressed.
- The service used a standardised care pathway, which gave continuity of care to a family even if they moved within the borough.
- Staff had access to translators and a translation service.

However;

- Staff told us there were lengthy delays in obtaining specialist equipment for those with additional needs.

Planning and delivering services which meet people's needs

- The health visiting service was redesigned 2015 in response to changing patients' needs. The health visiting service had recently undergone a period of growth to enable them to meet people's needs.
- The community team worked closely with their commissioners and an example of this was in developing a referral pathway for different conditions for example bronchiolitis and asthma. The GP referred a child either to the team or the ward with an appropriate referral dependant on the pathway criteria.
- Staff within the service flexed around patients' other commitments to ensure their health needs were met.
- There was a selection of clean toys and information leaflets were available for parents.

Equality and diversity

- There was access to a language interpretation service that could be used by staff in patients' homes. Staff were also able to book translators at short notice.
- The uptake of equality and diversity training was 94.3% which was just below the trust's target of 95%.
- The trust had recently advertised for new recruits within community services. Staff told us these adverts specifically requested that potential employees understood the cultural diversity in the area.

Meeting the needs of people in vulnerable circumstances

- The service used a standardised care pathway, which gave continuity of care to a family, even if they moved within the borough.
- Staff provided NBAS bonding and attachment information to parents.
- Health visitors were undertaking antenatal visits between 28 and 32 weeks in to the pregnancy, which started to build relationships with new mums. They started working with mums to encourage health promotion in areas such as smoking cessation.
- All staff had received training on 'early help' to assist them to put provision in place to support parents and children who were vulnerable.
- The team had a clear did not attend appointments (DNA) system in place to ensure that vulnerable patients were seen. In order to encourage attendance, the service sent out opt-in letters, gave patients and their parents a choice of appointment times and did a ring and remind service the day before appointments. The service also sent out text message reminders.
- From April 2015 – March 2016 their DNA rate for first appointments was 4.8% which was just below the trust target of 5%. For follow up appointments, it was 4%, which was better than the trust's target of 8%.
- Staff were made aware of patients' additional needs when patients were referred to the service. They ensured they had access to translation services. However, staff told us that obtaining specialist equipment for those with additional needs could involve lengthy delays for example bariatric wheelchairs.

Access to the right care at the right time

- The health visiting service reported their healthy child programme uptake data for the quarter prior to our

Good

Are services responsive to people's needs?

inspection (September 2015 – December 2015). 93% of new mothers received a visit from a health visitor within 14 days of their baby's birth. A further 5% received a newborn baby visit outside the first 14 days. 92% of children received a six to eight week review by the health visiting team by the time they were eight weeks old. 38% of babies that had been born were still being breastfed at six-eight weeks old. 94% of children received a one year review by the time they were 12 months old. 98% of children had received their 12 month review by the time they were 15 months old. 98% of children received a two to two and two and a half year review.

- Activity measures within the service indicated that, in Bolton, the team were above the trust target for the number of GP referrals that were received (6,501 against a target of 6,187). The service indicated that these figures had been impacted on in view of the new initiative they had trialled with GPs for keeping patients out of hospital. The team reported that as a result of the referral pathway more patients were being kept out of hospital and managed within their own homes. As a result of the new pathway from July 2015 to March 2016, 352 GP referrals had been received and 87 GP urgent referrals had been managed by the team. These referrals are included in the 6501 referrals listed above.
- From April 2015 to March 2016 the service had received 19,294 other referrals, which was more that the trust's target of 17,925. The service told us that increasing awareness of the services they could offer and facilitating discharges into the community for acute patients had increased their activity levels.
- The re-referral rate in less than 90 days was 7.2% which was above the trust's target of 5%. The service told us the re-referral rate was affected by patients who did not attend their appointments. The service had audited re-referrals and identified that patients who did not attend blood tests and paediatric audiology appointments had impacted on the DNA levels. In order to reduce DNA rates and subsequently re-referral rates the service had increased the availability of blood clinic times and were about to launch an opt in policy for hearing assessments.
- The number of routine referrals seen within four weeks from April 2015 to March 2016 was 77.9%. This was below the trust's target of 90%. However, over the course of the year this figure had improved. The service told us all children's services not currently meeting their waiting times had a short term plan to resolve this and a further long term plan to increase capacity linked to the development of the new service specifications.
- Community children's services told us that in March 2016 100% of urgent referrals were seen within four weeks.
- From April 2015 to March 2016, the community paediatrics team saw 96.7% of referrals in less than 18 weeks. This was above the trust's target of 95%.
- The acute team worked closely with the observation and assessment area in the paediatric unit and the paediatric ward to support discharges. This meant that patients were able to be cared for in their own environments when it was possible.
- The health visiting team also had a paediatric specialist nurse working within the team to support them with their roles.

Learning from complaints and concerns

- The service had received five complaints from April to November 2015. All of the complaints were responded to within 35 days, as per the trust target.
- Staff understood how to deal with complaints and told us information about complaints would be discussed during routine team meetings so shared learning could take place.

Good

Are services well-led?

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

Summary

Overall, in terms of being well-led, we rated community children and young people's services as good because:

- Governance arrangements were robust and effective. The monthly line management meeting for the division included strategic and operational agenda items that were disseminated to staff through staff meetings.
- Information was shared about safety and quality and where issues and trends were identified, there were lessons learned.
- There was a risk register with relevant information and review dates.
- The leadership of the organisation was visible at the senior level and middle managers were strong and respected by their staff.
- There was a positive culture in the organisation despite the fact the team had been through many changes recently.
- Staff said they were valued and they felt they were doing a good job.
- The safeguarding culture of the team was very open.
- Staff engagement was effective with a number of communication methods.

Service vision and strategy

- The service were aware of the trust's vision. The team's plans held patients and staff at the heart of it. Staff told us how they valued families and were keen to make patients' journeys as smooth as possible.
- Staff were keen to see more acute referrals and strived to develop a service where children's community nursing was the first port of call for all patients where appropriate.

Governance, risk management and quality measurement

- Staff attended both the community and acute quality forum to share best practice.
- All team leaders met on a monthly basis to share best practice, learn from incidents and discuss any issues within the service.
- Health visitors attended a monthly co-ordinator meeting to review and improve practice.
- The team held quarterly quality assurance group meetings to work through examples and feedback on positives and negatives within the service.
- Urgent updates were disseminated to staff using an app that was available on mobile phones.
- The team had a risk register that was regularly reviewed and shared with the trust board.

Leadership of this service

- Staff said that management was good at all levels of the organisation.
- There was good trust engagement and managers were visible within the service.
- The staff described good strong middle managers who were also good leaders.
- The team felt they had a good working relationship with the neonatal and paediatric wards.

Culture within this service

- Services across the trust were holistic and child focused. All partners worked together to get the best outcomes for children in their care.
- Staff across the trust said that they felt respected and valued.
- Staff reported a good open culture.
- Staff were committed to improving child health outcomes.

Public engagement

- The team had a Facebook page to engage with the public.
- In clinics the service had boxes to collate patient feedback. This was then analysed and used to improve services.
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Staff engagement

- Staff told us they received good support and regular communication from their line managers.

Good

Are services well-led?

- Staff routinely participated in team meetings across children's and young people s service for both the community and the hospital setting. The trust also engaged with staff via team briefs, newsletters and through other general information and correspondence which was accessible to staff.
- Staff in this service attended listening events which were designed to promote staff engagement.

Innovation, improvement and sustainability

- The Greater Manchester children's initiative enabled the development of children's services across the ten boroughs of Manchester but was also tailored to the issues in each of the boroughs so that services were focused on the specific needs of children and young people in these boroughs.
- The children's community services were all holistic and child centred. Managers and staff were aware of how services could develop in the future with closer working with partners including education and the voluntary sector.
- Senior staff had plans in place to increase the number of nurse practitioners across the service. Plans were in place to address this.
- The team had plans in place to extend blood and constipation clinics to meet service needs. Funding had been agreed for this with commissioners.