

Compass - Services To Improve Health And Wellbeing

Rugby Base

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Summary of findings


Overall summary

This was the first time we had inspected this service. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children, young people and their families from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided effective care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children, young people and their families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and families to manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	Please see summary above

Summary of findings

Contents

Summary of this inspection

Background to Rugby Base	5
Information about Rugby Base	6

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Rugby Base

We carried out this inspection of Compass Connect for Health in line with our inspection methodology. The service was taken over by Compass in 2015. This was the first time the service had been inspected.

Connect for Health is a school nurse-led service that supports children, young people and their families in Warwickshire. The service deliver key elements of the National Healthy Child Programme. This programme is to identify and meet the health and wellbeing needs of the school-age population.

The service was for all school-aged children, aged five to 19, or up to 25 for individuals with special educational needs and disability (SEND), and their parents/carers, regardless of whether they attend a mainstream school.

The service provided the following regulated activity:

- Treatment of disease, disorder or injury.

The service is commissioned by Public Health Warwickshire and works to deliver the on outcomes set by Warwickshire County Council: Keeping safe, improving lifestyles, maximising learning and achievement, seamless transition and preparation for adulthood, resilience and emotional wellbeing and supporting complex and additional health and wellbeing needs.

The service was provided from three bases across the county, Stratford -Upon-Avon, Rugby and Caldecote. The service provided the following:

- Health Needs Assessments for school aged children in reception, year six and year nine.
- The National Child Measurement programme.
- Public health campaigns through providing advice and information.
- 'Change makers' healthy lifestyle programme.
- Holistic assessments and health reviews of children in care.
- Developed Health Care plans where needed, provided training for teaching staff to support children and young people with specific health needs and continence workshops.
- A text support service called 'ChatHealth.'
- Advice, guidance and support for young carers.
- Completed Health visitor handovers for children starting school who needed this.
- Support and interventions for families and carers of children and young people with specific issues and those families and carers of children and young people with special educational needs and disabilities.
- Sign posting to other services where this was required.

The service did not supply, keep or manage medicines.

What people who use the service say

Families of children and young people told they and their child they were well supported. They described responsive, compassionate and approachable staff. They said the service communicated with them effectively and offered the right kind of support. They were all positive about the service that they and their child received. They gave examples of how the service had supported them to engage with other services and professionals where required. They were happy that the service gave them an opportunity to provide feedback.

Summary of this inspection

Professionals who worked with the service told us they were happy with the service. They described positive professional relationships with the staff at the service. They described them as being quick to resolve problems and improve and being skilled communicators. They described the service being delivered in a timely and appropriate way that supported children, young people and their families and kept them safe.

Local commissioners had a high level of confidence in the service and told us there were no performance issues. They told us the provider provided them with high quality detailed data about their activity. They described the service as innovative; with staff who were keen to find solutions and improve. They spoke of the leadership as open and honest. They reported that feedback from service users and other stakeholders was positive.

How we carried out this inspection

Our inspection was an unannounced inspection of all key lines of enquiry. We completed one day on site and further work off site. The team that carried out this inspection of the hospital comprised a lead inspector, one more inspector, a specialist advisor who was a paediatric nurse and an inspection manager. During the inspection visit, the inspection team:

- visited one of the office bases where staff worked from and observed a clinic and a meeting
- spoke with the service manager, practice educator, all three team leaders and lead nurse for the organisation
- we ran two staff focus groups and spoke to staff individually; we spoke to 14 members of staff including school nurses, school staff nurses, health support workers, family brief intervention workers, administrators and a communication officer.
- reviewed six care records
- spoke to four family members
- received feedback from key stakeholders; we spoke with two commissioners and two school staff
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

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

Good 

This was our first inspection of this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Training compliance was at 96% and all but two training compliance areas were above 91%, the remaining two being over 82%.

The mandatory training was comprehensive and met the needs of children, young people and staff.

Clinical staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. There was a compliance rate of 100% for both Safeguarding Adults and Children level 3 training.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

Community health services for children, young people and families

Good 

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They were able to describe the processes they followed when they raised a safeguarding alert. We case tracked a safeguarding alert and staff had completed all required parts of the process.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection.

Staff saw children and young people in schools and suitable community venues. The offices where staff were based were clean.

Staff followed infection control principles including the use of personal protective equipment (PPE) Staff told us that had access to this and there were no issues with supply of PPE throughout the COVID-19 pandemic.

Staff cleaned equipment after patient contact and followed infection prevention and control measures.

Environment and equipment

The use of facilities, premises and equipment kept people safe.

Staff ensured that the equipment they used to weigh and measure children was checked to ensure it worked properly.

Staff told us that the environments where they saw children and young people were suitable.

Assessing and responding to patient risk

Staff completed and updated risk assessments for children and young people that required this. Staff identified and quickly acted upon children and young people at risk.

Staff completed assessments which included assessment of risks for children that required this. There were different assessments completed, including holistic assessments and health needs assessments. These were updated along with the records of care where there was increased risk identified.

Staff knew about and dealt with any specific risk issues, such as physical health, mental health needs or safeguarding.

Staff worked with other services where risk for children or young people thought to be at risk of self-harm or suicide needed specialist support.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. We saw numerous examples of this being carried out effectively.

Community health services for children, young people and families

Good 

There were regular meetings that took place throughout the week where staff discussed changes and all necessary key information to keep children and young people safe.

Nurse staffing

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers reviewed staffing levels and skill mix.

The service had enough nursing and support staff to keep children and young people safe. The service was busy and there had been an increase in referrals to the service but there were enough staff. The service had recently employed a nurse who was a specialist in childhood exploitation and a team leader who took responsibility for coordinating healthy lifestyles.

The service had low vacancy rates. There was one vacancy for a team administrator apprentice at the time of our inspection.

The service turnover rate was 12.5% and this was higher than the organisational turnover rate. However, there had been specific reasons for staff leaving which were personal and did not relate to their experience of working for the service

The sickness rate for the service was 4.7%. This was lower than the average sickness rate for the organisation which was 5%.

The service rarely used bank staff and did not use agency, bank staff knew the service and completed an induction and training.

Medical staffing

This service did not employ or utilise medical staff.

Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily.

Records were stored securely. All records were kept on a secure electronic system and when staff worked in schools and the community they kept these records safe on laptops that were password protected.

Medicines

This service does not supply, keep or manage medicines.

Incidents

Community health services for children, young people and families

Good 

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions were implemented and monitored.

Staff knew what incidents to report and how to report them. We reviewed incidents that were reported.

Staff raised concerns and reported incidents, serious incidents and near misses in line with local policy. Staff told us how they reported incidents

Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service through staff bulletins. We saw this was the case and heard about changes to practice following learning.

Staff met to discuss the feedback and look at improvements to children and young people's care. There were regular team meetings where these were discussed.

There was evidence that changes had been made as a result of feedback.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations if required.

Managers debriefed and supported staff after any serious incident.

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

Good 

This was our first inspection of this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were able to reference key documents

Staff referred to the psychological and emotional needs of children, young people and their families.

Nutrition and hydration

Community health services for children, young people and families

Good 

The service supported children and young people to lead healthy lives. They were responsible for the delivery of the National Child Measurement Programme and provided information and advice in relation to healthy eating as part of a healthy lifestyle and public health campaigns. The service ran the 'Change Makers' programme to support children and young people who were overweight to manage their weight.

Pain relief

Not relevant to this service

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service participated in relevant audits. There was a clear audit cycle and the service demonstrated regular thorough and effective audits took place.

Managers and staff used the results to improve children and young people's outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. There was a clear audit cycle and where learning and actions were required these were completed.

Managers used information from the audits to improve care and treatment. For example, the service had audited their 'ChatHealth' service, safeguarding and patient records. They shared and made sure staff understood information from the audits. Improvement was checked and monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. The service employed staff in the following roles: school nurses (specialist community public health nurse qualified), school staff nurses, family brief intervention workers and school nurse health support workers. There was also a practice educator in position in post to support the learning and development needs of staff.

There was a wide range of training available for staff that was relevant for the children, young people and families that they worked with. This training included self-harm, eating disorders, mental health awareness, sleep and continence amongst others.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed a preceptorship programme. Staff told us this meant they were well prepared for their roles. During the preceptorship programme staff were supported by a specific member of staff to understand how to perform their role and how the service worked. Staff spoke positively about this process.

Community health services for children, young people and families

Good 

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff that needed to be appraised had received an appraisal.

Managers supported nursing staff to develop through regular constructive clinical supervision of their work. All staff received regular managerial, safeguarding and clinical supervision. The service was in the process of training staff in delivering restorative supervision. This approach to supervision is designed to support professionals who work with complex clinical caseloads.

Managers made sure staff attended team meetings. These took place monthly.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff provided us with examples of a wide range of training including in specialist community public health nursing, mental health conditions and physical health conditions

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Staff who delivered care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

Staff including nurses, family brief intervention workers and health support workers held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Commissioners told us that the service worked well with other agencies. Staff provided us with examples of their work with other services.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families.

Seven-day services

Not relevant to this service

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service promoted healthy lifestyles as part of their public health remit. They worked with schools to develop relevant public health interventions for the school population. Recent intervention packs included handwashing, resilience and healthy eating.

Community health services for children, young people and families

Good 

Staff assessed children and young people's weight and height and their health needs as part of the National Child Measurement government programme. This took place at specific points in the children and young people's education. The service worked with schools as part of this programme to support healthy lifestyles. The service offered a rolling programme to families for weight management.

Consent

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care.

Staff completed training in the Mental Capacity Act and 84% of staff were compliant with this and managers had oversight of training. Training that was outstanding had been booked in for completion.

Staff made sure children, young people and their families consented to treatment based on all the information available.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

Staff clearly recorded consent in the children and young people's records.

Staff understood Gillick Competence and Fraser Guidelines. They applied it in their work, and we saw this recorded in care records,

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

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

Good 

This was our first inspection of this service. We rated it as good.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. We observed a clinic and saw staff treated children and young people with kindness and respect.

Community health services for children, young people and families

Good 

Children, young people and their families said staff treated them well and with kindness. Feedback about the service was positive.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Staff were able to demonstrate that they understood difference and could respond to this appropriately

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Staff worked with families to support them and had family brief intervention workers who performed this role.

Staff understood the emotional and social impact that a child or young person's care could have on their family.

Understanding and involvement of children and young people and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. Staff gave examples of how they could meet children, young people and family's health needs. There was expertise within the organisation and the team for children and young people with special educational needs.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff supported children, young people and their families to make informed decisions.

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

Good 

This was our first inspection of this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Community health services for children, young people and families

Good 

Managers planned and organised services, so they met the changing needs of the local population. They worked with other professionals and commissioners to provide services that suited the local populations within the county. Staff understood the difference in need in the different areas of the county.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. The service worked with other agencies to ensure that children were able to access support that they were unable to provide.

Nurses who were completing their specialist community public health qualification had carried out a project to increase engagement with school aged children in alternative school provision or who were home schooled. The service worked hard to communicate with children young people and families in varied ways to improve the service reach and engagement.

Managers ensured that children, young people and their families who did not attend appointments were contacted.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

The service could have information leaflets translated into languages spoken by the children, young people, their families and local community.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. There were recent examples of this taking place.

The work of the service was delivered in person and on-line and staff considered accessibility and meeting the needs of underrepresented groups of people carefully.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times were managed effectively

Managers and staff worked to make sure children and young people were referred on to other agencies and organisations where this was required.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. There had been an increase in referrals to the service, this meant that there were some children, young people and families who waited up to two weeks for an intervention. No one who could be considered a risk waited to be seen, only those children, young people and families who had lower priority needs,

Community health services for children, young people and families

Good 

Managers monitored waiting times and made sure children, young people and their families could access emergency services when needed and received treatment within agreed timeframes and national targets.

Managers worked to keep the number of cancelled appointments to a minimum.

Managers and staff worked to make sure they supported children, young people and families with discharge and ensured that transfers to other organisations or the end of an intervention was managed effectively.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Children, young people and their families knew how to complain or raise concerns.

The service clearly displayed information about how to make a complaint on the website.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Although there had been no formal complaints made to the service in the 12 months prior to our inspection there had been four informal complaints and the service had responded to these appropriately

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. There was an example of this in relation to confidentiality. The service had changed the way it communicated information to families about children and young people following incidents regarding confidentiality when the service had not been updated about changes of address. This information was now shared with through an IT system which parents would access with a password and protected personal information.

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

Good 

This was our first inspection of this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children and young people and staff. They supported staff to develop their skills and take on more senior roles.

Community health services for children, young people and families

Good 

Leaders had the skills, knowledge and experience to perform their roles. Leaders had relevant experience in school nursing and suitable leadership experience.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. All leaders we spoke to were able to describe their service and how they provided good quality care.

Leaders were visible in the service and approachable for staff. The most senior leaders in the organisation visited the site and had met with staff virtually. All staff spoke highly of leadership.

Leadership development opportunities were available, including opportunities for staff below team manager level.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.

Staff felt respected, supported and valued. All staff we spoke to spoke highly of leaders and team members.

Staff felt positive and proud about working for the provider and their team. They were passionate about their work the organisation they worked for.

Staff felt able to raise concerns without fear of retribution. They told us their teams and leaders were supportive and there was a culture of being open and honest.

Staff told us they knew how to use the whistle-blowing process

Community health services for children, young people and families

Good 

Managers were able to deal with poor staff performance when needed, although there were no recent examples.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff appraisals included conversations about career development and how it could be supported. There were opportunities for staff to develop in their areas of interest. The service supported staff to complete the Specialist Community Public Health Nursing qualification. However, some health support workers expressed an interest in completing a nursing qualification. The organisation was not able to support this at the time of our inspection but was considering this in the future

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. Staff told us that there was an equality and diversity network, with champions and there had been a recent survey of staff to gather feedback on their experiences of working for the organisation in relation to equality and diversity.

The service's staff sickness and absence rates were similar to the provider target.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff told us they had been well supported in the pandemic by leaders and team members.

The provider recognised staff success within the service through staff awards. There was a monthly organisational newsletter where staff achievements and hard work was acknowledged and shared.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance was embedded in all aspects of the service. There were enough staff, staff were trained and supervised, children and young people were assessed and treated well, referrals and waiting times were managed well, incidents were reported investigated and learned from. There was a clear standard operating guidance that provided a thorough overview of the service, description of roles and responsibilities for all staff and this was based on key national guidance and public health documents. All staff were familiarised with this during their preceptorship.

There was a clear framework of what must be discussed at team, team leader meetings and clinical governance meetings. We reviewed records of these meetings and saw essential information, such as learning from incidents and complaints, review of policies and updates were shared and discussed.

Staff had implemented recommendations from incidents, complaints and safeguarding at service level. Staff demonstrated they were aware of learning that had come from a safeguarding serious case review which looked at the care of a child across the care system.

Staff undertook or participated in clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. For example, staff had completed audits of care records, safeguarding and their text support service.

Community health services for children, young people and families

Good 

Staff understood arrangements for working with other teams, both within the provider and external to meet the needs of the children and young people. They shared information and learning with teams in the organisation and worked closely with external professionals to achieve good outcomes for children and young people.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff maintained and had access to the risk register either at a team or directorate level and could escalate concerns when required.

There was a risk register and appropriate risks were identified.

The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team leaders had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed including the CQC.

Engagement

Leaders and staff actively and openly engaged with children and young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.

Staff, children and young people and carers had access to up-to-date information about the work of the provider and the services they used through the intranet. There was a website which was regularly updated with advice and information.

Community health services for children, young people and families

Good 

Children and young people and families had opportunities to give feedback on the service their individual needs. They were asked for feedback regularly.

Managers and staff had access to the feedback from children and young people, carers and staff and used it to make improvements.

Children and young people and carers were involved in decision-making about changes to the service. They had recently helped with the rebranding of the service.

Children and young people and staff could meet with members of the provider's senior leadership team and governors to give feedback. This was actively encouraged by the organisation

Directorate leaders engaged with external stakeholders, they had regular meetings with partnership agencies and shared detailed data with commissioners.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and were thinking about ways to improve and reach out to communities that were less represented in their service. The nurses who were completing their Specialist Public Health Nursing course had recently completed a project to improve the service's contact and support for children and young children who were not in the main stream school system.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Staff said they were listened to when they proposed new ideas.

Innovations were taking place in the service. All staff demonstrated they could identify and respond to problems and make changes rapidly.

Staff produced data for the National Child Measurement Programme and audited their activity in relation to this.