

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

RRE

Community health services for children, young people and families

Quality Report

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Date of inspection visit: 21st-24th March 2016
Date of publication: 12/07/2016

Summary of findings

Locations inspected







This report describes our judgement of the quality of care provided within this core service by South Staffordshire and Shropshire Healthcare 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 South Staffordshire and Shropshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
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 this service as good overall because:

- We saw good examples of infection control practices by staff across the Children and Young People (CYP) services.
- Staffing levels across CYP services were appropriate to the needs of the patient group and staff had training and support to do their job effectively.
- There were a robust safeguarding process in place with good safeguarding supervision and training for all staff.
- Staff within most services used electronic records effectively and where services used paper records, we saw they were up to date and clear with the relevant information accessible.
- We saw that staff provided care that was centred on the child and individualised across all CYP services. Children, young people and their families were treated with dignity and respect by staff and were involved as partners in their care.

- Care and treatment followed evidence based practice and we saw good arrangements around consent.
- People we spoke to during the inspection were very happy with the quality of the service and spoke highly of the staff providing care.

However:

- Staff told us and we saw a lack of joint working across services. There were limited care pathways or processes in place for children who were transitioning to adult services.
- Services had not listed some of their main issues as risks. Senior managers did not keep records of how they managed these risks or whether they were monitored on a regular basis.

Summary of findings

Background to the service

Information about the service

South Staffordshire and Shropshire NHS Foundation Trust provided a range of services for children and young people throughout South Staffordshire. The services provided included:

- Community children's nursing service
- Community complex care team
- Community paediatrics services

Services were delivered in clinics as well as schools, community hospitals and the patient's own home.

Services were provided to children, young people and their families. During the inspection, we visited a variety of services at clinics and home visits. We conducted interviews with community children's nurses, occupational therapists, community complex care nurses and support workers, managers and service leads. We spoke with 26 staff members, 8 parents and children and reviewed 12 individual care plans for children.

We also sought feedback from external partner organisations and reviewed online feedback.

Our inspection team

Our inspection team was led by:

Chair: Vanessa Ford, Director of Nursing Standards and Governance, West London Mental Health NHS Trust

Team Leader: James Mullins, Head of Hospital Inspections, Care Quality Commission

The CYP inspection team included a CQC inspector and a Paediatric Nurse

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, 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?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information, and sought feedback from patients and staff members at focus groups.

During the inspection visit, the inspection team:

- Visited the community complex care team at Stafford and Lichfield.
- Attended home visits with various teams and a multi-disciplinary team meeting at a school.
- Visited the community paediatrics team (west) at Stafford.
- We visited many clinical areas and observed direct patient care and treatment.
- We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members

Summary of findings

- We reviewed care or treatment records of people who use services.
- We met with the trust executive team both collectively and on an individual basis, we met with service managers, leaders, and clinical staff of all grades.

What people who use the provider say

Parents and carers of children and young people across all community CYP services spoke very highly of the service they had received. We were told that staff were caring and helpful as well as adaptable to meet the needs

of children, young people and their families. Results of the friends and family test showed that all those who took part would be “extremely likely” or “likely” to recommend these services to others.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve:

- Managers should periodically review the risk register in order to ensure that all risks are captured
- Ensure care pathways or arrangements for transition to adult services for children with complex needs are developed.

South Staffordshire and Shropshire Healthcare 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

We have rated this service as good for safe because:

- Staffing levels were appropriate to meet the needs of children, young people and their families.
- Incident reporting and recording was encouraged and embedded across all services. There was a robust process in place for staff to learn from lessons to minimise future risks to children, young people and families.
- Infection control guidance was in place and practiced by all of the nursing staff. Processes were in place to continually monitor and improve hand hygiene across services.
- There were effective safeguarding processes in place to protect children from the risk of abuse. 90% of staff were up to date with safeguarding level 3 training.

- Mandatory training compliance was above the trust target of 85%.

Incident reporting, learning and improvement

- Never Events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were zero Never Events reported in the period between March 2015 and February 2016. There were zero serious incidents recorded during the same period. According to data provided by the trust, there were sixty-three incidents of other severity levels reported during this time.
- There was a trust wide electronic incident reporting system. Staff across CYP services told us they were encouraged to report incidents and able to access the system. A staff member within the community complex care team described a recent incident, how it had been

Are services safe?

reported and we saw the record of this. The staff member outlined changes to practice that had been made as a result. This demonstrated how they had escalated the incident appropriately and the lessons learned.

- A staff member within the children's community nursing team informed us that there had been a number of incidents that involved staff members who had made errors when they administered medication. Following investigation, changes were made to practice so two nurses would be required to be present to administer the first dose of any medication. All staff had the responsibility to check doses against British National Formulary, which prevented further errors.
- Staff were made aware of incidents in various forms, for example, during team meetings and e-mails from line managers to share lessons learned. We saw minutes from team meetings where risks and incidents had been discussed.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff were able to tell us what the duty of candour meant and were aware of their responsibilities. Staff told us that families were informed when incidents occurred and we reviewed a report of a specific incident that demonstrated this.

Safeguarding

- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young People: roles and competence for health care staff, Intercollegiate Document. The document defines the level of child safeguarding training that is required for various staff groups. The trust policy stated that, in line with this document, all staff working in CYP services should receive children's safeguarding training as appropriate to their role as part of their mandatory training programme. Data from the trust showed that 90% of staff were up to date with level three safeguarding training. Staff we spoke with said they either were up to date with level three safeguarding training or were booked to complete this within the next few months.

- Data provided by the trust showed that 63% of staff had received training in relation to female genital mutilation awareness (FGM) and 14% had received training in child sexual exploitation awareness (CSE). Staff told us that they had received information from the safeguarding lead and demonstrated awareness of these issues.
- The trust had a safeguarding policy implemented in June 2015. This reflected current guidance such as recommendations in 'Working together to safeguard children' Department of Health 2015. We saw records that showed safeguarding referrals had been made in accordance with this policy.
- Data provided by the trust showed that safeguarding referrals had been made across CYP services. Staff told us that they were familiar with the information for the local authority as well as the local children's safeguarding board with which they described positive working relationships.
- All of the staff we spoke with were familiar with the trust safeguarding policy and how to access this. Staff told us they had been kept up to date with national and local changes in policy and procedure and were well supported. They were also aware of the procedure to follow if they had safeguarding concerns and knew the safeguarding named nurse. We saw safeguarding posters on display in the clinical bases.
- We saw that there was a named nurse for safeguarding across CYP teams who provided peer support and ad-hoc supervision as required.

Medicines

- Staff within nursing teams did not carry or store medication. This was the responsibility of the patient's carer with support from staff within the service. During home visits, we saw medicines stored safely and appropriately.
- Staff within the children's community nursing team told us that there had been an issue regarding patient's medication when they were discharged from acute services as each hospital in the area covered by the CYP team had different protocols. The team had overcome this issue by putting in place a prescription sheet, which ensured that there was a consistent way to interpret the information regarding medication. Staff told us that there were good working relationships with trust pharmacists and that they were well supported.
- The community complex care team used medication administration records, which were mainly provided by

Are services safe?

community pharmacists. Some records were written by nurses within the community complex care team and signed by hospital consultants if the patient's GP did not feel suitably skilled in a specialist area to prescribe the medication. The medication used by these patients was stored in the home and parents were responsible for maintaining stock levels.

- The children's community nursing team had agreed on a list of medications that the trust was satisfied for the team to administer in the community. They had devised a shared care agreement, which included patients attending for regular blood tests in hospital in order to monitor the risks associated with the medication. If a child were prescribed a medication that is not on the trust agreed list, a review by the medicines management team would be required.

Environment and equipment

- Systems were in place to ensure that equipment was regularly serviced and maintained. The servicing contract in place required nurses to organise collection for equipment that required maintenance or repair. We saw equipment that was up to date with testing. Some spare equipment of the most used items including consumables was stored at the team base so that it could be provided out of hours if necessary. We saw that a cleaning schedule was in place for this equipment, which was reviewed and discussed during monthly team meetings.
- We saw that children's' clinics were provided in appropriate settings. For example, we saw a nursery assessment room within a hospital setting that was child friendly and suitably equipped. We also saw a paediatric phlebotomy clinic being provided in appropriate premises.

Quality of records

- We looked at the management of children's records across CYP services. We saw that paper records were used within the community complex care team. These were well maintained, securely stored in locked cabinets and only accessible to staff who had the authority to view them. All other services used electronic records, which were password protected.
- We saw paper records were legible and up to date. The services that used electronic records were audited as part of the trust wide Health Records Audit in March 2015. This highlighted that the patient's next of kin was

not recorded in any children's services. The audit also showed that only two out of seven records across children's east services were only using trust agreed abbreviations, which could make it difficult for different services reviewing the notes to understand.

Recommendations from this audit included a new abbreviations list to be agreed and next of kin details to be added to records.

- Staff from the community complex care team told us that they were not included in the trust wide Health Records audit but had arranged their own reviews of the paper records used. We saw these records and found them to be clear and appropriately signed and dated.
- We observed a paediatrician using electronic records to check information during an appointment with a patient. The required information was easily accessible and the paediatrician was able to clarify information with the parent.

Cleanliness, infection control and hygiene

- All of the clinic rooms and waiting areas we visited appeared to be clean with well-maintained furnishings. We saw cleaning records that showed staff regularly cleaned these areas.
- We saw nursing staff during clinics and home visits were 'bare below the elbows', washed their hands and used hand gel in between each intervention.
- At a paediatric clinic we saw hand gel available in the clinic room and waiting area but we did not see this used during our visit.
- We observed nursing staff clean equipment and change necessary items in between each patient at a phlebotomy clinic.
- The community children's nursing teams had completed handwashing assessments in February 2016. All staff working within the team were recognised as being competent.
- The community complex care team completed a monthly hand-washing audit. In January 2016, the results of this showed that 49% of staff were competent with hand hygiene, which was lower than the trust target of 90%. Staff told us that weekly emails were received reminding of the hand hygiene protocols and information. The February 2016 hand washing audit results were better with 84% of staff showing they were competent, and in March 2016, this had improved again with 89% of staff being scored as competent during the audit.

Are services safe?

Mandatory training

- Staff told us they were alerted when they were required to complete training by their online training record.
- We spoke to new staff members who showed us induction records. They told us that they had completed mandatory training as part of the induction process and that they were given the time and support to ensure that this was done.
- The trust had identified fourteen mandatory training courses, which included child protection level 3 and anaphylaxis/adult basic life support. The various courses were mandatory depending on the role of the staff member. Data from the trust showed that 89% of staff working within Children and Young People (CYP) services had completed all of their mandatory training; this is higher than the trust target of 85%.

Assessing and responding to patient risk

- A wide range of risk assessments were used across CYP services to assess and manage individual risks to children. For example, we saw that the community complex care team assessed and recorded environmental risks in the home and education settings. Risk assessments covered a range of risks, were detailed, clear and up to date. We saw that staff updated risk assessments when changes were identified and otherwise updated them annually.
- Detailed risk assessments and care plans were shared with parents to guide them on what to do in the event of an emergency or their child's condition deteriorated. If urgent medical treatment was required, then families were instructed to call emergency services.

Staffing levels and caseload

- Overall, we saw and staff told us that there was adequate staffing across the CYP service to meet the needs of children and families. Although specific safer staffing tools were not used, senior managers told us that reviews of data had been completed for each service to assess staffing levels. Staff told us that individual caseloads were reviewed within regular supervisions with their managers and we saw records of the supervision sessions.
- There were seven registered complex care nurses and 34 support workers within the community complex care team. There was one administrator and one trainee

administrator. The team delivered a total of 1456 hours of care per week for 15 patients. Staffing within this team was calculated for each specific package following individual assessment and agreed with commissioners.

- There were a total of 16 community children's nurses providing services to patients in South Staffordshire. Ten of these nurses covered the west of the region and five covered the east. One nursery nurse worked across the west of south Staffordshire. There was one clerical officer working with the east team and one secretary worked with the west team.
- Staff told us that each children's community nurse had approximately thirty patients on their caseload, which would be mixed in terms of receiving short term or long-term care from the team.
- There had been a total of 4532 face-to-face patient contacts recorded between April 2015 and March 2016.
- There were six occupational therapists and four occupational therapy assistants providing services across South Staffordshire. Staff told us that caseloads were manageable and that they had regular supervision.
- There were four consultant paediatricians, two associate specialists and five speciality doctor community paediatricians working within community paediatrics teams.
- None of the teams used bank or agency staff but instead used an internal system for staff to work overtime to cover absence.

Managing anticipated risks

- Staff had awareness of the adverse weather policy and were able to show us how to find this on the trust intranet. Staff told us and we saw that patients had been provided with equipment such as spare ventilators to cover if there was an incident such as loss of power.
- The trust had a lone working policy in place and staff knew how to access this on the trust intranet. Staff told us that they used a "buddy" system when lone working and that processes were in place such as electronic diaries to ensure it was clear where they would be at specific times.

Major incident awareness and training

- A trust wide major incident plan was available on the trust intranet and staff we spoke to were able to show us how to find this.

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.

We rated this service as requires improvement for effective because:

- There was limited evidence of care pathways or arrangements for transition to adult services for children with complex needs.
- There was a lack of joint working between services within the trust and services provided from a different NHS trust.

However:

- We saw evidence of monitoring of patient outcomes via local measurement. The service participated in all available audits during 2015/16.
- Care and treatment followed evidenced based best practice and outcomes for patients.
- The trust had met its target for staff appraisals and staff felt supported to develop their skills and competencies.
- Electronic records were used effectively across the majority of services.

Evidence based care and treatment

- The policies and procedures used by Children and Young People (CYP) Services were based on national guidelines. Policies were available on the trust intranet system and staff knew how to access them.
- Staff followed best practice guidelines underpinned by national guidance. For example, we saw a children's community nurse conduct a follow up appointment after a child had been treated for an acute asthma episode, which was in line with the British guideline on the management of asthma. We also saw staff follow World Health Organisation (WHO) guidelines when taking blood samples during a phlebotomy clinic.
- The community complex care team had a protocol in place to ensure that staff would not transcribe medication; this followed Nursing and Midwifery Council guidelines.
- All patient records we saw included clear, personalised and up to date care plans. These were in line with relevant good practice guidelines and set clear goals for each child.

- Looked after children received an initial health assessment by a paediatrician within 28 days in line with the National Institute for Health and Care Excellence (NICE) guidelines for looked after children and young people.

Technology and telemedicine

- The children's community nursing and paediatric teams had access to electronic records. Staff showed us records and the inputs recorded from various teams.
- Staff within the children's community nursing team were provided with laptops to access patient records. However, as there were connectivity issues in some areas, staff were often writing in paper records and then inputting the information into the electronic records later when they returned to base.

Patient outcomes

- The trust did not provide any evidence for participation of CYP services in national audits during 2015/16. Staff told us that an audit to assess performance in line with NICE guidance for bronchiolitis had been agreed for 2016/17.
- Staff who provided occupational therapy services informed us that goal attainment scales were used to measure individual patient outcomes. As these had only been put into place recently there had not been any audits of the use of the scales at the time of the inspection.
- An audit of child protection medical examination reports was undertaken in February 2015. The results of this showed good standards of reports, which were, completed timely (92% completed within ten days of the examination). It was also highlighted that reports lacked names and NHS numbers on each page. This was rectified at secretarial level with templates updated.
- CYP services were included in the supervision policy audit in December 2014 of which the outcomes recommended use of technology to support delivery of clinical supervision and recording of supervision sessions. We saw supervision records that were clearly and regularly recorded which showed that the recommendations had been followed through.

Are services effective?

- An audit of initial health assessment for looked after children was completed in July 2015. Paediatrics east and west services were included. This audit provided positive assurances around the quality of initial health assessments for looked after children. Recommendations included completion of immunisation information and doctors having direct electronic access to this as well as data from 'Child Health'. Changes were made to the forms used and additional materials produced for use across the services. The action plan included further review to be completed in 2016.

Competent staff

- Staff across CYP services told us they felt well supported in their personal development plans.
- The children's complex care team had set up quarterly study days for staff to complete mandatory and additional training.
- Staff were encouraged to develop their clinical skills and competencies through attending role specific courses. For example, the children's community nurses had arranged training with other teams focussed on respiratory management and care of central lines. An occupational therapist had completed a sensory integration based course. Several staff members had completed MSc qualifications at a local university. All staff members told us they were well supported with training.
- 86% of staff across CYP services had received their appraisal compared to a trust target of 85%.
- Staff we spoke with who had received their annual appraisal were positive about the process and stated that their personal objectives had been reviewed, issues discussed and training requests considered.
- Staff told us that clinical supervision took place every six weeks with this being more regular if any staff member felt this was required. Within the children's community nursing team, group supervisions took place every three months with attendance from a children's nursing degree tutor. Clinical supervision records were reviewed; these showed regular review of caseload, specific issues raised by the staff member and review of patient care plans. Discussion of mentoring and training also took place during clinical supervision with clear objectives set.
- We spoke to locum staff and those who were new to the trust. All of these staff had received a comprehensive induction and we saw records of completed induction training.
- Staff within the community paediatrics team had completed a systemic practitioner course, which provided skills to work with diverse families who may have complex needs.

Multi-disciplinary working and coordinated care pathways

- We observed the children's complex care teamwork effectively with education and social services during a multi-disciplinary team meeting. The different services worked with the parent to reach agreements and requested information from each other. It was clear that they had previously communicated well with each other. The same care plans were used by both health and social care providers, which was a good example of effective multi-disciplinary working.
- The community complex care team showed us how changes were made to care plans and risk assessments because of co-ordinating information from other teams. They also showed examples that they were proactive in sharing information to other providers involved in the child's care such as information of intervention frequency shared with the children's continuing care team. This sharing of information ensured that pathways of care were effectively coordinated.
- Physiotherapy and speech and language therapy services were provided by another NHS trust. This presented challenges when working together on care pathways. Staff within the occupational therapy team discussed difficulties with Speech and Language Therapists and Physiotherapists; being part of a different trust, this meant it is difficult at times to do undertake joint assessments. Although the occupational therapists would liaise with other therapists to organise joint appointments where appropriate, there was no evidence of the trust working towards improving these working relationships.
- Staff told us that there had previously been limited co-working with Children and Adolescent Mental Health Services (CAMHS). Staff told us that joint business meetings were being held with CAMHS and paediatrics service leads, which had improved learning and relationships across the services.

Are services effective?

- We observed a home visit with staff from the community complex care team present, during which staff from the children's community nurses team (from a different trust) also attended and each service was unaware of the other's arrangements. The two teams were unable to provide clarity of the responsibilities of each in relation to the patient.

Referral, transfer, discharge and transition

- Referral arrangements were in place for children and young people between services. For example, we observed a children's community nurse contact physiotherapy directly to refer a patient.
- National guidance states that preparation for transition from children' to adults' services should commence at the age of fourteen. This allows for planned and effective handover of care with minimum disruption to the patient's pathway. Transition arrangements within the services did not support effective patient care. Adult community nursing services were provided by another trust. Staff told us that transition from children to adult services would not take place until the patient reached the age of eighteen. For more complex patients, children's community nurses were continuing to care for children over the age of eighteen until they were able to move onto the caseload of District Nurses when the staff had been trained to care for the individual. Staff were unaware of any transition programmes or policies used by the trust.
- Occupational therapy staff told us that there was a transition process in place for children diagnosed with attention deficit hyperactivity disorder through to adult services, the trust provided evidence to support this.
- Staff within the children's community nursing team told us that they had set up training for District Nurses to ensure they had the skills to work with the patients

following the transition to adult services. Staff told us that this had helped some patients with the transition to adult services and there had been more of a handover when this occurred.

Access to information

- The children's community nursing and paediatric teams had access to electronic records. Staff showed us records and the inputs recorded from various teams. As the children's complex care team used paper records any input from other services was not recorded in the same way although scanned copies of letters between services were included in the files.
- We observed a paediatrician accessing the patients' electronic records during a clinic appointment and was able to update records in real time and clarify information questioned by the parent.
- Staff had good access to policies and procedures via the trust intranet.

Consent

- Services sought the consent of children and young people when providing care and treatment. The 'Gillick Competency Assessment' helps clinicians to identify children aged 16 or under who have the legal capacity to consent to medical examination and treatment. Staff told us that Gillick competency assessment was used where appropriate. All staff we spoke to understood their roles and the need to gain consent.
- Staff participated in training in the mental capacity act. At the time of the inspection, 75% of staff within CYP services were up to date with this training.
- We saw that staff gained verbal and written consent during a phlebotomy clinic. Verbal consent was gained during all observations across CYP services.

Are services caring?

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

We have rated this service as good for caring because:

- We observed many interactions, which were undertaken with kindness and compassion.
- We saw many examples of information delivered in a way that children, young people and their families understood and could make informed choices.
- Staff helped children, young people and their families cope emotionally with their care and treatment.
- We received good feedback from families about the caring staff.

Compassionate care

- Children and Young People (CYP) services participated in the Friends and Family Test (FFT). This indicates how likely a member of the public would recommend the service to a friend or family. The scores for CYP services were positive; 73 responses were received in total of which all those who took part said they were “extremely likely” or “likely” to recommend the service.
- We observed many interactions across CYP services undertaken in a dignified and compassionate manner. We saw an excellent interaction between a community complex care nurse and a child demonstrating compassionate, caring and age appropriate communication with the child involved at all stages.
- All of the nurses provided child-centred care, which was positive and respectful. We observed a support worker spending time with a child making an Easter bonnet during a home visit. The visit was very interactive with staff making lots of eye contact with the child throughout.
- We saw numerous examples of compassionate care being provided by children’s community nurses. For example, prior to taking a blood sample a nurse spent time reading the child a story to help distract them from the procedure.
- We observed an occupational therapist working through an assessment with a child. The occupational therapist was friendly and caring throughout the session.

Understanding and involvement of patients and those close to them

- We saw many examples of child-centred care being provided across CYP services. We saw children and parents involved in decision-making, treatments and options available to them.
- We observed community nurses using the name of the child when talking to them and discussing their day at school prior to conducting procedures. A parent provided feedback using the friends and family cards stating: “I was very happy with how my five year old was dealt with”. Another comment made stated that the team “adapt to the child needs”.
- We saw examples of staff giving clear explanations to children and their families and involving them in discussions about treatment in a child-friendly manner. We saw a community nurse provide information about side effects of medication and reassurance focussing on the child. The parent said that they were “happy with the care received” by children’s community nurses.
- We observed an occupational therapist working through an assessment with a child. The session was play-based and this was explained to the parent at the beginning, then further information given appropriately throughout. The patients’ sibling was also present, the occupational therapist took time to interact with them, and set tasks so the patient was less distracted during the session.

Emotional support

- We observed staff across CYP services providing emotional support to children and their caregivers. Staff showed an understanding of the impact that a person’s care treatment or condition had on their wellbeing and those close to them. For example, during a home visit, a children’s community care nurse listened to a parent discussing their worries about their child’s health and then provided reassurance and information.
- We heard a parent raise concerns with a children’s community nurse about the process for blood test results and the nurse gave reassurance by explaining the process fully.
- Children and young people were supported to access and maintain their education with support workers

Are services caring?

attending education settings with them where appropriate, care was provided out of school hours and we saw effective working between the health and education providers.

- During a multi-disciplinary team meeting, a parent became upset and so the community complex care nurse provided emotional support and displayed understanding of the concerns of the parent.

- During our inspection, staff attended the funeral of a patient who had recently passed away. Staff told us they continued to provide some emotional support to families following the death of a child.

Are services responsive to people's needs?

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

We rated this service as good for responsive because:

- Children and young people services were planned and delivered in a way that met the needs of the local population.
- Children and young people were able to access the right care at the right time.
- Services were flexible and the needs of different children and young people were taken into account.
- Complaints systems were accessible and there was evidence that learning from complaints took place.

However:

- Completion rates for equality and diversity training were below the trust target of 85%.

Planning and delivering services which meet people's needs

- Senior managers met on a monthly basis with commissioners to discuss service provision for community paediatrics and community children's nursing services. The community complex care team provided services to individuals in line with commissioned packages. As a result, there were more regular contacts arranged with commissioners for this team including weekly meetings to review packages.
- We attended home visits with the children's complex care team and children's community nurses and saw care delivery was individualised to meet the complex needs of children and support for the parents.
- To meet the needs of children who required regular blood tests, the children's community nursing team had set up a paediatric phlebotomy clinic. Staff advised that this arrangement was working well for both patients and for staff.
- We attended home visits with the community nursing teams and saw care delivery was individualised to meet the complex needs of children and support for the parents. We also saw holistic care was being provided to meet the needs of the whole family. For example, a child required a home visit following an acute asthma episode. The children's community nurse attended at a time that best suited the family and during the visit enquired about the impact the health of the child was having on the mother.

Equality and diversity

- In order to meet the needs of the local population, the community paediatrics team had interpreted and adapted appointment and referral letter templates into the five most frequently used languages in the area.
- Clinic rooms and toilets were accessible for people with reduced mobility.
- Data demonstrated that 76% of staff across CYP Services were up to date with completion of equality and diversity training; this was below the trust target of 85%. Staff we spoke to displayed an awareness of equality and diversity and were respectful of individual needs of patients. Staff within the community complex care team told us that study days had been increased from half-yearly to quarterly in order to try to improve training levels overall.
- CYP staff had access to interpreters who were used to bridge communication divides. Staff told us that it was easy to book an interpreter through the PALS team, which was the trust procedure. Children's community nurses explained that this process worked well for a planned appointment however was more difficult for an unplanned visit and that at times family had to be used as interpreters, which they understood, may be inappropriate.

Meeting the needs of people in vulnerable circumstances

- Community paediatrics services provided specialist services to children looked after by the local authority. Initial health assessments were offered to all young people in care. An audit from July 2015 showed that staff had met targets for assessing children & young people within 28 days of referral.

Access to the right care at the right time

- The children's community nursing service consisted of two teams; east and west of south Staffordshire. The children's community nursing east team operated 7 days a week between 9am and 8pm. The children's community nursing west team operated seven days a week between 8am and 10pm. This meant that the teams were able to see patients after school when

Are services responsive to people's needs?

families preferred it and increase the numbers of referrals to the service. A parent commented [the team are] “always happy to try and come out at a time to suit us”.

- The complex care team operated seven days a week, twenty-four hours a day. Support workers supported patients at home across these times and there was also an on call rota to ensure that a nurse was available at all times. Named nurses would follow up enquiries with telephone calls and then went out to see patients if necessary.
- The children's community nurses provided care seven days a week, twenty-four hours a day for patients who were undergoing end of life care. This was organised on an individual patient basis by the team who would set up a rota to ensure the patient had care at all times.
- We saw clinics were running on time and any changes to home visits were communicated to families.
- An audit completed in July 2015 showed that initial health assessments for looked after children by paediatricians were completed within the national target of 28 days from referral.

- Information provided by the trust showed that the waiting times across CYP services were below the national target of 18 weeks. Waiting times varied from 9 weeks for the paediatrics west team to 14 weeks for paediatrics learning disability team.

Learning from complaints and concerns

- Staff we spoke to were aware of how to deal with complaints and knew how to access the trusts' complaints policy for guidance.
- Staff told us that feedback from concerns and compliments were shared across monthly directorate leadership team meetings and then cascaded to all staff during team meetings across CYP services.
- We saw patient advice and liaison service (PALS) posters and leaflets displayed in clinics and offices. Information for PALS was also included on an 'agreement of care' document provided to families by the community complex care team. Families we met with told us they were aware of how to make complaints.
- Between February 2015 and January 2016 there was one formal complaint made across CYP services that involved an onward referral not taking place. Changes were made to the co-ordination of referrals and refresher training was implemented for staff.

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.

We have rated this service as good for well-led because:

- Staff spoke well of their local managers, felt supported and were happy to work within their respective teams.
- There was a positive culture within all of the CYP services where staff felt open to report incidents and concerns.
- Staff across CYP services told us they felt that there was a clear vision for the service. There had been many changes across the various teams however; they were positive that these were working towards the vision and values for the service.

However:

- Services had not listed some of their main issues as risks.
- A proportion of staff felt that they were not always included with decisions made about changes to services.
- We saw limited evidence of the teams within CYPF services working together. Although managers from across services met frequently, there seemed to be limited monitoring of each others services and joint working.

Service vision and strategy

- The trust had a clear statement of vision and values for the service including the provision of person-centred and evidence based care. The vision had been translated into a strategy with objectives that staff could relate to their everyday work and objectives.
- Staff across CYP services told us they felt that there was a clear vision for the service. There had been many changes across the various teams however; they were positive that these were working towards the vision and values for the service.

Governance, risk management and quality measurement

- Directorate team leadership meetings were held monthly. We saw minutes from the meetings that showed quality and risk issues across various teams were discussed. We also saw from these minutes that

issues across services would be raised with the board. Staff confirmed that information had regularly been shared with them following the directorate leadership team meetings.

- CYP services provided us with a copy of their risk register as at 5 April 2016; two teams had identified risks within their services. The community complex care team had highlighted that the team were following an out of date policy whilst it was being reviewed. The paediatric team west also had identified risks including shortage of medical time within community paediatrics and issues with the reception area of a clinic. We noted that a number of issues we had identified during our inspection were not recorded on the risk register. For example, the lack of care pathway or arrangements for transition to adult services for children with complex needs was not included on any risk registers. In addition, there was no recognition of the limited joint working between CYP services on the risk registers. Although the children's community nursing team did not have a risk register in place, we saw minutes from meetings where risks across their service were discussed. The team felt that measures were in place to manage these risks.

Leadership of this service

- Staff told us that changes in leadership had created improved services. Staff said that they felt well represented by senior leads. We saw strong local leadership of all the teams and all staff spoke well of their local managers.
- Staff told us their immediate managers; directorate leads and the chief executive were visible, accessible and approachable. Staff described good support systems in place. We saw that teams were well managed and staff worked well together within each team as a result.
- Staff felt the head of specialist and family services had made real differences to the services provided and that the teams had collaborated more effectively because of the leadership.

Are services well-led?

- Lone working arrangements seemed embedded within each of the teams and staff told us they were supported well by management in regards to this.

Culture within this service

- There was evidence of a very positive culture within the service; staff supported each other well and told us they felt valued and supported by their managers.
- Staff were hard working and committed to providing the best care possible to children, young people and their families on a daily basis. Staff appeared self-motivated and energised to improve and gave examples of innovative practice.
- Staff described an open working culture where they were able to report incidents, concerns and complaints without fear of any recriminations. Staff told us they felt that if they raised issues with their manager they would receive feedback and support.
- We spoke to staff from across all disciplines that described themselves as 'happy' to work within their respective teams and were proud of the care and treatment they provided to children and young people.

Public engagement

- CYP services participated in the Friends and Family test with 73 individuals completing the survey. 63 respondents were "extremely likely" to recommend the services and the remaining six were "likely" to recommend services.
- Friends and family cards were used for feedback across all of the CYP Services. Services also gathered feedback

in the form of thank you cards. The feedback received was recorded onto an electronic system. Data provided by the trust showed 20 recorded compliments across CYP services. We saw that patient feedback was discussed during team meetings.

- The children's community nursing team developed their own website and sought feedback from families as to what they felt would be important to include within it.

Staff engagement

- Staff told us they were encouraged to contribute their ideas for improvements to practice at their team meetings and during study days. However, some Staff felt that they were not always part of the decision making process in regards to changes to services. For example, staff within the complex care team discussed changes with arrangements for equipment maintenance. They felt that they had not been consulted about these changes.

Innovation, improvement and sustainability

- The children's community nursing team had used drawings provided by patients to create feedback postcards as a way of encouraging families to provide information about their care from the service. The team had also set up a website that included the drawing of patients and had links to the patient feedback system to encourage families to participate.
- The children's community nursing team developed leaflets provided to patients to incorporate information and care planning.