

Achieving for Children Community Interest Company Health Visiting Service

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



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first time we rated 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 and young people 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.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people 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 and took account of children and young people's individual needs.
- 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, and so morale within the team was very high. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities.

However:

- There were high vacancy rates in the service. Leaders were focusing hard on recruiting new staff and understood how to keep children and young people safe while recruiting.
- Staff told us that the electronic records system was cumbersome and could take a long time to update.

Summary of findings

Our judgements about each of the main services

Service

Community health services for children, young people and families

Rating

Good



Summary of each main service

- 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 and young people 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.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people 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 and took account of children and young people's individual needs.
- 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, and so morale within the team was very high. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities.

However:

- There were high vacancy rates in the service. Leaders were focusing hard on recruiting new staff and understood how to keep children and young people safe while recruiting.

Summary of findings

- Staff told us that the electronic records system was cumbersome and could take a long time to update.
-

Summary of findings

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Summary of this inspection

Background to Health Visiting Service

Achieving for Children was created as a community interest company in 2014. The service works with strategic partners, such as schools, health services, the police and other voluntary sector organisations. The service has a seven-year contract with the Royal Borough of Windsor and Maidenhead which is due for renewal in 2024 with an option to extend for a further five years.

Achieving for Children provides public health nursing services for young people aged 0-19, or up to 25 for those with special educational needs and disability (SEND). Appointments take place in people's homes, schools and in other community locations, such as family hubs.

The service has been registered with the Care Quality Commission since 31 August 2017 and is registered to provide treatment of disease, disorder or injury. The service had a registered manager during the inspection. This was the first inspection of this service since it was registered in 2017.

What people who use the service say

People who used the service spoke very highly of the service provided. They told us staff treated them well and that the health visitors were truly valued. They told us staff were easily contactable, were great at communication and gave them excellent advice.

How we carried out this inspection

Our inspection team was made up of two inspectors and a specialist advisor with a health visiting and safeguarding background.

During the inspection, the team:

- Visited two locations and observed a new birth visit, a six to eight-week check and a two-year developmental review.
- Spoke with the registered manager of the service.
- Spoke with 10 people who use the service.
- Spoke with 6 members of staff including health visitors, nursery nurses, team leaders and managers.
- Spoke with representatives from 2 other organisations the service works closely with.
- Reviewed 6 care records.
- 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>.

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

- The service had responded rapidly during the pandemic to move their nurture clinics to virtual groups. The clinics provided support to parents to help their baby learn through play. They had recognised that new mums would likely be feeling isolated and introduced extra contacts at four and 10-weeks post-partum (time after childbirth).
- Health visitors and social care services worked together to support asylum seekers and their children who had located into the area. This included completing all relevant measurements and inviting all under 5s for an unscheduled development review. Where appropriate they made referrals to therapists such as speech and language. The teams visited the families initially twice a week before moving to monthly visits. This ensured they maintained contact with children, young people and their families. The teams were in the process of planning a mother and toddlers' group with a view of empowering parents to run this group themselves. Managers had negotiated communal space for the families to socialise.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

The service should continue to focus on recruitment and retention to fill their vacancies.

The service should consider improving the electronic reporting system and appointment booking system.

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 the first time we rated this service. We rated safe 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. Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager maintained oversight of staff training compliance. The organisation's training and development team also provided quarterly compliance reports. Mandatory training was repeated on either an annual or three yearly cycle. Where mandatory training was out of date, we saw that staff had been booked to attend this at a date in the future.

The mandatory training was comprehensive and met the needs of children, young people and staff. It included safeguarding, basic life support, duty of candour, equality and diversity, fire safety awareness, general data protection regulation (GDPR), handwashing, health and safety awareness, infection control, personal safety, manual handling and the Mental Capacity Act.

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.

Health visitors received and kept up to date with their safeguarding training. Training records showed that 90% of staff had completed the safeguarding training – the service had a target for all to have completed. A member of staff returning from maternity leave and a new member of staff were due to complete their safeguarding training which would bring the compliance up to the service's target.

Health visitors received training specific for their role on how to recognise and report abuse. All staff received training in safeguarding adults and children at a level appropriate for their role. Staff had regular 12 weekly safeguarding and vulnerable caseload supervisions. This supervision was undertaken by the named nurse for safeguarding.

Community health services for children, young people and families

Good 

There was a named nurse for safeguarding, provided by Berkshire Healthcare NHS Foundation Trust. Staff gave excellent feedback about support received from the named nurse.

The named nurse for safeguarding had delivered training to the team focusing on disguised compliance. Disguised compliance is when parents/carers may appear to co-operate with professionals in order to alleviate concerns and stop professional engagement. This training was currently being delivered remotely.

There was a designated duty Multi-Agency Safeguarding Hub (MASH) health visitor in post Monday to Friday mornings to respond to any MASH enquiries and to attend urgent meetings virtually. The designated MASH duty health visitor told us they worked closely with social services colleagues and the wider team. Information was shared promptly and openly when needed.

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. They kept equipment and the premises visibly clean.

Staff followed infection control principles and had excellent access to personal protective equipment (PPE). Staff cleaned equipment after each patient contact. We observed some clinic appointments in family hubs and saw that staff cleaned any equipment after each use.

There were effective waste management procedures in place. For example, clinical waste from clinics and home visits was placed into yellow bags and disposed of correctly.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

The service had suitable facilities to meet the needs of children and young people's families. Clinics took place in various locations across Maidenhead, for example in family hubs. Risk assessments were carried out prior to any venue being used.

Staff completed home safety checks during initial assessments, where care was provided in children and young people's homes.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used nationally recognised tools to identify children or young people at risk of deterioration and escalated them appropriately. We saw evidence in care records of where risk issues had been appropriately escalated and then proactively followed up by staff.

Staff completed mental health screening tools as appropriate and knew where to signpost or refer people for help with their mental health needs. For example, they referred people to the perinatal mental health team, signposted to talking therapies, or could refer to a counsellor at the local hospital if parents had experienced a traumatic birth. During the inspection we heard staff signposting a family to a birthing debrief service.

Community health services for children, young people and families

Good 

Staff knew about and dealt with any specific risk issues. Staff told us they received training in anaphylaxis annually during basic life support training.

Staff completed risk assessments for each child and young person. Staff used the ages and stages questionnaire (ASQ) for developmental and social-emotional screening from birth to six years of age.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. The service routinely liaised with other services to discuss children and young people under both services, or when needing access to additional support. We were told the waiting lists for children into other services could be long. We were given examples of what these services were doing to bridge the gap between referral and first appointment.

Staffing

Although the service had a number of vacancies at the time of the inspection, children, young people and their families were kept safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service currently had high vacancy rates for health visitors, however leaders had deployed staff effectively to ensure there was no adverse impact on people using the service. The team was made up of health visitors and nursery nurses. However, the organisation had recently reviewed the benefits package offered to try and attract applicants to the role. Managers also regularly reviewed the skill mix of the team, to see if alternative roles could address any gaps left by vacant posts. The impact on the staff was high caseloads.

Managers regularly reviewed caseloads. Health visitors had approximately 750 families and children on their caseloads. We were told of actions taken to review caseloads and improve efficiencies, including peer support and additional training. The three team leaders also held caseloads to alleviate pressure on staff. Team leaders split their time between their managerial tasks and working on their caseload.

The service had six whole time equivalent (WTE) health visitor vacancies. They had identified barriers to recruitment and were working to address these. For example, the service offered enhanced pay and annual leave as they were aware, side by side the NHS would attract more staff than they could. Therefore, the service recognised they would need to offer further benefits to attract applicants.

The latest staff survey reported that there was a decline in the number of staff who thought there was opportunity to develop their skills. Staff also reported, in the same staff survey, that they did not feel the service was doing a good job of recruiting new staff and retaining existing staff.

The service turnover rate was 33% over the last 6 months which is slightly lower than the national average of 34%. However, this was only 2 staff members who had left.

The service had a higher than average sickness rate than the national average of 2%. This had averaged at 4% in the six months prior to the inspection.

The service used agency and bank staff. At the time of our inspection 2.4 WTE agency staff were supporting permanent members of staff. Between May to October 2022 agency staff had supported the service for 258 shifts. For the same period bank staff had supported the service for 48 shifts.

Community health services for children, young people and families

Good 

Records

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. The service used an electronic care records system. This meant that staff could access records easily when working remotely. However, we were told that the electronic records system was cumbersome and could take a long time to update. Managers were aware of this and planned to implement a new system in 2023. Managers had added this to the risk register. Staff could add alerts to a child's record to enable those accessing it to see key information promptly, for example if a child was identified as a child in need.

When children and young people transferred to a new team, there were no delays in staff accessing their records. The health visiting and school nursing team used the same recording system so there were no delays in accessing records.

All contacts were recorded on the electronic system, including text messages. Records were stored securely on password protected systems. Staff had unique logins for these and received training in data security.

Incidents

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the local authority policy. Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations.

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

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to children and young people's care. There was evidence that changes had been made as a result of feedback. We were given an example where a bruise was missed by other local services. The services' bruising protocol was invoked and a request for a training update for other social care providers involved with the children and young people's care.

Managers took action in response to patient safety alerts and monitored changes.

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

Good 

This was the first time we rated this service. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Community health services for children, young people and families

Good 

Staff followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance. Care records showed appropriate strategies and interventions in place for each child open to the service.

Staff undertook assessments using the ages and stages questionnaire, measured height, weight and head measurements at key stages.

Staff used the generalised anxiety disorders scale, at each mandatory contact to recognise depression.

Leaflets were available for families to help understand various aspects of parenting and child development. For example, breastfeeding, healthy eating and relevant helplines.

Nutrition and hydration

Staff gave children, young people and their families education and support to ensure that their nutritional and hydration needs were met.

Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition. Advice was given where the choice of feeding practices did not meet national guidance. Alternative options were discussed to ensure adequate nutrition intake was met.

Specialist support from staff such as dietitians and speech and language therapists was available for children and young people who needed it. We were told waiting lists for these services were long. We reviewed care records which showed that young people had been referred to other professionals as needed.

The service understood the multi-cultural needs of their families and staff could advise and signpost to additional services as required.

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 uploaded data to national reporting systems as required. Recent published data from Public Health England showed that the service was performing above the average for England in relation to all of the Healthy Child Programme mandated contacts, with the exception of infants who received a review at 2-2.5 years of age.

Some health visiting outcomes were slightly lower than the average for England, while others were higher. For example, 92% of children aged 2-2.5 had received a review using the Ages and Stages Questionnaire (ASQ), compared with 92% in England. However, only 51% of children aged 2-2.5 had received a review without the ASQ compared to 72% of infants in England. The service was undertaking a targeted piece of work to follow up parents whose child required a review. The service understood the challenges faced by parents returning to work and not able to make the review within the timescale set out and were raising awareness of this review with the parents.

Data for January 2021 to March 2022 showed that 71% of infants seen for a 6-to-8-week review were either totally or partially breastfed, compared with 49% in England. We were told of the challenge in providing breastfeeding support during the pandemic which resulted in new mums, and those already breastfeeding being offered observational virtual meetings. If further support was required they were visited in their home. However, due to delays in visiting the home many mums had abandoned breastfeeding and moved to formula feeding.

Community health services for children, young people and families

Good 

In January 2022 the service piloted a breastfeeding drop-in clinic as they recognised that breastfeeding during the pandemic had declined. Staff told us that due to its success they were planning to provide similar clinics to the wider area.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included health and safety audits, safeguarding audits and record-keeping audits. Managers discussed any learning outcomes from audits within team meetings, or with individual staff members in supervision as appropriate.

During the pandemic, service leaders developed a prioritisation plan for the service. This included details of a staged return to pre-pandemic activity.

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. Managers and staff used evidence-based tools and assessments to monitor outcomes. Managers and staff used the results to improve children and young people's outcomes.

Managers shared and made sure staff understood information from audits. Team managers discussed audit results and themes within monthly clinical quality assurance group meetings. Information from these meetings was cascaded to staff within local teams.

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.

Managers gave all new staff a full induction tailored to their role before they started work. Managers made sure staff received any specialist training for their role. In 2020 the service introduced a fixed start day for inducting new employees. This meant that new employees started on the same day, to provide a support network to one another, and create a more streamlined induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers supported staff to develop through regular, constructive supervision of their work. Eighty four percent of staff had received regular supervision. This did not include staff on long term sickness or maternity leave. Regular 4 to 6 weekly supervisions were offered to staff.

Staff told us training opportunities were very good and were encouraged to further develop their skills. Managers told us they planned to upskill nursery nurses to deliver breastfeeding support to new mums.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified poor staff performance promptly and supported staff to improve. Managers gave examples of the process they followed to support staff to improve practice, this included more regular supervision and further training if required.

Community health services for children, young people and families

Good 

Multidisciplinary working

All those responsible for delivering 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 held regular and effective multidisciplinary meetings to discuss children and young people and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. All services were involved and attended relevant meetings which ensured a multi-disciplinary approach. We saw good examples of services working collaboratively with targeted interventions and support. Families we spoke to provided overwhelmingly positive feedback about levels of support they had received.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health. Staff referred into and liaised with community Children and Adolescent Mental Health Services (CAMHS) teams where there were concerns around mental ill health.

The service was able to refer families to a family hub for extra support, for example evidence-based parenting programme, Parents as First Teachers, emotional first aid for parents, baby massage or a bespoke plan to suit their needs.

Health promotion

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

Staff assessed each child and young person's health and provided support for any individual needs to live a healthier lifestyle.

The service had relevant information promoting healthy lifestyles and support. We saw a variety of information which was available for staff to give to parents, children and young people.

Staff explained how they supported the child and young person's health which included promoting car seat safety and the transition to solid food.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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 made sure children, young people and their families consented to treatment based on all the information available. This was clearly recorded in the children and young people's records.

Health visiting nurses had received perinatal mental health training. When children, young people or their families could not give consent, care records showed other services were collaborated with and professionals joined in a multi-disciplinary approach. This meant that children and families were able to have their capacity assessed, advanced decisions discussed, and best interest decisions achieved while taking into account their wishes, culture and traditions.

Community health services for children, young people and families

Good 

The service introduced Mental Capacity Act training in the summer of 2022. Currently 71% of staff had completed this training, against the service target of 90%. Staff were still working towards the target with a completion date of December 2022.

Three members of the team were Institute of Health Visiting (IHV) Perinatal and Mental Health (PIMH) Champions following completing accredited training. They also completed the Train the Trainer qualification to ensure all health visiting staff received up-to-date evidence-based training in maternal, infant and paternal mental health.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. Consent was sought from parents prior to children participating in national programmes.

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

Good 

This was the first time we rated this service. We rated caring 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 heard staff talking with children, young people and their families in a way they could understand.

Children, young people and their families said staff treated them well and with kindness. Families provided overwhelmingly positive feedback during the inspection. They described health visitors as amazing, supportive and compassionate. Other comments gave particularly high praise for personalised work that families felt went above and beyond.

Staff followed policy to keep care and treatment confidential. Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs.

During home visits, we observed staff were respectful of peoples' needs and preferences. They delivered difficult messages tactfully and engaged families previously reluctant to engage with the service.

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.

Community health services for children, young people and families

Good 

Staff gave children, young people and their families help, emotional support and advice when they needed it. Health visitors understood where to signpost children and young people to advocates if they required additional emotional support.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. Staff told us they took a holistic whole family approach to visits and appointments, where they considered the impact on everyone within the family.

Understanding and involvement of families 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 involved children, young people and their families in identifying goals of treatment and developing care plans.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. We observed staff were dynamic in their communication style and delivery to meet the needs of the families they were providing care for.

Families gave positive feedback about the service. All seven family members we spoke with gave positive feedback about the service and the support they were given. They said that they could access advice in a timely way and were very grateful for the support and reassurance they had received. Families described supportive and non-judgmental interactions with the health visiting team. All family members said they were treated with dignity and care. We reviewed feedback collected by the service and this was also mostly positive.

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

Good 

This was the first time we rated this service. We rated responsive 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.

Managers planned and organised services, so they met the changing needs of the local population. Managers utilised local demographic data to help plan their services. For example, there was a Multi-Agency Safeguarding Hub (MASH) health visitor.

This team worked with families in refuge or temporary accommodation, teenage mums, asylum seekers and family members at high risk of domestic violence. This team had regular liaison meetings with charitable organisations, hotel managers, the commissioners and social care.

Family members told us they were involved in care plans for their children, listened to and preferences met.

Community health services for children, young people and families

Good 

The service had systems to care for children and young people in need of additional support and specialist intervention. The service used a multi-disciplinary approach to work with other agencies and services to provide holistic needs for children and young people. Families told us about examples where staff made referrals to, communicated with and worked with other services to meet individual needs of their children.

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted. Managers reviewed and allocated caseloads daily. Locations of visits were considered, staff availability and the times of visits. This ensured time management and resources were optimised so visits were not cancelled. Staff contacted families when they did not attend appointments. We saw evidence where additional home visits were carried out if families did not attend.

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.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. Staff had access to a system where if they scanned a Quick Response (QR) code on their phones, it took them to a website where they could select the relevant language and print off information leaflets in that language.

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

New parents were given comprehensive information on the health visiting team and the services provided. They also received clear information on the Healthy Child Programme, including the reviews every parent could expect as the minimum. We were told that the communication was great and they received additional information about groups via social media.

The service placed additional advice cards within the child's personal health record (red book) signposting to additional services, such as support for crying and sleepless babies and national domestic abuse services.

Staff were aware of factors which were having an impact on the local population and provided information and/or support for the whole family. Examples included drug and alcohol problems and developing a relationship with their baby.

Staff understood the family's needs to access services in their local community. They provided baby clinics from Monday to Friday alongside statutory visits. Nurture groups were held every other day across the service's geographical areas.

The service had responded rapidly during the pandemic to move their nurture clinics, a clinic providing support to parents to help their baby learn through play, to a virtual group. They recognised new mums would feel isolated and introduced extra contacts at four and 10-weeks post-partum. They also set up a panel where staff could request approval to see people face to face if they felt there was a compelling need to do so.

Community health services for children, young people and families

Good 

Facilities and premises were appropriate for the services being delivered. Staff utilised five local centres, holding a variety of clinics across four geographical areas; Windsor, Ascot, Maidenhead and Datchet. A risk assessment was completed prior to any external venues being approved for use. We visited one of these clinics during our inspection and found that the environment was appropriate. There were tables at a suitable height for changing and weighing babies.

The service successfully piloted and rolled out the Safe Baby Toolkit, which is a risk assessment tool aimed at improving the way social work practitioners work with families and babies who are at risk of sudden unexpected death in infancy. This process demonstrated a good example of collaborative working between health visitors and local children's social care services. The Safe Baby Toolkit enabled non-professionals to identify and support families who may be vulnerable to preventable accidents.

Staff told us of the additional work they had carried out with asylum seekers who had relocated to the area. Health visitors and social care services worked together to work with families and to identify or locate vulnerable children. They completed all relevant measurements and invited all under 5s for an unscheduled development review and where appropriate made referrals to the speech and language therapist teams. Families were initially visited twice a week until it was safe to visit monthly. Staff told us they continued to maintain contact with these families and were planning to start a mother and toddlers' group with the aim of parents being empowered to run the group for themselves. Managers told us they negotiated communal space for the families to socialise in.

The service had information leaflets with details of all services, clinics and groups. Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.

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. Staff ensured that families were aware of support available while they were waiting for appointments.

Managers worked to keep the number of cancelled appointments to a minimum. We heard nursery nurses contact parents who had not attended the clinic and encouraged parents to still attend if there was time to do so.

The service operated a duty line Monday to Friday, 08:30 – 17:00, where parents and young people could call for advice. This was operated by all members of staff in rotation. We were given examples of how messages would be passed to the relevant team and member of staff. All staff knew how to escalate concerns and we were told of examples where they had made a difference to a family after their call to the duty line. There was a team leader on duty each day for staff to contact for advice if needed.

Managers made sure that children and young people's moves between services were kept to a minimum. The service worked collaboratively with other agencies and specialist services so there were smooth transitions between services.

Families were given relevant information and informed of what would be involved regarding the introduction of other services providing additional care and treatment to children and young people.

Community health services for children, young people and families

Good 

We were told the increase in demands meant the service regularly reviewed the skill mix of their staff to be able to reduce waiting lists. Leaders reviewed a quality assurance performance dashboard about the number of referrals coming into the service.

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 raise a concern. Information about how to complain was available in community hubs. This information was also included in welcome packs given to families both during their first visit and again if it was requested.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. During the last 12 months there had been 2 complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed minutes from team meetings which showed that learning from complaints was discussed. Staff could give examples of how they used patient feedback to improve daily practice.

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

Good 

This was the first time we rated this service. We rated well-led 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 families and staff. They supported staff to develop their skills and take on more senior roles.

The management team were very experienced. They worked from the team base for most of the week and were readily contactable for staff and parents. Staff unanimously told us that they felt well supported by leaders.

Leaders had a good understanding of the recruitment challenges in the local area. The leadership conferences focused on different areas on recruitment. For example, the June / July 2022 conference looked at how to focus on promoting equality and diversity and developing a workforce project. The two previous conferences had focused on recruitment and retention and resilience in the workforce.

Community health services for children, young people and families

Good 

Managers and team leaders supported staff to develop their skills. For example, the organisation had supported staff to work flexibly and supported any additional training needs. There was evidence of career progression within the service, for example one of the health visitors was also the MASH practitioner. Two nursery nurses told us they were due to undertake additional UNICEF breastfeeding training to provide breastfeeding support to new mums.

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 service business plan for the next four years fed into three delivery plans which identified the six strategic priorities across the service. These included building stronger families, creating positive futures, building an excellent workforce, financial stability, successful growth and smarter working.

Leaders met regularly with all relevant stakeholders to develop their integrated team working and make decisions about how to work together and how to deliver services locally. These meetings incorporated service user feedback. There was a whole system approach to improving services.

Feedback from stakeholders was overwhelmingly positive. We were told there have been significant improvements in the service over the last four years. Further feedback received identified how information sharing and communication had resulted in the forming of tight partnership working to improve the outcomes for children.

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.

The service's vision was to provide children and their families with the support and services they need to live safe, happy, healthy and successful lives. Managers told us the company's three core values, which were empower, trust and respect, were well embedded amongst the team. Staff were aware where to find information about the vision and aims of the organisation.

Culture

Staff felt respected, supported and valued. They were focused on the needs of families and children 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.

All staff we spoke with told us they felt respected and valued within their roles. Morale within the team was very high and staff were happy and proud to work for the organisation. Staff told us they felt well looked after and trusted by managers and leaders.

Staff told us there was an open culture where they could raise concerns without fear of retribution. All staff we spoke with told us they would not hesitate to raise concerns. They were confident that they would be listened to and action taken.

Without exception all staff told us that their wellbeing was supported and could give many examples of different types of support. All staff had the opportunity to work flexibly to suit their homelife and the managers worked hard to adapt

Community health services for children, young people and families

Good 

and flex the workforce to make this happen. We were told about the weekly paid wellbeing hour that each staff could use to take a break from work. Staff were offered additional support if they needed it and had access to wellbeing services and counselling. We were told of the different desktop and virtual wellbeing sessions they could join, including desk yoga and virtual exercise sessions.

The service had an open culture where children and young people, their families and staff could raise concerns without fear. The service had a whistleblowing policy that staff could follow to raise a concern anonymously. The provider sent out annual staff health check surveys and had completed action plans based on the direct feedback from the staff team about how to improve their working conditions.

The most recent annual staff survey, completed in 2021, was more positive than the 2020 survey. Staff reported that they were comfortable with the demands placed upon them in their job. There was also an increase in wellbeing with staff reporting that they felt there was a good work life balance. There was also an increased number of staff feeling cared for and supported by supervisors and managers. However, the survey clearly demonstrated the frustrations with the lack of recruitment and retention of staff.

There had been no reported cases of bullying or harassment within the team.

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.

Managers had effective governance processes in place. Policies and procedures were up to date and included a date for review. They were ratified by the clinical governance board. Senior managers attended quarterly governance meetings which were chaired by Achieving for Children's Director of Children's Services. Managers were held to account by commissioners and attended quarterly contract meetings with them.

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 services. Staff we spoke with were aware what was working well within the service and what could be improved.

Managers attended, and sat on the boards, of external partners. For example, they sat on the board of the Local Authority early help governance and safeguarding board, which met quarterly.

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.

Leaders routinely monitored and reviewed their audit schedule. Leaders produced a quarterly assurance paper which indicated any areas of perceived risk. Staff were able to feed into a service risk register.

Leaders reviewed the corporate risk register and created action plans to reduce the impact of any identified risk.

Community health services for children, young people and families

Good 

The service had contingency plans in place for unexpected events. For example, staff had recently completed an exercise to set out contingency plans in the event that the main hub was inaccessible and they were required to deliver the service from multiple other locations.

The service had representation at quarterly safeguarding partnership boards which included representation from schools. This meant the service was aware of any children with unexpected risks that did not fall into any other categories.

Managers addressed poor performance in line with policies and procedures, with support from their Human Resources department. We were given examples of where staff had performance management plans in place, and how they had been supported to address any training issues or gaps in knowledge.

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. Managers were aware what data needed reporting to external organisations.

Staff had access to the relevant data they needed to effectively carry out their roles.

The service submitted data to external organisations as required. They provided quarterly reports for commissioners. The service had submitted 3 statutory notifications to CQC in the 12 months prior to the inspection.

Engagement

Leaders and staff actively and openly engaged with families, 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 and their families.

Managers collected feedback from families and staff. Feedback from families was discussed in team meetings and this was mostly very positive. The service had received a range of compliments describing positive experiences of feeling listened to and looked after. We also saw 'You said, We did' feedback that gave examples of improvements made following feedback from families such as offering early morning appointments for working parents.

We saw feedback from a focus group held in November 2022 to gain professional insight into current and future service delivery. Positive feedback included a 'can do' attitude and well-established team and the service was family led. The team were proud of how they flexed their service throughout the pandemic. IT frustrations and lack of staffing were the main themes they wanted the service to focus on.

Feedback from public health commissioners was positive. They told us the service engaged well and understood their challenges. They said that they were brilliant at what they are doing with the breastfeeding, wellbeing and review clinics. They said the service had improved their mandated visits, particularly the new-born and 6-8-week visits. Areas the service needed to improve on was the 12 month and 2 – 2.5-year-old reviews, particularly with non-attending families. The commissioners described a collaborative working relationship with the service.

The latest staff survey, 2021, reported that 94% of staff felt they were clear about what they were expected to achieve in their role and 84% had a clear understanding of the services priorities and plans. There had been improvement from the previous staff survey in feedback on staff feeling they could contribute their views before changes were made that might affect their job.

Community health services for children, young people and families

Good 

The service worked with partner organisations to improve services for patients. The service attended a workshop set up by Frimley Integrated Care System in July 2022 to look at putting together a children and young people's plan. The registered manager was taking a lead on one of the task and transition groups which were set up as an outcome from this workshop.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Leaders encouraged innovation and participation in research. However, there was a recognition that this could be limited by the contract constraints to the services they were asked to provide.

Staff told us of the challenge in meeting the mandated 2-2.5 years of age review due to parents not attending this important appointment. In response the service had created a specific appointment card to insert into the front of the child's personal health record (red book) as a visual reminder to book this review.

The service had a good understanding of quality improvement methods and the skills to use them. During the pandemic staff held nurture clinics virtually. Once restrictions were lifted staff arranged for families and their babies to meet in a local park. Since this time the group have remained in contact and the feedback was very positive.