

Stockport NHS Foundation Trust

RW6

# Community health services for children, young people and families

**Quality Report**

Date of inspection visit: 19 to 22 January

Date of publication: 11/08/2016

# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWJ08	Swanbourne Gardens	CYP	SK137PZ

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

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

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating of outstanding to the community children's, young people and families service. Services were safe and lessons were learned from incidents. Staff were aware of the duty of candour. Safeguarding processes were robust and there was effective leadership and partnership working in this service. There was one to one safeguarding supervision for staff. Records were securely stored and were comprehensive, accurate and complete.

Staffing was adequate and there had been an increase in staffing establishment in a number of areas. Recruitment was in progress to address the vacancies and there was good skill mix in teams.

There was an audit programme and the results of the audits were used to change and improve services. Services were evidence based and outcome focused. Staff worked with different agencies and other health professionals to improve health and social care outcomes for children, young people and families.

There was a focus on positive mental health and well-being and a preventative approach to services that

required a high level of input for children in their pre-school years. The most vulnerable children and young people were intensively supported to help them to achieve their outcomes.

Services were caring and children with complex health needs were supported from birth through their school years and work was ongoing to support young people through transition. The trust worked with children and their families to develop and improve services.

Targets were met by the trust and the relationships with other agencies, including commissioners was positive. This partnership working supported children and young people in their development.

The leadership at all levels of the trust was effective and robust. Governance, quality and risk management structures were in place and there was two way communication between the senior management team and the staff in community clinics. Staff enjoyed working at the trust and felt that they did a good job.

# Summary of findings

## Background to the service

The children and young peoples community services for Stockport NHS Foundation Trust were provided across two areas Stockport and Tameside and Glossop. The areas covered two clinical commissioning groups and three local authorities.

In Stockport, children and young people under the age of 20 make up 23.5% of the population of Stockport and 15.2% of school children were from an ethnic minority group. The level of child poverty was 15.3% which was better than the England average of 19.2%. There were 650 looked after children in Stockport, two thirds of these were placed in the borough from other local authorities.

In Tameside and Glossop children and young people under the age of 20 make up 24.4% of the population and 18.6% were from an ethnic minority group and 22.7% of

children were living in poverty compared to the England average of 19.2%. There were 773 looked after children in Tameside and Glossop, just over half of these children were placed in the borough from other local authorities.

There were 24 community sites for services in Stockport and 17 sites in Tameside and Glossop

There were universal health services and health promotion such as health visiting and school nursing and there were also specialist or enhanced care and treatment services including specialist nursing services, and therapy services. These services provided and coordinated care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs and children and families in vulnerable circumstances. This included Swanbourne gardens, a four bedded respite unit in Stockport for children and young people with complex health needs.

## Our inspection team

Chair – Gill Gaskin

Specialist advisor – Marion Corbett

## Why we carried out this inspection

This inspection was part of the full comprehensive inspection of Stockport NHS Foundation Trust

## How we carried out this inspection

We visited Stockport Foundation NHS Trust on 19, 20 and 21 January 2016 as part of our announced inspection of community health services for children, young people and families.

On 19 January we led a focus group of six health visitors and a student health visitor, we also spoke with a nurse from the safeguarding team.

On 20 January we met with the two safeguarding leads for children and young people for the trust and we visited three community clinics and spoke with 13 health visitors and three of their managers. We also spoke with three

nursery nurses, a staff nurse, a public health advisor and a student nurse and five families attending a clinic with their children. We met with a school nurse and two school nursing assistants.

On 21 January we met with three school nurses and three therapy managers from Stockport and Tameside and Glossop. We met with a number of managers of childrens services for Stockport including the acting director of the business group who was also the head of childrens

# Summary of findings

services and her deputy, the children's community team manager and the head of midwifery. Also included were the children's services manager and her deputy from Tameside and Glossop.

We visited Swanbourne Gardens, a four bedded unit that provided respite and day care for children and young people with complex health needs. We spoke with the manager of the service and the children's community team manager and staff of the unit including two nurses and the house-keeper. We observed the care of a child and reviewed three care plans

During the inspection we observed care and reviewed eight sets of patient records in different community clinics across the trust. We spoke with parents and observed the care of children and young people. We looked at trust policies and procedures and we reviewed information about the performance of the trust and we received comments from people who attended our events and feedback from a range of sources.

## Good practice

The parent-infant mental health pathway was a unique evidence based, integrated mental health care pathway developed with the Pennine care NHS trust. There were a number of comprehensive, multi-agency care pathways to meet the needs of parents and children. The programme was well established in Tameside and Glossop and had influenced health visitor training and the delivery of services.

The therapists work with parents to wean children and young people off tube feeding. The therapists had presented a paper at an international conference and a parent support group had been set up to support parents before and after the withdrawal of the tube feeding.

## Areas for improvement

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

**Action the service SHOULD take to improve**

**Ensure safeguarding referrals made to the safeguarding team at the local authority is e written and feedback received within 48 hrs.**

**Ensure 95% of health visitors and school nurses across the trust receive safeguarding supervision every three months.**

Stockport NHS Foundation Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

**Good** 

## Are services safe?

**By safe, we mean that people are protected from abuse**

### Summary

The community children, young people and families service was rated as good for the safe domain. Staff were encouraged to report incidents and to do so through the trust system. Lessons were learned and this learning was disseminated to staff at staff meetings and on a one to one basis.

There were named safeguarding nurses for Stockport and for Tameside and Glossop who provided leadership and supervision for trust staff. The leadership was strong and safeguarding systems were robust. There was an open culture around safeguarding and staff said that they valued the service. Staff were trained to level three in safeguarding children and in some staff groups there was 100% compliance with the training. There were some issues about how cases were referred to social services but these were being addressed by the trust.

The trust used paper records which were all accurate, complete, legible and securely stored. There was ongoing auditing of record keeping which was monitored and any issues were actioned and fed back to the staff.

Mandatory training was on a rolling programme and was monitored monthly. Levels of mandatory training uptake were high and within some individual services were 100%. Actions were taken if staff did not complete mandatory training.

The national call to action to recruit health visitors had been met and additional staffing had been provided. In Stockport there had been an investment by the commissioners in school nursing services and so staffing was good. However, there was a shortage of school nurses in Tameside and Glossop. Managers were aware of this, it was on the risk register and risks were being mitigated.

**Incident reporting, learning and improvement.**



## Are services safe?

- Staff knew how to report and record incidents. Managers were informed of incidents and forms were filled in on line. When the incident had been dealt with the team would reflect and learn at the next team meeting. At Swanbourne gardens the incident was discussed on a one to one basis with the person who had reported it and then shared in team meetings.
- There were 68 incidents recorded between 1 December 2014 and 30 November 2015. These incidents were either low harm or no harm and were mainly about consent, confidentiality, communication and documentation.
- Staff were aware of the duty of candour and were open and honest with patients and their families and carers. There was a leaflet for patients available in seven languages.

### Safeguarding

- The Trust covered two distinct areas, Stockport and Tameside and Glossop with services commissioned through two clinical commissioning groups. For safeguarding purposes this meant that there were two designated nurses and two designated doctors who were the strategic leads for safeguarding children for the local population. They gave advice and professional leadership and offered safeguarding supervision to the respective named nurses and doctors within the trust. These designated professionals maintained their clinical competency and the designated doctor was employed clinically and held a senior paediatric role in the trust. Their function at the CCG was to advise on and develop quality assurance on all safeguarding matters. They were also members of their Local Children's Safeguarding boards (LSCB) and Stockport NHS Foundation trust geographically covered the boundaries of three local authorities and so there were three LSCB's. This was in line with the policies and practices outlined in 'Working Together to Safeguard Children March 2015'.
- The named nurse for Stockport and Tameside had responsibility to support staff in the area of safeguarding and ensured that staff had access to relevant training, supervision and experience according to standards set out in 'Safeguarding Children and Young People Roles and Responsibilities for Health Care Staff Intercollegiate document March 2014.' The named nurses had specialist safeguarding nurses in their teams who ensured that these duties were carried out. The named nurse had a key role in supporting the Trust Board in achieving safeguarding key performance indicators and working with their operational leaders and designated professionals. The Trust were members of their LSCB.
- The two named nurses had good professional links outside their own organisation regionally and nationally. They worked closely together and had strong relationships with their respective CCG designated professionals. They demonstrated strong leadership within their respective safeguarding teams and worked collaboratively with other agencies involved in safeguarding children and young people.
- Staff we spoke to who provided services to children and young people within the trust said that they valued the training, supervision and day to day advice from the named nurses. These staff included health visitors, nurses in specialist units dealing with complex cases, school nurses with large caseloads and specialist safeguarding nurses within the named nurse teams.
- There was an open culture around safeguarding from senior management to support staff working in the trust.
- The safeguarding teams organised two conferences every year for level three safeguarding requirements. Speakers were from a variety of agencies and over 100 places were available. These were well attended and well received and attendance at these conferences was part of the level three safeguarding training requirement.
- There was good multi-agency training for all staff across Stockport and Tameside and Glossop. Prevent training was part of corporate induction and there was sexual exploitation and female genital mutilation (FGM) training for appropriate staff including gynaecological staff and school nurses.
- There was an audit around "team round the child" plans (TAC) and the distribution to the multi-disciplinary teams involved in the TAC process. This was part of the CQC action plan from the "review of health services for children looked after and safeguarding in Stockport" from December 2014 where a recommendation had been made "that all teams ensure team round the child plans are developed for each child rather than one plan for a family; to ensure individual needs are effectively addressed". Standards had been set for the "team

## Are services safe?

around the child” process and the audit showed that apart from the plan reaching the team in a timely way the standards were being met. Learning from the audit was shared with a range of professionals.

- There was a prompt for school nurses for the completion of the Bichard assessment proforma; school nurses completed the Bichard assessment proforma for all young people requesting sexual health advice. The assessment provided actions to be taken in order that sexually active young people were safeguarded and ensured that the trust met its obligations in relation to the Bichard report. The proforma was used with a flow chart for professionals working with sexually active under 18's.
- There was a FGM policy and a pathway had been developed. The electronic incident system was used to record any incidents of FGM. Staff we spoke to were aware of the pathway.

### STOCKPORT

- We met with the children's safeguarding lead for Stockport and for Tameside and Glossop. The Stockport lead covered acute and community services for Stockport with an operational team. The safeguarding lead was the named nurse and she managed the looked after children team. She worked with the designated nurse for safeguarding and the named midwife for safeguarding providing professional supervision and also provided supervision for the sexual health leads, the therapy leads and the community leads. She also provided supervision to the specialist nurses in the safeguarding team and to the paediatric liaison nurse who worked two days per week in the multi-agency support and safeguarding team. (MASSH)
- The safeguarding lead chaired the named nurse collaborative and was invited to the designated nurse meeting. There were good links to the safeguarding board.
- There was a named doctor for the hospital trust who attended panel meetings; the named doctor had good links to the designated doctor who was an operational paediatrician in the trust. The designated doctor for looked after children undertook the initial health assessments for these children and was supported by the medical director for the trust.

- There were 650 looked after children (LAC's) in Stockport, two thirds of these were placed in the borough by other local authorities. There were 48 residential homes for 11-18 year old children and young people
- The action plan from the CQC review in 2015 (review of health services for children looked after and safeguarding in Stockport) had 27 recommendations for Stockport NHS Foundation Trust, the CCG and Pennine Care NHS Foundation Trust. All actions now have a green rating apart from eight which have an amber rating with progress demonstrated. The review helped to challenge the safeguarding boards across the district to ensure that they functioned more effectively.
- In Stockport 96% of health visitors, 80% of school nurses and 75% of the family nurse partnership were up to date with their level three safeguarding training.
- There were six serious case reviews/ multi-agency reviews on-going at the time of this inspection. No outcomes were available.
- In Stockport the community staff had secure email accounts but following referral to safeguarding in the local authority health visitors were not receiving feedback from the safeguarding team. The named nurse was working with the LSCB to resolve this.
- A risk had been identified about the management of data around LAC. This had been addressed by the use of the PAS (patient administration system) hospital system for information management.

### TAMESIDE AND GLOSSOP

- The safeguarding lead for Tameside and Glossop was the named nurse.
- Tameside and Glossop safeguarding services were to be transferred to the new integrated care organisation in April 2016 and were working with Tameside Hospital NHS Foundation Trust to develop stronger links between hospital and community services.
- There were two specialist nurses for safe-guarding, a looked after children specialist nurse and a nurse for children's homes. They had good links to the police (Phoenix team) and there was a paediatric liaison manager who managed the early intervention service, the family nurse partnership, refugee and asylum seeker service and the enuresis team.

## Are services safe?

- The safeguarding lead for Tameside and Glossop undertook supervision with her team leaders and said there were enough supervisors in teams across the trust.
- There was a strategic safeguarding group who meet every three months attended by heads of nursing services and social workers. They looked at case studies and disseminated good practice and assessed training needs.
- There was a safeguarding board for both Tameside and for Derbyshire. The service for school nurses for Glossop had transferred to Derbyshire and had responsibility for the LAC's in Tameside.
- The safeguarding nurse from the CCG was the designated nurse for Tameside and Glossop and provided clinical supervision for the named nurse. There was also a designated LAC nurse in the CCG.
- Level three safeguarding children training was up to date in 88% of the health visitors, 100% of the school nurses and 100% of the family nurse partnership nurses.
- In Tameside and Glossop referrals were made to the public service hub and phone calls were not necessarily regarded as a referral. The phone calls were not followed up by a written referral. This has been raised as a risk and there was a meeting of senior managers at the end of January 2016 to develop an action plan. This group were working towards written referrals with 48 hr feedback, as set out in 'Working Together 2015'.
- There were 773 looked after children in Tameside and Glossop with just over half placed in the borough by other local authorities. There were 15 residential homes for 11 to 16 year old children and young people and seven semi-independent units for 16 to 18 year old young people.
- There was a new bespoke database that had enabled the safeguarding team to improve the quality of the performance data to provide more accurate reporting.
- There were two serious case reviews/ multi agency case reviews on-going at the time of this inspection. There were no outcomes available.
- The safeguarding team had gone through a period of change following a review several months ago where the named nurse roles for adult and children's safeguarding were separated. The staff said there was good consultation around the changes which had led to more autonomous working.
- The safeguarding supervision model had recently changed and was now a structured one to one model.
- Monthly group supervision could be requested at any time and health visiting and school nurse students received safeguarding supervision.
- In Stockport and Tameside and Glossop health visitors received supervision every three months and school nurses every four months. In Stockport 88% of eligible staff had received supervision in the second quarter of the year and in Tameside 70.8% of eligible staff had received supervision in the second quarter of the year compared to 81.5% in the first quarter of the year. The key performance indicator set by the commissioners was 95%.
- The family nurse partnership supervisor had monthly supervision with the named nurse and a dedicated part of this time was allocated to any specific safeguarding issues on the supervisor's caseload.
- Staff at Swanbourne gardens were offered supervision every three months by the children's community team manager. The nurse manager was undertaking the managers safeguarding supervision course so that she would be able to provide supervision to the staff at Swanbourne Gardens.

### Medicines.

- Medicines for children in schools required children to have a health plan. Medicines were locked away in a bag with the care plan and two signatures were required by staff and parents when medicines came in or were taken from school. The exception to this was asthma inhalers which were kept with the child and staff also tried to keep a spare. This was in response to a serious incident several years ago and was in line with National Institute for Health and Care Excellence guidance. (NICE) – supporting pupils at school with medical conditions.
- At Swanbourne Gardens medicines were brought in by parents for children and young people attending for respite or for day care. These were prescribed by the patient's GP. Medicines were signed in and out and two signatures were required. The same process occurred when a patient left Swanbourne gardens to attend school. We saw documentation which supported that these practices were adhered to.
- At Swanbourne Gardens medicines were stored in a locked cupboard in the kitchen and there was a dedicated area where medicines were prepared and dispensed. The documentation for each patient was

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completed following the administration of the medicines. There was a fridge in the kitchen for the storage of medicines and the temperature was checked and recorded daily.

### Environment and equipment.

- We visited Bramhall clinic that was a one storey building. The clinic room was clean and airy and well decorated. There were two sinks in the room and hand gel was available. There was a good selection of clean toys for a range of ages and information leaflets were available for parents. We checked the scales in the clinic which had been recently calibrated; scales were calibrated every six months including the scales used by staff on home visits.
- We visited Stalybridge clinic which was newly built; it was light and airy with good office space and storage space for records. The patient areas were well laid out and there was a range of seating available. The building was accessible to patients with limited mobility.
- There were areas for prams at both clinics.
- In Tameside and Glossop health visitors said that there was a shortage of some equipment including scales for home visits due to the increase in health visitor numbers; rooms and desks with computers were sometimes in short supply.
- Swanbourne Gardens was a four bedded respite unit. Each bedroom had been individually painted with a different theme for each room; these themes had been designed and then decorated by students from Stockport College. One of the rooms had been decorated so that it was suitable for children with autism or learning disabilities. Profiling beds and cot beds were available. There were storage units for the children's belongings in each room. Some of the bedrooms had tracking hoists as did the bathroom, lounge and sensory room. The lounge had specialised seating and the furniture could be easily moved to accommodate different residents for example, a child in a bed could be brought in to engage in social activities. The sensory room had recently been refurbished and had a heated water bed, bubble tube and cause and effect lighting. There was a dining area that doubled as an activity room and a conservatory. There was a kitchen and utility room for staff. The kitchen door and the utility room door were secured with two handles to prevent children from accessing these areas. The

cupboards, in the utility room, containing cleaning materials were locked. There was office space upstairs for the staff and there was a child gate at the bottom of the stairs.

- There was an accessible sensory garden with a wheelchair swing and astroturf so that it could be used all year round. There was also an accessible allotment next to the centre with raised beds.

### Quality of records.

- The records for children and young people across Stockport and Tameside and Glossop were in paper format.
- There was a rolling programme of auditing record keeping in the children and young people division. 25 records were audited every month with 100% scored in the vast majority of the standards set by the National Health Service litigation authority. Individual services were also audited periodically, the children's speech and language service scored 91% and the integrated service for children with additional needs (ISCAN) scored 87% in October 2015. The acceptable score set by the trust was 75%. The record keeping standards and performance were discussed and action plans agreed to address compliance at the children, young people and families (CYPF) line meeting which was held monthly.
- We looked at eight sets of health records from health visitors and school nurses across community services. The records were all accurate, complete, legible and securely stored; the content was well laid out with accessible information with clear divisions and evidence of good interagency and multi-agency working. All the records gave practitioners a good knowledge of the child's journey and represented the voice of the child.
- We looked at specific records including those for a child on a plan and a child who was part of the common assessment process (CAF). For the child on a plan there was a chronology of significant events and evidence of actions in the safeguarding section. The safeguarding supervision had clear objectives and was signed by supervisors and the actions and plans of the core group were clear. There was evidence of communication amongst different agencies. Notes were clear, legible, signed and dated. For the child who was part of the common assessment process (CAF), the chronology was clear and the record was signed and dated. The child health record was clear with prompt follow up of health

## Are services safe?

visitor concerns. There was evidence of communication with social care and an increase of health visitor input to the family and good interagency and multiagency working.

- One set of records were for a routine visit by a health visitor. They were well set out, the birth was recent, and the midwife was still visiting the baby. The midwife and health visitor were working well together. Birth details and newborn information was evident with hearing screening and new baby health review. The records showed good postnatal support. Another set of notes were for a transfer from out of area and showed concerns as there was clear evidence of domestic violence. A common assessment framework (CAF) had been generated.
- Another set of notes for a five year old child were in a logical sequence. There were records of speech and language consultations within the records and a dated active care record for school nursing. The handover between health visitors and school nurses was good and was signed and dated. A family CAF was documented and correspondence from the paediatrician was clear. There were good conclusions following a referral for support from all agencies.
- At Swanbourne Gardens we looked at three sets of records for children with different needs. The records were child/young person focused with the daily routine and medical care clearly demonstrated. There was a clear health pathway and demonstration of progress against projected outcomes in the plan. The records included medical records, feeding plans and fluid balance charts. A review from school was also part of the record. All the records were signed and dated and in chronological order. The records showed good multi-disciplinary working for a “team around the child” plan (TAC).

### Cleanliness, infection control and hygiene

- There was a rolling programme of infection prevention audits across all community clinics in Stockport and Tameside and Glossop, the audits included clinical practice and the environment. Action plans were developed for all clinics regardless of their score and this was reported at the CYPF monthly line meeting.
- Each community clinic had an infection control champion who attended meetings and gave feedback to other staff.

- There was a house keeper at Swanbourne Gardens who undertook domestic duties. All areas were visibly clean and tidy. There was a washing machine so that clothes could be laundered and patients always returned home with clean clothes.
- At Swanbourne Gardens there were trolleys in all the bedrooms and in the bathroom that were well stocked with personal protective equipment.

### Mandatory training

- There was a rolling programme of mandatory training, some was face to face and some was by e-learning.
- Mandatory training uptake in the CYPF division was at 92.8% in October 2015 and 97.4% in September 2015; the trust target was 95%. Compliance was discussed at the CYPF monthly service line meetings and action plans were agreed. Measures that had been put in place for non-compliant staff included a ban on staff undertaking any external training until they had completed all their mandatory training and completed their appraisals.
- Many of the community teams for children and young people were a 100% compliance for mandatory training including health visitors in Tameside and Glossop, school nurses in Stockport and nurses from the family nurse partnership.
- Staff at Swanbourne Gardens were 100% compliant with their mandatory training including safeguarding children at level three; staff had also completed their vulnerable adult safeguarding and their mental capacity act and deprivation of liberties training. There was a white board in the office which showed the completion dates for all staff training and appraisal.

### Assessing and responding to patient risk

- Staff were aware of safeguarding protocols and could escalate issues to safeguarding teams in the local authority as necessary.
- At Swanbourne Gardens every child had an individual risk assessment for every medical alert.
- Staff were aware of the needs of the patients as some patients were fragile and some had challenging behaviour. Beds were managed to limit the risk to patients.

### Staffing levels and caseload



## Are services safe?

- In Tameside and Glossop staffing was good in the health visiting teams. The national call to action to recruit health visitors had been met and additional staffing had been provided. Health visitors were supported by nursery nurses. Health visitors had a weighted caseload based on population numbers, deprivation indices and levels of need within the case load. The staff allocation was then further broken down to ensure an appropriate skill mix of staff in each area according to deprivation and level of need. This was prioritised weekly by the teams with children on a child protection plan or those with a CAF prioritised. Numbers of high priority cases held by each nurse were displayed on a white board. Staff worked autonomously and there was supportive team working.
- The school nurses in Tameside and Glossop had staffing vacancies and were trying to recruit additional staff; these were recorded on the risk register. Staff told us that the staff shortage was impacting on care but they were prioritising their work so that safeguarding was taking priority. Each nurse had about 30 children on a child protection plan or a “team around the child” plan. Additional safeguarding supervision was being provided by senior staff.
- School nurses were not always seeing looked after children on time for their follow up health assessments. The health visitors were supporting them and would attend core group meetings instead of the school nurses. The school nurses always attended case conferences. The school nurses had assistants and when fully staffed there were two assistants in each of the three school nurse teams.
- The Stockport health visiting service had worked over the last four years to implement the national call to action and fully recruited the additional 13.1 health visitors that were allocated by this national programme. Staffing across the borough was assessed and allocated centrally based on overall population numbers, deprivation indices and levels of need within the case load. The staff allocation was then further broken down to ensure an appropriate skill mix of staff in each area according to deprivation and level of need.
- Health visiting staff and middle managers said that they were extremely busy and this was partly due to the changing nature of the health visiting service, an increase in safeguarding work and caseloads becoming more complex. They said there was a high turnover of families moving in and out of the borough. There was good skill mix in the teams and nursery nurses (band four) and staff nurses worked closely with the health visitors.
- Staff said that they were rotated to other clinics as necessary to cover sickness. There was a small bank of retired staff that could also cover sickness and absence and part time staff would increase their hours if necessary to meet the demands of the service.
- The school nursing service in Stockport was adequately staffed following years of being on the risk register. The commissioners had made a decision to develop the service and had put in additional funding. There were three band seven posts including the manager of the service and a nurse who managed the children’s continence service and a practice teacher. Practice teachers work with student nurses to enable practice learning in health and social care settings. There were band six and band five school nurses; the band five nurses did not do any safeguarding work.
- Each nurse was a named nurse for a high school and the feeder primary schools for that high school. The school nurses did two drop in clinics per week in their senior school and they would also meet with parents if necessary. Each nurse had between 30 and 60 children on a child protection plan or a “team around the child” plan. The school nurses did the follow-up health assessments for LAC’s.
- The school nurse who managed the continence service and children with complex needs also managed a caseload. The nurse provided training for nurses and staff in schools on long term conditions such as diabetes, asthma and epilepsy.
- The nurse manager was supernumery and was involved with national and local issues, this included working with the Greater Manchester Public Health network on the commissioning document for the service.
- The family nurse partnership nurses had a caseload of 25 due to the high intensity of their workload. There was limited capacity in their caseloads.

### Swanbourne gardens

- There was 60 staff who worked at Swanbourne Gardens dependent on care packages and the needs of the children in the unit. There was a variety of children including those with learning disabilities, complex medical needs, challenging behaviour and some at the end of life. Some of the children were ventilated and

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some had a tracheotomy. Some children required one to one support or two to one support. The unit also provided services for children at end of life in their homes.

- The manager of the unit was a band seven and most of the staff was band five nurses and band three support staff. Staff worked with commissioners to ensure that staffing was adequate for the needs of the patients.

- The paediatric nursing and community nursing staff at Stockport could refer directly to the hospital in an emergency by bleeping the doctor on call.
- All the children at Swanbourne Gardens had open access to acute care at Stepping Hill Hospital and at the tertiary centre at Manchester Royal Infirmary. If a child's health deteriorated suddenly then staff would call an emergency ambulance.

### **Managing anticipated risks**



## Are services effective?

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

### Summary

We rated the service as outstanding for the provision of effective services. The National Institute of Health and Care Excellence (NICE) guidance and compliance was reviewed regularly and disseminated to staff. There was a programme of clinical audits with action plans and updates. We saw how audit activity had changed practice.

Multi-agency working was effective and multi-disciplinary working was evident. There was an infant mental health care pathway that had been developed with the local mental health trust. This was evidence based and had been evaluated. Therapists worked closely with a range of agencies to provide child outcome based care. There was excellent ongoing work around transition of care from children services to adult services for the most vulnerable young people and transfer of care between health professionals was good. Handovers of care were also examples of good practice.

There were dashboards that showed the performance of services against national and local targets which were regularly reviewed by the commissioners. A dashboard was in development at Swanbourne Gardens. Services were evaluated and evaluations were used to improve these services.

Staff described training as good and it was multi-agency and multi-disciplinary. There was a staff appraisal system which indicated areas of interest for staff development. New staff described good preceptorship and there were practice teachers for student nurses. At Swanbourne Gardens training was competency based and was signed off by senior staff.

### Evidence based care and treatment

- National Institute of Health and Care Excellence (NICE) guidance and a review of compliance with NICE standards and clinical guidance was a standing agenda item on the Children and Young People and Family (CYPF) service line meetings. These meetings were held monthly and information was disseminated to staff through local staff meetings.

- School nurses and health visitors were using NICE guidelines and clinical standards as agreed and disseminated by the CYPF service line meetings.
- School nurses and schools were using the NICE guidelines – supporting pupils at school with medical conditions.
- The parent-infant mental health care pathway in Tameside and Glossop was evidence based and had been evaluated.
- Therapists were using evidence based practice for their care plans for children and young people.
- Staff at Swanbourne Gardens worked to NICE guidelines and used the guidelines from Manchester Royal Infirmary (MRI). Many of their patients attended the tertiary centre at MRI children's hospital.

### Nutrition and hydration

- At Swanbourne Gardens food had previously been delivered from the trust. The manager had negotiated with the trust and had a credit card so that food could be ordered online. This was much better for the patients as menus for each day could be tailored to the likes and dislikes of the children who were staying at the centre that week. This had cut down on waste.
- Nutrition and hydration charts were completed for patients at Swanbourne Gardens.

### Patient outcomes

- Health visiting services were focused on prevention and they developed outcome based plans with families to address a range of problems.
- There was a programme of clinical audit for community services. A quarterly audit planning day was held to agree the audit programme and the action plans and updates were reviewed at the monthly CYPF service line meetings.
- In Stockport and Tameside and Glossop the uptake of MMR vaccine and the uptake of the vaccine for diphtheria, tetanus, polio, pertussis and Hib were significantly better than the England average. In both





## Are services effective?

areas uptake of vaccinations for looked after children (LAC) was significantly better than the England average. In Stockport the uptake rate was 95.3% and in Tameside the rate was 100%. The England average was 87.1%.

- Stockport had better than average levels of obesity in 4 to 5 year old children with levels of 8.1% compared to an England average of 9.5%. For 10 to 11 year olds the obesity level was 16.7% compared to an England average of 19.1%. Tameside and Glossop had 10.8% level of obesity in 4 to 5 year old children which was worse than the England average of 9.5% and 20% level of obesity for 10 to 11 year olds which was about the England average (19.1%)
- In Stockport teenage conception rates were 25.9% about the same as the England average (24.3%). The rates in Tameside and Glossop were 29.1% and were worse than the England average. Smoking at conception in Stockport was 12.2% which was the England average and in Tameside and Glossop was 17.8% which was significantly higher than the England average.
- The school nurses and the school nurse assistants were recording weight and height for the national child measurement programme for 2014/15. In Tameside and Glossop they had achieved an uptake in measurements of 98% of children in reception class and 95% in year 6. In Stockport there was an uptake of 96% in reception class and 97% in year six. The North West average was 96% in reception classes and 94% in year 6.
- A LAC case record audit was held to show if there was evidence of discussions about emotional well-being and specific discussions around self-harm and substance misuse within the LAC health assessments. The outcome of the audit led to changes in practice including the development of a pathway for emotional wellbeing, an audit of training needs in the CYPF and clear guidelines around responsibilities for school nurses to be developed by the safeguarding team for school nurses working with looked after children. This was to be re-audited in 12 months.
- An audit was undertaken to establish the views of staff on their ability to support children and young people with emotional issues including self-harm. The learning from the audit identified the need for further training and for supervision for mental health issues, a pathway for emotional wellbeing across agencies and assessments/risk assessments for emotional health and wellbeing. There was to be re-audited in 12 months.

- Tameside and Glossop had achieved the UNICEF baby friendly initiative for breast feeding at level three. Staff carried out breast feeding audits as part of their key performance indicator (KPI) targets.
- Evaluations were carried out at baby clinics and at early days groups so that staff could change the content and delivery of programmes as necessary.
- The therapists treatment plans were based on outcomes developed in consultation with the child and the family.
- Staff at Swanbourne Gardens carried out a range of audits including medication errors, hand hygiene and care plans. The outcomes were fed back to staff and used to improve services. They were in the process of developing a dashboard with indicators including quality and safety, workforce and finance.

### Competent staff.

- The appraisal rates were 80.3% across the trust for staff in the CYPF division.
- Staff across the service described good multi-disciplinary, multi-agency training with consultants from the trust delivering some of this training. There was a good training matrix, and managers identified staff's interests during appraisal to create opportunities and career development.
- Preceptorship was structured ensuring that newly qualified staff were well supported. We spoke to two newly qualified health visitors who had benefitted from preceptorship.
- The trust looked to develop their own staff and students were encouraged to take up posts in the trust.
- In Stockport the school nurses had two practice teachers which were band 7 posts. This role included working with the local university to support students and the post holder conducted lectures at the university. This nurse was also a mentor and mentoring updates were held annually.
- There were health visitor away days which were well received. One of the topics for discussion was "asking the difficult questions".
- At Swanbourne Gardens the band 3 staff were required to have a nursery nurse qualification or an appropriate national vocational qualification at level three. Extensive training was given in recognising the sick child, ventilation suction, oxygen administration and medicines. There were competency based assessments



## Are services effective?

which were signed off by senior staff. There were good staff development opportunities and some staff left to take up nurse training. Appraisals were linked to incremental dates.

### Multi-disciplinary working and coordinated care pathways

- Tameside and Glossop health visitors were linked to a GP surgery, nursery and children's centre and some health visitors were invited to GP meetings. Relationships with midwifery and paediatric services had improved and there was good communication with the neonatal unit. Health visitors were now attempting to complete ante-natal visits between 28-32 weeks in to the pregnancy which started relationships with new mums. If the health visitors were not able to see all new mums they prioritised those with most need.
- Tameside and Glossop were working with a local mental health trust on a parent – infant mental health care pathway. Parents, the voluntary sector, health professionals including the wider children's workforce, adult mental health services and early attachment services promoted parent/ infant mental health in an integrated way with an emphasis on prevention and early intervention. There were comprehensive integrated multi-agency care pathways that had been developed and were reviewed regularly. Stockport were also developing a parent-infant mental health pathway with the support of the Tameside team.
- Stockport health visiting teams were managed by three managers, two from health and one from social care. A weekly panel meeting was held and managers from health and social care would look at the cases that had been referred into social care through the electronic record. Decisions would be taken about the common assessment framework and the "team around the child".
- There were good relationships with social care colleagues, health visitors had the mobile phone numbers of social workers ensuring that they could access help and advice when necessary.
- The health visitors had good communication with the midwives but due to staffing commitments were not always able attend the monthly meetings with the midwives and the GP. Staff said that communication and working between midwives and health visitors had improved. The health visitors were attempting to complete the ante-natal visits to women at 28-32 weeks

of pregnancy, though sometimes they had to prioritise these due to other commitments and saw the most at risk in their caseload. First time mums were always visited. Audits were carried out to look at the communication between health visitors and midwives.

- School nurses in Stockport had a nurse on secondment to the children's service at the hospital. The nurses said that they worked well with children's mental health services and were part of various pathways that supported the health and well being of children and young people.
- At Swanbourne Gardens there was good co-ordinated pathway working. The unit felt that it was part of community services but they worked effectively with acute children's services at both Stepping Hill and Manchester Royal Infirmary. There were also good relationships with the local authority.

### Referral, transfer, discharge and transition

- Tameside and Glossop health visitor to school nurse handovers were either verbal or written depending on the risk assessment of the child and the family. Handovers had recently been reviewed by the health visiting team. In Stockport there was a transfer of care form that was kept with the child health record; this form used a traffic light system indicating if a child needed a face to face handover, red for children at high/ medium risk, or a written handover for those families requiring further support, rated as amber.
- In Tameside and Glossop both health visitors and school nurses could directly refer into services including hearing clinics, audiology, orthotics and optometry
- Stockport health visitors could directly refer to child development services including those for children with special needs, also to therapy services, orthopaedic services for hip problems and for tongue tie issues. The health visitors could not refer directly to community paediatricians. School nurses could also make direct referrals into services.
- There were a number of hospitals in the local area with maternity units and the health visitors said that communication with other units and the midwives could be improved.
- Therapy services across the borough were looking at transition services for young people with a disability or complex needs. In Tameside and Glossop the therapists were part of a team that were developing a whole life



## Are services effective?

pathway and were working with young people aged over 16 years in colleges. The aim of the work was to focus on the young person from 16 yrs -23 yrs when it was thought that gaps in services could arise and to develop a specific care package to meet these needs. This work was in partnership with hospital services. In Stockport the therapists were working on the ready, steady, go initiative. This was a commissioning for quality and innovation target (CQUIN) which looked at engagement with children and young people over 12 years of age with long term conditions to help them and their parents/carers to get involved in the transition process to make them more knowledgeable and to develop confidence and skills to take charge of their own health.

- Children up to the age of 19 years could use the facilities at Swanbourne Gardens though they had recently taken a patient who was 20 years old until they could find an alternative for them. Referral was through the continuing care panel and was for children and young people with complex additional health needs.

### Access to information.

- All staff had access to computers and to the trust intranet system

- Health visitors in Stockport could access electronic patient records from the local authority on a read only basis. This supported multi-agency working as all information, including police information was available about children and families. The system identified who had accessed a record ensuring good information governance.
- Trained staff at Swanbourne Gardens had access to all the medical records of their patients.

### Consent

- We saw that consent was documented in appropriate records. School nurses and health visitors worked to improve the uptake of the vaccination programmes and the national child measurement programme.
- An audit was undertaken to find out if clinical staff from the contraception and sexual health service were recording if young people under 16 years of age had consented to treatment under the Fraser guidelines. This audit was carried out in 2011 and 2013. In 2011 60% of records checked showed that there was Fraser competency recording, this had improved to 97% in 2013 and 100% in 2015.

# Are services caring?

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

## Summary

We rated this service as good for the provision of caring services. We observed compassionate care from all the people we met during our inspection. Staff were committed to meeting the needs of children and young people and their families. The voice of the child was recognised and treated with respect. Parents of children with complex needs were supported through the services provided and through other agencies including social care and the voluntary sector.

The parent-infant mental health care pathway identified those parents and children who needed additional support from a range of multi-agency services.

Staff used different methods to gain the opinions of parents and children and the information was used to improve services. School children had been involved in the recruitment of a school nurse.

The most vulnerable children were supported to achieve their outcomes through intensive support and multi-agency working. Staff from across the trust went the extra mile to support children and young people, giving up their own time to ensure that children and young people were safe and able to achieve their wishes at the end of life.

## Compassionate care

- We saw staff interacting compassionately with children and their families across the trust in all the locations that we visited. Services were focused towards the needs of children and were holistic in their treatment and support of children. The voice of the child was recognised and treated with respect.
- One of the school nurses had supported a young woman through a traumatic event and stayed with her in hospital into the night.
- Staff supported the mother of a patient with her mental and physical health needs following a crisis.

## Understanding and involvement of patients and those close to them

- Vulnerable children and young people were supported and encouraged through interventions that would improve outcomes for them and for their children. The

family nurse partnership was an example of this where vulnerable individuals were intensively supported by multi-agency working and individuals developed their own action plan to achieve their outcomes.

- Health visitors in Tameside and Glossop had done a patient experience survey which focused on three areas, the ease of contacting the team, the effectiveness of the service and satisfaction with the service; 228 surveys were completed. Of these surveys 100% of parents said that they could talk about their concerns with staff and 99% of parents said that their health visitor/nursery nurse listened to them and that the information that they gave was useful.
- School nurses had worked with children in schools using satisfaction surveys such as survey monkey. Pupils had been on the interview panel for the recruitment of a school nurse.
- At Swanbourne Gardens the manager had a three monthly face to face meeting to update parents and to discuss any issues or concerns that they had. There were communication diaries for parents that the staff completed on a daily basis, the parents then filled in the diary when the child returned the following day. Parents could email or telephone the centre at any time for information and advice.
- Therapy services worked closely with children and families to develop and agree plans to achieve the best outcomes for the child. Support was given to the child from an early age and through nursery and school.

## Emotional support

- The parent –infant mental health pathway supported parents and children in their emotional well-being. The different levels of intervention ensured that appropriate care was given dependant on the needs of the parents and the children. All parents were asked questions about depression and anxiety that would indicate if there was a need for further mental health screening. Support could then be given as necessary.
- Health visitors provided emotional support for parents through courses and one to one support.

## Are services caring?

- The drop in sessions in schools provided by school nurses allowed school children to raise issues and concerns about their health and wellbeing.
- Therapy services worked with a number of support groups including parents in partnership to support children and families.
- Children and young people with complex needs could attend the Swanbourne centre from birth onwards and then attended nursery and school when at the appropriate age. Specially trained school nurses accompanied the children to nursery and school. There were two special schools in Stockport for children with complex needs. The nurses attended parents evening at the schools.
- The centre took children with complex needs, on a daily basis, allowing parents to work. The staff who supported children at Swanbourne Gardens would follow them through nursery and into school giving continuity of care.
- Staff at Swanbourne Gardens worked closely with the Goddum centre, a voluntary organisation in Manchester that provided services such as advocacy, bereavement and family paediatric palliative care.
- There was a remembrance tree at Swanbourne Gardens and staff who had worked closely with children and young people at the end of life were offered support and counselling. Staff often worked with patients over a number of years.



# Are services responsive to people's needs?

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

## Summary

We rated this service as outstanding in the responsive domain. The trust had responded to population needs and were providing comprehensive services that addressed these needs. They were supporting positive mental health in parents and children through different programmes, one was a long standing well evaluated programme and the other had been recently implemented. Both had links to more specialist mental health services.

School nurses were working with children and young people supporting them in their development and providing education and support. School nurses were delivering the follow up health assessments for looked after children. Other members of the school nursing team were working to improve immunisation rates and national public health programmes.

Both school nurses and health visitors were heavily involved in the safeguarding of children and young people on their caseloads.

Therapists were involved in the Greater Manchester children's initiative to reduce the effects of child poverty. This involved a preventative approach with a high input of therapy services before children attended school; this had led to an increase in therapy referrals and an increase in complexity in referrals.

The family nurse partnership was well established in one part of the trust and had been established for a year in another part of the trust. The service provided intensive support for the vulnerable children and young people to achieve their desired outcomes.

Swanbourne Gardens worked well with commissioners and agencies to provide support to children, young people and their families.

Complaints were managed locally with lessons learned and appropriate actions.

## Planning and delivering services which meet people's needs

- In Stockport health visitors had reported high levels of post-natal depression and social isolation. In

partnership with public health colleagues, a course called "living life to the full" aimed at treating post natal depression and other anxiety issues within families has been rolled out in local clinics in September 2015. The eight week course was supported by evidence based practice and had links to improving access to physical therapy services (IAPT).

- The health visitors were introducing the social and emotional ages and stages questionnaire (ASQ-SE) for the early identification of social and emotional problems. There was a focus on prevention to address issues early in the child's development. The health visitors were targeting looked after children from birth to five years followed by children who attended nurseries who were in the common assessment framework (CAF) or the team around the child process (TAC).
- We observed a baby clinic which was well attended; staff said that between 30 and 50 parents usually attend each clinic. The clinic was supported by a community staff nurse and up to three health visitors depending on numbers of parents attending. Advice was given at the clinic about issues including breast feeding, weaning and teething problems. The clinic was welcoming, relaxed and informal, parents described friendships that had been made at the clinic. The father of a three month old baby said that "it was all good here" while the mum said that it was a "good clinic", they said that all services had been good including the hospital, the GP and the health visitors.
- In Stockport the nursery nurses undertook developmental assessments and reported back to the health visitors. The nursery nurses worked with families supporting children with a range of problems including sleeping, behaviour and eating. A time-limited outcome plan would be developed with families and the family would be supported for six to eight weeks. The plan would be reviewed and the nurse would withdraw if the outcomes had been met or refer back to the health visitor for further input. The staff nurses in some of the health visiting teams worked with children with a disability or those with special needs and would undertake training with other staff including manual handling.





## Are services responsive to people's needs?

- School nurses in Stockport were wearing uniforms. There had been a positive response to this from head teachers and it helped children to identify them in schools.
- The school nurses in Stockport worked with students on sexual relationship education in all their schools. The nurses audited the training and the students analysed the feedback and produced charts and information for students.
- The school nurses with social care colleagues had spent a week working in the town centre and at health locations highlighting issues round sexual exploitation to young people.
- In Tameside and Glossop there was an parent-infant mental health care pathway to promote peri-natal mental health, this service was a partnership a local mental health trust and aimed to improve the mental health of infants and parents through prevention and early intervention with a focus on parent –infant relationships. Parents who attended Tameside Hospital for the 20 week scan were given a DVD and a booklet entitled “getting it right from the start”. This was the first stage of the pathway. This evidence based resource was developed to promote responsive early parenting. The evaluation showed that it was an effective method of reaching parents in the perinatal period and improving confidence and knowledge for parents.
- The second stage of the pathway was a new-born observation system for babies up to three months. Health visitor and nursery nurses had received training, support and supervision in this system. Health visitors said that they had made changes in their practice as a result of their training. The third part of the pathway was for a behavioural assessment for parents and babies up to eight weeks old. This was an in depth assessment and intervention provided by specially trained health visitors to support families with greater needs. The fourth stage of the pathway was from the early attachment consultation service and a health visitor supported by expert supervision or through more specialised teams including a primary care adult mental health team would support families. The fifth stage was specialised clinical interventions.
- The journal “community practitioner” published an article on the evaluation of the DVD and booklet in 2013. The programme was also shortlisted for a nursing times award.
- The school nurse assistants at Tameside and Glossop were overseeing the national child measurement programme (NCMP) for tackling childhood obesity and were working in schools with reception children and year 6 children, they also supported health professionals, including the consultant community paediatrician, in their clinics and acting as a chaperone where appropriate. They did hearing sweeps in schools to identify children with hearing problems and could refer to hearing or audiology clinics as appropriate. The assistants would support the immunisation programmes in schools and work with parents to improve immunisation rates. They also supported health promotion in schools when fully staffed; this was popular with both the schools and the children.
- There was a school nurse working group looking at domestic violence.
- There was a Greater Manchester children's initiative and the ten boroughs that made up Greater Manchester including Stockport and Tameside were involved in the delivery of services that would reduce the effects of child poverty. 40% of children in Greater Manchester were not school ready and therapists were involved in reducing this number to give children the best start. This preventative approach required a high input of therapy services before children attended school which had increased referrals to therapy services; the outcomes would not become apparent until the children were older making it difficult to evaluate the effectiveness of the approach.
- Stockport had experienced a 145% increase in therapy referrals in the last 12 months, the referrals were also more sensory based as opposed to motor based, and sensory based problems required more interventions and resources from therapists. While there had been a significant increase in referrals, the waiting lists were weighted ensuring that those with the most need were seen first.
- Tameside and Glossop had also had an increase in referrals, which were also more complex and similar to those of Stockport. The referrals were assessed and triaged by a multi-disciplinary team.
- Tameside and Glossop were working with some parents to wean children and young people off tube feeding. The therapists had presented a paper at an international conference and a parent support group had been set up to support parents before and after the withdrawal of the tube feeding.



# Are services responsive to people's needs?

- Therapy services across the trust were child focused with an emphasis on holistic treatment. Some therapists were based in schools and the schools had service level agreements with health services to provide services including speech and language therapy. Physiotherapists and occupational therapists were also working together in some schools, along with speech and language therapists, providing a whole class approach to support and treatment. In one school a speech and language therapist was on the management committee of the school.
- Therapists worked with parent support groups including those for children with autism and hearing difficulties. In Stockport staff had a close relationship with Parents in Partnership, a local carer group run by parents for carers of children between 0-25 yrs with a disability or additional needs. This partnership had a close relationship with the local authority, education, health, social care and other providers to ensure the voice of parents and carers was heard during the design, development, delivery and review of services.
- Therapy services and schools were using alternative methods of communicating with parents and children including social media. They had received good feedback from parents.
- The DVD "Getting it Right from the Start" had also been launched in Stockport and is given out by midwives or health visitors antenatally.

## Swanbourne Gardens

- Staff had a good relationship with commissioners and with the social care panel that met monthly to agree the funding for children and young people who attended the centre.
- The centre sent out a questionnaire to parents every six months. An action plan was developed following feedback from parents. Communication had been raised as a problem and staff had worked to improve systems following this feedback.

## Equality and diversity

- There was access to interpreters that could be used by staff in patients' homes. One of the patients of the FNP needed extensive use of the translation services over a period of time.
- There were dedicated health visitors for asylum seekers and refugees.

- The uptake of equality and diversity training was just under 90% in the CYPF division in October 2015. The trust target was 95%.

## Meeting the needs of people in vulnerable circumstances

- Both Tameside and Glossop and Stockport had family nurse partnership teams. The Tameside and Glossop team was very new but the Stockport team had been in existence for a few years. Family nurse partnerships (FNP) engage with very vulnerable women, who have often been LAC's, or those on a child protection plan or a "team around the child" plan. Engagement was in the early stages of pregnancy and these individuals were identified when booking in at Stepping Hill hospital; the service worked closely with the teenage pregnancy midwife. Intensive support in pregnancy was given through midwives, FNP team, community nurses, health visitors, social workers and the voluntary sector. This support continued for two years following the birth of the babies and support could continue even if the baby was taken into care. The service was patient centred with the patient determining their desired outcomes. There were good links into adult mental health services.
- The FNP supervisor was a member of the Stockport high needs pathway working group to prevent recurrent care proceedings for children and the sexual exploitation group.
- The health assessment process for LAC's was a key performance indicator for the commissioners. Initial health assessments (IHA) were undertaken by a paediatrician and review health assessments (RHA) were carried out by nurses who had received training including school nurses and health visitors. In Stockport 86.5% of IHA's had been completed (target 95%) and 91.9% had been completed (target 92%). In Tameside and Glossop 72% of IHA's had been completed (target 95%) and 72% (target 92%) of RHA's had been completed. These figures are for the period July – September 2015. The majority of the breaches were due to the late receipts of requests from children's social care and those out of area. All children were offered an appointment within the statutory time frames but a number of children failed to attend their appointments. This was followed up by health visitors and school nurses.





# Are services responsive to people's needs?

- In Stockport and Tameside and Glossop health visitors would continue to see vulnerable children until they went to school instead of discharging them following their developmental check at the age of two.
- In Tameside and Glossop there was an integrated service for children with additional needs.
- Play plans were used to support the emotional development of children and young people with complex health needs.

## Access to the right care at the right time

- In Tameside and Glossop there was a one stop shop for safeguarding referrals to social care by telephone and in Stockport there was a single point of access to social care. These were referral systems for all agencies.
- In Stockport 92% of parents received a face to face new birth visit within 14 days of birth. 87% of children received a six to eight week review by the time they were eight weeks old and 83% of children received a 12 month review. The nursery nurses in the health visiting teams were doing a weekly audit on the child development stages ensuring that babies and families were seen in a timely manner.
- In Tameside and Glossop 92% of families were visited within the first 10-14 days of birth. The Key performance indicators (KPI) dashboard for Tameside and Glossop showed a number of KPI's which were all on target apart from the percentage of babies breastfeeding at six weeks. This target for this KPI was in the process of being renegotiated with the commissioners.
- All school nurses and health visitors band six and above were nurse prescribers which meant that they had a limited list of medicines from which they could prescribe. Patients could access the right medicines at the right time preventing a delay in receiving medicines and a reduction in unnecessary appointments with health professionals.
- There were large numbers of families moving into the Stockport area and so the health visitors held a weekly clinic for removals in order to meet this demand.
- Stockport and Tameside and Glossop worked with their local authorities to provide equipment for children and young people in their homes. Both areas had a store where equipment could be recycled following decontamination. There were financial pressures on the equipment funding budget and staff were urged to re-use equipment as much as possible. Tameside and Glossop were cross referencing used equipment to try to reduce requests for new equipment.
- Staff worked in partnership to provide holistic treatment and to reduce duplication. There was a joint podiatry/physiotherapy clinic for children with gait problems and physiotherapy and occupational therapy services were planned on the same day enabling therapists to work together and to reduce numbers of visits for children and their families.

## Learning from complaints and concerns

- Complaints and compliments were reviewed at the monthly CYPF service line meetings. There was an overview of compliance and areas of good practice and not so good practice and any actions required. In September 2015 there was one complaint and six compliments were received for services including health visiting, school nursing and speech and language therapy.
- Complaints were usually managed locally and the manager would write a letter, visit the complainant or make a telephone call. Staff would reflect on these at the team meetings through listen and learn. Individual meetings would be held with staff if appropriate. A manager described the process of handling a complaint and using the datix system to record the complaint or incident.
- One of the outcomes of the health visiting survey in Tameside and Glossop was to ensure that patients knew how to complain.
- At Swanbourne Gardens, the manager responded to complaints and addressed them with the parents. Action plans were developed and agreed with parents.



## Are services well-led?

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

### Summary

We rated this service as outstanding for the provision of well-led services. The trust had excellent working relationships with partner agencies. There were different management arrangements for different areas of the trust and both would change in April 2016, however governance arrangements were robust and effective. The monthly line management meeting for the division included strategic and operational agenda items that were disseminated to staff through staff meetings.

Information was shared about safety and quality where issues and trends were identified there were lessons learned. There was a risk register with relevant information and review dates.

The leadership of the organisation was visible at the senior level and middle managers were strong and respected by their staff. There was a positive culture in the organisation despite the fact that the organisation was about to go through a period of change with staff being transferred to other organisations. Staff said they were valued and they felt that they were doing a good job. Managers managed to retain good morale amongst the staff in spite of another organisational change.

The safeguarding culture of the organisation was very open with strong leadership from the safeguarding leads and their teams.

Staff engagement was effective with a number of communication methods and staff said that they felt that they could email the chief executive at any time.

There were some concerns about the loss of the health identity of the organisation as integration with social care developed and it was recognised that good leadership was important to ensure that the health identity was sustained.

### Service vision and strategy

- Services in Tameside and Glossop were transferring to Tameside Hospital NHS Foundation Trust from April 2016. Tameside NHS Foundation Trust was working towards being an Integrated Care Organisation. Staff

had started working with Tameside hospital to ensure a smooth transition for staff. Some staff felt that there had been good communication about this while others said that communication had been poor.

- The health visiting and school nurse teams in Stockport had been jointly managed since November 2014 by the trust and Stockport council. This will expand to include all of children's social care and early year's services in April 2016.
- There were three health visiting teams in Stockport two were managed by health managers and one manager was from social care. Staff said this had worked well and had helped teams to prepare for the move to the fully integrated service with the local authority in April 2016 with the possibility of co-located teams of health and social care staff dependent on accommodation. Staff had concerns that the new service could lose its health identity and that it would need strong leadership from health to ensure that this part of the service had a strong voice.
- There was some negativity about the integration with social care though most staff felt that it was the way forward for better children's services.
- Staff were aware of the trust strategy though not all staff were engaged with it.

### Governance, risk management and quality measurement.

- The children, young people and family (CYPF) monthly meetings were well attended and effective. The agenda was divided into five sections that reflected the domains of a CQC inspection. Agenda items included reports from the trust board including the quality governance board. Information from this meeting was disseminated to staff through staff meetings.
- There were safety, quality and serious incident meetings where all the current high profile incidents from the previous month were reviewed to share lessons learned and to identify patterns and trends. The report was prepared by the risk and safety team every month and



## Are services well-led?

was an agenda item for information at the risk management committee. It was also an agenda item at the children, young people and family (CYPF) monthly meetings for discussion and dissemination.

- On the agenda for the children, young people and families (CYPF) monthly meeting was a risk summary report from the risk registers for Stockport and for Tameside and Glossop. The risks had review dates and initial, current and target ratings.
- There were a number of high scoring risks on the risk register for Stockport. All of them had action plans that were underway at the time of the inspection to mitigate the risks.

### Leadership of this service

- Staff said there was good management at all levels of the organisation and although the children and young people's services were about to go through a period of significant change, staff had confidence in their managers and at board level. There was good trust engagement and managers, including the deputy director of nursing and midwifery were very visible in the organisation. He had visited a number of staff teams including school nurses and had attended the health visitor development days. The chief executive had visited Swanbourne Gardens.
- In Tameside and Glossop the health visitors said there was good trust engagement with bulletins, team brief, choc and chat and a visit from a member of the trust executive team. They said that they would email the chief executive if they had any concerns.
- Leadership from the safeguarding leads was evident throughout the directorate. Staff spoke about the supervision and training that they received and how this supported them in their work.
- Stockport staff described good strong middle managers who were also good leaders.
- There were leadership forums for band seven and above nurses.
- There was supportive leadership at Swanbourne Gardens. The unit considered themselves a community service but their links with acute services were very strong and services were integrated. Links to social care and the commissioners were effective allowing staff to respond to the changing needs of patients and their carers.

### Culture within this service

- Services across the trust and at Swanbourne Gardens were holistic and child focused. All partners worked together to get the best outcomes for children in their care.
- Staff across the trust said that they felt respected and valued.
- School nurses in Tameside described themselves as passionate and wanting to make a difference.
- The health visitors in Tameside and Glossop felt that their service was cohesive and about team work, they enjoyed their job and felt that they were doing good work.
- There were good lone working policies and there was a "whereabouts board". All staff had mobile phones.
- Staff said that occupational health services were good and they could access the service by phone or could drop in.
- Staff reported a good open culture particularly around safeguarding
- Sickness rates in the division were 3.8%.

### Public engagement

- Staff worked with a number of voluntary organisations to achieve the best outcomes for children and used these organisations to shape the delivery of services.
- The staff at Swanbourne Gardens had worked with local businesses to raise funds for the unit which they had used to make the garden more user friendly for children with wheelchairs and to put raised beds into the allotment. They had also worked with the local college to individually design and decorate each of the bedrooms.

### Staff engagement

- There was good engagement with the staff across the trust with team brief and other more informal methods of communication. Most staff felt that they were part of the trust though both Tameside and Glossop community staff were about to become part of a new organisation from April 2016.
- Some staff in Tameside and Glossop did not feel part of the Stockport NHS Foundation trust and felt more allied to Tameside hospital. Community staff and staff from Tameside Hospital NHS Foundation Trust will be part of the same organisation from April 2016.

### Innovation, improvement and sustainability



## Are services well-led?

- The Greater Manchester children's initiative enabled the development of children's services across the ten boroughs of Manchester but was also tailored to the issues in each of the boroughs so that services were focused on the specific needs of children and young people in these boroughs.
- The children's community services were all holistic and child centred. Managers and staff were aware of how services could develop in the future with closer working with partners including education and the voluntary sector. The outcomes of many of the projects would not become evident for a number of years but there was a commitment to take a preventative approach with high investment in resources for children at the beginning of their lives which would show positive outcomes later in life.
- The parent –infant mental health care pathway in Tameside and Glossop was a unique and effective partnership with the local mental health providers to improve the mental health and wellbeing of parents and children
- The investment in the family nurse partnership across the trust would produce long term improvements in the health and wellbeing for the most vulnerable young people in the trust.