

Southport and Ormskirk Hospital NHS Trust

RVY

Community health services for children, young people and families

Quality Report

PACE Clinic Bootle Clinic
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This report describes our judgement of the quality of care provided within this core service by Southport and Ormskirk Hospitals 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 Southport and Ormskirk Hospitals NHS Trust and these are brought together to inform our overall judgement of Southport and Ormskirk Hospital NHS Trust

Summary of findings

Ratings

Overall rating for Community health services for children, young people and families

Good



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

Good



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

Good



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

Good



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

Good



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

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
Background to the service	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the provider say	5
Good practice	6
Areas for improvement	6

Detailed findings from this inspection

Findings by our five questions	7
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Summary of findings

Overall summary

We found the overall rating for this service as good. Systems to safeguard vulnerable young people and relevant escalation processes were in place. Health promotion teams educated young people and supported them in outreach teams. Appointment advice and relevant leaflets were available and staff offered good emotional support. The teams had won two best practice awards, for developing practice nurses (2011) and improving sexual health for vulnerable groups (2014).

Contracting reorganisation had resulted in limited community services being offered to children, young people and families by the Trust. Paediatric community service in West Lancashire and sexual health being the only community service offered to children, young people and families by Southport and Ormskirk NHS Trust.

Integrated Sexual Health in Sefton (ISIS) delivered community sexual health support across Sefton and West Lancashire. The clinics were confidential and offered a range of options such as drop-ins, appointment only and 'under 25 years of age only' sessions. These were for STI screening and treatment, contraception clinics were run from other venues in West Lancashire.

We met and spoke with a health promotion specialist, a sexual health practitioner, an advanced nurse practitioner, the service manager and members of the team. We spoke with eight patients.

Summary of findings

Background to the service

Southport and Ormskirk Hospital NHS Trust provides sexual health services across the metropolitan borough of Sefton and the borough of West Lancashire.

Since June 2014, clinics providing sexual health services were reorganised to provide care closer to patients. Sexual health services in Sefton were delivered from five clinics where patients could 'drop in' or make an appointment. The services provided by Southport and Ormskirk Hospital NHS Trust included screening, diagnosis and treatment of sexually transmitted infections, cervical cytology and the full range of

contraceptive choices including emergency contraception. In West Lancashire, two appointment-only clinics were run from Hants Lane in Ormskirk and from Skelmersdale NHS walk-in centre. When possible, patients were assessed and treated during the same visit.

The new service enabled patients to speak to clinicians and access the help they needed in all aspects of sexual health care. The walk-in service at Southport Hospital became an appointment-only service for patients with more complex genitourinary problems.

Our inspection team

The team included a CQC inspector, a specialist advisor for sexual health and a health visitor.

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of Southport and Ormskirk Hospitals NHS Trust

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 12 and 13 November 2014. During the visit we talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

What people who use the provider say

People told us they felt the service was easily accessible and the staff were welcoming. We heard examples of compassionate care and good emotional support.

We were told about cases where some young people had encouraged their friends to attend the clinics and their problems were sorted out quickly. People told us they would recommend the service to others.

Summary of findings

Good practice

Our inspection team highlighted the following areas of good practice:

- The outreach and health promotion team (Integrated Sexual Health in Sefton; ISIS) as nominated and won the 2014 innovation award at the Sefton Health and Social Care Quality Awards. Its study and action plan on sexual health and relationship education for people with learning disabilities was proposed to further develop the integration of community services. It aimed to improve the health economy status while addressing health and social care issues within the community.
- The team won best practice awards in 2011 for developing practice nurses in GP surgeries and improving access to contraceptive choice.
- The team also won a national award for its work to reduce teenage pregnancies and increase long-acting reversible contraception use in Sefton.
- The team was linked with Public Health England and involved with current initiatives including encouraging GPs to test for sexually transmitted diseases and offer contraception services.

Areas for improvement

Action the provider MUST or SHOULD take to improve

<Action here>

Southport and Ormskirk Hospital NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good 

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

By safe, we mean that people are protected from abuse

Summary

Escalation processes and risk assessments were utilised to ensure the safety of young people. Paper records were held securely and the team followed the transferring of records policy. A multi-agency group for child exploitation worked together to address current local issues, areas of concern and wider national guidelines.

Privacy of young people was considered at all times, however the Bootle clinic reception area was found to be small and privacy was compromised.

The trust was aware of the challenges of continuing to rely on paper based records. This was listed on the trust risk register. The trust was in the process of transferring to an IT system.

Incidents, reporting, learning and improvement

- Between April 2014 and October 2014 one 'no harm' incident had been reported. This related to the increase in temperature in the clinic rooms. An air conditioning unit had been installed to address this issue.
- The team met monthly to discuss current practice and ways to improve the service.

Safeguarding

- Southport and Ormskirk Hospital NHS Trust has a responsibility for safeguarding and promoting the welfare of children in accordance with 'Working together to safeguard children' (Department for Education, 2013), the Children Act 1989 and the Children Act 2004.
- The trust recognised its responsibility for ensuring staff were competent and confident in carrying out their

responsibilities for safeguarding and promoting children's welfare. It ensured that all staff who had contact with children were trained in safeguarding children in a way that was appropriate to their roles, based on the criteria set out under 'Working together to safeguard children' (Department for Education, 2013) and 'Safeguarding children and young people: roles and competencies for healthcare staff' (Royal College of Paediatrics and Child Health, 2010).

- Robust systems were in place to identify, report and escalate safeguarding concerns.
- A child protection flowchart and referral forms were available on the intranet, and the flow chart was seen on notice boards.
- Multi-agency meetings about child exploitation were attended by the named safeguarding lead.
- An increase in 'looked after children' had been acknowledged by the team and one episode of grooming had been identified. Cases were referred and supported by the local authority.
- Monthly safeguarding reviews were held to monitor and escalate any new or on-going concerns.
- A termination of pregnancy tracking system was in place for young vulnerable people.
- Termination of pregnancy services were provided by a private provider and available for all ages.
- Vulnerable young people were identified and monitored through a safeguarding system. Concerns about sexual activity and multiple partners were monitored and young people were given information for their safety.
- The trust met the statutory requirement for carrying out of disclosure and barring service checks.
- Child protection policies and systems were reviewed and included a process for following up children who missed outpatient appointments, and a system for flagging children for whom there were safeguarding concerns.
- Safeguarding training was provided within the trust and compliance levels were regularly reviewed and monitored.
- The named nurse for child protection, named doctor for child protection and name midwife for child protection were all clear about their roles and had sufficient time to undertake them.

- The director of nursing and quality was the board level director for safeguarding children. The board reviewed safeguarding across the organisation and regularly audited the safeguarding processes to make sure that safeguarding systems and processes were working.

Medicines management

- The team had trained nurse prescribers. They had access to the electronic compendium and a current British National Formulary, and followed National Institute for Health and Care Excellence (NICE) guidelines.
- Stored oxygen was checked on each shift and the anaphylaxis box was found to be in date.
- Patient group directions were reviewed by clinical leads and signed off by the clinical governance lead. Patient group directions supply and administer licensed medicine to specific groups of patients. The staff referred to local and national policies and applied the requirements of the law.

Records and management

- The trust was aware of the challenges of continuing to rely on paper based records. This was listed on the trust risk register. The trust was in the process of transferring to an IT system.
- We saw that notes and files were held securely.

Cleanliness, infection control and hygiene

- Clinics were found to be tidy, well organised and hygienic.
- Personal protective equipment was available and seen to be used. Hand gel dispensers were sited around buildings.

Mandatory training

- Mandatory training levels ranged between 80 to 100% in all areas except for adult basic resuscitation 40% and manual handling 20%.
- All the medical staff we spoke with were supported by their consultant and medical director. They were supported to access relevant training and meet their revalidation needs.
- All staff were trained in safeguarding level three and were aware of the safeguarding policies and procedures.
- Staff had received an annual appraisal and the trust supported staff in their personal development.

- We were told that due to the staff being located throughout the community and the service need increasing, clinical supervision for staff was currently proving difficult to organise. Each member of staff had access to e-learning to maintain their professional development. Guidance and advice was sought from the specialist consultant to maintain current good practice.

Assessing and responding to patient risk

- Isis worked closely with partners to deliver other services such as C-Card Plus (A community condom distribution service) for people younger than 19 years of

age, and community HIV support. Their internet site listed all the free sexual health services available in Sefton and West Lancashire. Maps, contact numbers, websites and opening times were advertised.

- The team adhered to a policy that all young people who attended clinics were seen; none were turned away.

Staffing levels and caseload

- The team had raised concerns to the trust about their caseload being too high for the current staffing levels. Staff had designated work bases throughout the community. Covering absence presented the team with a challenge.

Are community health services for children, young people and families 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

The team followed local policies and national guidance to achieve the best outcomes for young people using the service. The team were actively engaged with regional and national networks.

Staff were trained and competent to give specialist advice and prescribe some treatments.

Health promotion work and advice was given to young people to assist them in making safe choices and keeping themselves safe.

Evidence based care and treatment

- The sexual health promotion team embraced the World Health Organization (WHO) definition of sexual health (WHO 2002). The key aim of the service was to reduce sexual health inequalities within the community through the provision of sexual health information to the whole population, training and education for identified groups and supporting individuals on a one to one basis.
- The lead consultant updated policies and procedures in line with British Association for Sexual Health and HIV (BASHH) following UK national guidelines.
- During 2014 the team repeated the 2012 chlamydia audit and it identified an improvement in documentation.
- The team were actively engaged with regional and national networks.

Approach to monitoring quality and people's outcomes

- The sexual health promotion team integrated with the community and their survey of 2012–2013 showed that there had been 2000+ brief advice sessions and 2737 brief intervention sessions. Ninety four per cent of young people told the team they knew where their nearest sexual health clinic was and how to find information on opening times.
- Care pathways were in place for each specific condition, and staff followed these to ensure that the best care and treatment was available for each young person.

- The sexual health team offered a confidential service and young people gave verbal consent to treatment and advice. Individual case notes were kept up to date to document the choice of contraception, plan of care and treatment choices.
- Advocacy services or personal carers were requested to be in attendance where necessary.

Competent staff

- The trust supported staff to train in advanced clinical studies and achieve the sexual health degree.
- The service had developed competency packs for specific conditions and procedures such as genitourinary medicine and cryotherapy.

Multi-disciplinary working and coordination of care pathways

- The pregnancy advisory service works as an integrated team with the sexual health service to offer contraception to all people having a termination, before discharge. To support the service the outreach team had set up a telephone call service offering a follow-up service.

Referrals, transfer, discharge and transition

- A clinical outreach team of nurses took referrals for vulnerable individuals, who for a variety of health and social reasons were unable to access mainstream services. A sexual health promotion team provided education and training and had access to a sexual health resource library.
- The team supported 'looked after children' to make decisions about relationships choices, skills and knowledge.
- Concerns had been raised about the numbers of looked after children being located in the community from other areas.

Availability of information

- The team had distributed information leaflets, guidance and advice notices throughout the local clinics and health centres.

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

Consent

- Gillick competency and Fraser guidelines were followed to assess whether children had the maturity to make their own decisions and to understand the implications of those decisions. These guidelines refer to whether health professionals should give contraceptive advice or treatment to under 16-year-olds without parental consent.
- The sexual health team offered a confidential service and young people gave verbal consent to treatment and advice. Individual case notes were kept up to date to document the choice of contraception, plan of care and treatment choices.

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

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

Summary

The team of professional staff offered caring and sensitive advice to young people maintaining their confidentiality and gaining their trust.

Young people told us that on all but one occasion they had been treated cared for, spoken to kindly and felt listened to.

Dignity, respect and compassionate care

- People told us they felt the service was easily accessible and the staff were welcoming. We heard examples of compassionate care and good emotional support.
- We were told about cases where some young people had encouraged their friends to attend the clinics and their problems were sorted out quickly. People told us they would recommend the service to others.
- People we spoke with told us they had been treated in a dignified way and shown respect.

Patient understanding and involvement

- The team had developed easy-to-read literature and diagrams to support people less able to understand the standard literature and guidance.

- Young people told us the staff had ensured they understood what they had been told.
- The integrated sexual health service website helped young people to read about local sexual health services, specific clinic opening times and availability of services at clinics.
- We heard examples of staff's caring attitude, non-judgemental support and swift responses.
- Young people told us they felt safe and were happy with the services offered. They found the clinic venues had improved and no criticism was heard.

Emotional support

- The team offered emotional support and advice to young people, helping them to make safe relationship choices.
- We heard of staff being friendly, welcoming and approachable. We were told that emotional support was genuine and compassionate.

Are community health services for children, young people and families responsive to people's needs?

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

Summary

The team used a robust tracking system to assist them to track and support young people using their service. The increased clinic attendance was impacting on the service and staffing levels had been highlighted as a concern.

The team had access to information leaflets in various languages. The trust was linked to language line and had access to interpreters where necessary. A clinical outreach team of nurses took referrals for vulnerable individuals, who for a variety of health and social reasons were unable to access mainstream services. A sexual health promotion team provided education and training and had access to a sexual health resource library.

Planning and delivering services which meet people's needs

- The team recognised the challenge of meeting the increased service need due to the integration process.
- We saw minutes of monthly review meetings of the newly integrated service. These were arranged to discuss working patterns, clinic availability, any meetings attended and new contacts made. An on-going work plan was also discussed, and the progress of this was to be reviewed at the next meeting.
- Increases in delays of receiving some blood test results had been raised with the trust haematology department.
- Advice lines were advertised to support people to seek help and support.
- Access to a UK based sexual health helpline was displayed on the website.
- Advocacy services were available when requested.

Equality and diversity

- The team had access to information leaflets in various languages. The trust was linked to language line and had access to interpreters where necessary.
- The team received positive feedback relating to the sex education courses specifically for people with learning disabilities. We saw easy read/user friendly, advertising flyers and information leaflets. The team used a variety of methods to teach including role play, visual aids, games, arts and craft and quizzes.

- The buildings were accessible to those with mobility problems. The act aimed to end the discrimination that impacts on many people with disabilities.

Meeting the needs of people in vulnerable services

- A clinical outreach team of nurses took referrals for vulnerable individuals, who for a variety of health and social reasons were unable to access mainstream services. A sexual health promotion team provided education and training and had access to a sexual health resource library.
- The team supported 'looked after children' to make decisions about relationships choices, skills and knowledge.
- Concerns had been raised about the numbers of 'looked after children' being located in the community from other areas.

Access to the right care at the right time

- The team had introduced open access clinics and appointment booking facility to meet the needs of young people in the area. The 48hour was met by booked appointment and the introduction of an open access service to meet the increase in demand.
- Referral to specialist clinics was arranged with the assistance of the support network that the team had built up.
- There was no bariatric equipment available in the clinics.

Complaints handling (for this service) and learning from feedback

- Complaints were generally about waiting times. In July 2013 approximately 600 patients were seen and in July 2014, 1400 patients were seen.
- A capacity and demand initiative had been introduced to review the waiting time and as yet had not been finalised. Each young person was informed of the waiting time and prioritised as necessary. Some people were not prepared to wait.

Are community health services for children, young people and families 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

The team were engaged with the trust vision to promote excellent, lifelong, integrated care. They attended sexual health educational and clinical governance meeting. Clinical leads attended national clinical governance group, BASHH and faculty meetings.

The managers described being proud of their workforce and their commitment to the integration. The outreach team attended community centres and universities to give advice and offer support networks. They distributed sexual health advice leaflets, clinic details and opening times. Currently there was no engagement with mainstream schools.

Service vision and strategy

- The team were engaged with the trust vision to promote excellent, lifelong, integrated care.

Governance, risk management and quality measurement

- Sexual health educational and clinical governance meetings were held. In September 2014 we saw that education training and research were on the agenda along with current audits and cases for discussion.
- Staff issues and concerns were discussed as part of the governance agenda. These included staffing issues (staff sickness and holidays had caused clinics to be understaffed), shortage of training time and duplication or absence of communication.
- There were clear reporting processes in place.

Leadership of this service

- Clinical leads attended national clinical governance group, BASHH and faculty meetings.
- Since July 2014 the team were supported by the trust to promote and provide the fully integrated service.

- A business plan was in place and the team were working closely with local commissioners to ensure its progress and implementation.

Culture within this service

- The managers described being proud of their workforce and their commitment to the integration.
- Staff told us that they felt supported and able to speak with their managers.

Public and staff engagement

- The outreach team attended community centres and universities to give advice and offer support. They distributed sexual health advice leaflets, clinic details and opening times. There was no engagement with mainstream schools at the time of the inspection.

Innovation, improvement and sustainability

- The outreach and health promotion team (Integrated Sexual Health Information Services; ISIS) was nominated and won the 2014 innovation award at the Sefton Health and Social Care Quality Awards. Its study and action plan on sexual health and relationship education for people with learning disabilities was proposed to further develop the integration of community services. It aimed to improve the health economy status while addressing health and social care issues within the community.
- The team won best practice awards in 2011 for developing practice nurses in GP surgeries and improving access to contraceptive choice.
- The team also won a national award for its work to reduce teenage pregnancies and increase long-acting reversible contraception use in Sefton.
- The team was linked with Public Health England and involved with initiatives including encouraging GPs to test for sexually transmitted diseases and offer contraception services.