

Achieving for Children Community Interest Company School Nursing Service

Inspection report

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

Ratings

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

Summary of findings

Overall summary

The School Nursing Service delivers public health interventions and healthcare support to school aged children and their families living in the Royal Borough of Windsor and Maidenhead.

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

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. They worked well with other organisations to provide joined up care for young people and their families.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people and took account of children and young people's individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued, and so morale within the team was very high. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities.

However:

- Staff told us that the electronic records system was cumbersome and could take a long time to update.
- Some of the parents we spoke with were unaware how they could make a complaint about the service.

Summary of findings

Our judgements about each of the main services

Service

Community health services for children, young people and families

Rating

Good



Summary of each main service

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- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. They worked well with other organisations to provide joined up care for young people and their families.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people and took account of children and young people's individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued, and so morale

Summary of findings

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However:

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Summary of findings

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Summary of this inspection

Background to School Nursing Service

The School Nursing Service is part of Achieving for Children Community Interest Company and delivers public health interventions and healthcare support to school aged children and their families living in the Royal Borough of Windsor and Maidenhead. Appointments take place in people's homes, schools and in other community locations, such as children's centres across the borough. The service covers 65 schools.

The School Nursing Service delivered elements of the Healthy Child Programme. They did not deliver immunisations; this was done by the local NHS Trust.

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

What people who use the service say

People who use the service were unanimously positive about the care and support they received. They told us that staff acted in a professional manner and provided reassurance when it was needed.

How we carried out this inspection

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

During the inspection, the team:

- Observed staff collecting data for the National Childhood Measurement Programme (NCMP) in a school
- Spoke with the registered manager of the service
- Spoke with 4 other members of staff including the professional lead for the service, a school nurse, a health screener and a staff nurse
- Reviewed 4 care records
- Spoke with 2 parents/carers of young people using the service
- Spoke with representatives from 5 other organisations the service works closely with
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

Action the service **SHOULD** take to improve:

Summary of this inspection

- The service should continue with their plans to make improvements to the electronic records system.
- The service should ensure that young people and families are made aware how to make a complaint.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for children, young people and families

Good 

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

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

Good 

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

Mandatory training

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

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

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

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. Records showed that 83% of staff had completed safeguarding level 3 training. This was because one new member of the team had not yet completed the training but was booked to attend. In addition to mandatory training, staff had also had some safeguarding refresher training from the local lead paediatrician for safeguarding at one of their locality meetings.

Staff had regular 12 weekly safeguarding and vulnerable caseload supervision. This supervision was undertaken by the named nurse for safeguarding from Berkshire Healthcare NHS Foundation Trust. Staff gave excellent feedback about support received from the named nurse.

Community health services for children, young people and families

Good 

The registered manager had delivered refresher training to the team focusing on disguised compliance, covered within one of their team meetings. Disguised compliance is when parents/carers may appear to co-operate with professionals in order to alleviate concerns and stop professional engagement.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Representatives from other organisations told us that school nursing staff provided invaluable input at safeguarding meetings.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

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

Staff followed infection control principles and had access to personal protective equipment (PPE). Staff worked in line with the service's infection control policy. We observed staff conducting height and weight checks as part of the National Childhood Measurement Programme (NCMP) and saw that staff cleaned equipment prior to using it and sanitised their hands prior to each young person entering the room.

Environment and equipment

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

The service had suitable facilities to meet the needs of children and young people. Visits took place in schools, people's own homes and at children's centres within the borough. Risk assessments were carried out prior to an external venue being used.

The service had enough suitable equipment to help them to safely care for children and young people. Health screeners had their own scales and measuring equipment. We observed staff checking equipment was working accurately prior to using it. Equipment for vision and hearing screening was stored centrally and staff could access this as needed.

Assessing and responding to patient risk

Staff completed and updated risk assessments and ensured risks were escalated.

Staff used nationally recognised tools to identify children or young people at risk of deterioration and escalated them appropriately. Staff utilised a variety of tools to assess young people, including neglect, sexual exploitation and gender identity toolkits. We saw evidence in care records of where risk issues had been appropriately escalated and then proactively followed up by staff.

Staff knew about and dealt with any specific risk issues. Staff provided training for school staff around managing asthma, serious allergic reactions and epilepsy.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Community health services for children, young people and families

Good 

Nurse staffing

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

The service had enough nursing and support staff to keep children and young people safe. The school nursing team was small and consisted of 2.8 whole time equivalent (WTE) school nurses, 1.6 WTE staff nurses and 1.2 WTE health screeners. There was 1 WTE vacancy for a school nurse. The organisation had recently reviewed the benefits package offered to try and attract applicants to the role. Managers also regularly reviewed the skill mix of the team, to see if alternative roles could address any gaps left by vacant posts.

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

The service had low sickness rates. They had lost less than 1% days to sickness absence over the last 6 months, which is lower than the national average of 2%.

The service did not use any bank or agency staff.

Records

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

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

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

Records were stored securely on password protected systems.

Incidents

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

Staff knew what incidents to report and how to report them. Staff we spoke with were aware how to report incidents.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff had reported 2 incidents in 2022.

Community health services for children, young people and families

Good 

Staff understood the duty of candour. The service had a duty of candour policy in place. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong. We saw that parents had been contacted following incidents.

Staff received feedback from investigation of incidents, both internal and external to the service. Outcomes of incidents were discussed in locality meetings.

There was evidence that changes had been made as a result of feedback. For example, staff were reviewing the content of the NCMP outcome letter that was sent to parents following negative feedback from a parent.

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

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a comprehensive manual which was based on national guidelines including those from the National Institute for Health and Care Excellence (NICE) and the Royal College of Paediatrics and Child Health. All of the policies we reviewed included a date for review and they were all in date.

Patient outcomes

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

Managers and commissioners monitored outcomes. The service collected data for the National Childhood Measurement Programme (NCMP) which involved offering height and weight checks to school aged children in reception and year 6. For children in reception, staff checked vision for all and hearing where parents had indicated there was a need. Staff were aware that the reason vision was checked for all children is because outcomes are better when vision problems are identified and addressed at a young age.

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

Competent staff

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

Managers supported the learning and development needs of staff. Staff were able to complete training courses where there was an identified need. For example, one of the school nurses had requested training in gender identity following an increase in the need for support around this.

Community health services for children, young people and families

Good 

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families.

Managers gave all new staff a full induction tailored to their role before they started work. In 2020 the service introduced a fixed start day for inducting new employees. This meant that new employees across the organisation started on the same day, to provide a support network to one another, and create a more streamlined induction. Following this they completed a local induction. Staff we spoke with told us that the induction process was comprehensive and that they had been given lots of opportunities for learning and shadowing colleagues.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal within the last 12 months. Staff received multi-layer supervision which consisted of managerial supervision, safeguarding supervision and peer review. Compliance with safeguarding supervision and peer review was 100%. Compliance with managerial supervision was 72%.

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

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

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings with other teams to discuss children and young people and improve their care. This included meetings with safeguarding colleagues and schools. We saw good examples of services working collaboratively with targeted interventions and support. Staff from partner organisations told us that the service was well represented at inter-agency meetings, and that they had a solution-focused approach to ensuring the needs of young people were met.

Staff referred children and young people on to other services when need was identified. For example, in June 2022 8.7% of school children who had their vision assessed were referred for further interventions. We saw evidence in care records of young people being referred on to other services as needed, for example to a paediatrician.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health. Staff were aware that they could refer to the early help hub or child and adolescent mental health services (CAMHS) if young people needed support with their mental health.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff wrote to parents of children who were considered overweight or underweight to offer information about healthy lifestyle changes and how to access further support. A staff member who had a particular interest in sleep hygiene had been supported to create a booklet to give to young people which included information on the effects of sleep deprivation, a sleep diary, tips on optimal sleep environments, the importance of routine and advice around nutrition.

Community health services for children, young people and families

Good 

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

Staff made sure children, young people and their families consented to treatment based on all the information available. We observed staff asking young people whether they consented to be measured when collecting data for the NCMP.

Staff received and kept up to date with training in the Mental Capacity Act. All staff were up to date with their Mental Capacity Act training.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. Parents were contacted at least 10 days prior to staff attending schools to give them information about the NCMP and let them know they could opt out if they did not wish their child to participate.

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

Good 

Compassionate care

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

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

Families said staff treated them well and with kindness.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs.

Emotional support

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

Community health services for children, young people and families

Good 

Staff gave children, young people and their families help, emotional support and advice when they needed it. Staff created an Emotionally Related School Avoiders (ERSA) resource to support students who struggled to attend school due to mental health concerns. Staff also worked with pastoral care managers in schools to help ensure children's emotional needs were met. Staff could refer parents to the family hub for extra support, such as emotional first aid for parents.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. We saw evidence of staff involving the health visiting team when concerns had been identified about a school aged child's younger sibling.

Understanding and involvement of patients and those close to them

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

Staff made sure children, young people and their families understood their care and treatment. Staff captured young peoples' views within their care records.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. Staff told us they utilised communication aids provided by schools where necessary.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Families were asked for feedback after each contact. Parents gave positive feedback about the service.

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

Good 

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. Managers utilised local demographic data to help plan their services.

Facilities and premises were appropriate for the services being delivered. Staff carried out risk assessments prior to any external venues being used. A building manager carried out annual health and safety checks at the central hub.

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

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted.

Community health services for children, young people and families

Good 

Meeting people's individual needs

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

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

Staff took account of family's preferences with regards to where they would like to be seen for their appointments. Staff requested that the first appointment for the enuresis service was face to face but offered people the option of being seen virtually for any follow-up appointments. They also carried out home visits if requested, for example if a parent did not want their child to be seen during school hours.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Staff had access to communication aids to help children, young people and their families become partners in their care and treatment. Staff told us they utilised the aids provided in schools.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment had increased due to a staff vacancy.

Managers monitored waiting times and made sure children, young people and their families could access services when needed. The waiting time for school nursing services, including the enuresis service, was 20 weeks. Staff screened referrals when they came in and prioritised those where there was an urgent need. All health assessments for children in care were completed within the 4-week target.

Staff supported children, young people and their families when they were referred or transferred between services.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received, however not everyone was aware how to do this. The service had not received any complaints in the last 12 months.

The service had not received any complaints in the last 12 months. Parents we spoke with were not sure how to make a complaint about the service.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw that complaints were a standing agenda item for the monthly locality meetings. Although the school nursing service had not received any complaints, learning from complaints about the health visiting service had been shared within these meetings.

Community health services for children, young people and families

Good 

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

Good 

This was the first time we rated this service. We rated well-led as good.

Leadership

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

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

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

Managers and team leaders supported staff to develop their skills. For example, the organisation had supported staff to work flexibly and supported any additional training needs. Staff told us that they received a monthly email regarding internal opportunities and that they were encouraged to complete management courses.

Vision and Strategy

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

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

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

Feedback from stakeholders was overwhelmingly positive. We were told there have been significant improvements in the service over the last four years. Further feedback received included feedback about information sharing and communication which has resulted in the forming of a tight partnership basis to improve the outcomes for children.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Community health services for children, young people and families

Good 

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

Culture

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

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

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

Without exception all staff told us that their wellbeing was supported and could give many examples of different types of support. All staff had the opportunity to work flexibly to suit their homelife and the managers worked hard to adapt and flex the workforce to make this happen. Staff told us about the weekly wellbeing hour that they could use to take a break from work, which was paid. The team used this to celebrate staff birthdays. Staff were offered additional support if they needed it and had access to wellbeing services and counselling. We were told of the different desktop and virtual wellbeing sessions they were able to join, including desk yoga and virtual exercise sessions.

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

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

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

Governance

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

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

Community health services for children, young people and families

Good 

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the services. Staff we spoke with were aware what was working well within the service and what could be improved.

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

Management of risk, issues and performance

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

The service had a risk register. Recruitment was a risk regularly reviewed and initiatives actioned to enhance retention. Another example given was a risk when staff were redeployed to provide Covid vaccinations which led to the targets not being met for the enuresis clinic.

The service had contingency plans in place for unexpected events. For example, staff had recently completed an exercise around what they would do if their main hub was inaccessible and they were required to deliver the service from multiple other locations.

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

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

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Managers were aware what data needed reporting to external organisations.

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

The service submitted data to external organisations as required. They provided quarterly reports for commissioners. The service had not submitted any statutory notifications to CQC, however the registered manager was aware of the reporting requirements.

Engagement

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

Managers collected feedback from patients and staff. Feedback from patients was discussed in team meetings and this was mostly very positive. We saw feedback from a staff focus group held in November 2022 that was held to gain

Community health services for children, young people and families

Good 

professional insight into current and future service delivery. Positive feedback included a 'can do' attitude and well-established team and that the service was family led. The team were proud of how they flexed their service throughout the pandemic. IT frustrations and lack of staffing were the main themes they wanted the service to focus on. In the latest staff survey, in 2021, reported that 93.9% of staff felt they were clear about what they were expected to achieve in their role and 84% had a clear understanding of the services priorities and plans. There had been improvement from the previous staff survey in feedback on staff feeling they could contribute their views before changes were made that might affect their job.

Managers ensured staff were kept up to date with key information about the service. In addition to the monthly locality meetings, managers sent out quarterly newsletters to staff which included information about new starters, leavers, business updates and information on high impact areas, for example the most recent letter had included information about the delivery of medical needs training for school staff.

Feedback from public health commissioners was positive. They told us the service engaged well and understood their challenges and that the service was very involved in and committed to improving public health.

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

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Leaders encouraged innovation. However, there was a recognition that this could be limited by the team being small and having vacancies.

All staff were committed to continually learning and improving services. Staff were in discussion with managers about creating a 'choose and book' system to streamline appointments for families.