

Central London Community Healthcare NHS Trust

Inspection report

Central London Community Healthcare NHS Trust
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Central London Community Healthcare (CLCH) NHS Trust was established 1 November 2010. It was formed from the community health service provision of Hammersmith & Fulham, Kensington & Chelsea and Westminster Primary Care Trusts (PCTs). It is one of only two NHS Trusts in London that specialises in delivering out-of-hospital community-based NHS services.

The trust employs approximately 4000 health professionals and support staff. The trust provides healthcare services to more than two million people.

The trust has 15 registered locations with the CQC and operates from over 300 sites including community team bases, outpatient clinics, inpatient units, and schools. Staff also visit patients in their homes.

CQC last inspected the trust in January 2018. At this inspection, we rated the trust as Good overall and for all five key questions.

Overall summary

We rated it as Good 

What this trust does

The trust provides a range of community and inpatient services across 11 London boroughs and in Hertfordshire.

The trust services include:

- Adult community nursing including 24-hour district nursing, community matrons and case management.
- Children and family services including health visiting, school nursing, community nursing, speech and language therapy, blood disorders and occupational therapy.
- Rehabilitation and therapies including physiotherapy, occupational therapy, podiatry, speech and language therapy, and osteopathy.
- End of life care supporting people to make decisions and to receive care at the end of their life.
- Long-term condition management supporting people with complex and substantial ongoing health needs caused by disability or chronic illness.
- Specialist services including delivering parts of long-term condition management for people living with diabetes, heart failure, Parkinson's and lung disease, homeless health services, community dental services, sexual health and contraceptive services.
- Walk-in and urgent care centres providing care for people with minor illnesses, minor injuries and providing a range of health advice and information.

As of October 2019, the trust provided services in the following areas:

- Barnet: main provider of adult and children's community services
- Brent: falls, health visiting, school nursing, special school nursing
- Ealing: health visiting and school nursing
- Hammersmith & Fulham: main provider of adult and children's community services

Summary of findings

- Harrow: main provider of adult community services, school age immunisations
- Hertfordshire: provider of adult community services
- Hounslow: school age immunisations
- Kensington & Chelsea: main provider of adult and children's community services
- Merton: main provider of adult and children's community services, sexual health as part of the wider South West London service
- Richmond: sexual health as part of the wider South West London service, health visiting and school nursing
- Wandsworth: main provider of adult community services, sexual health as part of the wider South West London service, health visiting and school nursing
- Westminster: main provider of adult and children's community services

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspection, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

Prior to the suspension of the inspection, we inspected the Community health services for children and young people provided by the trust.

What we found

Overall trust

We did not change ratings at trust level at this inspection.

Summary of findings

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspection of the trust's community health services for children and young people, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as good overall. For more information on our findings from this inspection, please see the community health services for children and young people section.

Are services safe?

We did not change ratings at trust level at this inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as requires improvement for safe. For more information on our findings from this inspection, please see the community health services for children and young people section.

Are services effective?

We did not change ratings at trust level at this inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as good for effective. For more information on our findings from this inspection, please see the community health services for children and young people section.

Are services caring?

We did not change ratings at trust level at this inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as good for caring. For more information on our findings from this inspection, please see the community health services for children and young people section.

Are services responsive?

We did not change ratings at trust level at this inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as good for responsive. For more information on our findings from this inspection, please see the community health services for children and young people section.

Are services well-led?

We did not change ratings at trust level at this inspection.

We completed an inspection of the trust's community health services for children and young people, which we rated as good for well-led. For more information on our findings from this inspection, please see the community health services for children and young people section.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. As we suspended the inspection prior to the review of well-led, we did not review the overall rating for the trust.

Outstanding practice

We found two examples of outstanding practice in our inspection of the trust's community health services for children and young people.

For more information see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that the trust must put right: Regulation 12 Safe care and treatment and Regulation 18 Staffing.

There were three things the trust must put right in relation to breaches of these two regulations. In addition, we found seven things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the areas for improvement section of this report.

Action we have taken

We issued requirement notices in respect of the two regulations that had been breached within one core service.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- The health visiting teams within the tri-boroughs (Hammersmith and Fulham, Westminster, Kensington and Chelsea) had been awarded with gold under the UNICEF Baby Friendly Initiative, which aims to support breastfeeding and parent infant relationships. This is the highest level that can be achieved.
- Speech and language therapy staff in special schools ran coffee mornings for parents at which the parents could learn tips around communication and language.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

Summary of findings

We told the trust that it must take action to bring services into line with legal requirements. These three actions related to the one core service inspected, Community health services for children and young people.

- The trust must ensure that there are sufficient suitably qualified members of health visiting staff in Brent to meet the needs of children and their families. They must also monitor workforce levels across their other health visiting teams to ensure they can safely meet service demand. **Regulation 18(1) Staffing**
- The trust must ensure that lone working processes in place are robust and staff adhere to those processes whilst working alone in the community. **Regulation 12(1)(2) b Safe care and treatment**
- The trust must ensure that treatment records are completed in a timely manner and updated with important information. **Regulation 12(1)(2) a, b Safe care and treatment**

Action the trust SHOULD take to improve

We told the trust that it should take action to comply with minor breaches that did not justify regulatory action, to prevent breaching a legal requirement in future or to improve service quality. These are the seven actions related to the one core service inspected, Community health services for children and young people.

- The trust should review governance processes to ensure they provide the necessary information so that managers can effectively monitor services. This includes the monitoring of high vacancy rates, high caseload numbers, quality of treatment records and the monitoring of allocation waiting lists in health visiting teams.
- The trust should continue to work together with the local authority and school headteacher of Perseid lower school in order to improve the healthcare clinic space for children.
- The trust should review the system it has in place to monitor the use of FP10 prescription pads.
- The trust should work with the services from which its staff provide care to ensure clinical environments are child friendly and meet the needs of children, young people and their families using them.
- The trust should continue its work to ensure that all staff feel supported and valued at work. This includes staff from Black, Asian and minority ethnic (BAME) backgrounds feeling understood and respected in the workplace.
- The trust should review its approach for providing clinical supervision so staff feel supported to access the right supervision for their role.
- The trust should ensure that the HR service enables staff to recruit staff quickly and ensure job adverts are promptly available.

Is this organisation well-led?

- We did not inspect trust-wide well-led at this inspection. See the section headed 'What we inspected and why for more information.'

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018
Community health services for children and young people	Requires improvement ➡➡ Apr 2020	Good ➡➡ Apr 2020	Good ➡➡ Apr 2020	Good ➡➡ Apr 2020	Good ➡➡ Apr 2020	Good ➡➡ Apr 2020
Community health inpatient services	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Community end of life care	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Community dental services	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Community urgent care service	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Community health sexual health services	N/A	N/A	N/A	N/A	N/A	N/A
Overall*	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Community health services for children and young people

Good   

Key facts and figures

The trust provided a wide range of health services for children and young people up to the age of 19 across 11 London boroughs including Wandsworth, Kensington and Chelsea, Hammersmith and Fulham, Westminster, Barnet, Brent, Richmond, Hounslow, Harrow, Ealing and Merton.

The trust provided specialist and non-specialist school nursing, complex children's nursing, haemoglobinopathy services, looked after children and the Family Nurse Partnership (a programme providing an intensive, evidence-based preventative programme for vulnerable first-time mothers aged 20 years and under). In addition, the trust delivered health visiting services, which included caring for those who were homeless. The children's community nursing team provided a hospital at home service, which included end of life care and continuing care. The trust also provided specialist therapies such as occupational therapy and physiotherapy. Nutrition and dietetic services were integrated into teams.

The delivery of the health visiting teams followed the national mandated Healthy Child Programme, and the teams had links to children's centres, GPs and Early Help services. The trust delivered services at patients' homes, in children's centres, in health centres, in GP premises and in schools.

Children, young people and family services were last inspected at Central London Community Hospital NHS Trust in 2017. At the last inspection, we rated safe as requires improvement and effective, caring, responsive and well-led was rated as good. At this inspection, we comprehensively re-inspected all key questions.

We announced (staff knew we were coming) our inspection to the trust three working days beforehand to ensure staff we needed to talk to were available.

During our inspection, the inspection team:

- spoke with 79 staff from all disciplines including service leads
- spoke with 18 parents and one young person
- reviewed 42 care and treatment records
- attended and observed new birth visits, assessments being carried out and attended baby weighing clinics
- reviewed a range of policies and procedures, national and performance data about the trust and other documents relating to the operation of the service
- carried out 14 staff focus groups before and during the inspection to gather information about their experience at work
- attended two trust events including the race equality network meeting and a quality strategy engagement event.

Summary of this service

Our rating of this service stayed the same. We rated the service as GOOD because:

- Since our last inspection in 2017, compliance with mandatory training and staff appraisal had improved. All team managers routinely monitored training and appraisal compliance.
- The service ensured staff understood how to protect children, young people and their families from abuse.

Community health services for children and young people

- Risks to children and young people using the service were assessed and their safety was managed so they were protected from avoidable harm.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service. The service planned care to meet the needs of the local population and when there was a gap in service provision managers escalated this appropriately.
- When families were waiting for treatment, most services ensured they kept in contact and invited children, young people and their families to group sessions.
- Staff provided a good standard of care and treatment. Staff were hardworking and ensured they consistently gave compassionate care to children, young people and their families. They took account of a child or young person's individual needs and helped them understand their condition.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values and were focused on the needs of children and young people receiving care.
- Staff were committed to improving services and worked on new initiatives to improve their service.

However:

- The Brent health visiting team did not have enough staff to deliver care safely. High vacancy rates and large caseload sizes meant they were not completing important baby and child reviews mandated in the Healthy Child Programme (HCP). At the time of the inspection, the team had 69 families awaiting allocation to a health visitor. The team was not monitoring these families. The lack of monitoring and oversight of children, young people and their families put them at risk.
- Staff did not always complete or review treatment records in a timely manner with important information. Information such as allergy status was not always recorded clearly, and some children and young people did not have an up to date care plan in place. This put children and young people at risk of not receiving the right treatment at the right time. Whilst the trust was providing new technology to enable staff to complete records during visits, this was not yet delivering consistent improvements.
- Lone working processes were not robust and did not ensure that staff whereabouts were monitored whilst out in the community. Staff told us that they did not always wear their personal safety alarms. This put staff at risk of being unable to escalate a concern when working alone.

Is the service safe?

Requires improvement ● ➡ ➡

Our rating of safe stayed the same. We rated it as requires improvement because:

- In the Brent health visiting team, the high vacancy rates and large caseload sizes impacted on the delivery of the mandated Healthy Child Programme (HCP) and the safe management of waiting lists. At the time of inspection, we found that the team was not monitoring 69 families who were awaiting allocation to a health visitor. The lack of monitoring put children, young people and families at risk.

Community health services for children and young people

- Staff did not always complete or review treatment records in a timely manner with important information. We found in some records allergy information had not been recorded as an 'alert' and care plans had not been updated or completed following assessment. Whilst the trust was implementing new technology to enable staff to complete patient records during visits, the lack of consistency in the treatment records meant that children, young people and families could be put at risk of not receiving the right care and treatment.
- Lone working practices were not robust and staff understanding varied between the different locations we visited. Staff did not always wear their personal safety alarms when out in the community. The lack of a robust checking in and out system meant staff whereabouts could not be monitored and escalated if there was a concern.
- The trust did not have a robust system in place to monitor the use of prescription pads used in the community children's nursing team. At the time of the inspection, nurse prescribers did not maintain a clear log of prescriptions issued. This meant in the event of a theft or missing prescriptions, they could not be easily followed up. We raised this with the trust during the inspection, and they immediately introduced a system to log the prescriptions.
- Some of the locations from which staff delivered care were poorly maintained and some were not child friendly. The healthcare clinic space at Perseid Lower School was in a poor condition and did not meet infection control standards. The trust was working with the local authority and school headteacher to improve the environment.

However:

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it. Compliance with mandatory training had improved since our last inspection in 2017. Staff were regularly reminded to keep updated with all required training.
- Most services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff understood how to protect patients 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.
- The service managed children and young people's safety incidents well. Staff recognised and reported incidents and near misses. When things went wrong, staff apologised and gave honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. The trust had introduced a seven-minute-read newsletter which was cascaded to all staff to highlight learning from incidents.
- Records were stored securely and available to all staff providing care.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers monitored performance against national targets.
- Staff monitored the effectiveness of care and treatment. They used the findings to improve patient care and outcomes.
- Managers appraised staff's work performance and provided opportunities for staff to undertake a range of specialist training courses to enhance their role. Staff spoke positively about the training opportunities offered by the trust's training team called 'The Academy'.

Community health services for children and young people

- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff understood how to assess whether a young person or family member had the capacity to make informed decisions about the care or treatment being offered. Staff followed the trust policy.

However:

- The trust ensured that staff received safeguarding supervision and this was completed across all the teams. Most staff said they received management supervision and this was monitored by each team. However, some staff told us that they would benefit from more clinical supervision. Team leaders had identified improving access to clinical supervision as an area for improvement.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The trust collected and report on patient experiences once a month.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. We observed staff being caring and respectful to children, young people and their families.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. We observed staff delivering compassionate and holistic care to those involved in a child's care.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided care in a way that met the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care. When teams recognised there was a gap in service provision, managers sought to redesign services to better meet the needs of the children and young people. The trust had, for example, worked with commissioners to change the model for provision of educational speech and language therapy (SLT) in Westminster and Kensington and Chelsea to ensure services continued to provide good care whilst cost improvements were made.
- People could access the service when they needed it and received the right care in a timely way. The palliative care team provided support 24 hours a day, seven days a week. Across different locations visited, teams delivered support to the families and carers of children and young people in a variety of ways. Speech and language therapists working in special schools, for example, ran a coffee morning to parents so that they could learn tips around communication and language.

Community health services for children and young people

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, 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 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 trust had used its strategic approach, the 'CLCH way', to limit the impact of reduced funding on clinical services, such as through establishing administration hubs.
- 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.
- The services collected and analysed performance data. Managers had access to data they needed to understand performance, make decisions and drive improvement.
- Managers 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.
- Team managers and staff openly engaged with children, young people and their families, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Staff were able to give examples of new initiatives within the service that had made improvements.

However:

- Whilst governance processes were well developed and embedded into services, we found some areas for improvement. This included, the monitoring of allocation waiting lists in the Brent health visiting team, the management of safe caseload sizes in some health visiting teams and high vacancy rates in Ealing and Brent health visiting teams. However, the trust had recognised the need to provide additional support to the Brent health visiting team and this was being delivered.
- Whilst most staff felt respected, supported and valued, the CQC had received several complaints prior to our inspection of children and young people services. A small number of staff reported that they were fearful of being reprimanded if they spoke out and raised concerns directly to their leaders. Some members of staff from Black, Asian and minority ethnic (BAME) background told us they felt the trust needed to improve on how it supported staff from minority backgrounds.

Community health services for children and young people

- The trust's sub-contracted HR service did not always provide the support managers needed to recruit additional staff quickly. Managers found the internal recruitment approval system to be slow, which impacted on how quickly vacancies could be put out to advert.

Areas for improvement

Action the trust **must** take to improve:

- The trust must ensure that there are sufficient suitably qualified members of health visiting staff in Brent to meet the needs of children and their families. They must also monitor workforce levels across their other health visiting teams to ensure they can safely meet service demand. **Regulation 18(1) Staffing**
- The trust must ensure that lone working processes in place are robust and staff adhere to those processes whilst working alone in the community. **Regulation 12(1)(2) b.**
- The trust must ensure that treatment records are completed in a timely manner and updated with important information. **Regulation 12(1)(2) a, b.**

Action the trust **should** take to improve:

- The trust should review governance processes to ensure they provide the necessary information so that managers can effectively monitor services. This includes the monitoring of high vacancy rates, high caseload numbers, quality of treatment records and the monitoring of allocation waiting lists in health visiting teams.
- The trust should continue to work together with the local authority and school headteacher of Perseid lower school in order to improve the healthcare clinic space for children.
- The trust should review the system it has in place to monitor the use of FP10 prescription pads.
- The trust should work with the services from which its staff provide care to ensure clinical environments are child friendly and meet the needs of children, young people and their families using them.
- The trust should continue its work to ensure that all staff feel supported and valued at work. This includes staff from Black, Asian and minority ethnic (BAME) backgrounds feeling understood and respected in the workplace.
- The trust should review its approach for providing clinical supervision so staff feel supported to access the right supervision for their role.
- The trust should ensure that the HR service enables staff to recruit staff quickly and ensure job adverts are promptly available.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic.

This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way. This report includes the findings from the completed service level inspection, but the well-led inspection was not completed.

The team that inspected the Community health services for children and young people included five CQC inspectors and four specialist advisers who had experience of working in children and young people services.