



Sandwell and West Birmingham NHS Hospitals Trust

Children, Young People and Families Services

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Sandwell General Hospital	RXK

Tel: 0121 554 3801

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This report describes our judgement of the quality of care provided within this core service by Sandwell and West Birmingham NHS Hospitals 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 Sandwell and West Birmingham NHS Hospitals Trust and these are brought together to inform our overall judgement of Sandwell and West Birmingham NHS Hospitals Trust.

Summary of findings

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Overall summary

Outstanding



Overall rating for this core service

Children and young people (CYP) services was rated outstanding overall. During the inspection we met with managers, staff, children and parents in a range of community settings. We observed care being delivered in mainstream and special schools, clinics and in children's own homes. We saw excellent innovations in practice to improve care and treatment for children and young people for example a 'tactile cue' called 'TaSSeLs' and a computer 'app' to help children learn and develop. CYP Staff worked with other professionals and external organisations such as CAMHs (child and adolescent mental health services) and social services.

There was evidence that the services for children and young people were delivered in line with best practice guidance and local agreement. Staff were dedicated, professional and well supported. We saw strong local leadership across all community CYP services. Staff told us that they were a valued member of their respective teams. We saw that care was child centred and individualised across all CYP services.

There was an effective system in place to report and learn from adverse incidents, errors, near misses and complaints. We saw care was delivered to promote dignity and respect, and found staff were very responsive to children and their families' needs.

There was a robust safeguarding process in place and infection control audits demonstrated that infection control guidance was effective. We saw infection control practices across CYP services was good. Environmental observations and reviews of records showed there was a high level of cleanliness across the sites and the availability of safe, clean equipment was generally good.

Generally, staffing levels across CYP services were good, we saw the trust had ongoing challenges with recruitment of health visitors, and no assessment of 'fine motor skills' for children with complex needs by occupational therapists due to a capacity issue. However, this did not adversely affect patient satisfaction and the trust had a robust recruitment plan in place.

Management of medicines were in line with trust policy. The trust supported staff to ensure that their mandatory training needs were met and individual training needs identified. Staff were given supervision and annual appraisals. Staff expressed satisfaction with the levels of support from their local managers. The leadership of CYP services was supportive and nurturing, senior managers were visible and well liked. Staff told us they thought the executive team "did a good job" in leading the trust and there was strong communication networks throughout CYP services with staff feeling well informed.

We saw local and senior managers encouraged and supported staff to be creative with innovations in practice. CYP services received few complaints, and people we spoke to during the inspection were very complimentary about the staff and the quality of the service they received.

Background to the service

Community services for children, young people and families under the age of 20 years make up 26.8% of the population of Sandwell. 47.3% of school children are from a minority ethnic group compared to the England average of 27%.

Sandwell Children's Community Services provided a range of services for children and young people across three localities in Sandwell: Wednesbury and West Bromwich, Smethwick and Oldbury, and Rowley Regis and Tipton to include:

- Community children's nursing service
- Child development centre
- Health visiting service
- Special school nursing service
- Family Nurse Partnership, to support young parents
- Children's occupational therapy
- Children's physiotherapy
- Children's speech and language therapy

Services include universal health services for children and young people 0–19 years to ensure they stay healthy, safe, enjoy and achieve, make a positive contribution and achieve economic well-being from the national Government Initiative 'Every Child Matters'. Services such as health visiting are designed to promote public health. Delivery and coordination of specialist or enhanced care and treatment included specialist nursing services, therapy services and community paediatric services. Together, they provided coordinated care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs and children and families in vulnerable circumstances.

Care was delivered from a variety of settings: mainstream schools, special schools, children centres, community health centres and the children's own home.

The level of child poverty is worse than the England average of 28% with 29.9% of children aged less than 16 years living in poverty and the rate of family homelessness is worse than the England average.

The health and wellbeing of children in Sandwell is generally worse than the England average and the infant mortality rate is the worse than the England average. The child mortality is similar to the England average.

There was a better rate of immunisations for children in care and lower rates of sexually transmitted infections than the national average.

Children aged 4-5 years in Sandwell have better than average levels of obesity at 10.9%. The England average is 13% . However, 24.3 % of children aged 10-11 years are classified as obese this is worse than the England average of 19%. During the inspection we visited a variety of services for children, young people and families. This included three children's centres offering routine services such as immunisations and specialist advice to young expectant mothers. We did three home visits, visited two special schools, one mainstream school and four health centres. We conducted interviews with community paediatricians, nurses, physiotherapists, occupational therapists, speech and language therapists, health visitors, managers and service leads. We interviewed members of the executive board and held two community staff focus groups. Staff focus groups are a planned meeting with specific staff members such as nurses, health visitors and therapists to listen to their views about their work and how their services are run.

During the inspection, we spoke with 22 parents and children and we reviewed 12 individual care plans for children, risk assessments and a variety of team specific and service based documents and plans. We also sought feedback from external partner organisations, and reviewed online feedback.

LAC (Looked after children) service was not inspected during this visit as this service was included at the comprehensive inspection under acute CYP in October 2014. We did not inspect children's school services as this service is provided by another trust.

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

Are services safe?

Good



Summary

The overall safety of the Children and young people service was good.

Incident reporting and recording was encouraged and embedded across all services. There was a robust process in place for staff to learn from lessons to minimise future risks to children, young people and families.

Infection control guidance was in place and practiced by staff. Equipment was checked, serviced and cleaned in line with trust policy and in good supply.

There were effective safeguarding processes in place to protect children from the risk of abuse and parents told us they were provided with good advice, support and treatment and felt their child was in 'safe hands'.

We saw quality of care and service performance was monitored and measured across CYP services.

We saw a robust recruitment plan in place for health visitor posts which was an item on the risk register, however this did not adversely affect patient outcomes or overall patient satisfaction.

Mandatory training attendance was generally good. We saw areas of low training attendance due to staff vacancies for some health visitor teams. Risks to patients were effectively assessed and managed in most areas and clinical practice was reviewed regularly to improve care.

We saw fine motor skills for children in special schools was not routinely assessed due to capacity issues.

Incident reporting, learning and improvement

- Never Events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were zero Never Events registered across community CYP services.
- Staff across CYP services were encouraged to report incidents and were able to access the trust's electronic incident-reporting system.
- Within a 12 month period 2014 to 2015 there were 352 incidents reported by staff across CYP services, 213 were reported as no harm, 80 were reported as low harm and 14 as moderate harm. Six of those were directly related to children. Three medication incidents, two of which were education staff incidents and three were falls. The majority of incidents were staff related.
- Staff were made aware of trust wide incidents in various forms, for example, through weekly team meetings, monthly governance meetings and emails from line managers to share lessons learned.
- We spoke with senior managers and saw that serious incidents were managed swiftly. For example, we were told how a child injured their head during a therapy session due to insufficient quantity of floor mats in the correct position. The therapy team carried out a root cause analysis investigation which included recommendations. Lessons learned were shared with therapy staff across special and

main stream schools and further safety mats were provided at each therapy session to reduce the risk of a repeat. Staff told us they were confident about reporting incidents and were aware they needed to be open and transparent with patients and their relatives if anything went wrong with their care.

- During two staff focus groups not all staff were aware of the new 'duty of candour' regulations 2014. We were told by staff they had no formal duty of candour training, however the trust had a Duty of Candour Policy in place and the trust had nine promises they made to patients to include: "I will... keep you informed and explain what is happening and I will admit to mistakes and do all I can to put them right". We saw this was imbedded across CYP through posters displayed in schools and clinics and staff's general awareness.

Safeguarding

- Staff demonstrated a good knowledge of the trust's safeguarding policy and the processes involved for raising an alert.
- Staff knew the name of the trust safeguarding lead and they told us they were well-supported and would seek advice if they had safeguarding concerns.
- We saw safeguarding posters on display in clinical bases which meant that staff had access to the relevant information and phone numbers to raise safeguarding concerns.
- Staff received safeguarding training upon induction and at three yearly intervals, this was well-attended. We saw safeguarding training figures for level one, which is a basic awareness training was 100%, except for health visitors at Victoria and Warley medical centre which was 98%. Safeguarding level three training which is advanced training to include child protection and identification of children at risk. Figures across community CYP services was above 83%, Speech and Language service achieved 93%. However, Health Visitors at Mace Street and White Heath clinic achieved 78%. We were told staff vacancies at this clinic was a contributory factor for low training attendance.
- We saw that Safeguarding alerts were completed within the recommended 24-hour time frame and were discussed during staff handover times to ensure that all staff were aware of patients' safeguarding issues.
- There was evidence of robust safeguarding procedures in place to protect vulnerable children, safeguarding alerts were investigated with a multi-disciplinary, multi-agency approach with trust wide governance support and review. Local and serious case reviews were held in a timely manner and we saw action plans supporting these reviews.
- CYP services were aware of child sexual exploitation and had robust systems to raise concerns. safeguarding referrals fed into 'MASH' (Multi Agency Safeguarding Hub) where they were reviewed by health, domestic abuse advisors, police, mental health services and the local authority.
- We saw staff from the Family Nurse Partnership (FNP) and Health Visitor services involved with safeguarding cases had received safeguarding supervision sessions, this ranged between two and six weekly depending on the complexity of the cases.
- Staff told us and we saw that both routine and urgent safeguarding multi-agency planning meetings

took place. Multi-agency professionals such as, teachers, police, social workers and healthcare professionals attended these meetings. Individual cases were reviewed, risks identified, care plans agreed and actions plans put in place to protect the child and support the family.

- Staff told us during focus groups that if they witnessed poor practice they would have no reservation to escalate concerns to their line managers and if necessary whistle blow their concerns to either the senior manager, the safeguarding lead, the social worker or the Care Quality Commission.
- The majority of CYP staff had received level three safeguarding training, which included all relevant subjects including, child sexual exploitation, trafficking and female genital mutilation (FGM). There was a referral mechanism to refer any patient with FGM to the trust to be seen by a consultant and identify a child at risk.

Medicines

- CYP staff who administered medication such as the children's nurses transported medication in cool bags to maintain the integrity of the medication in line with NMC Standards for Medicines Management 2010.
- We saw children who required pain relief for example before intense therapy sessions were administered prescribed medications and in accordance with the trust medication policy. We saw that emergency drugs were available and 'in date' in the clinics and staff demonstrated a good understanding of the management of controlled drugs across CYP services.
- The community pharmacist based at the hospital provided prescribing and dispensing of medication to children with complex needs in the community. The community pharmacist ensured children's medication was available and supported the children's community nurses with advice and support when required.

Environment and equipment

- We looked at the storage, maintenance and availability of equipment used in clinics, schools and equipment used by staff in children's own homes and we saw electrical 'safety test' stickers were in place on equipment and within the recommended test date and staff told us equipment was in good supply.
- The Heath Visitor service carried out an environmental audit, the results showed in November 2014 63% of baby clinics were child friendly, the area's that were assessed not to be child friendly contained hazards such as a dark room, stacked chairs and open plug sockets. Ten recommendations were made to address areas for improvement. Staff were aware of the recommendations which had been highlighted at team meetings and were working through their action points to reduce hazards.
- Staff knew the location of first aid boxes in clinics and schools, and we saw boxes contained in-date first aid items.
- Staff disposed of clinical waste appropriately and we saw there was a good system in place for collection of clinical waste and sharps bins across community CYP.

Quality of records

- We looked at the management of children's records across CYP services and saw records were well

maintained. Paper records were securely stored in locked cabinets and were only accessible to staff who had the authority to view them.

- We saw staff who worked in the community such as the speech and language therapist, the family nurse partnership nurse and the therapists had difficulty accessing electronic records and updated records on paper then transferred the records onto the computer back at base. This was time consuming. We were told the trust was aware of this and had begun to rollout hand held devices to community staff to resolve this problem as part of the trusts 'paper light' initiative.
- We saw that records were completed in accordance with trust records policy, were legible and audited at regular intervals.
- The Health Visitor service carried out a care plan audit in 2015. 76 records were reviewed. The results showed 82% of records had care plans in place and 54% of the records had safeguarding concerns raised. We saw the audit contained eight learning points, for example, not all care plans were individualised or contained frequency of contacts and review dates. There was a learning action plan to address areas for improvement. Staff told us they were aware of the audit and action points.
- The paediatric quality management framework audit looked at health care records from March 2015 to June 2015 and showed 100% of folders were in satisfactory condition. The audit looked at 'daily entries made' and 'contemporaneous entries' in records was 100% in May, June and July and 'basics in record keeping' scored on average 92.3%.
- There was evidence of written consent and family involvement in records as well as demonstrating care continuity and multidisciplinary approach to the care delivered.

Cleanliness, infection control and hygiene

- We saw clinical areas at baby clinics, children centres and special schools maintained cleaning logs for furnishings and toys, and found them to be satisfactory.
- We saw staff washing their hands and using hand gel in between each intervention. The paediatric team which included therapists and children's nurses completed a monthly quality management framework audit which looked at several areas, for example results for May 2015 showed the hand hygiene audit achieved 100% in April 2015 and scored on average 99.6% between April and June 2015.
- Infection control audits were carried out annually across all CYP services. In 2014/2015 we saw the Health Visitor service on average scored 85%. The Family Nurse Partnership service scored 83%, Speech and language service scored 93% and the children's nursing service scored 95%.
- Staff adhered to the trusts Infection Prevention Control policy, staff were bare below the elbows, and had access to personal protective equipment (PPE) if required. Staff did not wear gloves or aprons when interacting with children unless there was an identified risk.
- Signs were displayed around clinical areas reminding staff and visitors to wash their hands. Foot operated waste bins were available and in good working order.
- All CYP teams had infection control champions who attended infection control meetings. The champions shared any actions to local teams to improve infection control practices.
- We saw appropriate cleaning schedules for larger pieces of equipment such as hoists and profiling beds used in special schools and we saw staff cleaning smaller items such as baby scales and toys after each use in children's centres, clinics and schools.

Mandatory training

- We saw on average Health visitors scored 86% for mandatory training attendance. Training included: fire safety awareness, resuscitation-basic life support, infection control and moving and handling. The highest area of training attended was infection control and the lowest was fire safety awareness which ranged between 48% at Hatley Heath Clinic and 85% at Victoria and Warley Medical centre. We were told a contributory factor for low training attendance was due to Health Visitor vacancies, staff told us they found it difficult to leave their workload to attend training due to demand and capacity. Senior management were aware of this and told us it was an area for improvement and they considered it a priority.
- The Family Nurse Partnership service scored a total of 83% across mandatory training and the speech and language therapy service and the nursing and therapy service combined scored on average 94%.
- Staff told us they were supported to attend mandatory training and were actively encouraged to attend specialist training and restorative supervision.

Assessing and responding to patient risk

- A wide range of risk assessments were used across CYP services to assess and manage individual risks to children. For example, the Family Nurse Partnership service used a child sexual exploitation risk assessment, children's nurses assessed for pressure ulcer risk.
- We saw joint occupational therapy and physiotherapy risk assessments for manual handling and each child who had hydrotherapy and used the swimming pool were risk assessed before each activity. Health visitors risk assessed children and families for home safety such as safety gates and safe sleeping.
- Where risks were identified, staff had access to support, guidance and equipment to help manage risks.

Staffing levels and caseload

- The Family Nurse Partnership service provided care from one base, The Lyng Centre and the staffing levels consisted of one manager and one senior nurse. Currently the service had commissioned 165 places over a two and a half year period reaching 85% of its contract.
- We saw that the therapy staffing levels for Physio and Occupational therapists combined was 32.5 staff WTE (whole time equivalent) with 20 support staff. Speech and language services had 18 staff with two support staff. The therapy team provided care in clinics, children's own homes and across 122 special and mainstream schools.
- Staffing levels for children's nursing services included 16 nurses and 12 support staff who provided care in children's own homes and across 122 special and mainstream schools.
- We saw generally there was adequate staffing levels across children's nursing and therapy services to meet the majority of needs of children and families. The therapy team consisted of a clinical lead who was responsible for all therapists across CYP services and four months ago had taken over the management of the children's nursing service. However, we were told there were insufficient OT's available to meet all the needs of children in special schools. For example, we saw 'fine motor skills' which are delicate movements of hands feet and lips were not being assessed by OT's due to capacity issues. The paediatric lead told us plans were in place to recruit an additional OT to bridge this gap
- Two months previous, the trust decided to place nursing and therapies together under a 'paediatric

group'. Staff told us this worked well reducing duplication off assessments and sharing best practice among clinicians

- Health Visitors provided care and support from 12 teams across six areas of the trust. We were told in 2014 the trust employed 21 health visitors in response to the National Health Visitor Implementation Plan 'A call to action' which aimed to expand and strengthen Health Visiting services. However, seven Health Visitors had left the trust which resulted in vacancies across the teams. We saw Victoria Health centre staff had 12 health visitors in post with four additional vacancies. The trust continued with their recruitment drive to fill health visitor vacancies.
- We saw the Health visitor's workforce target was 85.6%, the trust had achieved 78%. The workforce target is based on the national target to increase the amount of health visitors to meet the needs of children and their families. The collective case load across all 12 teams was 28,000 and we saw the service had 11 Health Visitor vacancies.
- Despite the number of vacancies we were told by staff and we saw through observations in clinics, children's centres and home visits, this did not affect the outcomes for children, young people and families and overall satisfaction was good. We saw the Health Visitor lead had implemented several strategies to retain staff in post and to attract new Health Visitors into the trust. For example, a preceptorship programme for newly qualified Health Visitors, introduction of restorative supervision to address work life balance and a Health Visitor teaching and training programme.
- Staff told us and we saw there were adequate staff to meet the needs of new mothers on their case load. Each Family Nurse Partnership staff member was responsible for 25 new parents on their caseload. This was the recommended caseload size for a full time nurse and in line with the Department of Health FNP programme 2011. However to meet the needs of the wider population and offer support to more young parents further staff were required. This issue was being addressed as further funding had been agreed for a new manager and three senior nurses from August 2015.
- Staff told us and we saw agency usage across community CYP services was minimal. Senior staff told us children's agency nurses and therapists were in short supply and the trust was concentrating its efforts into recruitment permanent staff.
- We saw there was a good induction process for new starters across all services.

Managing anticipated risks

- There was a dedicated Children and young people risk register. The Health Visitor risk register identified four risks. Three were rated as amber relating to:
 1. inadequate child protection and safeguarding supervision.
 2. from September 2015 some families were to be transferred to other areas, this was in line with GP areas, this may result in confusion for families as they were required to change their GP's.
 3. 10 Health Visitors plans to retire over next year 2015/2016.
- The fourth risk was rated as red and related to the inability to deliver against some key performance indicators. We saw all four risks had been reviewed in May 2015 and each contained an action plan to mitigate the risks. Following this review all four actions had been downgraded from red and amber to yellow, which indicated the risk had reduced significantly.

Major incident awareness and training

- The trust had a major incident and unforeseen adverse weather policy in place and staff were able to tell us what was expected of them during a major incident in the community.
- We saw there was a Major Incident Policy in place and staff were aware how to access it when required.

Are services effective?

Good



Summary

The effectiveness of Children and young people services was good.

Care delivery was underpinned by evidence-based practice and followed recognised and approved national guidance. We saw CYP services participated and completed clinical audits and performance of services was monitored and measured at regular intervals to achieve the best possible outcomes.

Pain, nutrition and hydration assessments were carried out for each child attending clinics, children centres, schools and in their own homes. Care plans were evaluated at timely intervals and reflected individual needs.

There was a multi-disciplinary approach to care and treatment and a proactive engagement with other health and social care providers to achieve best outcomes.

Transfers and transitions between CYP services were planned in advance. There was an assessment of the child's individual needs; this included working with other agencies to assess, plan and coordinate care.

We saw plans were in place to streamline I.T. access. By implementing hand held devices across CYP services to reduce duplication of information and speed up information access whilst working in community settings.

We saw staff gained verbal or written consent for each nursing and therapy intervention.

Evidence based care and treatment

- All Children and young people services delivered evidence-based practice and followed recognised and approved national guidance in accordance with their governing bodies. This included the NMC (Nursing and Midwifery Council), the RCPCH (Royal College of Paediatrics and Child Health) and the HCPC (Health and Care Professional Council)
- We saw CYP services took part in the national Epilepsy audit for children. In November 2014, 6% of new referrals to epilepsy clinic were seen within 2 weeks by a specialist with expertise in epilepsy. 66% of referrals were via GP, with 10% consultant - to - consultant in house referral and the remainder were at the point of a child's discharge from hospital. Findings from this audit showed only a minority of children with a first seizure episode were seen by a specialist in epilepsy, within 2 weeks of referral. Majority of these referrals were through a GP. Inpatients with a first seizure episode were assessed by the on-call paediatric medical team. Following the audit, we saw there were five recommendations made, one of which was to recruit to a specialist Epilepsy Nurse. We talked to the community Paediatrician who told us funding had been agreed for a full time nurse and the post was being advertised.
- The CYP service participated annually in the National Paediatric Diabetes Audit. We saw in 2013/14 the audit looked at children in the community who attended the PDU (paediatric diabetic unit) and was

measured against 170 PDU's across England and Wales. The results showed out of seven areas, (25 questions in total), Sandwell CYP scored better than the regional and England and Wales average in 22 out of 25 areas. Completion of seven care processes was measured and included, eye screening, cholesterol, blood pressure recording and foot examination. The results showed Sandwell CYP scored 20.4%, better than the regional average of 15.7% and better than England and Wales average at 16.1%. Parents feedback was measured and the results showed that the Sandwell service rated by parents was better than both the National and Regional average.

- The Family Nurse Partnership service provided evidence based, preventative support for vulnerable first time young mothers, from pregnancy to until the child is two years of age. Family nurses delivered the programme, within a defined and structured service model.
- Health visitors and their teams delivered the Healthy Child Programme (HCP) to all children and families during pregnancy until 5 years of age. The Healthy Child Programme is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. For the early life stages the focus was on a progressive universal preventative service. The immunisation audit carried out between 24 and 30 November 2014 audited the vaccination status of children between 2 months and 5 years of age. The audit captured details of children who attended the paediatric wards based on vaccination administered in the community. We saw 93% of children were up to date with their immunisations and 97% had planned appointments by mid December 2014. Across five vaccination programmes we saw the England average was 92% and Sandwell CYP had achieved 90.8%.
- We saw the audit carried out in December 2014 of depression screening of children and young people which showed 65% of children over 12 years had three screening questions asked against a target of 100%. One child who was classed as moderate to severe risk was referred to CAMHs (child and adolescent mental health services) within 24 hours. We saw 57% of children who answered yes to one of the questions had a CAMHs review. This helped staff to identify children early with overdose/depression or self-harm risks and refer them onto the appropriate service.
- The Weight Management in children with obesity audit carried out in June 2014 identified how many children with obesity were assessed using weight management criteria. The results showed 100% of children with co-morbidities (more than one health conditions) were fully investigated and 17.6% of children were referred to secondary care without co morbidities. We saw 100% of children after 2010 had received information to enrol onto the weight management programme. The programme was designed to help parents develop the confidence and skills to make healthier choices for themselves and their families about food and nutrition and physical activity.

Pain relief

- There were clear guidelines for staff to follow which reflected national guidance.
- Children's pain levels were appropriately assessed according to the age of the child. We saw that different methods were used, such as pictures and assessment of facial and body language, where verbal communication was not possible.
- We saw staff at mainstream and special schools knew the children very well and could identify if a child was uncomfortable or in pain, based on their body language, noises and facial expressions.

Nutrition and hydration

- Where appropriate, children had a nutritional and hydration plan in place which reflected national guidance and demonstrated a multidisciplinary approach to meeting children's dietary needs.
- We saw staff following the feeding regime as prescribed. For those where were receiving enteral feeding, which is a nutritional complete feed usually through a tube directly into the stomach or via the nose, this was correctly completed.
- Children who were at risk of obesity had access to a weight clinic to monitor their progress. The child and their parents had access to a dietician who provided a regular review of their dietary requirement and provided dietary support for parents.
- We saw staff met children's individual hydration needs,. For example, on the day of the inspection the temperature reached 28 degrees centigrade, staff provided children with extra drinks and ice creams.

Patient outcomes

- Services carried out several audits to measure quality and performance. For example, health visitors looked at skill mix to provide a universal best practice standard and procedure in Well Baby clinics, to babies and children aged 0-5 years. In November 2014 Sandwell Health Visitor service delivered 30 Well Baby clinics over a four week period. 93 sessions were provided with a total of 165 hours of baby clinic.
- We saw the number of mothers who received a first face to face antenatal contact had improved from 28 from October to December 2014 to 56 from January to March 2015.
- Against a target of 60% we saw the percentage of children who received a 12 month review from October to December 2015 was 44%, this figure dropped to 38% from January to March 2015. The trust had taken remedial action and implemented additional Saturday clinics to improve performance.
- The percentage of children who received a two to two and half year review was 67% from October to December 2014 and saw a reduction in January to March 2015 to 59%. We were told the trust was reviewing the data to see if there was any correlation to working parents, the results had not been completed prior to this report being published. A text message service was in place to remind families of appointments.
- The paediatric team which included therapists and children's nurses completed a monthly quality management framework audit which looked at several areas, for example, asthma audit, paediatric indicator audit and healthcare records audit. We saw 100% was achieved in May 2015 for asthma/wheeze patients with an action plan given and direct access arranged if necessary. We saw smoking cessation advice given was 62.5%. However, we saw a significant improvement of across all asthma audit areas, achieving 100% in June 2015. We saw the paediatric indicator audit looked at height, weight and pain score recorded. Results showed in June 2015 83.3% of children's height was recorded, 100% of children's weight was recorded and 100% pain score was recorded.
- An audit was carried out to look at the nutritional status of children in special schools. The results showed 65% of children had dysphagia (feeding problems), 55% of them were under the dietician. All children who were supported with NG (nasogastric) or PG (percutaneous) feeds were under the dietician. 71% of children had a follow up plan with the dietician.
- We saw five action points to address areas for improvement, for example, all children at Orchard and Meadows special schools had annual height and weight documented in their notes, or staff to document the reason for absence. All children for whom height estimation was impossible due to physical disability had skinfold measurement recorded instead, this measures a child's body fat percentage. The target date for actions to be completed was 31 July 2015.

- We saw the Family Nurse partnership service monitored the effectiveness of the service by measuring the number of clients completing toddlerhood, this stage is the physical growth within the child's first two years. The audit showed from April 2014 to March 2015 figures had steadily increased from five within the previous year, to 37 recorded in the last 12 months to 65 within the last three months.

Competent staff

- Staff across CYP services demonstrated they possessed sufficient knowledge, and were competent to deliver care and treatment to children and their families. For example we saw therapy staff had a competency framework which included hydrotherapy and respiratory competencies.
- We saw children's nurses had completed central lines, intravenous chemotherapy administration and enteral feeding competencies. Family Nurse partnership service and Health Visitors received specialised training to identify signs of child abuse and child sexual exploitation.
- Staff training needs were identified at their appraisals and restorative supervision meetings. We saw staff were encouraged to develop their clinical skills and competencies through attending role specific courses within the trust and were funded to develop further at external courses at university.
- Managers identified poor performance quickly and we saw staff being supported through a performance management process with additional training and regular one to one meetings to measure their progress.

Multi-disciplinary working and coordinated care pathways

- We saw timely referrals between Family nurse partnership and Health Visitor services and we were told that children's nursing and therapies had been joined together and were working under the same group. Staff told us this new transition had reduced unnecessary duplication of assessments and had improved collaborative working.
- We saw the Health Visitor service had plans to implement NICE (National Institute for Clinical Excellence) guidance 'Fever' pathways to improve service provision for children under 5 years of age and strengthen integrated working across acute and community services.
- OT's, Physio and Speech and language therapists were mainly based in the same office in special schools which improved communication and assisted with early detection of problems associated with the child's physical and social situation. Working in close proximity meant nurses, therapists and teachers could handover information quickly and joint assessments for example manual handling assessments between the physio and OT promoted sharing of best practice and reduced duplication of information.
- We saw an integrated children's pathway provided a seamless service which followed the child with complex needs with admission and discharge to hospital. The children's community nurse service included palliative care nurses, special schools nurses and continuing health care nurses. The team worked together to provide individualised care which followed the child into and out of hospital and was supported by specialist nurses in areas of diabetes and epilepsy. This approach ensured the child and their family remained central to the advanced planning and care delivery.

Referral, transfer, discharge and transition

- Referral arrangements were in place for children and young people transferring between services.

- Each young person had a named nurse or therapist who coordinated their transition, however staff told us having a trust transition lead would prove more effective in coordinating pathways of care as this transition time was usually intense and time consuming to support the young adult.
- There were strong links between the Local Authority, Birmingham Children's Hospital, paediatricians and condition specific specialists such as epilepsy and diabetic nurse specialist to discuss the child's/young person's complex needs. Regular meetings were held to discuss and plan the child's/young person transition through school and at the point of discharge.
- We saw the transition of children moving from infant to junior and secondary school was seamless, however staff told us the transition for young adults when leaving education needed to be improved.
- There were transition arrangements for children/young people with complex health needs from children to adult services. Children/young people with complex needs were supported up to 19 years of age and children/young people with acute needs were supported up to 18 years of age. Once the young person had reached adulthood previous support and activities offered to them, such as nursing and therapy sessions, were very limited. Children with complex needs were supported up to 19 years of age and children with acute needs were supported up to 18 years of age.
- We were told by senior management that discussions were underway to extend the support for young people with complex needs from 19 years to 25 years.

Access to information

- Across children's centres, baby clinics, mainstream and special schools we saw information leaflets and booklets available for parents that included clinic times, support networks, self-help group and contact details.
- Information leaflets were available in many formats including pictorial and simple text.
- Health Visitors provided a range of leaflets, this included 'introducing solid food, 'weekly timetable of activities' and the call centre contact details.
- Therapists, Children's nurses and Health Visitors did not have a fully integrated IT system. Plans to bring a more joined up service was underway with the planned introduction of hand held 'record keeping' devices. In the meantime CYP staff used paper records which were updated during visits for example at special schools and in the child's home and were updated and stored back at their bases.
- We talked to 22 parents who told us they were given contact details of services and access to information was good.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Across CYP services we saw that staff gained consent before each intervention and parents told us they were asked for verbal consent and sometimes written consent depending on what the treatment of care was.
- We saw consent was recorded in school records and included in care pathways and documentation.
- To assess whether a child was mature enough to make their own decisions and give consent staff used agreed processes and frameworks, including 'Gillick competencies' and 'Fraser guidelines'.
- During one to one interviews and staff focus groups, staff demonstrated a good understanding of the Mental Capacity Act (MCA) and how to support young people with decision making. We saw staff held

'best interest meetings' to support young adults who were unable to make decisions for themselves, this was in accordance with legislation. One example involved a young person with complex needs making the transition from childhood to adult.

Are services caring?

Outstanding



Community CYP services were rated as outstanding for 'caring'.

We saw staff interaction with children and families were exceptionally caring and compassionate and staff engagement was respectful and provided care in a dignified way.

Children/young people and their families were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff always empowered children/young people who use the service to have a voice and to realise their full potential.

Staff involved children and parents through every aspect of care delivered and we saw staff took time to explain options and choices and answered questions clearly and patiently.

Staff demonstrated determination and creativity to overcome obstacles to delivering care. Children/young person's individual preferences and needs were always reflected in how care was planned and delivered.

We saw many examples of staff offering emotional support to children and their parents across all services and children and young people were encouraged to be as independent as their ability allowed in a supportive and nurturing environment.

Compassionate Care

- We saw that children's and young people's assessments and treatments across CYP services were carried out at appropriate stages of their development and at significant times of their lives within each service and between services. For example, the Family nurse partnership (FNP) service invited young expectant mothers up to the ages of 19 years onto the programme and supported them when the child was born and until two years of age. We visited a young mother at home who was pregnant with her second child. She told us "I couldn't have got through this on my own, the FNP programme came just at the right time and I've been supported all the way along".
- Interactions we observed across all CYP services were undertaken in a dignified and compassionate way. We saw one Health visitor laughing and playing with a toddler during their development check, to make the appointment more fun. We saw a nurse from the FNP service demonstrate a compassionate and gentle approach when discussing a sensitive issue to a young parent who was upset about their ability to cope with parenting as a young teenager.
- As well as children we talked to 22 parents who told us they were always treated with dignity and respect.
- During home visits and interactions between staff at clinics and schools we saw staff helped children and their families understand the care treatment and care support available to them.
- We saw staff interactions with children and their parents were positive, respectful and child centred. For example one child with complex needs required a therapy session. We saw three staff prepare the child by hoisting them from the wheelchair to a bench. The OT sat behind the child to support them and the Physio and health care assistant sang nursery rhymes, whilst encouraging the child to stretch and reach for toys. The child was laughing and giggling whilst working through a therapy session and exercising through play.
- We saw staff using 'TaSSeLs' which was a tactile cue for children with complex needs. This was a system which used touch to promote effective communication with children who had profound and

complex learning disabilities. There were 49 cue's used to communicate different activities, for example, mealtime, the need to administer medication, to get dressed or to be hoisted. For example, we saw staff used 'TaSSeLs' with one child at the special school, the child appeared relaxed and staff told us they were less agitated since the introduction of the new system.

Understanding and involvement of patients and those close to them

- Support for children across CYP was child centred and we saw children and parents were involved in decision making, treatments and options available to them. Staff talked to the child and the parent involving them both.
- Parents we talked to told us, they felt understood and listened to by staff, because staff had taken the time to explain. For example one child required thickener in their drinks to reduce the risk of choking. The Speech and language therapist accompanied the father and child to the hospital to support with clinical tests and to explain the importance of using thickener. The team then visited the family at home to demonstrate the process and teach both parents how to mix the solution to the exact consistency.
- Staff were proactive about seeking the views of people who used services and to ensure children and their parents were fully involved in their care.
- The therapy team published a monthly patient newsletter called 'ON the S.P.O.T', this promoted home activities, equipment available for hire and forthcoming activities.
- We saw Health Visitor staff jointly reviewed children's' developmental milestones in partnership with parents using validated evidence based tools the 'Ages and Stages' questionnaire (ASQ). Parent's opinions and views were sought and fully involved in their child's development review.

Emotional support

- We saw many examples of emotional support being given to children and their parents during the inspection. For example one young adult from the special school wanted the attention of staff whilst carrying out an activity outside. We saw staff watch, applaud and praise the child when they had successfully completed their task. This gave the child a sense of achievement and increased their self esteem. Another child was sung to by therapists whilst they engaged in a therapy activity.
- We were told how parents were emotionally supported during the delivery of bad news when a child was diagnosed with a life limiting disease. Staff were compassionate and reassured the parent at each interaction.
- The psychotherapist offered emotional bereavement and support to families and staff in the community and worked alongside CAMHs (the child and adolescent mental health team) when required.
- We saw Health Visitors offered emotional support to a parent who was extremely anxious about their child's development. They took the time to explain the development checks and reassured the parent to ease their anxiety. The parent told us they felt reassured and supported having received the same consistent advice and reassurance having seen different Health Visitors across the service.
- We saw children's nursing and therapy staff worked with teachers to promote children's independence and encouraged young people's spiritual, moral, social and cultural development through the 'literacy programme.
- During the transition into adult care we saw how one young adult was encouraged to take on a new role independently as the 'meet and greet' person for school visitors. They were encouraged to meet new visitors to the school and make them feel welcome. The young adult was supported with a portfolio which detailed their likes and dislikes, interest and hobbies and what jobs they would like to engage in when they left the school. This empowered the young person to become more independent.

- We saw children were supported by caring staff to try out new activities for example playing on outside equipment and learning basic principles of safety.

Are services responsive to people's needs?

Good



We found this domain to be good overall.

The service was responsive to the diverse community and difficult to reach groups. Staff worked with other health professionals to provide an integrated and seamless service in a timely manner.

Timely referral put children at the centre of the teams work and they sought guidance and advice to maximise the child's experience and outcome. A low level of complaints had been received which was explained by many of the teams as a reflection of their strong working relationships and their drive to offer an responsive service to local children, young people and families.

We saw children's nursing services was not commissioned to offer 24 hour care service to children at home. The trust had plans in place to address this gap in service provision to meet the needs of children.

Planning and delivering services which meet people's needs

- Staff told us and we saw CYP services planned and delivered care to meet the unique needs of the child/young person and their parents. Care was well organised and managed keeping the child at the centre of treatment and care.
- The Family Nurse Partnership service tailored support and care to young expectant mothers, taking into consideration their individual circumstances. For example, one young mother told us they had learned so much about not only their child's needs but also about what they were capable of because the FNP nurse had listened to their individual needs and supported them through the most difficult time in their lives.
- We attended home visits with the children's nurse service and saw care delivery was individualised to meet the complex needs of children and support for the parents. For example, one parent told us the nurse looked at the needs of their child and planned care to support the family as a whole.
- We saw Health Visitor teams provided care from various settings, for example, children's centres, baby clinics and children's own homes.
- Therapists planned and delivered care to children in schools, clinics and homes and provided therapy sessions from the hydro pool and school swimming pool, based on the child's individual needs. For example one child required intense therapy several times per day to reduce rigidity in their muscles, this session was planned and coordinated well, involving the OT, the Physio and a health care assistant and formed part of the child's daily school routine.
- We saw an example of the Speech and Language therapist who supported a parent by accompanying them and their child to the hospital to undergo complex swallowing investigations because the family required extra support to manage the child's condition and meet their individual needs.
- We saw an example of a child's (who had complex need's) integrated pathway where the children's community nurse service (which included palliative care nurses, special school nurses and continuing health care nurses) worked together with the child's family to plan and provide individualised care. The pathway ensured the child and their family remained central to the advanced planning and care delivery, and provided a seamless service which followed the child

into and out of hospital and was supported by specialist nurses in areas of diabetes and epilepsy.

- Within the service was a team of community nurses known locally as 'acute nurses' they provided support to reduce hospital admission and reduce length of stay so the child could return home without unnecessary delays.

Equality and diversity

- CYP staff had had access to interpreters and were widely used to bridge communication divides, we saw one family spoke Kurdish and staff spent time to organise the translator to ensure the family were well supported and the two way communication process was clear.
- We saw interpreters were widely used to bridge communication divides and services addressed the care needs of hard to reach groups, for example, travellers, refugees, asylum seekers and ethnic minorities groups.
- Health Visitors were proactive and booked interpreters in advance to ensure they attended clinic appointments and home visits when required.
- CYP services provided advice literature in different formats for example different languages to ensure parents understood the information.
- We saw equality and diversity training was generally well attended across CYP services. For example, Therapists and Children's Nurses achieved 95.3%, Speech and language therapists achieved 93.1%, Health Visitors achieved between 84 and 87% and Family Nurse Partnership services achieved 83.2%.

Meeting the needs of people in vulnerable circumstances

- We saw therapy teams working together in special schools to meet the needs of vulnerable children through specialist pathways, for example, autism spectrum disorder, cerebral palsy, muscular dystrophy and speech difficulties.
- We saw a therapist working with a child with complex speech difficulties in the mainstream school. The Speech and language therapist worked with the child at their own pace, it was unhurried and we were told the child was making slow and steady progress, but most importantly the child enjoyed the sessions and was motivated to take part.
- Staff told us and we saw specialist nurses for example, the tissue viability nurse specialist, dietician and community pharmacist provided an in-reach service to support the needs of the child/young person when required.

Access to the right care at the right time

- We saw that children's and young people's assessments and treatments across CYP services were carried out at appropriate stages of their development and at significant times of their lives within each service and between services. For example, the Family nurse partnership (FNP) service invited young expectant mothers up to the ages of 19 years onto the programme and supported them when the child was born and until two years of age. We visited a young mother at home who was pregnant with her second child. She told us "I couldn't have got through this on my own, the FNP programme came just at the right time and I've been supported all the way along".
- We saw Health Visitors made robust links with FNP services to share care and provide development checks, immunisation programmes and support to parents with children until school age. CYP staff actively encouraged parents to attend their appointments by making clinics more accessible. For example the health visitors added extra Saturday morning clinics to work around availability of parents

in full time work.

- We saw children and young adults accessed nursing and therapy services at settings to suit them. For example, home, clinic and schools and in most cases care was delivered at times to suit the child and their families.
- However, we saw access to the children's nurse service was limited. There was no service provision from 6pm to 8am, Monday to Friday or from 1pm Saturday to 8am Monday morning. Parents of children who, for example had a blocked catheter, had removed their nasogastric tube or had problems with a syringe driver had to contact the children's ward at the hospital. We were told staff often worked late or on occasions worked extra hours at the weekend to assist a family, however this was not a contractual agreement and parents could not rely on this service.
- A 24 hour service had not been commissioned and senior management told us they were looking at integrating acute and community children's nursing to provide community cover for the future and were in the process of recruiting to an acute matron who would work closely with the community matron to take this forward.
- We saw there was no enuresis (bed wetting) provision within CYP services and no clinics available in the acute sector who could accept a referral. Children with complex needs attending special schools were supported, however children in mainstream schools had none. We were told senior management were in discussions with the Clinical Commissioning Group (CCG) to address this gap.

Learning from complaints and concerns

- Staff we talked to were aware of and knew how to access the trusts complaints policy.
- We saw PALS (patient advice and liaison service) posters were displayed in clinics, children centres and schools.
- Staff were aware how to resolve complaints locally and when to escalate to senior management. For example, one parent was unhappy and wanted to change their Health Visitor. We saw the service had investigated the complaint and provided another Health Visitor which resulted in better outcomes for the parent and child because the parent was more engaged and attended their appointments.
- From April 2014 to March 2015 there had been 19 complaints reported. Eight related to dissatisfaction of medical treatment. Seven related to either long waits in the clinic or cancelled appointments. Other complaints related to failure to obtain consent, attitude of non-clinical staff and dissatisfied nursing care.
- We saw all complaints had been investigated four had been upheld, seven were partially upheld, four were not upheld, two had been resolved locally, and two were still in progress.

Are services well-led?

Outstanding



Summary

We rated the well-led domain as outstanding.

Local and senior leaders had an inspiring shared purpose, strive to deliver and motivated staff to succeed. Staff felt supported and nurtured by local and senior leaders with comprehensive and successful leadership strategies in place to ensure delivery and to develop the desired culture.

Across all CYP services staff were committed and compassionate in delivering quality care and took pride in striving to deliver the best care possible.

Staff shared in the trusts' vision and staff were very happy to work in their teams. Governance arrangements to monitor and measure care quality and performance were robust and local leaders took a proactive approach to improve care and the experience for children, young people and families.

Governance and performance management arrangements were proactively reviewed and reflected best practice and staff felt the executive board had the right skill set and experience to take CYP services forward.

All staff were encouraged to participate in learning to improve safety in their local areas and shared learning across services was in-bedded.

Staff were encouraged to be innovative in practice to improve the care and treatment for CYP locally, nationally and where relevant internationally. Staff had introduced several new initiatives to include a tactile cue' called 'TaSSeLs' for children with complex needs and a computer app' to be used on hand held devices as a teaching and training programme to help children learn and develop.

Service vision and strategy

- CYP front line staff and managers told us the local vision and strategy of the service was to strengthen integrated working to provide the best care possible for each child/young person and their family. We saw this was strongly aligned to the trust ambition which was to become renowned as the best integrated care organisation in the NHS, and was integral to the trust's '2020 Vision' which described what services would look like in five years' time.
- CYP staff told us they felt included in and able to contribute to the trusts vision as communication from the executive team was excellent using various methods such as emails, meetings, newsletters, twitter and executive 'walk-about' across community CYP teams.
- Staff from all disciplines described themselves as 'happy' to work within their respective teams and were proud of the care and treatment they provided to children young people and families. This was displayed by all staff we talked to individually and in staff focus groups.

Governance, risk management and quality measurement

- Local and senior managers demonstrated that they had an effective process in place for carrying out clinical audits. Action plans were in place which related to the findings of the audits and achievable time scales were noted. Any concerns were taken seriously and escalated to board level.
- We found evidence of a clear governance structure and positive reporting culture including use of key performance indicators, workforce issues and learning from incidents and formal complaints. We saw comprehensive performance measures reported at team and group level, monitored and actions taken to improve.
- The quality of care was monitored and measured and performance was discussed at weekly team meetings and monthly governance meetings. We saw minutes taken and shared among ward staff to encourage improvements in practice.
- CYP services took ownership of their risk registers, risks were reviewed and monitored at regular intervals by service leads and group managers and fed to board level. For example, we were told by senior staff the most significant risk for CYP services was the Health Visitor recruitment plan. The board was well sighted and the CEO was able to discuss the risk in full and actions taken to address it.
- We were told and we saw that extrapolating information to measure Health Visitor key performance information was not straightforward. We were told by senior management that the difficulty was how the information was input and updated and their I.T department was working on this as a priority.

Despite this we saw the health visitor service monitored and measured their performance which was shared at team and executive levels.

Leadership of this service

- Staff told us their immediate line managers, group directors and the chief executive were visible, accessible and approachable, and described them as caring leaders with good support systems in place. We were told by many staff across CYP they held the chief executive in high regard and he was described as a 'caring' leader who listened and responded to staff and set the tone for the executive board.
- Staff were enthusiastic, motivated and felt supported by their team leaders, management and executive team.
- Staff told us they had confidence that the executive team had the skills, knowledge and experience to lead them now and into the future.
- Staff told us the executive team worked with integrity to promote an open and communicative approach and told us they thought they were doing a good job.
- Strong local leadership was evident across all CYP services particularly for therapy services. These services were well-organised and strong team working was encouraged, resulting in excellent patient outcomes.
- Team leaders met regularly with service leads and group managers to discuss performance and quality and incidents and complaints were dealt with swiftly and sensitively.

Culture within this service

- We saw there was a culture of innovation and staff were encouraged by managers to be creative and strive to improve care and treatment for children, young people and their families.
- We found staff culture across CYP services was dedicated and compassionate and strongly supported at group, directorate and executive level. Staff across CYP services told us they thought the trust had a way to go but were working together in the right direction.
- Staff were hard-working and committed to providing the best care possible to children young people and their families on a daily basis.
- Staff from all disciplines spoke with passion about their work and conveyed how happy they were within their respective teams, staff were self-motivated and energised to continually improve.
- Within the past two months children's nursing services had been aligned with therapy services and we were told that staff were happy with this move as it provided integrated care and better outcomes for children.
- We were told by children's nurses that last winter several nurses were taken out of the community to assist with increased winter pressure demands on children's wards in the hospital. Staff told us they were given no extra training to equip them to care for children with respiratory conditions and they were concerned this would be repeated this winter. Senior management and clinicians told us community nurses known locally as 'acute nurses' worked across community and acute services to reduce hospital admissions and length of stay as part of an integrated pathway to improve care for children. We were told this was a trial last winter and there were no plans to repeat it again this winter. However, staff had not been informed of this decision.
- We saw lone working arrangements for health care assistants working within the community children's

nursing team was not in line with the trust lone working policy. For example, children's nurses were provided with trust mobile phones to call for assistance if and when required during day and night time hours. However health care assistants who provided continuing health care to children at home had to use their own mobile phones. Senior managers told us this was an area being looked at.

Public engagement

- There was no Friends and Family test survey carried out for CYP service. However, we saw CYP services regularly engaged with children, young people and families and sought feedback. For example we saw in May 2015 the Lyng Health Visitor team conducted an evaluation of Client Questionnaires and received 24 responses. Results showed that 19 out of 24 clients said they would speak to the service for advice and support. 22 clients stated it was easy for them to contact the service and all 24 clients stated they were happy with the Health Visitor service.
- We saw therapist gathered school satisfaction questionnaires and we were told responses were usually low. For example in June 2014, 36 questionnaires were sent out to special school staff and 7 were returned. In November 2014, 46 questionnaires were sent out to school staff and 10 were returned. However, we saw overall, responses were positive, 90% of school staff were extremely satisfied and said they felt therapy programmes and advice helped to develop children's skills, staff understanding and therapists were effective. 100% of school staff said therapy programmes and advice helped to develop staff's confidence.
- We saw services gathered verbal and written feedback in the form of thank you letters and cards to evidence satisfaction across CYP services. For example one young expectant mother from the Family Nurse partnership service said "My life has been a rollercoaster throughout the programme, you have been there for me through the ups and downs, I can't thank you enough"

Staff engagement

- As part of the trust's strategy it developed a set of care promises to reflect how they expect staff to treat patients visitors and fellow colleagues. The promises were developed by frontline staff who felt that even if they provided excellent clinical care, they also needed to provide great care, and we were told staff were on a journey of constant improvement.
- The nine care standards were displayed across community CYP services at schools, clinics centres and also in giant lettering on the front of the main entrance of the trust.

Three of the nine care standards, or promises are:

I will... be polite, courteous and respectful

I will... keep you informed and explain what is happening

I will... admit to mistakes and do all I can to put them right

Innovation, improvement and sustainability

- Senior managers and the executive team encouraged innovation and improvements in practice across CYP services. Staff told us they felt empowered to be creative and continually strive to improve care and treatment.
- We saw new methodology was shared locally, nationally and internationally to drive wider health

improvements.

- We saw two excellent examples of where the Speech and Language therapy service had been innovative in practice and had been recognised as ‘winners’ for their designs. For example, one therapist had designed a ‘tactile cue’ called ‘TaSSeLs’ for children with complex needs. This was a system which used touch to promote effective communication with children who had profound and complex learning disabilities. The system had been recognised and used in different countries and had generated income for the trust.
- Another innovation was the design of a computer app’ to be used on hand held devices as a teaching and training programme to help children learn and develop.
- We saw staff use both systems in practice and we saw the benefits to children was significant, for example, staff told us and we saw children were more relaxed when staff used ‘tassels’ to communicate with them. Children were enthusiastic to use apps’ and became more engaged with the activity, than compared to playing with a toy.

What people who use the service say

Parents and carers of children and young people across all community CYP services we talked to told us they received a good to excellent service. We were told staff were very kind and caring and staff were always eager to help.

One young parent from the FNP service told us how the service had taught them so much about caring for their child and they couldn’t have got through the last year without the programme.

Another parent from the children’s nursing service told us the nurses listen to them and always involved them in their child’s care.

We heard how parents from the health visiting service were always greeted at clinic with a smile and given time to ask questions even when the clinic was busy. Comments from parents from the therapy service described them as genuinely caring, always happy and available to support.

Our inspection team

Team Leader: Tim Cooper, Head of Hospital Inspections, Care Quality Commission.

The team included CQC Inspection Manager, a specialist advisor in paediatrics and child health, general nurse, health visitor and public health and a specialised paediatric physiotherapist.

Why we carried out this inspection

We returned to inspect this core service as a follow up inspection as there was insufficient evidence to rate CYP services at the Comprehensive Combined Acute and Community health services inspection programme in October 2014.

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?

For example:

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 29 and 30 June 2015. During the visit we held focus groups with a range of staff who worked within the service, such as managers, nurses, health visitors and therapists. We talked with people who used 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.

Good practice

Therapy Service:

Innovative practice with design and introduction of 'TaSSeLs' a 'tactile cue' for children with complex needs. This was a system which used touch to promote effective communication with children who had profound and complex learning disabilities.

Innovative practice of an APP based system used on hand held devices as a teaching and training programme to help children learn and develop.

Areas for improvement Please remove this entire section if no areas for improvement identified

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

Should:

- Ensure the Lone Working Policy applies to all staff.