Wirral Community NHS Trust

RY7

Community health services for children, young people and families

Quality Report

RY7X2 Victoria Central Hospital Walk In Centre
RY701 St Catherine's Health Centre
RY7Y3 Old Market House
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This report describes our judgement of the quality of care provided within this core service by Wirral Community NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

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

Summary of findings

Ratings

Overall rating for Community health services for children, young people and families	Good
Are Community health services for children, young people and families safe?	Good
Are Community health services for children, young people and families effective?	Good
Are Community health services for children, young people and families caring?	Good
Are Community health services for children, young people and families responsive?	Good
Are Community health services for children, young people and families well-led?	Requires Improvement

Summary of findings

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Overall summary

Overall this core service was rated as good. We found that community health services for children, young people and families was safe, effective, caring, responsive and well led.

Wirral Community NHS Trust delivers community based services to children and young people, and their parents, across the Wirral. It provides a range of health services including health visiting, child continence services, paediatric speech and language services; and services for looked after children.

Our key findings were as follows

- Arrangements were in place to minimise risks to children and young people receiving care.
- Staffing levels were safe.
- Services were developed in keeping with best practice guidance.
- Systems were in place to involve the parents of children who were under 5 years old.
- Arrangements were in place to enable trust staff to work well, effectively and in partnership with other organisations such as other NHS and independent health care providers; schools; colleges; sure start and local businesses.
- The trust responds to complaints and concerns openly.
- Staff were caring and compassionate.

We saw some good practice including

- There were many examples of good collaborative working within the multi-disciplinary team and there was effective communication between staff.
- Staff were compassionate and respectful and parents and carers were supported and involved with their children's treatment.
- Staff undertaking home visits were dedicated, flexible, hardworking, caring and committed.
- Family Nurse Partnership (FNP) service work with teenage parents and their children. These nurses were dedicated to the families they supported. The service was flexible and promoted the wellbeing, safety and development of babies aged 0 to 2 years.
- The Infant Feeding team was proactive in promoting community support, such as encouraging café owners to display a window sticker which welcomed mothers who were breast feeding.
- There was evidence of excellent engagement between the chief executive and operational staff.

However, there were also areas where the trust needs to make improvements.

- Incident reporting was inconsistent because staff from different divisions did not have the same understanding about what should be reported and how incidents were managed.
- The trust needs to make sure that all services report and respond to issues of child protection and safeguarding in consistent manner.
- Trust staff did not always receive the training required to recognise abuse and know precisely what action will be taken when a concern is raised.
- We found that the trust could not confirm whether the relevant staff had completed the correct level of paediatric life support training.
- Surveys in place to gather feedback about customer satisfaction were not children and young people friendly and so did not encourage their participation in providing feedback.

Summary of findings

Background to the service

Wirral Community NHS Trust was first registered with the Care Quality Commission on 01 April 2011 and delivers community based services to children and young people across the Wirral in a variety of community settings including home visits, schools and at health centres. Children and young people under the age of 20 years make up 23% of the population of Wirral and 7% of school children are from a minority ethnic group.

Wirral Community NHS Trust offers a wide range of services for children, young people and families. Services include health visitors who are allied to the Department of Health, Healthy Child Programme which involves antenatal and home visits; community nurses and nursery nurses for families with children aged 0-5 years; Family Nurse Partnership service for mothers aged 18 and below; an infant feeding team; and specialist children services such as speech and language therapy; dieticians and continence care and support. Other services accessed by children, young people and families also includes the wheelchair service; physiotherapy and integrated sexual health services.

Our inspection team

Our inspection team was led by:

Chair: Professor Siobhan Gregory, Director of Quality and Clinical Excellence, Hounslow and Richmond Community Healthcare NHS Trust.

Team Leader: Debbie Widdowson, Care Quality Commission

The team of 28 included CQC inspectors and a variety of specialists: District Nurses and Tissue Viability Specialists, Ward Matron, Community Matron and Nurse Practitioner, Health Visitor, Therapists, a NHS Managing Director with expertise in governance, GP and a Dentist and four experts by experience.

Why we carried out this inspection

We inspected the Trust as part of our comprehensive Wave 2 pilot community health services inspection programme.

The Wave 2 inspection model for community health services is a specialist, expert and risk-based approach to inspection. The aim of this testing phase is to produce a better understanding of quality across a wider range and greater number of service and to better understand how well quality is managed.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the Trust and asked other organisations to share what they knew. We also received comments from people who had attended a listening event prior to the inspection. We carried out announced visits on 2, 3 and 4 September 2014. We also visited the trust unannounced out of hours on 3 September 2014. We visited health centres, dental clinics and walk in centres. We went on home visits with district nursing, health visitors and palliative care specialist nurses. During the visits we held focus groups with a range of staff who worked within the service, including nurses, therapists and healthcare

Summary of findings

assistants. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records.

What people who use the provider say

People who used the children, young people and families services were overwhelmingly positive about their experiences.

The main theme for improvement related to the facilities as parents said that more could be done to make the environment at some centres more appealing to children and young people.

We were told that staff were approachable and provided enough information to enable an informed choice about caring for their child.

People who used the services said there was good access to services because clinic sessions were provided at a variety of times and venues throughout the Wirral.

Mothers and fathers said the locations for baby clinics were convenient and offered plenty of opportunity to attend because appointments were not required for 'drop-ins' sessions.

Good practice

Our inspection team highlighted the following areas of good practice:

The sexual health team were innovative and proactive in their efforts to engage young people and encourage the appropriate health tests. For example, the team gave presentations at local high-schools and set up information stalls promoting 'safe sex', providing information and 'goodie bags' attractively and appropriately packaged at venues attended by young people such as 'Fresher's Fairs' at local sixth form colleges and local music festivals.

The Family Nurse Partnership were proactive in including teenage fathers in preparing them for caring for their child. Initiatives included men's groups and a football team which were used as means of initial engagement and enabling peer support for young fathers.

The trust provided a specialist speech and language service for children with dysfluency (stammer) and this is not a standard provision for community trusts.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- There was no single reference point for all of the different services provided for children by the trust. The trust should review the overall management arrangements for services for children and families to ensure there is a shared vision and that opportunities for joined up working are acted upon.

Action the provider SHOULD take to improve

- The trust should make sure that infection control measures are effective, comprehensive and consistently applied in keeping with accurate infection control risk assessments or audits in the areas used by children, young people and their families and that all clinics have processes in place that encourage children, young people and families to clean their hands.

Summary of findings

- The trust should ensure all staff fully understand what incidents need to be reported on the incident reporting system so that accurate information is available in relation to events that occur involving children, young people and families.
- The trust should ensure that the safeguarding and child protection training scheme meets best practice guidance.
- The trust should continue reviewing the robustness of the plans in place for safeguarding children and ensure that plans cover all areas of disparity between interfacing services; ensure that all staff receive the appropriate training and updates in relation to safeguarding so that staff are clear about what needs to be referred to safeguarding, fully understand and the systems in place and routinely inform staff about the outcomes of their referrals.
- The trust should make sure that all information and training provided to staff about paediatric life support meets best practice guidelines so that staff can promote the best outcome for children in the event of a cardiac or respiratory arrest.
- The trust should ensure a comprehensive record of all training completed by staff so that they can be certain that staff have maintained and developed skills to provide high quality care and support.
- The trust should have a target date by which the sexual health service is provided more discreetly.
- The trust should ensure that plans to improve security reflect the needs of children, young people and families.

Wirral Community NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

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

Good

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

By safe, we mean that people are protected from abuse

Summary

Services for children, young people and families are provided by a number of the divisions within the trust and we found that each discipline provided a safe service overall. Systems were in place for safeguarding children; equipment was well maintained; infection control protocols were in place; medication was well managed; there was effective multidisciplinary working between divisions and with partner agencies such as social services, school nurses and practice nurses; adequate staffing was available and best practice guidance was used in relation to delivering care.

The trust also maintained accurate records about the care and treatment provided to children, young people and families.

There were gaps in the information available about the training provided with regards to safeguarding children and paediatric life support. This meant the trust could not demonstrate that staff would always respond correctly in relation to recognising and dealing with these events.

The management of the processes for reporting child safeguarding concerns required attention and improvement because we found there was no common understanding about concerns that had to be reported. We also found that the trust had agreed to use two different safeguarding policies within the sexual health service, the Brook service recorded safeguarding concerns to their own safeguarding lead and Wirral staff reported concerns to the trusts safeguarding team. This meant that themes and patterns in respect of safeguarding vulnerable young people could be missed.

Good

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

We found that staff were unclear about which incidents needed to be reported for analysis using the trusts electronic auditing systems. As a result we found instances when significant events, though effectively dealt with, had not been reported to enable further investigation or wider learning if appropriate.

There were three electronic reporting and record keeping methods in use throughout the trust and it was not possible to confirm that systems were in place to ensure intelligence was always seamlessly shared between the divisions. This potential gap was a risk in relation to promoting the safety of children, young people and families.

Incidents, reporting and learning

- Incidents for this service were reported to the trust through two electronic incident reporting systems. Discussion with staff showed that they were aware of the policy, had access to and knew how to use the incident reporting systems and how to deal with them appropriately.
- However, many staff we talked with lacked clarity about what should be reported or did not always identify that an event or shortfall needed to be reported. For example, we were told about a significant delay in the Wirral social services team responding to a child safeguarding referral. A further example was when a child with deteriorating health had been dealt with and referred to hospital from within a clinic setting.
- This meant the trust could not be certain that the data available gave an accurate picture of incidents relating to children, young people and families.
- We were also told that when incidents were reported the outcome of any investigation was not routinely fed-back to the team. This meant opportunities for learning from events was limited.

Cleanliness, infection control and hygiene

- The places we visited were well-maintained and visibly clean.
- We completed home visits with the health visitors and observed baby clinics at a number of health centres and observed good hand washing and infection control practices during baby and child examinations in all instances. Staff we talked with confirmed that hand cleansing audits were completed about four times each year.
- Although all areas were visibly clean there were some gaps in how infection control was promoted and managed. For example one clinic room did not have a sink and running water; hand cleansing gel was not always available or placed in a convenient position for use.
- Prompts and signage to encourage children and young people to wash their hands was not on view at all of the areas visited.
- We reviewed the audit information for the child health clinic at Victoria Central Health Centre dated June 2014. Despite there being no hand washing facilities in one clinic room the environment scored 98% and was assessed as 'compliant'. The trust told us that this room is used to interview parents, take case histories and watch children play and that alcohol gel is provided.

Maintenance of environment and equipment

- We reviewed the maintenance record for equipment at one clinic and saw that standing operational procedures were in place to ensure that equipment was routinely calibrated and maintained in keeping with the manufacturer's instructions.
- Service stickers on the equipment we looked at such as the baby weigh scales confirmed that these had been serviced and were up to date.
- We visited the main stores for equipment provided to children and young people. Records confirmed that systems were in place to clean, check and repair equipment to ensure that it was safe for reuse.
- The 'Local Security Management End of Financial Year Report 2013/2014' confirmed that risk assessments had been completed by the trust at Clinics and walk-in centres and showed that plans were in place to improve security. However these assessments and planned improvements did not relate to providing a child safe environment.

Medicines management

- Policies for the safe handling and administration of medicines were in place. This was a general policy which did not signpost staff to specialist guidance about prescribing and managing medication for babies and children.

Good

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

- We reviewed the management of medication provided to children and young people at Victoria Central Walk-In centre. Staff used local paediatric medication protocols when prescribing and administering medication for babies and young people.
- In 2014 the trust had participated in the medication audit 'Standards for Prescribing Medicines and Safety of Prescription Pads Medicines' checking the quality of nurse, medical and dental prescribers. A total of 7 services processes and systems were audited including health visiting and unplanned care (walk-in centres). The services scored 100% in all areas except for records in which they scored 99%.

Safeguarding

- The trust had a well-developed safeguarding and looked after children team. This was made up of fourteen members of staff including specially trained and experienced safeguarding nurses and administration staff.
- There was a clear pathway for reporting and dealing with child protection and safeguarding concerns. The trust had produced a safeguarding flow chart for staff to follow if they had a child safeguarding concern. This was on display in most of the places visited. However, a review of the policy and discussion with health care professionals in different divisions indicated that the policy was not consistently followed.
- Staff were clear about referring safeguarding concerns to the Children's Social Care Central Advice and Duty Team after 5pm, at weekends and Bank Holidays, but gave different answers about what was expected during office hours.
- Awareness about the outcomes of the child safeguarding alerts raised was different between individuals but staff from each division told us they had made successful referrals to safeguarding. Staff had been involved in multiagency meetings and action had been taken to protect the child or young person from harm.
- Starr received safeguarding training. Information provided by the trust showed that safeguarding children and young people training at level two. This was a one and half hours long e-learning session repeated every 2 years. However, the Royal College of Nursing (RCN) recommends training at least once a year throughout employment for all nurses and health workers who may come into contact with children and young people. There was also additional RCN guidance recommending that this training should be face to face.
- We reviewed a sample of reports completed by the trust which provided information about the management of safeguarding and child protection issues. Different areas for improvement in safeguarding children protocols were highlighted in each report. Issues raised included the use of three different record keeping and reporting systems; problems with transferring information between different trusts in reference to looked after children; two separate safeguarding referral protocols in the sexual health services; and gaps in reporting, for example children who miss appointments were not automatically referred to the safeguarding team for follow-up.
- The reports indicated that action had been taken to deal with the problems identified. We saw, for example, a re-draft of the trusts safeguarding children policy and this included guidance about following up children who did not attend appointments; the staff training plan and additional protocols identified 'named' staff responsible for ensuring effective communication between different agencies.
- Staff at the unplanned care (walk-in) centres confirmed that information sharing had improved between the centres through the use of the IT system. Through this a central record was generated and would highlight when a child attended a different centre within 72 hours of a previous visit. This system would alert staff of potential safeguarding concerns.
- Staff also described a current project looking at communication being completed with the trust, Wirral social services and children's safeguarding. This was to look at how to ensure effective multiagency working through a common language and shared understanding about managing safeguarding.
- The board was monitoring safeguarding children processes closely until all plans were completed. At the June 2014 meeting the board had requested monthly updates on safeguarding matters until all issues were resolved.
- The full Wirral Local Safeguarding Children Board Procedures Manual was available on the internet and available in the public domain and staff were aware of how to access this information.

Good

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

Records systems and management

- The trust had recently introduced an electronic record and reporting system. This was being piloted by the health visiting service. Staff reported some initial problems but the majority of comments were positive in relation to communicating with the team leader at the base; updating records and having comprehensive information about their patients immediately available whilst in the field.
- We reviewed a number of records held on the new system and saw that the information was comprehensive and signposted staff to complete additional assessments when required.
- The trust included the new system on the risk register to ensure that problems were discussed at board level. However staff we talked with were not reporting problems with the system as an incident on the trust's incident reporting system. This meant that the trust did not have complete data about problems with the new system.
- The trust provided detailed record keeping protocols and guidelines for the health visiting teams and these gave detailed instructions about the records required, storage and confidentiality with regards to paper and electronic records. Staff were aware that these could be accessed through the trust intranet site.

Lone and remote working

- The Lone Worker Policy was presented to the Quality & Governance committee for approval and introduced in June 2014. This policy had been updated to include use of the electronic calendar system as well as the written visits planner.
- Health visitors and other staff who completed home visits were able to describe the policy and told us they understood the importance of adherence in light of safeguarding issues.

Assessing and responding to patient risk

- The trust had a policy and procedure in place for paediatric resuscitation, 'Procedure for basic life support – paediatric' reviewed in June 2012. The procedure instructed staff to use two rescue breaths per 30 chest compressions but the most recent protocol described on the Resuscitation Council UK guidelines 2010 recommends two rescue breaths per 15 chest compressions. The trust told us that as community trust staff will rarely be called upon to provide paediatric resuscitation so they follow the adult guidelines for ease of teaching and retention, modifying the depth of compression as necessary. This approach is supported by the Resuscitation Council UK guidelines 2010.
- Staff told us that paediatric resuscitation training was included as a part of basic life support training, which included practicing resuscitation using baby and child sized dolls and equipment.

Staffing levels and caseload

- The trust used a workforce assurance tool to plan for the allocation of Health visitors. (Steel 2001 and Cowley & Bidmead 2009 formula). The trusts 'health visitor allocation paper' produced in 2010 identified that additional staff were needed depending on the formulae used. We noted that when the Steel and Crowley & Bidmead formula were used together 12 out of the 13 areas were staffed appropriately.
- Safe staffing levels according to patient ratios and skill mix between registered and unregistered staff by team were based on the social and economic needs of the populations within the different area boundaries.
- Staff reported that there were sufficient staff to meet the needs of the population they served.
- Health visitors told us that cases were also allocated according to the skills of the individual nurse and needs of the patient.
- We saw that allied health professionals such as the speech and language therapist had access to additional staff as required.
- Managers of the unplanned care services told us that nurse candidates had to have extensive paediatric experience to be considered for a post in a walk-in centre because one-quarter of the patients were children and young people.

Consent and Fraser Guidelines

- Health visitors told us that the Red Book which is left with the parent and used to record communication and treatment had recently been redesigned to request signed confirmation about consent. This meant that a system was now in place to demonstrate that a parent received information about and agreed to care and support.
- Under Fraser Guidelines a young person is able to give voluntary consent after receiving appropriate information. This consent will be valid and additional

consent by a person with parental responsibility will not be required. The services booking-in system automatically opened the Fraser Guidelines assessment tool when a young person under 16 years old attended the sexual health clinic and the trust's policy was available to staff on the intranet. The booking could not progress unless the form was completed in full.

- The trusts lead nurse for the sexual health services confirmed that Fraser Guidelines was an integral module of the post-registration specialist training completed by all sexual health nurses.

Managing anticipated risks

- We saw that a comprehensive emergency incident plan was in place. This had been developed with local health trusts, the police and local authority. This did not highlight any risks specific to children, young people and family services.
- In relation to staffing shortages the trust has a generic staffing escalation policy which services are expected to complete to identify the risks and request additional staffing at short notice.
- Allied health professionals and specialist nurses described the actions they had taken to deal with increases in demand at certain times such as late August and early September just as children were starting school.
- Steps taken included extending clinic times, additional clinics to include Saturdays and telephone support to patients due for discharge in order to free-up clinic time for new referrals.
- Staff told us they felt able to deal with increases in demand and if needed they were able to employ staff to assist and provide extra sessions.

Good

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

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

Summary

The services provided to children, young people and families were effective because they were rooted in relevant best practice guidance. All 'face to face' intervention and support was evidence based and focussed on the needs of children, young people and families.

We saw a cycle of audits pertaining to children, young people and families in each division. Lessons were learnt from the result of audits, changes were made and re-auditing took place to monitor the improvement in the outcomes for patients.

Allied health care professionals and health visitors had a clear overview of their own performance and outcome measures which were based on the needs of the population.

There were examples of effective teams, working hard to plan and deliver care and support to children, young people and families.

Evidence based care and treatment

- Each health care professional cited a number of best practice guidance and research in their specialism on which care, treatment and support was based.
- We saw a range of speech and language therapy standardised paediatric assessment forms to deliver personalised care plans which met the child's developmental needs. For example, the 'Dysfluency Care Pathway' for children who 'stammer'.
- The sexual health service took action to comply with best practice guidance including 'Prevention of Sexually Transmitted Infections' National Institute for Health and Care Excellence (NICE) 2007 in relation to young people who used the service.
- All aspects of health visiting and services in support of babies and children under five years was based on best practice guidance.
- The infant feeding service provided literature, verbal and practical guidance in line with the UNICEF infant feeding guidelines.
- Health visitors completed age appropriate forms to ensure that the risks could be identified at the different stages of child development. Assessments were completed between 10-14 days; 4-6 weeks and 12-16 weeks. This was in keeping with (NICE) Clinical Guidance (CG) 37 best practice guidance.
- Health visitors completed family health reviews to identify additional support that may be required. This included the emotional wellbeing of the mother; physical health; the general environment and other aspects regarding effectively ensuring the wellbeing and safety of mother and child.
- The standardised Edinburgh Postnatal Depression Scale was completed by health visitors to assess mothers for postnatal depression.
- We saw that the outcome of routine assessments were used to prompt health care workers into completing additional assessments or make referrals to a specialist services.
- All care observed in relation the children under 5's met in full the NICE Clinical Guidance (CG) 37.
- The children's continence service provided advice based on best practice guidance. For example the leaflet provided to children taking Movical included a modified young person friendly 'Bristol Stool Scale'.

Approach to monitoring quality and people's outcomes

- We found that each service had a clear approach to monitoring, auditing and benchmarking the quality of their service. There was an audit committee which oversaw the audits throughout the trust for all of the divisions. The Clinical Audit Annual Report 2013/2014 provided an overview of the audits completed and identified improvements and areas for further improvement as a result of audits.
- Reports confirmed that different aspects of the health visiting service were under continual review, audit and re-audit for adherence to clinical and best practice guidance. Completed audits for this service included a review of antenatal contacts for with women between 30 and 36 weeks pregnant.

Good

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

- The sexual health service completed an audit of compliance with the prevention of sexually transmitted infections guidelines in July 2013. Full compliance was found in respect of using Fraser Guidelines and information about prevention of unwanted pregnancies was recorded 98% of the time.
- The unplanned care service audited the assessment and management of children with minor head injuries 5-15 years.
- The paediatric and integrated continence service completed key performance indicator audits monthly. The July 2014 report included an analysis of results which had been worse than previous months, such as staff updating reports. Issues had been identified with how staff were using the new electronic recording system to report the information that was analysed. The action plan and report made it clear that effective action including meeting with staff and staff training had been taken to resolve the issue.
- Dietetics Clinical Audit of Nutritional Information Standards June 2013 identified the need to ensure and record that written information was provided to children, young people and families following a consultation and the re-audit showed an improvement in this outcome. Changes made as result of the audit included redesigning assessments and record forms so that staff reported when information had been provided. The re-audit in November 2013 identified significant improvements and the record confirmed that where improvement was still required plans were put in place to achieve this.

Competent staff

- The nurses and allied health care professionals told us that they were responsible for ensuring they were up to date with their continual professional development. This was to ensure that they remained competent and able to provide safe and effective specialist care and advice.
- Staff described a number of forums and training opportunities available to enable them to remain up to date, such as the trust's essential learning programme where topics can be chosen according to area of expertise and interest; online learning; use of the Institute for Healthcare Improvement (IHI) Open School website; attendance to lead nurses/lead clinicians forum; the Board Development Programme and working closely with partners involved in innovation and improving clinical and nursing practice such as the Royal Colleges and the North West Leadership Academy.
- Health visitors met the required contact protocols and times in relation to face to face contacts with pregnant women approximately 12 weeks before birth and new-borns within 14 days of birth.
- For example between April and the end of June 2014, 85% of babies received a visit and assessment from a health visitor within 14 days of birth. The trust rated this as 'green' and compliant with expected standards.
- The child continence service told us that the service had regular updates and learning sessions about the latest developments in paediatric continence care.
- We reviewed the agenda for the Child Continence study day and this confirmed that information was provided to keep staff up to date with innovative practice and protocols relevant to children, young people and families. Topics included an over-view of best practice assessment pathways for continence and a review of the trust's intimate care policy.

Use of equipment and facilities

- We visited the equipment stores and found that systems were in place to ensure items were provided quickly and in good repair.
- We talked with the staff that worked for the wheelchair service and found that this was a service which provided a seamless service from child to adulthood. The services policies and procedures included training for staff, children, young people and their family in the use of equipment.
- We visited a number of clinics used by children, young people and families and found that some centres had made very little effort to make the areas attractive to children and young people.
- Staff we interviewed at various clinics and centres said many of the waiting rooms and clinic areas were not child friendly and so did not provide opportunities for children to be distracted. Common themes were; lack of toys and distraction; open planned areas and so children were difficult to occupy, a sense of inadequate security because waiting areas were shared with adults and others going to different clinics; poor signposting to children clinics.

Good

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

- Specific concerns were at West Kirby Health Centre where the breastfeeding room was a long way from the clinic room; three children were seen at the same time and the area was difficult to negotiate with prams.
- The most appealing and child friendly clinic was Greasby Centre where the clinic rooms were large, toys available and there was child friendly seating, furniture and décor.

Multi-disciplinary working and coordination of care pathways

- The services provided coordinated care pathways which included steps to be taken by different departments in order to meet the needs of patients. For example, the breast pump loan pathway 2013 provided detailed instructions about how the health visiting team and the infant feeding team should interface.
- Health visitors told us that communication between midwives, health visitors and social workers was effective and included common training packages to ensure a common understanding for certain care pathways and procedures. Joint training programs included 'Transition into Parenthood' developed in collaboration with Chester University and 'Domestic Violence'.
- Health visitors attend GP's meeting each week and were linked to GPs for continuity.
- We reviewed the joint operating service framework in place for the integrated Sexual Health Service provided by Wirral community trust in joint collaboration with Brook. Brook is an independent organisation which provides sexual health services and education across the UK for young people under 25.
- The majority of protocols for service delivery and quality assurance were shared and so communication systems were robust. The exception to this was dealing with safeguarding concerns which meant staff could become confused about the process leading to delays or omissions. This issue was on the trusts risk register. However plans to resolve the issue had not been made.
- We saw that following a consultation the health care professional (dietician) updated the child's Red Book held by the parent. This meant that parents could review the treatment and advice provided and the information was readily available to services outside of the trust such as the practice nurse.

Good

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

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

Summary

People we spoke with who used the service were positive about the way they were treated by staff. People said they were treated with compassion and respect. We saw staff ensuring that people's dignity and privacy were upheld.

People were mostly involved in making decisions about their care and treatment. People were encouraged and supported to manage their own care and develop and maintain their independence. Children, young people and families had appropriate emotional support.

Dignity and respect

- We observed that staff treated children, young people and families with dignity and respect by being courteous and listening to what they had to say.
- The Wirral Community Trust and Brook integrated Sexual Health Service had achieved 'Young People Friendly' status in May 2014 and a plaque awarded by the Department of Health was on display informing the public of this. However, since this achievement the service at St Catherine's Health centre had been moved and rebranded. This change did not promote the dignity and privacy of young people using the service. The entrance to the clinic was labelled with large sign stating 'Sexual Health'. This was visible from many of the public areas and everyone using the centre could see into the waiting area which was open plan. Discussion with the lead nurse for the service confirmed that this had been highlighted and an action plan put in place. The trust were aware of this issue and had plans in place to address it.

Patient understanding and involvement

- The trust provided systems and process to make sure patients understand the care and support available and provided. A good example of this was the Family Nurse Partnership (FNP) programme.
- The FNP is a team of eight staff including qualified and trained family nurses and nursery nurses who work specifically with first time mothers who are under 19 years old. The aim is to help mothers to have a healthy pregnancy and to provide support; guidance and information to help both parents enjoy parenthood. The team visit the family until the child is 2 years old.
- Patients told us that they felt a lot of information was provided and they felt comfortable asking for extra support. A patient told us: "There are all the support services such as antenatal depression…and they were very supportive over my decision not to breastfeed."

Emotional support

- Staff at the trust were caring, compassionate and flexible in how they delivered care.
- We saw care and support that was led by the needs of children, young people and families in all our observations.
- One example concerned a plan of care which had been completed in relation to active treatment. Discussion with the health care professional indicated that the case could be closed. We saw, however that additional contact was offered so that parents had time to be confident that issues were resolved.
- The Family Nurse Partnership provided emotional support to the families they supported. We found that these nurses attended clinics such as the sexual health clinic; breast feeding support and baby groups with the young mother until they felt confident enough to be independent.

Promotion of self-care

- We observed staff talking with patients and involving them in planning their care and a major element of the plan concerned the actions that should be taken by the parent.
- In 2014 the trust undertook a review of the standards of health care provided by the health visitors to children with complex needs. The main finding was the need to provide information about additional support.
- We saw that in response the trust had produced information leaflets for parents telling them how to get additional resources. We observed health visitors sharing this information with families during their visits.
- Allied health care professionals also provided a range of leaflets and guidebooks many of which were targeted and designed to appeal to children and young adults.

Good

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

- Especially good examples were provided by the child continence service which included comic action books and picture story books explaining and discussing bedwetting.
- Health professionals recognised the importance of providing information and opportunities for self-help. A member of staff told us, “What is important is that parents are more aware of what is actually available and they are now slowly seeing.”

- Patients we spoke with felt the services were flexible and met their needs. They said:
- “Feeding advice has been helpful and the support was reassuring.”
- “I’ve been to lots of different clinics due to the times not the location.”
- “All procedures have been explained.”
- “The clinic has been very supportive and any queries I’ve been able to contact (the dietician)”

Good

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

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

Summary

Overall the community health services for children, young people and families were responsive to people's needs.

The trust had made a number of changes in response to the results of audits that had been completed. For example: the child continence service made changes in response to the "Did Not Attend" results and following a recent audit, was considering changing clinic times so children and young people could attend clinics after school and at weekends.

The sexual health team provided out-of-hours drop-in sexual health clinics, single sex clinics, young people only clinics and home chlamydia testing kits to provide young people with different opportunities to engage with the service.

The parents we spoke with told us care had been received in a variety of settings and clinics were provided at times that met their needs.

Service planning and delivery to meet the needs of different people

- We found that the services were provided in different ways in order to meet the needs of different people.
- For example, the trust ran a Family Livewell Course in April 2014 for local families focusing on healthy eating, preparing meals, physical activity and ways to help families make changes one step at a time. This was promoted to people through outdoor advertising on bus-sides and at bus stops and use of social and local media.
- We saw reports and policies which confirmed that plans were in place to provide the required services to looked after children. This included health assessments within the specified times and a team of nurses and administration staff who were responsible for ensuring that the plans were carried out.
- The trust's April 2014 quality chart or dashboard showed that the needs of looked after children were responded to. The dashboard showed 'green' ratings, which was good, because 96% of looked after children had a health care plan in place, and 96% had statutory review health assessments completed fully within agreed timeframes.
- Discussion with a foster carer confirmed that the services were responsive and quick to respond in relation to meeting the diverse needs for looked after children.
- The infant feeding service has worked with local shops and cafés to advertise the benefits of breast feeding and provide 'breast feeding friendly' places in the areas of the Wirral where mothers are least likely to choose to breast feed.
- The trust completed an audit of their Clinical Protocol for the Healthy Child Programme in May 2013. The audit showed the service was compliant because 97% (87) of records reviewed had evidence that breastfeeding was discussed.
- Equality & Diversity Strategy Action Plan March 2014 provided information about plans to improve communication, access and understanding. However, this did not include action or review in relation to equality and diversity issues specifically in reference to children and young people.

Access to the right care at the right time

- We reviewed the access rate for services provided to children, young people and families. In the main the first and subsequent contacts were within the correct timescale in line with national guidance.
- Health visitors carried out joint antenatal visits to women about ten weeks before birth; children were usually assessed by the speech and language therapists within 13 weeks of referral or sooner depending on the urgency.
- In the child continence service there was a high number of patients who did not attend for repeat appointments. The trust's data showed that in April 2014 this was 24% and rated as 'red' which was worse than the expected key performance indicator set by local commissioners of 15%. The service had introduced text message reminders but this had been ineffectual.
- Staff for the child continence service told us that late afternoon and Saturday clinics had been introduced and the most recent figure for children who did not attend appointments had improved to 15% but was still higher than the expected level.

Good

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

- The paediatric speech and language therapy department had responded to information highlighting the need for early assessment and intervention in relation to good speech. The service provided therapy clinics in schools so that attending appointments was easier. Training was provided to people in preschool settings, such as children's centres and schools, to help staff identify children with speech and language therapy needs at an early stage.
- The Child Health Profile for Wirral Metropolitan Borough Council showed that breastfeeding rates were significantly worse than the England average.
- Each of the services we reviewed provided information about clinic times; support groups and sessions at which patients could seek advice. We found that baby clinics were held every day throughout the Wirral area and parents could attend any of these which were convenient to them.
- The trusts sexual health audit of compliance with NICE Guidance: Prevention of Sexually Transmitted Infections completed in December 2013 showed that 83% (33) of young people had been offered a Chlamydia screening. This was an 'amber' rating and seven points below the 90% required to score the required 'green' rating. The trust had taken action to improve their performance in this aspect of care.
- Action taken to raise awareness was to provide information about sexually transmitted infections such as chlamydia at venues frequented by young people such as music festivals.
- The sexual health service provided clinics 7 days a week. Slots for 'young people only' were provided everyday Monday to Saturday for various lengths of time between 1.45pm and 5.45pm at one or more of the centres throughout the trust. This meant the trust provided young people with plenty of opportunities to seek advice and receive treatment regarding sexual health.
- The trust's sexual health lead told us that responsive support was provided to teenage mothers because of close working with the Family Partnership Nurses. Occasional home visits were arranged for this group if they did not have the confidence to attend a clinic postal chlamydia testing kits were provided. This meant that ample opportunities were given for this group to engage with the service.
- Parents described the health visiting service as responsive. One parent said, "The service met my needs I was visited every week for the first seven weeks." Another told us, "Handy being open 5 days because there is good availability."
- Children, young people and families who used the walk in centres had mixed experiences in respect of receiving timely treatment. We talked with parents at Victoria Central walk-in centre.
- One parent told us they had waited 5 minutes and had been kept fully informed. Another parent said the wait seemed long and there was no information about how long the wait would be.
- Information provided by the trust showed that the majority of patients were seen, treated and discharged from the walk in centres within four hours. However, the information provided had not been broken down by age group so it was difficult to determine whether children where accessing treatment in a timely manner.

Discharge, referral and transition arrangements

- The community nurses working in the health visiting team described a robust system of joint working with health visitors and community based social workers involved in transferring patients into the over five years old service.
- We were told that depending on the assessed needs of the child and family, the transfer could be gradual and visits would take place with the school nurse who was taking over the case.
- Records confirmed that this process of joint working was completed for children with special needs.
- The trust had developed transition protocols for different departments and we reviewed the 'Transition Pathway for Young People for Bladder and/or Bowel Dysfunction.
- We found that the guidance provided staff with information about how to provide a seamless transfer from children services into the adult service.
- The policy highlighted the need for full inclusion of the young person; guidance about planning for transition; multiagency working and the importance of effective communication.
- The policy also included the 'Transition Pathway' documents for staff to complete during the transition process.
- The child continence service described how they supported young people with the transition from

Good

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

children's services to adult services. This included a formal hand-over meeting with both the continence specialists from the child and adult service attended by the young person and their parent or carer if the young person chose to continue with their involvement.

- A range of information leaflets and booklets about the different treatment of health conditions, health checks and the services was available. The leaflets were aimed at children, young people and families. The contents of the leaflets and pamphlets included information about how the patient could help themselves.

Complaints handling (for this service) and learning from feedback

- Information about how to raise concerns or complaints was not readily available or provided in a format that was attractive to children or young people.
- Complaints information provided by trust for December 2013 to June 2014 showed that complaints were fully investigated and the outcomes open and transparent. Records also confirmed that action was taken to prevent recurrence of similar complaints. Actions described included reflection with the staff concerned; recirculation of clinical assessments and bulletins and a review of equipment when appropriate.

Requires Improvement

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

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

Summary

Individual management of the different divisions that provide services to children, young people and families were well led. Services were innovative, monitored and provided to a good standard. Leadership for each service also ensured that a response was made when issues arose.

However, we found that there was no single reference point for these services, providing an overall view for the trust. This meant there was no shared vision across all children's services and opportunities for joined up working had not been acted upon.

There was very limited evidence that children, young people and families had been involved in planning the future development of the services to be provided for this group.

Vision and strategy for this service

- At the time of our inspection a tendering process was underway in the Wirral for all community services for children and young adults aged 0-19 years. This would include school nurses. The trust had submitted a bid for this service and were awaiting the outcome. The trust were keen to secure this service and had clear strategies in place if their bid was successful.
- Individual specialist teams used by children, young people and families had strategies and vision in relation to their area of expertise and within their divisions. However, the trust did not have a single point of contact or a children, young people and families director with a total overview of the quality of care and future visions for all the services used by children, young people and families throughout the trust.
- This fragmentation meant gaps in services, such as training needs; reporting incidents; appropriateness of procedures; consistency of approach in dealing with safeguarding; providing appropriate environments in relation to children and young people were difficult to promote and assess overall.
- The trust provided information about development of a Patient and Young Peoples Experience and Engagement Strategy 2014-2017. However, the contents of this document did not include information about how the trust would engage with children and young people.

Guidance, risk management and quality measurement

- Information provided to us also included Improvement plans which identified the need for a Children and Young Peoples Dataset and this was to be implemented during 2014/2015.
- A comprehensive suite of quality audits for children, young people and families had been completed and the trust's Clinical Audit Annual Final Report 2013/2014 identified the following for children, young people and families:-
  - the Live Well NHS public health improvement initiative was well established and a plan was in place to support young people who had lost weight to maintain this weight loss;
  - there had been a review of the standard operation procedures to improve the quality of record keeping across all the health visiting teams to promote seamless care;
  - and the speech and language therapy service were developing standard operating procedure for record keeping to streamline quality standards across partner agencies such as schools and acute sector settings.
- However, the lack of overall leadership for children, young people and families meant that there was no single directorate responsible for gaining an overview of all the risks and developments in place for this group. This meant that opportunities for improvement could be missed and fragmented responses made to common issues raised separately within each division.

Leadership of this service

- Health professionals and staff from different divisions were unable to say which senior member of staff had an overall view of or responsibility for services provided to children, young people and families. This meant that

Requires Improvement

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

there was a risk of inconsistency in their approach to safeguarding and incident reporting and other aspects of service delivery developments, such as promoting children, young people and family friendly environments, seeking feedback in appropriate ways and ensuring all policies and procedures reflected best practice in relation to this group.

- Health care professionals from each discipline said they felt well supported and listened to by their line managers. Each person said the chief executive was very visible and listened to their opinion. We were told: "There is passion from the chief executive to engage with staff."
- Throughout 2013/14, Wirral Community NHS Trust worked with the Mersey Internal Audit Agency which is an organisation which helps trusts to test out how good some of their processes are. Processes tested at Wirral Community trust included those provided exclusively to children, young people and families. This meant that the trust leadership had considered the needs of this group when looking at areas for improvement.

Culture within this service

- The health care professionals told us that in general the trust was a good place to work and they felt supported to do their jobs well.
- Staff told us there was generally a positive culture within the trust and there was strong local and trust wide leadership.
- Staff in the health visiting teams told us there is a forward thinking culture of development and good leadership progression. One member of staff told us, "The service has been developed with cohesion and provides positive outcomes" and another said, "We have a good supportive relationship with the board."
- Staff identified that the trust offered good management progression for health visitors and this was repeated by other allied health professionals who provided a specialist service to children, young people and families.

Public and staff engagement

- There were patient experience leaflets seen throughout the areas used by children and young people but these were not 'child friendly' or attractive to young people.
- These forms did request information about the age of the respondent or whether the response was on behalf of a young person. The trust could not provide information about the response of young people who had completed the patient experience survey.
- Regular staff surveys were conducted, although the results were not reviewed in relation to the role of respondent. However, all staff we talked with stated that they were involved in different plans and service developments relating to services for children, young people and families.

Innovation, improvement and sustainability

- We found that the trust was particularly effective in areas of innovative practice, particularly with regards to services for under-five's. A good example was the services provided by the infant feeding team. This included engagement with local shop keepers and cafes and developing infant feeding 'champions' from different communities, encouraging the development of support groups and one to one mentorship. This team had also developed a Breast Safe 'App' which had now been taken up by 25 other NHS trusts.