Peninsula Community Health C.I.C

1-247215513

Community health services for children, young people and families

Quality Report

During this inspection we visited the follow registered locations:

CQC Registered Location
CQC Location ID

St Austell Community Hospital
1-303962531

Liskeard Community Hospital
1-303946965

This core service is also provided at the following registered locations which were not visited during the inspection:

CQC Registered Location
CQC Location ID

Poltair Community Hospital
1-303947339

Bodmin Community Hospital
1-303999240

Stratton Community Hospital
1-303985486

Helston Community Hospital
1-303946611

Falmouth Community Hospital
1-303926236

Launceston Community Hospital
1-303946863

Tel: 01726 627 930
Website: www.peninsulacommunityhealth.co.uk

Date of inspection visit: January 21,22,23,28,29
Date of publication: 21/04/2015

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Peninsula Community Health C.I.C. 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 Peninsula Community Health C.I.C and these are brought together to inform our overall judgement of Peninsula Community Health C.I.C

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service

Overall community health services for children and young people were good. We found that services were safe, effective, caring and responsive and well led. We visited services for children and young people in a range of environments, including outpatients clinics, community settings, a school and vaccination clinics, where staff from Peninsula Community Health CIC worked with other professionals and external organisations. Services for children and young people were developed and delivered in keeping with best practice guidance. All the staff we spoke with told us that the patient was at the centre of everything and this was reflected in the vision and values of the organisation.

Treatment provided was effective, with an outstanding example the Nurse consultant for bladder and bowel service being instrumental in setting up an all-party parliamentary group on continence care. Care was tailored to meet children's individual needs. Parents and young people using the service were positive about the service and told us that their needs were regularly assessed. They were aware of their goals and their care plans being changed to reflect their changing needs. We saw diaries completed by patients, charting their progress, being shared with the nurses.

Staff were compassionate and respectful in their approach to providing care and treatment; this was reflected in the feedback from parents, young people and children who told us they felt supported.

Staff told us that they wanted to shape services to meet the needs of patients and responded to feedback and complaints openly and constructively. There had been some recent changes to the leadership of the service which were being developed to ensure there was representation from the organisation's children's service on the Local Safeguarding Children Board and a review of the arrangements for safeguarding children where there was no structured programme for safeguarding supervision.

Summary of findings

Background to the service

Background to the service

Peninsula Community Health CIC delivers a small community children's service in Cornwall where children represent about 90,000 of the total 538,000 population.

The services it provides include:

- A named nurse for safeguarding children
- A tuberculosis (TB) service for children aged five to sixteen years which treated approximately 250 children a year.
- A specialist bladder and bowel service, which treats approximately 500 children a year.
- A nurse led dermatology service, which treats approximately 200 children a year.
- A respiratory service, which treats approximately 80 children a year.
- A physiotherapy service and a musculoskeletal service which treat approximately 1000 children in total in a year.
- Children are also seen in the Minor Injuries Units which will be reported on in the Urgent care services core service report.

Staff are based in community hospitals and see the majority of the children being treated within clinic settings. Some staff see children in other settings and attend inter-agency meetings held for children.

During this inspection we visited a TB clinic, a dermatology clinic, a physiotherapy clinic, a respiratory clinic and three specialist bladder and bowel clinics. We observed a Team Around the Child (TAC) multidisciplinary team meeting in a school with a specialist bladder and bowel nurse. We also attended two MIUs and had interviews with the Safeguarding children's lead and other staff. We spoke with children and young people who use the services and their parents. We observed how children and young people were being cared for. We looked at and reviewed eight care and treatment records.

We spoke with 10 members of staff, two external health and education professionals, 14 parents and children. We visited Liskeard and St Austell Community hospitals, and attended clinics held at Truro Health Park.

Our inspection team

Our inspection team was led by:

Chair: Dorian Williams, Assistant Director of Governance, Bridgewater Community Healthcare NHS Foundation Trust

Team Leader: Mary Cridge, Care Quality Commission

The team included CQC inspectors and a variety of specialists: district nurses, a community occupational therapist, a community physiotherapist, a community childrens nurse, palliative care nurses, a director of nursing, a governance lead, registered nurses, a community matron and two experts by experience who had used services.

Why we carried out this inspection

We inspected Peninsula Community Health CIC as part of our comprehensive community health services inspection programme.

Peninsula Community Health CIC is an independent organisation providing NHS services and therefore we used our NHS methodology to undertake the inspection.

How we carried out this inspection

During our inspection we reviewed services provided by Peninsula Community Health CIC across Cornwall and

Summary of findings

the Isles of Scilly. We visited community hospital wards, minor injuries units and outpatient clinics. We accompanied district nursing teams on visits to people in their homes where they were receiving treatment.

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

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

Before visiting, we reviewed a range of information we hold about the core services and asked other organisations to share what they knew, this included Healthwatch. We carried out an announced visit on 21, 22 and 23 January 2015. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors 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. We reviewed care or treatment records of people who use services. We carried out an unannounced visit on 29 January 2015.

What people who use the provider say

Parents we spoke with felt they were treated with dignity and respect by staff. One child told us "the nurse was very kind"; a parent told us staff "were caring, kind and thoughtful". We saw that when a child became upset the staff responded in a kind and timely way.

Staff in the specialist bladder and bowel service were aware of the social, emotional issues related to the conditions they treated. Parents and carers told us that they felt very supported emotionally by staff.

Good practice

The specialist bladder and bowel service used national guidance and feedback from patients to shape and develop its services to best meet the needs of its patients. Staff attended national and regional forums and took up learning opportunities to optimise their skills. The service had put forward business plans, supported by performance activity, to commissioners to increase capacity to meet increasing demands. The staff team met monthly for supervision including reviewing cases and forward planning. Complaints were responded to promptly; learning took place and was shared with the person who made the complaint. This service was continuously striving for improvement.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- Ensure leadership of the Childrens services is enabled to have effective oversight of both the childrens and minor injury unit services.
- Ensure staff working with children are supported by a structured programme of safeguarding children supervision.
- Ensure there is a system in place to identify and monitor which staff have undertaken safeguarding children training at level 3, where it is a requirement of their role. .
- Ensure there are systems in place to review patients' records are accurate and complete.
- Ensure there are systems in place to review outcome measures in all services.

Peninsula Community Health C.I.C

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

Staff knew how to report incidents using the on line reporting system. They told us that they received feedback following incidents and that learning from incidents was shared with them. Staff took an active role in delivering and promoting safety, learning and improvement.

Staff told us they had received appropriate training and had the right skills to treat children and young people. There was no available information to show how many staff had received safeguarding children training at level 3. This meant that there was a risk that some staff working with children had not received the required level of training.

Staff were clear about recognising possible signs of abuse or neglect in children and young people and their responsibilities in safeguarding processes.

Staff were able to access safeguarding children advice as they required, but there were no formal safeguarding supervision arrangements in place.

We did not see evidence of routine monitoring of case records or record keeping audits. This meant that the service could not be assured that records held appropriate information and adhered to national record keeping standards.

Staff ensured that equipment used was safe and clean and were aware of children's equipment needs. Staff were able to assess and respond to patient risk. There were processes in place to respond to staffing shortages and to manage foreseeable risks.

Detailed findings

Incident reporting, learning and improvement

- There was an organisation wide on-line incident reporting system which all staff we spoke with were aware of. Staff told us that it was a simple system to use and they felt confident in reporting incidents appropriately.
- Policies and procedures were amended to reflect learning from incidents. An example of this was a new process introduced for checking the storage of BCG vaccine following an incident.
- Staff told us that learning from incidents was shared with them. The weekly staff bulletin highlighted recent learning from incidents.
- Team leaders and the named nurse for safeguarding had access to monthly service performance and safety information and informed staff of this.

Safeguarding

- Staff told us they were able to recognise safeguarding concerns for children and young people. They demonstrated good knowledge and awareness of safeguarding processes and gave us examples of when they had made appropriate referrals to the MARU (Multi Agency Referral Unit.) They knew the named nurse for safeguarding children and their responsibilities.
- Staff from the bladder and bowel service showed evidence of safeguarding procedures being coordinated effectively with other agencies. This meant children were protected from harm.
- Staff reported they were able to access safeguarding advice as they required and that it was useful. There were no formal safeguarding children supervision arrangements for staff. This meant there was a risk staff were not supported to discharge their safeguarding responsibilities.
- The Safeguarding Children and Young People referral pathway was reviewed in 2014 and reflected the current local protocols in the organisation.
- There was a named nurse and doctor for safeguarding children. Staff told us they could seek advice as they needed from these practitioners.
- The named nurse was due to attend the executive meetings of the Local Safeguarding Childrens Board (LSCB). The named nurse was also the lead nurse consultant for the organisation's Minor Injury Units (MIUs).
- The staff we spoke with had all received safeguarding training at level 3; we saw some evidence of this in a training matrix. The figures provided for children's safeguarding training showed 71% of staff had received training at level 1. There was no information from the provider about staff who had received training at level 3. This meant that there was a lack of assurance that some staff working with children had not received the required level of training which could place a child at risk.

Medicines management

- A nurse from the TB service who delivered the BCG vaccination described the medicines protocols in place. Staff told us that during one routine check the fridge temperature showed that the vaccines were not being stored at the correct temperature. Staff sought advice from the pharmacy department and the manufacturers and appropriate action was taken. An action plan showed that the problem with the fridge had been addressed and new temperature checks had been introduced.
- We saw staff reviewing medicines with parents of young children who used the service and advising of possible side effects of medicines.

Safety of equipment and environment

- Some staff we met held clinics in premises not managed by the provider. In the clinics we observed, children were seen in generic rooms which were not specifically designed for children. Staff were aware of children's needs and provided appropriate toys and other methods of distraction to ease their anxiety.
- Community hospital outpatient departments providing care for children had been designed and equipped for children; there were toys available and posters on the wall.
- Staff told us they had the equipment they required to care for children and young people safely. Equipment was serviced, checked and cleaned regularly.
- Staff told us there were sufficient computers so that staff could access emails, forms and policies in a timely manner. Staff in the specialist bladder and bowel service and TB service were also provided with smart phones.

Records and management

- Staff used mostly paper notes to record the treatment and care given to children. Records were stored securely and were accessible to health staff as appropriate.

- An electronic system was used to organise appointments and clinics. Staff told us that this electronic system was also used to record multi-agency meetings and telephone discussions.
- We reviewed eight sets of children's and young people's records. The records we saw were clearly set out, legible, dated and signed. We observed contemporaneous record keeping as advised in national guidance. Staff we spoke with showed us how they accessed policies on the provider's intranet.
- The Specialist Bladder and Bowel service told us that during group supervision they also reviewed case recording. However there was no routine monitoring of children's case records and that this had been highlighted in the CQC Looked After Children Review in January 2015 of the clinical Commissioning Group which had included Peninsula Community Health safeguarding children practices.

Cleanliness, infection control and hygiene

- The clinics we visited were well maintained and clean.
- We observed that staff washed their hands or used hand sanitiser before and after any patient contact, as promoted by the World Health Organisation's Five Moments for Hand Hygiene. Information on hand hygiene compliance audits across the service were not available.
- We observed equipment being cleaned between patients. Cleaning audits were undertaken in patient areas and reported in monthly locality reports, and then to the board.
- Infection prevention and control policies and procedures were available on the organisation's intranet.
- Personal protective clothing, such as disposable gloves and aprons were available used by staff when required.

Mandatory training

- A team leader showed us a training matrix which monitored staff training and highlighted outstanding or upcoming training. Staff we spoke with told us they had completed their mandatory training. Data provided to us by the provider showed that 79% of staff were up-to-date with mandatory training.
- Staff told us that training was delivered to meet their needs and that they were able to access training as they needed it.

Assessing and responding to patient risk

- Staff were able to access specialist medical advice for children when they needed it. We were told of several incidences across these services when specialist medical advice was sought and delivered in a timely way.
- We saw staff giving advice to parents on how to recognise and respond appropriately to deterioration in their child's condition.
- We observed a multi-agency meeting for a child with complex physical health needs in the community. Arrangements were put in place to manage the risks for this child. We observed protocols being amended to reflect changes in the child's condition and the care required.

Staffing levels and caseload

- The specialist bladder and bowel service had recently reviewed its staffing levels and a proposal had been put forward to ensure the staffing levels and skill mix reflected and met the current patient demand and acuity and had included a proposal for an increase in administrative support. Previously a need for an additional nurse in the service had been identified on the risk register and this nurse had been recruited.
- Staff in the specialist bladder and bowel service told us that an increase in administrative support would support them and increase their capacity.
- Staff told us that they had appropriate training and skills to carry out their specialist roles and gave examples of specialist training they had attended.
- Staff told us that they had processes in place to respond to staffing shortages and used a flexible approach to ensure the service was covered.

Managing anticipated risks

- We saw that staff electronic diaries and email systems were kept up to date. Staff liaised to ensure that the anticipated work was covered during staff annual leave and training commitments by staff known to the patient.
- Staff had processes to ensure their safety when lone working. Staff in the specialist bladder and bowel service used an electronic diary to schedule in their activities so that colleagues knew their whereabouts. Staff also told us they had systems for ringing colleagues to ensure they were safe.

- The provider had plans in place to manage foreseeable risks. There was a Business Continuity Plan policy and a Severe Weather policy available on the intranet that staff were able to access.

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 were following evidence based practice and all were involved in regional and local forums.

We saw elements of outstanding practice in the specialist bladder and bowel service where there was an holistic approach. This was reflected in the views of parents and young people using the service in regard to assessment of needs and being aware of their goals.

Most of the people who use the services received care, treatment and support that achieved good outcomes. The dermatology service did not measure patient outcomes.

We saw there was a multidisciplinary and collaborative approach to care and treatment. Staff were appropriately trained and competent at the right level to carry out their roles. We saw that consent was obtained prior to commencing treatment.

Children received a seamless service with no transition necessary to a separate adult services as these were provided by Peninsula Community Health CIC by the same staff.

Detailed findings

Evidence based care and treatment

- We saw that the specialist bladder and bowel service and the TB service systematically identified relevant legislation, current and new best practice and evidence based guidelines and standards. National Institute for Health and Care Excellence (NICE) guidelines for constipation, bedwetting, continence for children and young people, including those with a learning disability were used. In the TB service guidelines were developed from national and international guidance such as the World Health Organisation (WHO), Department of Health (DH) and NICE. This guidance was shared at team meetings. We observed that the dermatology nurse service, the respiratory nurse service and the physiotherapy service also used evidence based practice such as NICE guidance for treatment of asthma in children
- The children's services we inspected were involved in regional and local forums to share best practice, new guidance, joint learning, review of pathways, learn from case reviews with colleagues from the same discipline. The nurse consultant for the specialist bladder and bowel service was part of a national continence forum.
- Policies and pathways were developed in line with national guidelines. Care pathways from these guidelines were used to guide care and treatment for patients.
- There was evidence of outstanding effective practice in the specialist bladder and bowel service. The patients' records we looked at contained a full and holistic assessment of the patients' needs. Care plans were clear, detailed, and up-to-date and tailored to meet the child's needs. We saw a range evidence to show that staff used of appropriate care pathways and protocols. Parents and young people using the service told us that their needs were regularly assessed, they were aware of their goals and their care plans being changed to reflect their changing needs. We saw diaries completed by patients, charting their progress, being shared with the nurses.

Approach to monitoring quality and people's outcomes

- Outcomes of people's care and treatment were routinely collected in the specialist bladder and bowel service and the TB service. The specialist bladder and bowel service asked children and parents what improvements in their conditions they had experienced and the responses had been very positive.
- Outcomes from the specialist bladder and bowel service fed into a clinical and quality group.

The dermatology nurse service had trialled treatment books for patients to help them monitor their progress. Audits were completed by the respiratory nurse service.

Outcomes of care and treatment

- The specialist bladder and bowel service monitored improvements in children's symptoms such as how their bladder and bowel conditions were improving, staff and

patients monitored improvements and diaries were used by patients, with goals being set and achieved. The bladder and bowel service reviewed complex cases at their monthly team meeting and through peer group supervision. The staff told us these were useful for learning. Also patients' views on improvements of their symptoms were routinely recorded and as were their thoughts on the service they received.

- The quality and outcome information showed that this service was meeting patients' needs. The information about people's outcomes and experiences was reported to the interim head of nursing and lead on quality. Improvements across this service had been seen in audits of the service.
- The TB service annual report and monthly performance were monitored by a range of professionals whose roles were set out in the provider's TB policy 2013.
- The physiotherapy service showed that over 90% of patients had seen an improvement in their symptoms following treatment.
- Outcomes were not measured in the dermatology nurse service. Where outcomes were not being measured, the provider could not be assured that the needs of children and young people were being met in this service.

Competent staff

- Staff treating children in the specialist bladder bowel service, the TB service, respiratory nurse service, dermatology nurse service and physiotherapy service had specialist knowledge and skills to treat children with their presenting conditions. They had completed appropriate training and were encouraged to further develop their skills.
- Supervision for staff varied, with some having regular supervision and others not. Specialist staff we spoke with had annual appraisals that they found meaningful and useful.

Multidisciplinary working and coordination of care pathways

- Staff explained the criteria for referrals to their service and how they received them. The criteria were clear and we saw staff worked closely with other agencies to deliver care. There was proactive engagement with other health and social care providers and other bodies to coordinate care and meet children's needs.
- We observed a multi-agency meeting called a 'Team Around the Child' (TAC) to support a child with complex physical needs. The staff were working together to support the child. There was joined up work but it was a challenge to coordinate their support. The staff present had varying responsibilities and roles depending on their role and the organisation they worked for, but there was not one member of staff with overall responsibility for the child's care. The parent told us that it could be frustrating as they would have to approach different staff for different requests or support when it would be good to have one person to go to.
- The specialist bladder and bowel service staff told us that it was often difficult to access the Child and Adolescent Mental Health Service (CAMHS) which was provided by Cornwall Partnership NHS Foundation Trust.
- The staff in the bladder and bowel service told us that they found bladder and bowel problems were often perceived in isolation from other clinical and psychological problems. Other staff told us that there was effective liaison with multi-agency staff. We saw good examples of staff liaising with doctors and specialists, both within and outside of Peninsula Community Health.

Referral, transfer, discharge and transition

- The services treating children in Peninsula Community Health also provided treatment for adults which meant that young people did not need to transfer to another service at the age of 16 or 18.
- Children were discharged from the services when their treatment has been successful and they no longer needed intervention. This information would be shared with other professionals as was appropriate
- The services shared information with GPs, Health Visitors, school nurses and other services depending on age of person being treated and liaised on discharge from specialist services.

Availability of information

- Paper records were used in the specialist bladder and bowel service, TB service and dermatology nurse service. The TB service also completed a section in the child's Personal Child Health Record Book (PCHR). Staff were able to access records and information to deliver

Good

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

effective care and treatment. Records were stored securely at either staff bases or at a clinic where they worked. When clinics were held in other venues the records were couriered securely for these appointments.

- Staff were able to access information on the electronic system about their clinics and appointments at the clinics they worked in. Those staff with smart phones also had access to emails on their smart phones.

Consent

- Staff told us they obtained consent from children, young people and families prior to commencing care or treatment. Staff told us they were aware of the assessment of competency/Fraser guidelines for children and young people. This framework was used when deciding whether a child or young person was mature enough to make decisions without parental consent.
- Staff told us they always gave children and young people choices when they accessed their service. One member of staff told us the action they took to prevent a parent trying to physically coerce their child into having a treatment.

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

We saw that parents, carers, children and young people were treated with dignity and respect. People who used the service told us that they found the staff caring and that they felt well supported.

Staff took time to talk to children in an age appropriate manner and involved both children and parents as partners in their own care.

In two clinic areas we observed that confidential conversations could be heard by other people.

Detailed findings

Dignity, respect and compassionate care

- We observed children and their parents/carers being treated with respect at all times. Staff in all roles put significant effort into treating children with dignity. Parents we spoke with felt they were treated with dignity and respect by staff.
- Both children and parents expressed how staff had made them feel, one child told us “the nurse was very kind”; a parent told us staff “were caring, kind and thoughtful”. We saw that when a child became upset the staff responded in a kind and timely way.
- We saw that staff respected children’s’ individual preferences, habits, culture, faith and background by asking what name they would like to be called by, their faith (recorded in notes), times best for them talking into account their daily commitments e.g. picking up siblings from school, school holidays, festivals.
- Confidentiality was respected at all times when delivering care, in staff discussions with children and those close to them and in any written records or communication.
- In outpatient clinics and minor injuries units we observed that confidential conversations could be heard by other people, one incident was through a closed door, the other in a small reception area.

Patient understanding and involvement

- We saw that staff took the time to speak to children in an age appropriate manner and explain what was going to happen and encouraged them to ask any questions about their treatment.
- Parents and carers told us that staff always involved them in decisions about care and treatment for their children. We observed parents being listened to, supported and asking questions about treatment. In the specialist bladder and bowel service parents were encouraged to email staff with any queries. In the other services parents and young people were able to telephone the service if they had any further questions.

Emotional support

- During the clinics we saw positive engagement and support for parents, carers and their children.
- Staff supported parents and children emotionally. Staff in the specialist bladder and bowel service were aware of the social, emotional issues related to the conditions they treated. Parents and carers told us that they felt very supported emotionally by staff.

Promotion of self-care

- We saw that parents and children were supported to manage their own health, care and wellbeing through use of diaries to monitor progress and focus on symptoms and how to improve these. Parents told us they felt confident in managing their children’s needs.

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

Staff told us that they wanted to shape services to meet the needs of patients. They responded to feedback and complaints openly and constructively. We saw that most of the services acted on feedback about the service and used this information to improve services.

We saw that the services understood the different needs of the children and young people they served and designed and delivered services which met the specialist needs of children. Two nurse consultants showed us how they worked creatively with commissioners and other leaders to plan ways to meet people's needs.

There were some breaches in waiting times in the specialist bladder and bowel service children had to wait too long for an appointment but measures were being taken to address the capacity of this service and support people.

Detailed findings

Planning and delivering services which meet people's needs

- The specialist bladder and bowel service and the TB service showed us information relating to the needs of the local population. The TB service was able to achieve its vaccination programme and adhere to national guidance to meet these needs. The specialist bladder service nurse consultant and the named nurse for safeguarding told us they were able to discuss and plan services with commissioners and relevant stakeholders to highlight needs that were not being met. This information was being shared to inform plans to increase capacity to meet these needs
- The TB service for children aged five years to 16 years had a database of eligible children who were referred if they met certain national evidence based criteria. All eligible children are sent a letter offering an assessment and vaccination. Data on BCG vaccination was reported to the performance manager on a monthly basis and included in the TB service annual report.

Equality and diversity

- In the care records and in sessions that we observed, young people, children and their parents and carers who used services were asked about their spiritual, ethnic and cultural needs. They were also asked about their health goals, as well as their medical and nursing needs. Staff delivered care to reflect these needs.
- The areas we visited were accessible to disabled people.
- Staff received equality and diversity training as part of their mandatory training.
- Services were accessible to all people and no individuals or groups were discriminated against. The organisation had an Equality Action Plan. Clinics were offered at locations across the county and in areas according to need for example a clinic held in Camborne a population with high levels of need.

Meeting the needs of people including those in vulnerable circumstances

- Staff in the specialist bladder and bowel service told us that they were treating a number of children in care ('looked after children'). In the bladder and bowel service a further two appointments were offered if the first appointment was not attended to optimise the opportunity for children to attend. Staff also attended multi-agency meetings in social care or educational settings to work together to address bladder and bowel problems of patients.
- Staff told us that they were able to visit some patients at their home if this was needed or appropriate.
- Staff also told us how they advised on equipment within educational settings to support children with complex needs who used the service.
- We saw examples of information leaflets and diaries for recording of symptoms being given to parents and children in clinics.
- There was a telephone translation service available if required.
- Children and young people were seen in general outpatient clinic areas. We observed that staff took measures to provide toys and equipment to distract children and ensure children felt comfortable. Staff in the specialist bladder and bowel service also tried to book children solely into a clinic they were providing.

Access to the right care at the right time

Good

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

- Children having bladder tests were seen within six weeks of referral, which was within national targets. There were breaches in the bladder and bowel service 18 week initial consultation waiting time and some cancellations of appointments. When cancellations occurred staff would contact the patient to give an explanation, to rebook and to offer a telephone consultation. The children referred to this service would have also been seen by other community staff, such as GP, Health Visitor, school nurse, practice nurse universal service where the complexity of their condition had necessitated more specialised assessment, treatment and management. Staff from the bladder and bowel service were able to act as a resource to other community staff. This meant people could be supported whilst they waited for an appointment.
- Children referred to the dermatology nurse service, the TB service, respiratory nurse service and physiotherapy service did not experience delays.
- Parents using the specialist bladder and bowel service told us they could contact staff for advice via email or text or leave a voice message. The service had a generic email box which was always seen by a clinician. Phone messages were directed to a central point so they could be picked up by a clinician as appropriate.
- Some specialist bladder and bowel staff were available from 8am until 6pm. Urgent care services were accessed through a telephone triage system to determine what care was required and where the person could access it. The other services who treated children operated week-days between 9am to 5pm.
- Staff told us that clinics ran on time to enable staff to give patients their allocated time. Patients attending their first specialist bladder and bowel consultation were given 45 minutes, with follow up appointments allocated 30 minutes.
- The 'did not attend' rate (DNA) for children in the specialist bladder and bowel service was high (32%). The nurse consultant showed us how they were looking into the management and administration of appointments. They were considering how and where people were invited and how many appointments people were offered. The service had put this forward in a business plan. There were very few DNAs in the TB service, and the physiotherapy service. The dermatology service had a low DNA rate. There was no information available about the DNA rate for the respiratory service.

Complaints handling (for this service) and learning from feedback

- People knew how to raise concerns or make a complaint. Staff encouraged those who used services and their parents, carers to provide feedback about their care. We saw parents completing satisfaction surveys.
- Staff in the specialist bladder bowel service told us that they wanted to 'hear the child's story' to work on improving the child's symptoms and the service. We saw that 78% of those who completed satisfaction surveys in this service said their care was excellent. The one negative response received was about a delayed follow up appointment. The staff had subsequently contacted this patient to address this.
- We saw that the services responded to complaints and feedback. We saw that outcomes from these complaints and feedback were shared with parents, carers and young people and that any changes that came about were shared with the person. One person had asked about hand hygiene between patients and was advised about the practice used. We saw a letter to a patient apologising about the service they had received and how this had been addressed.
- Staff told us they received regular information from the Patient Advisory Liaison Service (PALS) about complaints and plaudits received.

Good

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

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

Summary

The staff we spoke with told us the patient was at the centre of what they do, they were positive about working for the organisation. There was a strategy for delivering good quality care. Staff knew about the strategy and their role in achieving it

All staff told us that the leaders were visible and approachable. The organisation encouraged candour, openness and honesty. Staff told us they felt valued and respected. Staff told us innovation was encouraged and recognised. We saw innovative work in the specialist bladder and bowel service.

The recent changes to leadership of the Childrens services meant there was limited capacity to lead effectively and ensure effective oversight of both the childrens and minor injury unit services. Additional support to ensure safeguarding arrangements met the needs of those using the service were being planned.

Staff told us that they could shape services to benefit patients and financial pressures were managed so as not to impact on care

The dermatology service did not have robust governance arrangements and so the provider could not be assured that the service was meeting the needs of the patients.

Detailed findings

Service vision and strategy

- Peninsula Community Health had a vision and values: 'Quality Care, Closer to You'. The three main objectives were: to put patient safety and quality of care at the heart of what they do, to meet need and benefit the community; engagement, empowerment of staff 'the owners to participate in the growth and development of the company, and to be a sustainable business. All the staff we spoke with told us that the patient was at the centre of everything they and the organisation did.
- We saw there was a strategy for delivering good quality care and staff knew about the strategy and their role in achieving it.
- The specialist bladder and bowel service had put forward a business plan to increase their capacity to meet the identified needs. Staff told us that they felt they could shape services to benefit patients.

Governance, risk management and quality measurement

- The specialist bladder and bowel service and TB service had monthly meetings which included reviewing performance activity and patient feedback. Performance information from the specialist bladder and bowel service was then reported to the clinical and quality committee. The TB performance activity was reported to the performance manager on a monthly basis. The dermatology nurse service was managed by a locality matron who contributed to the monthly performance review that reported to the clinical and quality group. There was no information available about governance arrangements for the physiotherapy service and respiratory nurse services who treated children.
- We saw there was a systematic programme of audit within the specialist bladder and bowel service, TB service, respiratory nurse service and physiotherapy service. This meant that these services could monitor quality and identify where action needed to be taken.
- We saw arrangements for identifying, and recording risk and mitigating actions. The named nurse for safeguarding children was a member of the clinical quality and safety committee and had highlighted some concerns in a safeguarding children update report in October 2014 that had been presented to the clinical quality and safety committee.

Leadership of this service

- Staff and team leaders in the service prioritised safe, high quality, compassionate care and promoted equality and diversity. Staff from the specialist bladder and bowel service and the TB service told us morale within the team and support from team leaders and managers was good. Staff in the dermatology nurse service said they felt slightly isolated with few formal opportunities to meet with the managers although they felt able to contact them as required.

Good

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

- As the children's services provided were relatively small the named nurse for safeguarding children had recently taken on the role of interim children's lead for the organisation. The role was also the lead for Minor Injuries Units which placed additional workload in overseeing all services for children that were provided by Peninsula Community Health CIC.

Culture within this service

- All staff we spoke with understood what decisions they were required to make, knew what they were responsible for and the limits of their authority.
- Staff told us that the organisation encouraged candour, openness and honesty. Matrons, nurse consultants and staff spoke of the importance of raising concerns and that action was taken when staff had concerns.
- Staff said they worked well together and supported each other. They told us they felt valued and respected.
- The nurse consultants told us they were in dialogue with commissioners of services to look at the best ways of meeting identified needs. The culture was centred on the needs of the people who use the services.

Public and staff engagement

- We found there were systems in place to ensure regular feedback on service provision for analysis, action and learning. We saw the Team Focus monthly news sheet and the introduction of monthly team focus meetings. These involved staff early on in decision making and facilitated feedback. Staff told us that there was a weekly staff bulletin available on the staff intranet that included business, operational, clinical, staff and organisation news which they found useful.
- We saw that the specialist bladder and bowel service and the TB service sought the views of parents, children and young people using the service on the quality of the service. Action was taken to address any issues highlighted. The views of the people using these services and the outcomes measured were used to look at ways to improve the service. A parents' and carers' group was being introduced by the specialist bladder and bowel group to encourage participation of people who use the service.

Innovation, improvement and sustainability

- Staff told us innovation was encouraged and recognised. We saw innovative work in the specialist bladder and bowel service. In the business plan to further develop the specialist service we saw that it had considered sustainability, and many factors to improve the service and outcomes for patients.
- Staff told us there was succession planning, with many 'home grown' staff that were progressing in their career.
- There was a clear view from staff that their focus was on patients and improving the quality of care and that they did not feel the organisation's financial pressures compromised care. Previous business plans had been successful in highlighting areas of need. In the TB service this had resulted in an increase in administrative support, while in the specialist bladder and bowel service, an additional nurse had been recruited. This resulted in an increased capacity to meet increasing demand.