

East and North Hertfordshire NHS Trust

RWH

# Community health services for children, young people and families

## Quality Report

East and North Hertfordshire NHS Trust  
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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/unit/team)</b>	<b>Postcode of service (ward/unit/team)</b>
RWH01	Lister Hospital	Children's Community Services	
RWH20	QEII Hospital	Children's Community Services	

This report describes our judgement of the quality of care provided within this core service by East and North Hertfordshire 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 East and North Hertfordshire NHS Trust and these are brought together to inform our overall judgement of East and North Hertfordshire NHS Trust

# Summary of findings

## Ratings

Overall rating for the service	Good	●
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Outstanding	☆
Are services responsive?	Good	●
Are services well-led?	Good	●

# Summary of findings

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# Summary of findings

## Overall summary

Overall we rated the service as good with the service being outstanding for caring and good in all other areas.

We found Children's Community Services (CCS) provided a caring and effective multidisciplinary and multiagency service for children and young people (CYP) who required assessment, support and intervention to ensure their wellbeing and development.

Services were provided in a child friendly environment by a highly skilled and empathetic workforce across all children's community settings. Services provided at the Child Development Centre (Danestrete) and the Children's Zone (QEII) included visits to a child's home, nursery, school or other locality setting. This enabled the development of holistic packages of care for each child and minimised the need for multiple appointments and duplication of history taking and documentation.

Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who used the service, parents and stakeholders were continually positive about the way staff treated people. Parents said staff went the extra mile and the care they received exceeded their expectations.

Services were well-led and staff were aware of the wider vision of the trust and felt supported in their roles.

We spoke to 43 staff which included nurses, doctors, therapist's teachers, care support staff and administrative staff. We also spoke to five children and eight parents.

# Summary of findings

## Background to the service

East and North Hertfordshire NHS Trust provide Children's Community Services (CCS) to children and young people (CYP). Services included: community paediatrics, children's community nursing (CCN) service, children's continuing care (CCC), special needs health visiting (HV), children's diabetes, epilepsy and chronic fatigue services and services to four special education (SED) schools.

Community paediatrics provided multidisciplinary services to CYP who required assessment, support and intervention to ensure their wellbeing and development. The service provided expertise in the diagnosis and management of developmental disorders and neurodisability, Down's syndrome and similar conditions, autistic spectrum disorders (ASD), dyspraxia, attention deficit hyperactivity disorder (ADHD) epilepsy and feeding

problems. Services were provided in two child development centres, one at Danestrete, Stevenage and one at the Children's Zone, Queen Elizabeth11 (QE11) hospital site and in outreach clinics.

The service participated in "Team Around the Child" meetings for children with complex needs. The service had close links with education and holds clinics in each of the (four) SED schools in their area. The service provided specialist advice and assessment to Hertfordshire County Council (HCC) for children with special educational needs and adoption and fostering services. Safeguarding the health and wellbeing of these children was a high priority for the team. Children's mental health services (CAMHs) were not commissioned for this service.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Sir Norman Williams, MS, FRCS, FMed Sci, PPRCS.

**Head of Hospital Inspections:** Helen Richardson, Head of Hospital Inspections, Care Quality Commission

The team included a CQC inspector and a specialist advisor.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme.

## How we carried out this inspection

To get to the heart of patients' experiences 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 of people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the hospitals. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

# Summary of findings

We held listening events in Stevenage and Welwyn Garden City before the inspection, where people shared their views and experiences of services provided by East and North Herts NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme, which took place on other trust sites during 20 to 23 October 2015. We spoke to 43 staff which included nurses, doctors, therapist's teachers, care support staff and administrative

staff. We also spoke to five children and eight parents. We observed the care and treatment provided in clinical areas and viewed ten patients' records with their consent. We also held a focus group specifically for children and young people.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment provided by the service.

## Good practice

- The CCC, the CCN the specialist health visitors (HV) community paediatrics and the school nursing service were identified as being creative and innovative in finding solutions to the complex care and support needs of CYP.
- Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who use the service, parents and stakeholders was continually positive about the way staff treated people. National audits for CYP in diabetes and epilepsy scored highly (100% for epilepsy and the fourth highest in the country for diabetes) for patient experience.
- Parents said staff did everything they possibly could to support the child and the family which exceeded their expectations. Parents told us staff went the "extra mile" and gave examples of how staff had actively supported their child and the family throughout the care episode.

East and North Hertfordshire NHS Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated this service as good for safety.

The CCS service was safety aware and there was a strong emphasis on ensuring children were cared for by staff trained in hygienic care practices and were clinically competent to care for CYP.

The majority of staff had received safeguarding training at Level 2 or Level 3 and knew how to report the signs and symptoms of potential abuse.

Staff were aware of the relevant policies for lone working and the provider had made every attempt to maintain the safety of staff who were working in community settings.

Nurses, doctors and support staff reported incidents using the trust incident policy and we saw examples of where learning from incidents had taken place.

### Incident reporting, learning and improvement

- Nurses, doctors and support staff in CCS used an online reporting tool to record accidents, incidents or “near misses”. All staff groups had received training in the incident reporting system and knew how to report an incident.
- Incident reports were reviewed monthly by the deputy matron for CCS to identify trends and share learning across community teams. For example, where children had experienced a minor bump or fall nurses had reviewed the environment and had made reasonable adjustments.
- A CCN said “It is important that we share the learning from incidents so we can find solutions to the problems. We attend monthly half days to discuss issues and learn from incidents and we learn a lot from each other”.

## Are services safe?

- A school nurse told us they received very little feedback around incidents from their line manager as they had been missed off the community circulation list. This had been addressed in September 2015 and the schools were now receiving governance information about the CCS.
- We noted in the minutes dated May 2015 of the WCD, administrative staff had been reluctant to report incidents not resulting in harm. 13 incidents were reported from February to April 2015. This was reported in the minutes as a low level of incident reporting for CCS. The lead clinical manager had since attended a community away day to brief staff about the importance of accurate incident reporting to help promote learning and ensure a safe service.
- It was noted in the June 2015 minutes for WCD, that incident reporting had increased across children's services. This demonstrated nurses, doctors and support staff understood their responsibilities to raise concerns and report safety incidents to ensure that lessons were learnt and appropriate actions were taken to promote patient safety.
- Supervision arrangements were in place from line managers and designated safeguarding leads in CCN. A nurse said about their supervision session "It gets us talking and helps us think of things from a safeguarding point of view".

### Medicines

- General medicines management policies were in place in the CCN service. An audit had been undertaken to review "Safe prescribing in the community: regarding errors in prescribing and dispensing" in September 2015. The audit identified a small number of medication errors around the dispensing of medicines. This resulted in a change of practice around the collection of prescriptions by community nurses. The CCN planned to repeat the audit in 2016-2017.
- The community paediatrician's reported an incident in October 2015, where a young person had left a message on the office answer phone (concerning their medication) which had been overlooked by the administrative staff. Appropriate incident reporting processes were followed and the young person did not come to any harm. A system to streamline messages to prevent this happening again was being developed.
- CYP in SED schools were supported by school nurses in the administration of their medicines. Each child had a care plan and their medications were stored in a locked cupboard. CYP who required emergency medication had an individual care plan which identified who could administer their medication. Staff (parents, teachers and school nurses) who were able to administer emergency medication had been trained and attended annual updates. We saw documentary evidence of this.
- Emergency medications in Greenside SED school were stored in a second locked cupboard with the key on a hook above the cupboard during school hours. We were told a key pad was on order and was being addressed as a matter of urgency by the deputy matron for CCS. We observed the school nurse administering medications safely by placing CYP medications in separate bags and boxes labelled with the child's name. This ensured each child's medication was kept separate during transportation.

### Duty of Candour

- Nurses and doctors were able to tell us about the Duty of Candour regulation introduced for all NHS bodies in November 2014. This meant that organisations should act in an open and transparent way in relation to care and treatment provided to service users.
- Nurses and doctors were able to describe how complaints and concerns were being managed which assured us they were implementing the principles of the Duty of Candour and kept families and children informed about how their concerns and complaints were being managed and outcomes were shared.

### Safeguarding

- The majority (92%) of nursing and support staff in CCS had attended safeguarding training for children at Level 2 and Level 3. Nurses, doctors and support staff across all community services were able to demonstrate that they knew and understood the risks of potential abuse to children and would report any concerns to their line manager.

# Are services safe?

## Environment and equipment

- Weekly equipment checks were undertaken in areas accessed by CYP across the CCS and we saw documentary evidence of this. We observed resuscitation equipment was in place in SED schools and clinics. For example, defibrillators, oxygen and suction equipment was maintained and clean. Portable appliance testing (PAT) of equipment was last completed in 2015. This demonstrated emergency equipment had been appropriately tested and maintained and was deemed fit for purpose.
- CCC provided CYP and their families with equipment appropriate to their clinical condition. For example, ventilators, suction and oxygen. The CCC manager had a list of all the equipment in CYP homes and was able to demonstrate where equipment was placed and when it was serviced and cleaned. All equipment had been PAT tested in 2014/15.
- The manager told us there were no difficulties obtaining equipment in the event of an equipment malfunction and the service from the trust's medical electronics service was
- Clinics from Danestrete child development centre were shortly to be relocated to the Children's Hub at Lister Hospital and Children's Zone at QEII. The current environment was not appropriate to support the care of CYP. For example, it was difficult to adjust the temperature of the clinic rooms and the building was not welcoming to families of vulnerable CYP.
- 30% of CYP received their medication through a medical device (pump) used for the administration of insulin supported by a programme of education and support from the CYP diabetes service. This enabled CYP or their parents to have more control over their clinical condition and enabled them to lead more independent lives.

## Quality of records

- We reviewed eight sets of care records across the SED schools. Care plans used a standard format that was in line with the CCN team at QE11 and Lister. The majority of care plans had current review dates and were completed following each review with the CYP.

- Medication charts (MARS) were clearly documented and there was evidence of parental involvement. Entries were signed and dated but names were not always printed or legible. This meant it was not always possible to identify which nurse had completed the MARs sheet.
- We reviewed eight sets of CYP notes across the CCS. Notes were stored securely. For example, in cabinets in a locked room or out of site behind reception areas in outpatient clinics and were not left unattended.
- Each professional had recorded their entries appropriately: documentation was accurate and complete and notes were easy to navigate. Entries were dated and timed but some signatures were not legible and therefore names were unclear so it was difficult to identify who had recorded the entry.

## Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection in the CCS. Nursing and support staff were able to tell us about infection control policy's and guidance and we saw evidence of good hand washing and /use of gel techniques when caring for children in their own homes.
- Infection control link nurses were in place in the CCC and the CCN who acted as a resource for staff and had direct links with the infection control lead nurses for paediatrics to ensure infection control practices were safe. There were no reports of methicillin resistant staphylococcus aureus (MRSA) and Clostridium difficile (C.Difficile) related infections.
- Support staff showed us how they accessed trust policies from the electronic trust policy data base.
- The senior sister in the Children's Zone told us about the importance of maintaining the cleanliness of children's toys throughout the centre to minimise the risk of infection to children. We saw cleaning schedules had been completed which incorporated the cleaning of the children's toys. We observed the toys were clean.
- Parents visiting the Children's Zone told us the centre was cleaned to a high standard as all the clinic rooms and the communal areas were always clean and tidy and they had seen staff completing cleaning schedules.

# Are services safe?

## Mandatory training

- Most nursing and support staff were meeting their mandatory training requirements. For example, manual handling, fire, infection control and safeguarding. Attendance was between 90% and 100%. Line managers were able to access the trust's electronic training system to enable them to monitor staff compliance. Where staff had not completed their training we saw they were either booked onto a training course or were on maternity leave.

## Assessing and responding to patient risk

- Community paediatrics was not an emergency service. CYP families were advised if their child became acutely unwell or their condition deteriorated they were required to contact
- The CCC on call was provided by the CCC matron, Deputy Nursing Service manager and the Clinical facilitator. This enabled CYP with complex care needs whose condition changed / deteriorated to continue to be cared for in their own homes wherever possible. The service also offered respite care within the family home for CYP who were dependent on technology for example, ventilation. This ensured that CYP who had a rapidly degenerating condition including palliative care needs, could access urgent medical attention whenever it was required.
- Within the CCC and CCN we saw comprehensive risk assessments had been carried out for CYP. Risk management plans were developed in line with national guidance. For example, for a child who had experienced seizures it was clearly documented in their care plan the associated risks with their clinical condition and the actions such as administration of emergency medication, to be undertaken. This was evidenced to NICE guidance for the management of epilepsy.
- The paediatric diabetes service saw CYP within 24 hours of receiving a referral. This enabled their condition to be assessed and monitored by a diabetes clinical nurse specialist to help mitigate the level of risk including the deteriorating health of the child.
- A programme of education and support was commenced supported by an information pack on how to manage their condition. A programme of home visits

and daily telephone calls was put in place to support the family, carers and health care staff. This enabled them to recognise and respond appropriately to a deteriorating condition of the CYP.

- Families had access to a 24 hour on call diabetes service run from Lister Hospital switchboard. This ensured that urgent medical attention could be accessed at different times of the day. A family told us it was an excellent service and "works brilliantly well".

## Staffing levels and caseload

- Nursing establishments were reviewed by the deputy matron bi-monthly using the service specifications for each clinical service supported by professional guidance from the Royal College of Nursing (RCN) in 2013 which recommends identifying the number of face to face contacts, other consultations and travel time.
- Caseloads in the CCN team were variable across services: life limiting conditions, learning disabilities and children born prematurely. The deputy matron constantly reviewed the caseloads of community nurses to ensure children were receiving safe care and treatment at all times.
- A CCN told us they had a caseload of 48 CYP and covered a wide geographical area. The nurse said they worked very closely with CCC and the specialist nurses and shared information about the CYP they cared for. The nurse said there were sufficient staff within the team with the appropriate skills to meet the needs of their patients.
- The diabetes team had a caseload of 245 CYP with a nursing establishment of 5.6 whole time equivalents (WTE). The RCN (2013) recommendation was for one nurse to 70 patients. The nursing establishment was within the national recommendations. Each nurse had their own caseload which included engagement with local schools.
- The CCN team were providing care during bank holidays and were supported by appropriately trained bank nurses who had undertaken induction, mandatory training and CCN competencies. For example the administration of Intravenous medications (IV). This

## Are services safe?

enabled the CCN team to undertake IVs antibiotic therapy which could reduce the length of stay for CYP in the Lister Hospital by enabling children to be cared for in their own homes.

- The CCN were working towards providing a seven day service and had put a business case to the trust in 2014 to formalise the above arrangements.

### Managing anticipated risks

- The deputy matron and line managers had contingency plans in place to manage seasonal fluctuations in demand and adverse weather conditions. For example, staff who were unable to travel to their normal work place would be re- directed to work in an area closer to their home.

- Lists of nurses and support staff contact details were held by the deputy matron and team leaders. The CCC service supported families seven days a week and ensured wherever it was possible that families were able to support the care of their CYP in times of extremis.
- A lone worker policy was in place and nurses and support worker were able to tell us about safe working practices. For example, all staff were required to carry personal alarms and report in to their service following the completion of their visits to CYP in the community.

## Are services 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

We rated this service as good for effectiveness.

Parents told us the service they received from the CCS had enabled their children to live full and active lives within the constraints of their clinical condition. Parents told us how "effective" the care strategies were that had been put in place for their child.

Evidence based practice was clearly evident and the best practice tariff was in place for children's diabetes and epilepsy services.

The implementation of a 0 to 18 year's pathway for children with a diagnosis of autism (autism spectrum disorder) ADHD supported a multidisciplinary approach to the clinical assessment and treatment of children in the CCS. Multidisciplinary and multi-agency working featured strongly across all services in the CCS.

Nursing and support staff were trained and competent to undertake their roles and were meeting their mandatory training and appraisal requirements.

### Evidence based care and treatment

- Evidenced based guidance, standards and best practice guidance were used to deliver effective care and treatment to CYP. Needs assessments and care planning arrangements supported good outcomes and a good quality of life for CYP.
- Relevant National Institute for Health and Care Excellence (NICE) guidance were in place. For example, diabetes epilepsy and diagnosis management and treatment for CYP with autism and ADHD.
- NICE guidance had been used to develop training competencies for the CCC team and to inform the policy for the care of CYP with diabetes in acute and community care settings.
- Policies, procedures and guidelines were available to nurses, doctors and support staff who were able to access them when necessary.
- Following the outcomes of Epilepsy 12 National Audit Round 2, 2014, and the National Paediatric Diabetes

Audit experience survey for children and young people 2013/14, best practice tariffs were in place. This demonstrated the trust was delivering diabetes and epilepsy services that had been nationally benchmarked for quality and effectiveness.

### Pain relief

- Pain relief was managed using a pain control tool to help CYP (where possible) to be involved in the management of their pain. Where CYP required treatments which could be potentially painful an assessment of their pain score was undertaken and analgesia was administered by the CCN or the CCC prior to treatment being commenced.

### Technology and telemedicine

- A business case had been forwarded to the trust board to support the implementation of electronic case record management for CYP in the CCS. This would enable community teams to communicate and plan more effective care for CYP in the future. This was documented in the WCD minutes for July 2015.
- Remote diagnosis and treatment of CYP by means of telecommunications technology were not in place in the CCS.
- There was a lack of information technology (IT) in the Danestrete building which made CYP information difficult to access during clinics.

### Patient outcomes

- Themes from the National Paediatric Diabetes audit (2013-2014), and published in March 2015 were being implemented: the healthy child programme, development of enhanced training and educational packs for CYP and their families and additional clinics run by paediatricians and specialist nurses to meet the increasing demand on CYP diabetes services.
- The audit identified children's paediatric diabetes services as being the fourth best performing unit in the

## Are services effective?

country and the best performing unit in the region. For example, multidisciplinary team working was 64% compared to the East of England at 58% and was above the England and Wales average of 59%.

- The audit also showed children with a HbA1c (a blood test that is able to show the average blood sugar levels over a period of weeks/months) below 7.5% was 19% (for the trust) compared to the England and Wales average of 18.5%. This demonstrated the children's paediatric diabetes service was providing more effective treatment and services to CYP in North and East Hertfordshire.
- Nurses and doctors talked with confidence about national guidance and how this was helping to support and inform the development of the multidisciplinary assessment pathway for autism (ASD).
- Pathway audits had been on-going and changes had been made to the pathway to make it more realistic and flexible in meeting the needs of children and their families. However, the shortened pathway was not appropriate for all CYP and a service review was in place and we saw evidence of this in the WCD minutes for the months of January 2015 to July 2015.
- We reviewed three sets of care records for the fatigue management service which clearly documented the progress and how the young person's condition had responded to their chronic fatigue management plan.

### Competent staff

- Nurses and support workers in the CCS told us they were supported by experienced nurses and encouraged to develop in their roles. A CCC support worker said "My manager is very supportive and has helped me to develop my knowledge and skills in palliative care which I am able to share with my colleagues which is helping us to give better care to our patient's".
- Two CCN told us they had recently attended palliative care and rheumatology courses which had helped them to change their practice and therefore improve care to their patient's. For example, improved pain management for CYP.
- Nurses had led the development of services in diabetes, epilepsy and oncology and had gained promotion or had been able to undertake specialist roles to support the enhanced care of CYP.

- The CCC had developed a team of 20 highly experienced and skilled support workers who provided specialist nursing care to CYP with complex health needs in the community. Staff were trained by the children's community trainer who was one of two trained children's nurses who oversaw the service.
- All support workers had completed a competency based clinical training programme and had undertaken either a first degree or a Diploma in Health Care at Level 2/3 relevant to their role. This demonstrated that staff caring for children had the right qualifications, skills, knowledge and experience to undertake their roles.
- There was a clear framework in place for the management and support of nurses and support staff. The annual appraisal rate for CCS was 90%-100%.
- Clinical supervision and one to one meetings were in place which demonstrated that nurses were supported, their performance was monitored and assessed and they were able to access the appropriate training to enable them to deliver effective care and treatment to children and their families.

### Multi-disciplinary working and coordinated care pathways

- Parents told us nurses, doctors and other health care professionals worked together in teams across the CCS to provide coordinated care and support services for their children. They told us all health care professionals knew about their child or young person and care, information and support were coordinated around the child and their family.
- For example, ASD, diabetes and SED schools, included all necessary professionals and involved staff from other agencies involved in children's lives including education, nurseries and social care.
- We observed a care planning meeting in a main stream school with the parent of a child with a long term medical condition. This was a follow up meeting to review the progress of strategies put in place by the multi-agency team.
- The meeting was led by a special needs health visitor (from CCS) with representation from the school and Hertfordshire County Council (HCC). The parent commented on how effective the strategies had been

## Are services effective?

and how their child's performance had improved at home and at school. This demonstrated that care had been delivered in a coordinated way when different teams and services were involved.

- We observed good working relationships with other health care professionals, for example, speech and language therapists, dieticians, specialist nurses and paediatricians. We attended the weekly diabetes multidisciplinary (MDT) team meeting. It was structured and well attended by 13 staff including paediatricians, specialist nurses, a dietician, psychologists and administrative staff who provided support to the team.
- We saw examples of where health care professionals undertook specialist assessments and interventions to supported individual children to stay healthy while living with a range of long term conditions. These included CYP living with a neuro disability, ADHD and Downs syndrome.

### Referral, transfer, discharge and transition

- CYP with a suspected diagnosis of ADHD were first assessed by a paediatrician or a child and adolescent psychiatrist in East Hertfordshire. The trust did not have a specialist nurse for ASD but did have 1.8 WTE specialist nurses for the ADHD service.
- Children 0-5 were not required to have a definitive diagnosis to commence treatment and support. CYP were usually diagnosed by the age of five and would stay in CYP services until the age of 18.
- CCS worked with the acute trust to deliver effective transition services to help young people to move through adolescence and into adulthood in a planned and timely way. Young people with ASD transitioned into adult mental health services and there were adult ASD services in East and North Hertfordshire.
- CYP and their families were supported through transition by follow up clinics led by CCS (diabetes, epilepsy and ADHD). This ensured CYP needs were being met by adult services. A transition policy was in place with a review date of 2016.
- There were strong multi-agency links with commissioners and HCC to support CYP and their families through their care episode.

- The CCS was able to access social services for children through a single point of access. The Children's Disability Team were able to undertake assessments and act as a resource panel for the funding of the Children's Integrated Disability Service and the Looked After Children (LAC) service. This ensured services were planned and took into account the needs of different CYP.

### Access to information

- Patient passports had recently been developed in SED schools and were shortly to be introduced across CCS. They were designed to provide up to date communication between the CYP, parents/carers, community teams and hospitals without the need for CYP to be asked the same question by each individual practitioner.

### Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We observed nurses, doctors and support staff in the CCS obtaining consent from CYP (verbal or implied) whenever it was possible to do so. Where it was impossible to gain consent from a child due to their age or clinical condition, consent was sought from the parent in line with legislation and guidance including the Mental Capacity Act (2005) and the Children's Acts (1989 and 2004).
- CYP under 16 were able to give valid consent if they had been deemed competent and were involved in the consent process (Gillick competence).
- When seeking consent we observed the CCN and support staff in the CCC spending time with each child or young person and using terminology they could understand when explaining what they were going to do.
- Where young people aged 16 and over lacked the mental capacity to make a decision, "best interest" decisions were made in accordance with legislation. Young people were supported to make decisions and follow-up clinics were held at times to suit them and protect their confidentiality.
- Follow up appointments and advice and support were often communicated using text messages and help lines, for example, the ASD service.



## Are services caring?

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

### Summary

We rated this service as outstanding for caring.

In the CCS, we observed children and their families were cared for by staff that were kind and compassionate and ensured their privacy and dignity needs were being met.

We observed children were involved with the planning of their care whenever possible.

Parents were closely involved throughout the assessment, planning and delivery of their child's care and were kept informed of changes and developments by members of the multidisciplinary team. Parents told us they would never have been able to care for their child or young person without the support and dedicated care from the CCS.

The CCC, the CCN the specialist health visitors (HV) community paediatrics and the school nursing service were identified as being creative and innovative in finding solutions to the complex care and support needs of CYP.

Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who use the service, parents and stakeholders was continually positive about the way staff treated people. National audits for CYP in diabetes and epilepsy scored highly (100% for epilepsy and the fourth highest in the country for diabetes) for patient experience.

Parents said staff did everything they possibly could to support the child and the family which exceeded their expectations. Parents told us staff went the "extra mile" and gave examples of how staff had actively supported their child and the family throughout the care episode.

### Compassionate care

- We observed nurses, doctors, health care professionals and support staff interactions with CYP and their families as being friendly and welcoming. Nurses and support staff went out of their way to be child centred and we observed examples of where trusting relationships had been developed with the child and their family.
- Parents spoke in glowing terms about the CCN, CCC the specialist health visitor (HV) the paediatricians the community paediatric service and the school nursing service.
- A parent attending the community paediatric service said "the doctors always go the extra mile". The parent was experiencing difficulties accessing social services support so the doctor liaised directly on the parent's behalf and the matter was resolved. The parent said "Everything is explained in detail and the doctor makes sure I understand everything".
- A parent said "Without the support from the HV over the last two years I would not have been able to manage as she has been such a support to me". Parents who attended the autism assessment clinic said "The doctor is really empathetic and what I really like is that the doctor remembers what we have discussed before and really thinks about me as well as my child". Another parent said "The doctor really listens and she had the answers today which was a great relief and talks to me like a person so I have really been able to warm to her".
- Another parent whose child was supported by the CCC service said "The care and support they have given to me, our child and the whole family has been truly wonderful. The staff are very much part of our lives (had been supporting the child for eight years) and I know I can call on them any time which I often do as my child's condition can deteriorate very quickly".
- We observed a CCC support worker supporting a child who was confined to bed, was totally dependent and required all care. Communication throughout the care episode was conducted with the parent being present and was undertaken in a calm and reassuring manner. The child's privacy and dignity needs were respected throughout the care episode.
- The child had limited communication abilities and had been supported by the home schooling service using assistive technology. The support worker encouraged the child to sing his favourite songs and gently prompted him to speak the words he was able to use and helped him to play the electronic games he enjoyed.



## Are services caring?

- The parents of the child told us the CCC staff provided 24 care and the child had not required an admission to hospital in the last five years. This demonstrated the care and support provided to the child and family were meeting the child's care and support needs and was enabling the child to be cared for at home. The parent said "The support staff are with us all the time and enable us to be a family which is very important to us".
- The Friends and Family (FFT) test was commenced in the CCS in May 2015 and was reporting green on the trust dashboard for CCS. This meant the service was meeting the needs of CYP and their families.
- Comments received reported the service as "child friendly and caring" and "supportive and helpful" to families. One person said "The staff are very caring and I have always felt fully informed about my child's care".
- Written feedback about the school nursing service included "The school nurses are really good and have trained up the staff in the school which means our child is supported at all times as they need hourly medical care. I know they will always contact me if there are concerns which is very reassuring".
- We observed a school nurse at Greenside School administering medications to children with kindness and sensitivity in relation to their care and support needs. There was evidence the nurse had developed positive relationships with the children as they were pleased to see her each time she entered a classroom.
- We also saw "thank you" cards in clinics and units from parents and children expressing thanks for the care provided. This demonstrated that the services provided to children, young people and their families were meeting their care and support needs and were delivered to a high standard.

### Understanding and involvement of patients and those close to them

- We saw nurses, health care professionals and doctors giving explanations to parents and CYP about their clinical condition.
- For example, a speech therapist explained an assessment procedure to a young person using

language appropriate to the age of the young person and answered the questions they asked with patience and understanding. We saw how the explanation had reassured both the young person and the parent.

- Parents told us nurses, doctors and health care professionals listened to what they had to say and involved children whenever it was possible to do so in their care and treatment. Parents said they were kept well-informed by nurses, doctors and health care professionals.
- CYP told us how school nurses involved them in their own care. For example, children in an SED school told us how the school nurses had involved them in administering their own medications. Children were able to tell us what their medications were for and how often they needed to take them.
- A child said "I want to see them more (school nurses) because they care and they help me to get better". Children were proud of their ability to administer their own medicines and there were lots of thumbs up signs when we asked about the school nurses who supported them. Another child said "The school nurses are kind and friendly and really help to care for me".
- A range of information on particular procedures and conditions was available for parents who supported the verbal explanations children and their parents had been given. We saw health care professionals allowed time for questions from parents or the child themselves and checked their understanding when procedures had been explained to them.
- We saw information was written in a way that children and young people could understand. Where children or young people were unable to communicate about the involvement in their care we saw examples of where nurses and support staff continually checked for consent through non-verbal communication. For example using touch and sign language. We heard staff engaging with children and young people of all ages with age appropriate conversations.

### Emotional support

- The community paediatrician lead for autism (ASD) services told us the ASD specialist nurse provides "invaluable support" to children and families who had recently been diagnosed with ASD. Children and families



## Are services caring?

were supported by a variety of resources that had been specifically developed by the CCS autism service. For example, autism booklets and its effects on children and young people's lives (from 0-18) had been written and published nationally by a community paediatrician.

- A parent of a child being supported by the CCN team told us how supportive and caring the nurses were and how they supported the whole family. The parent said "The whole team are amazing and they really take time to really explain things to my child. I cannot praise them enough". The child said "The nurses speak to my daddy too and give my little sister treats and they give me stickers when I am brave". The parent said "I feel very supported by the CCN team and know I can call them any time".
- Parents told us how supportive the community paediatricians were and how they felt listened to and supported emotionally. For example, following concerns about their child's epilepsy a parent said "The specialist was incredibly knowledgeable and set my mind at ease. He knew exactly what he was talking about and it was what I needed". This demonstrated that the clinician was able to support the emotional wellbeing of the parent with a child with a complex and long term condition.

# Are services responsive to people's needs?

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

## Summary

We rated this service as good for responsiveness.

CCS provided a highly responsive service to children, young people and their families who required specialist intervention and support in their home or appropriate community setting.

We saw evidence that children and their families were listened to and were involved in the plans for their long and short term care. Children and young people experienced delays in accessing the autism (ASD) assessment pathway for children from 0-18 years.

A service review in partnership with the commissioners (CCG) had been commenced.

We saw where clinical services for example, chronic fatigue service, epilepsy and ADHD had been developed to meet the specific needs of children, young people and their families. Trends and themes from complaints and concerns were discussed at speciality and care group level.

Good practice advice and required learning was identified and actions taken. Information was disseminated to staff.

## Planning and delivering services which meet people's needs

- A chronic fatigue service had been established in the CCS to provide support to young people who experienced chronic fatigue syndrome (CFS). The service was available to young people who accessed it through their GP.
- Referral to treatment time was six weeks and there were no available first assessment appointments until January 2016. The service was provided by a psychologist and specialist nurse and linked closely with education services at HCC and tertiary centres.
- The three day a week service had a case load of 100 young people. There were increasing pressures on this small service as awareness of CFS amongst young people was becoming more widely known in the region.
- First assessments were undertaken by the psychologist or specialist nurse and support strategies were put in place to enable CYP to self-manage their symptoms. For

example, balancing rest and activity and finding a baseline, accessing their GP for advice on pain management and gaining support from friends and family.

- 100% of user feedback forms had been returned and we saw comments from young people praising the service. For example, "thank you so much for your support and ideas, you have made my life so much easier". And "thank you for always making me feel good and praising me over the small things I find hard to do as my friends don't see this as accomplishments".
- A business case had been developed by the deputy matron to support increased psychologist and nurse specialist hours to meet the increasing demands on the service.
- ADHD services were provided by the CCS for CYP in North and East Hertfordshire. The service had 800 patients in the North and 500 patients in the East and was provided by six paediatricians and two ADHD specialist nurses, speech therapists and psychologists. There were 251 CYP on the waiting list for assessment with a waiting time of nine months.
- Children under the age of five did not require a definitive diagnosis of autism to receive treatment to support their clinical condition. Previous waiting times of 12 to 13 months in 2014 had been reduced to nine months through multi agency assessment supported by health care professionals and the multidisciplinary team (MDT).
- The commissioners (CCG) had provided additional support to the service through the provision of two additional speech therapists and a psychologist. CYP on the waiting list were triaged to enable their treatment needs to be prioritised.
- The clinical lead for CCS had met with the commissioners in January 2015 as the service had not met the target waiting times (trajectory). Additional funding for the service had been identified but increasing referrals continued to be received. In the WCD minutes for July 2015 we noted the block contract for the autism service was to be reviewed by the CCG.

## Are services responsive to people's needs?

- We were told an Autism Review Board for Hertfordshire had been established to enable all pathways to be reviewed to ensure a consistent approach to autism services across the county. Newly diagnosed CYP were supported by the Communication Autism Team from HCC who worked in partnership with the CCS and pre-school visits were undertaken by the team's speech therapists. Parents were supported by training courses provided by speech therapist's (CCS) and HCC.

### Equality and diversity

- CCS worked closely with HCC to ensure CYP cared for in their own homes received appropriate educational support. This ensured children were not disadvantaged and were able to continue their education. A child requiring specialist intervention for his clinical condition was able to receive this from the CCN who visited the child's school.
- CYP who required monitoring of their long term condition were supported by school nurses who worked alongside other health care professionals in SED schools. For example, speech and language therapists, (SALT) physiotherapists and occupational therapists.
- The school nurse told us "We work together and communicate any information about the children we support and recorded it on the CYP care plan". This ensured CYP received support for their clinical condition in an environment that was conducive to their learning and support needs.
- There was access to translation and interpretation services usually via the telephone. Staff said the system worked well.
- We saw leaflets were printed in English but stated they were available in larger print, other formats and languages and had a contact number for the Patient Advice and Liaison service (PALs).

### Meeting the needs of people in vulnerable circumstances

- A learning disability nurse specialist was available in the trust to support CYP with a learning disability and provide advice and support to staff to help them to meet children's needs.
- CYP were supported by staff (nurses, support workers and paediatricians) that were experienced in meeting

the needs of children and families in vulnerable circumstances. For example information on how to access clinics, out of hour's services and support groups was accessible and tailored to the individual needs of the child and their family.

### Access to the right care at the right time

- Children's community diabetes services provided care and support to 245 CYP in East and North Hertfordshire. Each CYP was seen by the diabetes nurse specialist within 24 hours of referral and an access services easily through home and school visits, daily telephone contact and a 24 on call service.
- Each child and their family were supported through training and support with an emphasis being placed on self-management by the CYP wherever it was possible to do so. The Children's Diabetes Audit in 2014 identified that CYP in East and North Hertfordshire as being above the East of England and National Paediatric Units averages for accessing advice and positive solutions to manage their clinical condition.
- CYP said clinic appointments were well organised and the clinic environment was child friendly and appropriate to their needs.
- Children's epilepsy service was rated the best in the region following the Epilepsy 12 National Audit Round 2 in November 2014. The diabetes service was rated the best in the region and 4th Nationally.
- For example, 92% of children and their families said they were satisfied with the care they received from the epilepsy service compared to 88% across the United Kingdom (UK).
- The caseload of 370 CYP were seen within two weeks of referral by their GP. The service was well staffed by paediatricians and each child's total care episode was completed on the day of their outpatient appointment. This ensured that on going treatment and care was responsive to the needs of the CYP and their family.

### Learning from complaints and concerns

- The level of clinical complaints in the CCS was low. There had been one complaint in the CCS in the period April 2015 to June 2015. This demonstrated that children and young people and their families were satisfied with the level of service they received.

## Are services responsive to people's needs?

- We saw in governance minutes for the months May to July 2015, how complaints had been managed and lessons learnt were clearly documented. We saw how learning from complaints was shared across the wider paediatric service.

## Are services 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

We rated the service as good for being well led.

The service line managers, managers and deputy matron provided clear and visible leadership across the CCS.

There was a clear governance framework in place and the outcomes of audits and governance meetings were shared with staff across the CCS.

There were effective systems in place to ensure nurses and support staff were trained, supported and appraised and were able to give feedback to their team leaders and line managers.

Nurses, doctors and health care professionals and support workers were supported by the wider organisation and were aware of the wider vision of the trust.

There were innovative developments in CCC, diabetes and epilepsy services which had achieved national and regional recognition.

### Service vision and strategy

- We saw the trust values displayed in a number of areas we visited. Nurses, doctors and support staff knew about the values and some were able to tell us about them in detail. Staff said they knew about the trust's vision for the future from the trust newsletters and recent strategy documents.
- The clinical lead and service managers for children's paediatric services told us about their vision for community services. Their aim was to provide excellent acute and community services supported by specialist outpatient services for children in North and East Hertfordshire. There was not a formal strategy in place but this was being developed.
- The clinical lead told us how proud they were of the service developments across the community and how nursing staff had been nominated for six excellence awards and had won four awards.

- Nurses, doctors and support staff told us they were proud to work in the CCS and believed the care and support they gave to children and their families was of a high standard.

### Governance, risk management and quality measurement

- There was a clear structure for clinical governance in the trust. This demonstrated how CCS reported into the service line reporting structure and how assurance was made through the various committees into the trust board.
- The CCS was part of the Women's and Children's Division (WCD) and staff attended a monthly half day governance meeting. The deputy matron represented the CCS at governance meetings and we saw evidence of this in the WCD meetings for the period of April to July 2015.
- The minutes identified where incidents, accidents, and near misses had been reported and investigated using the trust incident reporting system.
- Senior staff told us about the risk register which had helped to address concerns around office and clinic environments that were not fit for purpose. Relocation of some services had already taken place and there were plans in place for Danestrade which had been recently visited by the Chief Executive. Parking at Lister hospital for community nurses had yet to be addressed.
- We noted that although staff in the CCS were aware of the incident reporting system, compliance for incidents not incurring harm had been low. This had been addressed through governance meetings and incident reporting had increased.
- Safety performance was monitored through the Women's and Children's Division (WCD) and we saw evidence of this in the minutes we reviewed from May to July 2015. For example, policies, safeguarding, management of risks and incident reporting.
- We were able to track where safety issues had been raised and where actions had been put in place to

## Are services well-led?

mitigate risks. For example, a recent Health and Safety review had identified policies and Level 3 safeguarding training was not compliant. Actions to address the concerns were recorded in the minutes and had been completed

- The CCS produced a monthly dashboard for paediatric community services as there were no performance indicators (KPIs) for the service. Information was gathered across a range of indicators for each aspect of the CCS service. For example, numbers of referrals, visits and treatments undertaken by nurses and HV and support staff, sickness rates, incidents and complaints.
- The results of the dashboard were discussed with at team meetings. This demonstrated that the deputy matron was monitoring and reviewing the provision of services across the CCS.
- We spoke with nurses, doctors and health care professionals who were involved in local and national audits. We found staff to be engaged in the audit process and were able to show us examples of where audit results had improved and informed practice.
- For example, carers support groups in the CCC had resulted in a change of day which had increased the attendance of carers and families. An audit of the autism pathway had recently been introduced to help determine the effectiveness of the pathway. However, access to technology was a limiting factor on the Danestrete site. This will be addressed for the second audit cycle when the service moves to the Children's Zone on the QE11 site

### Leadership of this service

- Nurses and support staff were all aware of who their immediate managers were. The deputy matron and lead manager for community paediatrics were described as being supportive, approachable and visible. We were told the chief executive was approachable and visible around the trust and had visited some areas of the CCS.
- The director of nursing had visited a very dependent child with the CCC manager. A further visit had been planned with the family to enable the trust board to experience complexities of care in the CCC.

### Culture within this service

- Within the CCS we saw friendly and open engagement between all groups of staff. Nurses in acute paediatric diabetes services told us how positive the relationships were with CCN and CCN who supported children in the community.
- Nurses, doctors, clinical professionals and support workers we spoke with were proud of the care they provided and of their team and service. The deputy matron of CCS was clear that the care of CYP was at the centre of what staff did every day.
- The culture in the CCS encouraged the reporting of incidents concerns and complaints to the line manager or deputy matron. A nurse said "Our greatest strength is the staff in the CCS. Staff really do work together to ensure the best care and support for children and their families and this gives us a much bigger picture of a Child's overall needs and how they can be met".
- Nurses and support workers understood their individual roles and responsibilities and felt supported within their individual teams. Parents told us they felt well informed and stated that nurses and support staff were friendly, professional and put children's best interest at the heart of everything they did.

### Public engagement

- The deputy matron told us CCS were developing a patient experience strategy for CYP and we saw evidence of this in the WCD meetings for the period May to July 2015. Comment cards to support the F&F test were available throughout the CCS and feedback from families was consistently good.
- Children's stories and complaints were used to support future planning of children's services. This was evidenced in minutes (WCD) and the action notes from children's stories.
- The children's diabetes service supported CYP through the provision of social events and visits to schools to promote local engagement and obtain feedback on services.
- The ADHD service had developed a website for CYP which had received 6,000 hits in the first year (2014).

## Are services well-led?

- A comprehensive range of printed and electronic information and support groups were available to CYP and their families who were signposted to the relevant service following assessment and diagnosis.
- A support group was in place for the parents of CYP who had been newly diagnosed with autism. The paediatricians leading CCS autism services had engaged with the local media to give advice on autism and ADHD to the local population.

### Staff engagement

- Nurses, doctors, clinical professionals and support workers received regularly feedback via the trust newsletter and at team meetings. Staff told us they felt included in changes and developments in the CCS.
- We saw evidence of this in the recent relocation of CCS onto the hospital sites at QE11 and Lister. Nurses and support staff told us they had been involved in ensuring that clinical environments were child friendly and appropriate for use by CYP.

### Innovation, improvement and sustainability

- The CCS was innovative and focused upon quality improvements. For example, the CCC team were the first in the region to develop assistant practitioner (AP) roles supported by a foundation degree.

- This had enabled support staff to support highly complex CYP in their own homes. The model of care was seen as innovative practice by other health care providers in the UK who had visited the service. The CCC manager had won the trust's Well Child Nurse in 2014.
- Nurses, support staff and health care professionals told us they were encouraged to share ideas about service improvements and spoke positively about how they were actively involved in service planning. For example, development of epilepsy, diabetes, and autism services. The learning disabilities (LD) service had developed a pathway of care for CYP to adulthood (transition) supported by a transition care plan. The pathway was shortly to be finalised.
- Paediatricians in the autism service expressed concerns around the difficulties of data collection as there was no capacity in the service to undertake comprehensive data gathering activities. The service needed data to evidence the growing demands of the service. There were no plans in place to achieve this at the time of our inspection.
- The children's diabetes service worked closely with adult diabetes services in the trust and were the only team in the regional diabetes network to take this approach.