

# Alder Hey Children's NHS Foundation Trust

## Inspection report

Alder Hey Hospital  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Alder Hey Children's NHS Foundation Trust became a foundation trust in August 2008. The trust provides care for more than 270,000 children, young people and their families. The trust also leads research into children's medicines, infection, inflammation and oncology.

The hospital contains 270 inpatient beds, 48 of which are in intensive care, high dependency and the burns unit. In addition, there are 16 operating theatres, including 12 for inpatient use and four for day surgery. The theatre suite has integrated operating theatres. Seventy-five percent of the beds are single occupancy with en-suite facilities, climate control and strip lighting for the child or young person to control. Each room contains a sofa bed so that parents are able to stay with their child.

Inpatient rooms offer natural light and many have views of the park. There are separate, dedicated areas, including outdoor space, for children and young people on each ward to allow them to socialise, play and relax. In addition, there is a kitchen situated on every ward with a ward based chef to ensure that each child is given a freshly prepared, healthy meal of their choice.

The hospital also features charitably funded cutting-edge lifesaving equipment, including integrated operating theatres, an intra-operative 3T MRI scanner, CARTO system, brain Lab navigation technology and the latest in x-ray technology, an orthopedic imaging system (EOS).

The trust's outpatients department consists of a number of services based over three floors within a new hospital building. Services include clinics such as physiotherapy; phlebotomy; dental; occupational therapy; ear, nose and throat; fracture; cardiology; respiratory; cystic fibrosis; and ophthalmology. It also includes a general paediatric clinic. The outpatient service has a number of administrative functions such as medical records, transcription services, and booking and scheduling. These services are based within the old estate next to the new hospital

There is a research and education centre built alongside the hospital which is being extended. The work of this centre will involve partnership working with a local university and will allow researchers to develop safer, better medicines for use with children, infection, inflammation and oncology.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Alder Hey Children's NHS Foundation Trust has a broad range of hospital and community services for children, including direct referrals from primary care as well as inpatient and community child and adolescent mental health services to support young people between the ages of 5 and 14 years. The trust is a designated national centre for head and face surgery as well as a centre of excellence for heart, cancer, spinal and brain disease.

Alder Hey Children's Hospital provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit, and surgical services. In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology, and alcohol services.

# Summary of findings

The hospital is a recognised major trauma centre and is one of four national children's epilepsy surgery service centres. Alder Hey hospital is the only national centre of excellence for childhood lupus and the only experimental arthritis treatment centre for children.

The trust provides paediatric palliative care services and works in partnership with Claire House Hospice as well as eight other hospices. The paediatric palliative care team also works with all the community children's nursing teams across Merseyside and Cheshire (Merseyside and Cheshire Children's Palliative Care Network).

The trust delivers a range of community based services to children and young people across Liverpool and Sefton in a variety of community settings including home visits, at schools and health centres. Services are delivered in localities across the trust's geographical footprint. These are North, Central and South Liverpool, and North and South Sefton.

The children and adolescent mental health services (CAMHS) directorate, which was not included in our inspection, provides mental health services including psychiatric assessment, single point of access and crisis care, eating disorder services and the trust's Fresh CAMHS which offers a range of therapies and interventions to help children or young people who are struggling with how they are feeling, thinking, or the way they are doing things

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 6 and 9 February 2018 and 26 to 28 February 2018 we inspected some of the services provided by this trust at the hospital and in the community as part of our ongoing inspection programme.

Our comprehensive inspection of NHS trusts has shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led?

We did not aggregate the ratings for community services and diagnostic services during this inspection. This was because the community service was a new service for the trust and diagnostic services was an additional service.

## What we found

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

- We rated the hospital as requires improvement for safe and good for effective, responsive and well-led. We rated caring as outstanding. We rated five of the trust's services at this inspection. In rating the trust we took into account the current ratings of the services not inspected this time.
- We rated well-led at the trust level as good.

# Summary of findings

- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- It was agreed that we would rate but not aggregate the ratings for community services or diagnostic imaging services in the hospital.

## Overall trust

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

- We rated well-led as good because the trust had a vision for what it wanted to achieve with plans to turn it into action. Staff throughout the trust were aware of the vision and values. There was an experienced and stable leadership team who were committed to improving services, through learning research and innovation. The trust had made improvements to the fit and proper person process since the last inspection.
- The trust had an experienced and stable leadership team with the skills and commitment to provide high quality services. The trust was committed to improving services when things go well and when they go wrong. They promoted training and research.
- Although the trust had an up to date policy for duty of candour we found that this was not always being applied consistently when it had been required.
- Although there was a system in place for identifying and managing risks we found that these were not always being managed in a timely way. There was limited evidence of discussion and challenge at key executive led meetings and there were examples of when actions from meetings did not have targeted completion dates.

## Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

- Although there was a mandatory training policy and procedures in place across the trust not all staff were up to date with some key modules, such as infection control and safeguarding.
- Records were not always secured in all areas of outpatients and there was a risk that unauthorised people could easily see patient identifiable information. Although records were clear and available they were not always up to date in all services.
- Patient notes were not always transcribed in line with trust guidelines to ensure medical records were up to date.
- Whilst medicines management was good in the majority of services, there were areas where medicines were not stored in line with policy and administration records of medicines was not always in line with best practice.
- Staffing levels and skill mix were planned and reviewed but staffing levels remained a challenge in critical care due to cover for maternity and sick leave.

However:

- Staff recognised and responded appropriately to changes in risks to people who used services. They took a holistic view of people's needs in managing day to day risks.
- Staff took a proactive approach to safeguarding and focused on early identification and response to any signs of allegations of abuse.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. There was ongoing progress to a zero harm culture.

# Summary of findings

## Are services effective?

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

- People's care and treatment was planned and delivered in line with current evidence based guidance and best practice. Information about patients care and treatment was collected and their outcomes monitored. Outcomes for people who used the service were positive and generally met the expectations of the services.
- Staff had the necessary skills and qualifications to deliver effective care and treatment and there was a clear and appropriate approach for supporting and managing staff when their performance was below the standard expected.
- There was good multidisciplinary working and staff were able to access the information they needed in the majority of services provided.

However:

- Staff in some services had limited understanding of their roles and responsibilities under the Mental Capacity Act 2005 for children over the age of 16.
- Outcomes in outpatient services were monitored internally but not benchmarked against other providers or national audits where appropriate.

## Are services caring?

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

- People who used the services at the trust were respected and valued as individuals and were partners in their care. Staff were fully committed to working in partnership with people.
- Feedback from patients and their relatives was positive about the way they were treated by staff and there was a strong visible person-centred culture. People's emotional and social needs were highly valued by staff.
- Staff responded compassionately to help and support patients and we saw that privacy and dignity was maintained whilst providing care. Staff were motivated to provide care that was kind and enabled patients to maintain their independence.

## Are services responsive?

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

- The majority of services were planned and delivered in a way that met the needs of the local population. The majority of times it took into account patient's individual needs.
- Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services.
- Waiting times from referral to treatment were within the agreed targets for the majority of services and people were informed if there was any delay to their care or treatment.
- People were able to raise a concern or complaint and there was openness and transparency in how complaints were dealt with. Improvements were made to the quality of care as a result of complaints or concerns

However:

- There were significant waiting times for the autistic spectrum disorder and attention deficit hyperactivity disorder pathways.
- Patient leaflets were not always written in a way that children could easily understand.

# Summary of findings

- 'Did not attend' rates for outpatients was consistently above the England average despite attempts to reduce this and there were a number of cancelled clinics.

## Are services well-led?

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

- Leaders at every level prioritised safe, high quality care and had the skills and experience which was maintained through effective development and succession processes.
- The trust proactively engaged and involved staff and had processes in place to ensure that the voice of staff was heard and acted on. There was effective engagement with patients and those who used services in the majority of areas.
- There was a strong focus on continuous improvement and learning at all levels in the organisation. Innovation was supported and celebrated across all services. There was a proactive approach to seeking out and embedding new models of care through research.
- Financial pressures were managed so they did not compromise the quality of care delivered.
- There was a clear statement of vision and values and an overall strategy for the trust but not all services had an underpinning strategy to improve services for example diagnostic imaging services. Staff in the majority of areas understood the vision and values.

However:

- Whilst we found that staff across the trust were open and honest and there were processes in place to meet the duty of candour requirements this was not always being consistently applied.
- Risks and serious incidents were not always dealt with in a timely way to eliminate and reduce them and a number of risks did not have an action identified to mitigate the risk.
- Although there were arrangements for governance and performance it was not always clear how some groups reported into the overall trust level governance structure. There was little of evidence of discussion and challenge when required and actions to make improvements had not always been made in a timely way.
- Services did collect and manage information well but it was not always clear how this information was being used to make improvements.
- Although staff satisfaction was good in the majority of services, there were areas where this was mixed.

## Acute services

### Critical care

- Our overall rating of critical care was good. This was because there was a culture of learning from incidents. Record keeping was good and safety was monitored and maintained. There was a good understanding of safeguarding procedures and processes and staff were aware of their responsibilities.
- Medical staffing on the critical care unit met national requirements and nursing care was delivered on a one to one basis in line with national guidance. Staff had the skills and knowledge to deliver high quality care and were passionate and enthusiastic in monitoring and benchmarking care in line with current guidelines.
- Feedback from all the people we spoke with about critical care was positive and patient's individual needs and preferences were central to the planning and delivery of tailored services, including vulnerable patients and those with specific long term needs. Staff went the extra mile to make sure patients' care was of the highest quality, timely and compassionate.

# Summary of findings

- However, overall staffing levels in critical care and bed availability remained a challenge since the last inspection. The service experienced delays in discharges and transfers out of the service.

## End of life care

- Our overall rating of end of life services was good. This was because although end of life services had managers with the right skills and abilities but there was no non-executive lead for the service which was the same as at the last inspection.
- End of life services worked to a network strategy and there was a service review programme in place at the time of the inspection. Following the inspection an operational plan had been developed to further improve the quality of services.
- Staff in the palliative care team were up to date with safeguarding training and understood how to protect patients from abuse. They kept up to date records which were available to staff providing care for the patient.
- The consultant in end of life care was knowledgeable and kept up to date with national guidance. All staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. They were fully committed in working in partnership with people taking account patient's individual needs. Medical cover in end of life services was not in line with national guidance for out of hours cover although there was an experienced team of critical care and specialist consultants who service out of hours medical rotas.

## Outpatients

- Our rating of outpatient services was required improvement. This was because the service failed to keep all records secure and accessible only by authorised people. There were numerous occasions when we witnessed this. There was a delay in transcribing routine clinic letters which meant there was a risk that records were not always kept up to date.
- In the outpatient department staff did not ensure that toys in waiting areas were properly cleaned and there were other examples of poor infection control throughout the service. There was little in the way of stimulation for children and the waiting areas were cramped. We also found that one of the phlebotomy rooms was unsuitable and a breast feeding room had been converted to a storage cupboard.
- The outpatient service 'did not attend rate' had been consistently above the England average and steps taken to reduce this had not always been successful. The service did not engage well with patients who used the service or collaborated with partner organisations effectively.
- However, staff in the outpatient department understood their responsibilities for protecting patients from abuse and could articulate the process they would follow. There were also good examples of multidisciplinary working to benefit patients. Staff in the service showed compassion when treating patients and provided emotional support when needed.
- The outpatient service had an improvement plan in place and some of this work had already been undertaken. There was a good positive culture in the service and a clear vision for what the service and its staff wanted to achieve.

## Diagnostic imaging

- Our overall rating for diagnostic imaging was good. This was because staff working in the service had appropriate training in the use of radiation and the associated risks. There were good standards of cleanliness and hygiene and the department was well designed and maintained.

# Summary of findings

- Staff in diagnostic services responded appropriately to the changing risks of people who used the service. There was sufficient staff with the right skills to ensure people received safe, effective care and treatment. They had all the information needed and there was good multidisciplinary working.
- In diagnostic services staff had a good understanding of consent and ensured this was obtained in line with legislation and guidance.
- We found staff in diagnostic service treated people with kindness, dignity and respect and gave emotional support when needed. They communicated well and provided an environment which was appropriate and patient centred.
- There was good leadership both in radiology and with radiologists. There were clear and effective processes for managing risks, issues and performance. This also supported learning, continuous improvement and innovation.
- Although there were occasions when the resuscitation equipment in diagnostic services was not checked in line with policy this had significantly improved since the last inspection.
- Whilst there were play specialist available to assist patients who were having a procedure in the diagnostic services, these had to pre-booked in advance and were not always available when needed.

## Community services

### Community services for children and young people

- We rated community services as good. There were sufficient skilled staff that provided compassionate care that took into account individual patient needs that was based on national guidance and best practice. There was effective multidisciplinary working across all specialities in the community.
- Staff across community services recognised and reported safety incidents and there was a defined management and governance structure that enabled the learning from incidents to be shared, together with identifying, investigating and mitigating risks.
- Senior leaders and managers of the community services encouraged an open and transparent culture and supported staff to improve services and engage with patients and families.
- However, we found that medicines administered by some community services staff were not recorded in patients' medicines administration records and there were no clear guidelines to support staff in administering as and when required medication or over the counter medicines to children.
- In community services we also found there was a lack of knowledge and awareness of the Mental Capacity Act and obtaining informed consent. Systems for protecting young people over the age of 16 were not embedded. Staff knowledge or use of pathways to identify potential sepsis was limited.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Whilst community services were rated during this inspection they were not taken into account in deciding the overall ratings for the trust. This is because it was a new service for the trust. We also rated diagnostic services but did not aggregate the ratings as this was an additional service.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in services across the trust.

For more information, see the outstanding practice section below.

## Areas for improvement

We found areas for improvement including five breaches of legal requirements, across four regulations, that the trust must put right. We also found 55 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

For more information, see the outstanding practice section below.

## Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements in order to be compliant with the relevant regulations.

Our action related to breaches of legal requirements in outpatient services, end of life care, community children's services and trust wide.

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

## What happens next

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

## Outstanding practice

The hospital had invested in an orthopedic imaging system (EOS) which is an innovative ultra-low dose x-ray imaging system that scans a patient whilst they were standing upright. Alder Hey Hospital was the first paediatric hospital in the UK to have this scanner. This really benefited children who needed to be imaged frequently. With the orthopedic imaging system (EOS) the consultants could make more informed diagnoses and create individualised treatment plans for children with musculoskeletal disorders.

The dental clinic demonstrated a number of innovations which included the wide awake club for children with autism to receive care at quieter times, and acclimatisation sessions for patients' with learning disabilities. The clinic included a nurse who was a learning disability champion, and staff had received training in interacting with children with individual needs. Staff within the clinic had been nominated for an award for how they deal with children with individual needs.

We found multi-disciplinary team working with the cardiac team in providing extracorporeal membrane oxygenation was outstanding. Staff supported one another in providing high quality evidence based care.

We saw staff caring for children in a professional and exemplary manner. Some patients had stayed on the unit for a protracted amount of time and staff continued to care for the patients highly complex needs.

The community services division worked with colleagues in the trust's acute hospital teams on a 30 day plus length of stay project. The project identified suitable children, who had been admitted as inpatients for longer than 30 days, and brought together a range of acute and community teams, including social care, to provide a wraparound service which enabled children to be discharged out of hospital to home. At the time of the inspection, the service had enabled approximately 46 children, who may otherwise have remained as inpatients, to be discharged.

# Summary of findings

The physiotherapy team had developed workshops and fitness and exercise groups for children with disabilities within a local gym (from a national chain) to encourage and include children with disabilities in fitness and exercise.

The trust was involved in a number of innovative programmes. These included producing 3D models of parts of the anatomy following scans of children. This allowed medical staff to have a clearer outline of the children's condition before any procedures were undertaken and meant that children who had to undergo surgery were potentially in theatre for shorter periods of time. The trust had also developed a virtual reality programme of a heart.

An interactive application was launched in November 2017 which featured gaming and augmented reality. This was designed to provide entertainment but also distraction for the patient whilst undergoing procedures in the hospital. Young patients were able to select their own avatar to explore the hospital before they arrived.

The trust had an innovation laboratory where staff and patients were encouraged to put forward ideas to help improve patient care. These were then taken forward by the trust.

## Areas for improvement

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

### Action the trust **MUST** take to improve

#### **Trust wide**

- The trust must ensure that there are effective systems and processes to make sure that the requirements of the duty of candour are met fully on all occasions when a notifiable incident has occurred. (Regulation 20).

#### **Acute services**

##### **Outpatient services**

- Ensure that there are robust and effective processes in place for ensuring patient records remain secure in all areas of the outpatient department and assure itself that staff follow this process; and that notes are transcribed in line with trust guidelines to ensure medical records are up to date. (Regulation 17).

#### **Community services**

##### **Community services for children and young people**

- Ensure that accurate and complete records of the administration of medicines are maintained where relevant and that practice in the management of medicines by unsupervised health care assistant staff is monitored and supported. (Regulation 17).
- Ensure the trust's policy, standard operating procedures, and relevant guidance for the safe management of medicines are reviewed against current best practice guidelines and covers all necessary areas of medicine administration, including as per required need and over-the-counter medicines administration. Ensure these are available to community staff. (Regulation 12).
- Ensure staff knowledge and awareness of the Mental Capacity Act 2005, including the application and implications for ensuring valid informed consent is obtained from patients aged over 16 years of age. The service must also ensure that do not attempt resuscitation orders are appropriately reviewed and documented for all relevant patients who reach, or are past, the age of 16. (Regulation 11).

# Summary of findings

## Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

### Trust wide

- Ensure that all services have up to date strategies or improvement plans in place.
- Ensure that all risks across services are managed in a timely way and any controls and actions identified and recorded as outlined in the risk management strategy.
- Consider the recording of discussion and challenge of executive led meetings and actions from the meetings are completed in a timely way.
- Consider identifying a specific action to improve the ethnic diversity of the executive board
- Consider how all groups feed into executive led committees.
- Consider how to make best use of information to make improvements.
- Ensure that all actions from meetings are recorded and implemented in a timely way.
- Ensure that they are fully compliant with the appropriate Lampard recommendations.
- Ensure that complaint responses are managed in line with the trust policy.
- Ensure that all serious incidents are reported in line with trust policy and national guidance.

### Acute services

#### Critical care

- Continue to review its staffing levels.
- Ensure the service's new cleaning schedules are monitored.
- Continue to review its patients whose stays maybe classed as delayed or long term.
- Formally monitor the services delayed discharges and reasons for their delays.

#### End of life services

- The service should ensure that they are fully compliant with relevant NICE guidance for out of hours access to a Paediatric Palliative Care consultant.
- The service should ensure that all risks are identified and managed in a timely way and all performance indicators are monitored to improve standards.
- The service should ensure it has oversight of clinical incidents recorded in other speciality areas but related to palliative care, so that any themes and trends are identified and lessons can be learned.
- The service should review their systems for recording personal resuscitation plans and advance care plans on the electronic system to ensure staff across the hospital can access them.
- The service should ensure that information systems to record case management information are managed appropriately.
- The service should ensure that staff have a good understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Summary of findings

- The service should consider ways to improve engagement with people who use the service regarding planning of services and feedback on their experience.
- The service should ensure that the operational plan for 2018 is fully embedded and implemented across the service.

## **Outpatient services**

- Review the phlebotomy rooms on the ground floor to better meet the needs of patients and staff using this facility.
- Ensure that medicines are stored securely and that staff understand how to monitor those that require refrigeration.
- Consider improving the signposting in the department.
- Improve staff compliance with mandatory training.
- Improve staff compliance with safeguarding training.
- Assure itself that all frontline staff are briefed on the outcome of complaints and investigations.
- Improve engagement with patients, staff, the public and local organisations.
- Ensure that all consultants consistently use the system to track patient flow.
- Ensure that all patient leaflets are written in a child friendly way.
- Consider checking staff competencies on a regular basis.
- Ensure that all items on the departmental risk register are regularly reviewed and updated.

## **Diagnostic Imaging**

- Ensure that hand gel is available within the corridors and entrance to the department, accessible to both staff and service users.
- Consider the safety of lone working staff and review the access to the staff panic for staff safety.
- Ensure staff follow the departments own protocol and ensure that staff within the department record the three points of identification on the post procedure screen of the Radiology information system.
- Consider efforts to join the Imaging Services Accreditation Scheme with the Royal College of Radiologists and the College of Radiographers, in order to gain additional support and make continuous improvements.
- Consider a chaperone service for patients attending for an ultra sound. To reduce the risk of radiologist/sonographer being vulnerable to allegations.
- Re-introduce information leaflets to be included with the patient's appointment letters that are in pictorial format.
- Include the mental health, learning disability and additional health needs of children on the referral to the department.
- Introduce a performance dashboard for the department, to include 'did not attend data' and waiting times, to allow the department to be more responsive to patients and department needs.
- Consider having a vision and strategy specific for the service.
- Review the departments risk register and ensure that arrangements for identifying, recording and managing risks are actioned in a timely manner to reduce risk.

# Summary of findings

## Community services

### Community services for children and young people

- The service should consider how it can ensure staff are aware of the principles of safeguarding vulnerable adults, and to report safeguarding incidents accordingly, where these apply to potential safeguarding needs of young people (over age 16) or young adults (over age 18) in its care.
- The service should ensure that all staff within the community children, young people and families service have an appropriate awareness of and ability to recognise, manage and escalate care and treatment for deteriorating children, including those who may be at risk of developing sepsis, and to ensure this is embedded within the relevant policy for deteriorating patients.
- The service should consider allocating a case co-ordinator to provide oversight of the case for each child accepted onto the autistic spectrum disorder / attention deficit and hyperactivity disorder pathways for assessment and diagnosis.
- The service should consider how it can reduce the time taken to issue post-clinic/review consultant letters to patients and families, particularly where a change of medicine or dosage has been made.
- The provider should consider how it can improve out-of-hours staff knowledge of the Homecare service, the needs of patients receiving care, and the nature of treatment provided within the service.
- The service should consider how it can enable Homecare staff to report incidents directly.
- The service should consider the implementation of a clinical review of Homecare records to ensure care and treatment is provided consistently in a safe manner.
- The service should ensure that all staff should be able to access relevant do not attempt cardiopulmonary resuscitation records, if in place.
- The service should continue to review, develop and implement relevant and measurable patient outcome standards across all the service's specialisms.
- The service should consider how it can improve staff's sense of inclusion for the wider geographic locations in Sefton.
- The service should ensure that transportation of equipment, blood and pathology samples is carried out in line with the trust's policy.
- The service should consider how it can ensure patient care plans identify individualised personal goals.
- The service should consider how it can increase response rates for patient and family surveys such as the NHS Friends and Family test.
- The service should consider how it can more readily make available information leaflets in other languages.
- The service should consider how it can make information leaflets 'child friendly'.
- The service should consider how it can improve the management of complaints to ensure complaints are responded to in line with the trust's complaints policy.
- The service should consider how it can more effectively record and monitor informal complaints.
- The service should improve effective operation of referral, triage, assessment and diagnosis processes within the autistic spectrum disorder and attention deficit hyperactive disorder pathways to reduce pathway waiting times, to improve the experience of patients waiting for triage and those accepted to the pathways, and to mitigate any pathway related health and safety risks to patients.

# Summary of findings

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at trust level as good because:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- The trust had an experienced and stable leadership team with the skills and commitment to provide high quality services. They recognised the training needs for managers at all levels and worked to provide development opportunities for the future of the organisation.
- The board and leadership team had developed a set of vision and values that were embedded throughout the organisation. Staff throughout the trust were aware of the vision and values.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and research. They used innovation well.
- The trust engaged well with patients in the majority of services, staff, the public and local organisations to plan and manage appropriate services.
- The trust had made improvements to the fit and proper person process. The trust had updated their recruitment policy to reflect this and checks for all executives and non-executives had been fully completed.

However:

- Although the trust had an up to date policy for the duty of candour which met the requirements of the Health and Social Care Act 2008. Between January 2017 and January 2018, we found that duty of candour had not been applied consistently on all occasions as required.
- Although the trust had an overall strategy which was underpinned by divisional strategies, we found that not all services throughout the trust had an internal strategy to make further improvements. An example of this was in end of life services.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, we found that there were a number of risks that did not have an action identified to mitigate the risk and a number of overdue actions across all risk registers. There were also a number of risks that did not have identified controls as outlined in the risk management strategy.
- There was a governance structure throughout the trust. However, it was not always clear as to how some groups reported in to the executive led committees so that oversight was maintained and performance was challenged when required.
- The trust had not always collected, analysed, managed and used information well to support all its activities. Although a large amount of information was presented at executive led committees, it was not always clear how the information was being used to make improvements.
- The trust had not always reported and serious incidents in a timely way in line with trust policy and national guidance.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Community	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Mental health	Requires improvement Apr 2017	Good Apr 2017	Outstanding Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Requires improvement Apr 2017
<b>Overall trust</b>	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Alder Hey Children's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Medical care (including older people's care)	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Surgery	Requires improvement Apr 2017	Good Apr 2017	Outstanding Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Requires improvement Apr 2017
Critical care	Good ↔ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Neonatal services	Good Aug 2014	N/A	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Transition services	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
End of life care	Good ↔ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↓ Jun 2018	Good ↓ Jun 2018
Outpatients	Requires improvement Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018
Diagnostic imaging	Good Jun 2018	N/A	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Outstanding ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

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

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good Jun 2015	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Specialist community mental health services for children and young people	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Requires improvement Apr 2017
<b>Overall</b>	Requires improvement Apr 2017	Good Apr 2017	Outstanding Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Requires improvement Apr 2017

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

# Acute health services

## Background to acute health services

Alder Hey Children's NHS Foundation Trust has a broad range of hospital services to support young people between the ages of 5 and 14 years. It also provides children's community health and children's community and inpatient mental health services.

Alder Hey Children's Hospital provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit, and surgical services. In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology, and alcohol services.

The hospital is a recognised major trauma centre and is one of four national children's epilepsy surgery service centres. Alder Hey hospital is the only national centre of excellence for childhood lupus and the only experimental arthritis treatment centre for children.

The trust provides paediatric palliative care services and works in partnership with Claire House Hospice as well as eight other hospices. The paediatric palliative care team also works with all the community children's nursing teams across Merseyside and Cheshire (Merseyside and Cheshire Children's Palliative Care Network).

We inspected critical care, end of life, outpatients and diagnostic imaging services.

## Summary of acute services

Good   

We rated the acute services as

# Alder Hey Children's Hospital

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Eaton Road, West Derby  
Liverpool  
Merseyside  
L12 2AP  
Tel: 0151 252 5412  
[www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

## Key facts and figures

Alder Hey Children's NHS Foundation Trust became a foundation trust in August 2008. The trust provides care for more than 270,000 children, young people and their families. The trust also leads research into children's medicines, infection, inflammation and oncology.

The hospital contains 270 inpatient beds, 48 of which are in intensive care, high dependency and the burns unit. In addition, there are 16 operating theatres, including 12 for inpatient use and four for day surgery. The theatre suite has integrated operating theatres. Seventy-five percent of the beds are single occupancy with en-suite facilities, climate control and strip lighting for the child or young person to control. Each room contains a sofa bed so that parents are able to stay with their child.

Inpatient rooms offer natural light and many have views of the park. There are separate, dedicated areas, including outdoor space, for children and young people on each ward to allow them to socialise, play and relax. In addition; there is a kitchen situated on every ward with a ward based chef to ensure that each child is given a freshly prepared, healthy meal of their choice.

The hospital also features charitably funded cutting-edge lifesaving equipment, including integrated operating theatres, an intra-operative 3T MRI scanner, CARTO system, brain Lab navigation technology and the latest in x-ray technology, an orthopedic imaging system (EOS).

The trust's outpatient department consists of a number of services based over three floors within a new hospital building. Services include clinics such as physiotherapy; phlebotomy; dental; occupational therapy; ear, nose and throat; fracture; cardiology; respiratory; cystic fibrosis; and ophthalmology. It also includes a general paediatric clinic. The outpatient service has a number of administrative functions such as medical records, transcription services, and booking and scheduling. These services are based within the old estate next to the new hospital

There is a research and education centre built alongside the hospital which is being extended. The work of this centre will involve partnership working with a local university and will allow researchers to develop safer, better medicines for use with children, infection, inflammation and oncology.

## Summary of services at Alder Hey Children's Hospital

Good   

# Summary of findings

Our rating of services stayed the same. We rated them as good.

We did not aggregate the diagnostic services at this inspection as it was an additional service which was inspected with outpatients before.

A summary of services at this hospital appears in the overall summary above.

# Critical care

Good   

## Key facts and figures

The critical care services (the service) are commissioned for 21 level two and three paediatric intensive care beds and 15 level two high dependency beds.

Level three and level two refers to the acuity of a patient. A level three patient will likely be ventilated and need intensive, 24-hour one-to-one care. A level two patient is considered to be high dependency and requires significant nurse input and is usually cared for on nurse to patient ratio of two to one.

PICU is a major trauma centre for the North West of England and North West Wales regions and is a commissioned extracorporeal membrane oxygenation provider (the extracorporeal membrane oxygenation machine provides lifesaving heart and lung technology to patients).

As part of the inspection we spoke with eight parents and 38 members of staff including, nurses, doctors, consultants, managers and support staff. Care and treatment was reviewed as well as 12 patient care records and medication prescription records to support our decision on ratings.

We inspected the service between 6 and 10 February 2018. Our inspection was unannounced (staff did not know we were coming). As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected critical care in June 2015. We rated the service as Good.

## Summary of this service

Our rating of this service stayed the same. We rated it as good.

For a summary of this service see overall trust summary section.

## Is the service safe?

Good   

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

- The service could demonstrate a culture of learning from incidents with a number of examples of changes being made following an incident. These incidents of learning were shared throughout the hospital.
- We saw records to confirm risks to people who used services were appropriately assessed and their safety monitored and maintained.
- Infection prevention and control policies and protocols were in place and regularly audited. A sepsis tool was also incorporated within the paediatric early warning score (PEWS) chart to help staff identify and escalate a patient when sepsis was detected.
- Staff had a good understanding of safeguarding and were aware of their responsibilities in relation to safeguarding children. The service worked with other agencies to share relevant safeguarding information.

# Critical care

- The environment was clean, tidy and well maintained. Equipment was checked regularly and medicines were stored appropriately
- There were ten consultant intensivists providing medical care to the service. Medical staff cover in all critical care areas met the requirements of the Faculty of Intensive Care Medicine.
- Nursing care was delivered on a one to one basis with additional staff to support supernumerary working allowing time for the use of robust safety checks and training time.
- There were effective processes in place to assess and escalate deteriorating patients.
- Staff on the high dependency unit used the paediatric early warning score to identify deteriorating patients.
- Staff we spoke with, minutes of meetings, monitoring data and audit of the services practices demonstrated good governance processes for the service and they were being reviewed to further enhance the processes.
- Risks had been identified and were reviewed monthly with evidence of actions taken and risks reduced.
- The service regularly took part in national and international research programmes which supported the development of innovative and new ways of working and improving standards of care for patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was good leadership at unit and above. Staff spoke highly of their line managers and told us they felt listened to.
- We saw collaborative working between the medical team, nursing staff, pharmacy, physiotherapy, occupational therapy and dietitian teams. There was a real sense of listening to individual's actions and treatment regimes.

However:

- At the last inspection in June 2015 staffing levels across the service were challenging. Staffing had increased by 8% but there was still an acknowledgment there was a high level of sickness and maternity leave to cover.
- General cleaning schedules were not documented so it was difficult to know which areas needed additional cleaning.

## Is the service effective?

Good ● → ←

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment to patients.
- Staff were passionate and enthusiastic in using external evidenced based standards and information to monitor and benchmark their practice.
- Patients were treated according to national guidance, including those from the National Institute of Healthcare Excellence Core Standards for Intensive Care Units and PICANet. Policies and procedures were based on current national guidelines.
- The service monitored the effectiveness of care and treatment through continuous local and national audits and presented their data at national and international conferences.

# Critical care

- Staff were proud about their joint working relationships with other professionals. There were numerous examples of staff working in a multi-disciplinary way to the benefit of improving patient care.
- There were effective processes in place to ensure that patient's nutritional needs were met.
- There were effective processes in place to ensure patients' pain relief needs were met and well managed across the service.
- Patients were cared for by appropriately qualified nursing staff. New staff and student nurses received induction to the service and were trained using specific competencies before being able to care for patients independently.
- The service made sure staff were competent for their role. Managers appraised staffs' work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- Staff were aware of the requirements of their responsibilities as set out in the Mental Capacity Act and Gillick competence.

## Is the service caring?

**Outstanding** ☆ → ←

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

- Patients were at the centre of the service and the highest quality care was a priority for staff.
- The parents we spoke with told us their children were treated with dignity and respect and had all their care needs met by kind and caring staff that went the "extra mile." Feedback from all parents we spoke with all spontaneously mentioned how positive their experiences had been.
- The service was responsive to children and young people's needs. Staff worked in a flexible manner in order to ensure all patients were looked after when demand increased.
- The level of information given to parents was often in depth and at times complex. Staff managed to communicate with the parents in a way they could understand and took their time to ensure parents understood what was being said.
- Patients were treated with respect and dignity when receiving care and support from staff.
- Staff provided emotional support to patients and their families. Staff were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support where this was needed.
- All staff we observed and spoke with could demonstrate how they involved patients in their care. This included joint care planning and multidisciplinary meetings.

## Is the service responsive?

**Good** ● → ←

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

- There was a two-year plan in place for critical care services.
- There were daily bed meetings which looked at demand, capacity and staffing issues to ensure there were sufficient resources to support elective surgery.

# Critical care

- Patient's individual needs and preferences were central to the planning and delivery of tailored services, including vulnerable patients and those with specific long-term needs.
- The services were flexible, provided choice and ensured continuity of care at a time that suited the patients. Staff went the extra mile to make sure patients' care was of the highest quality, timely and compassionate.
- The service had research based policies and protocols for admission, transfer and discharge pathways.
- Multi-disciplinary team working was exemplary both internally and externally with NHS organisations.

However:

- At the last two inspections in May 2014 and June 2015 bed availability in critical care was affected by the number of patients requiring long term ventilation or respiratory care. We found this still to be the case at this inspection.
- The number of times the service had been unable to admit to the unit had increased over the year and currently stood at 24 times. This was the highest the service had experienced.
- The service experienced delays in discharges and transfers out of the service.

## Is the service well-led?

Good   

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

- Staff we spoke with, minutes of meetings, monitoring data and audit of the services practices demonstrated good governance processes for the service and they were being reviewed to further enhance the processes.
- Risks had been identified and were reviewed monthly with evidence of actions taken and risks reduced. There was an open, transparent no blame culture. Staff were empowered to lead the way in making improvements to the service with the support of senior staff.
- The service regularly took part in national and international research programmes which supported the development of innovative and new ways of working and improving standards of care for patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff were supported by their leaders and managers. There was a very high level of satisfaction with staff telling us they were proud of the organisation and enjoyed working within their teams.
- There was good leadership at unit level and above. Staff spoke highly of their line managers and told us they felt listened to.
- We saw collaborative working between the medical team, nursing staff, pharmacy, physiotherapy, occupational therapy and dietitian teams. There was a real sense of listening to individual's actions and treatment regimes.
- We found a culture of continuous improvement and service development. There was a commitment to developing staff. Staff were passionate about improving services for patients.

However:

- Governance meetings on the unit had only just commenced and required further time to embed in the service
- The high dependency unit had no system to capture activity and clinical outcomes.

# Critical care

## Outstanding practice

We found areas of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

# End of life care

Good  

## Key facts and figures

Alder Hey Children's NHS Foundation Trust provides paediatric palliative care services and works in partnership with Claire House Hospice as well as eight other hospices. The paediatric specialist palliative care team also works with all the community children's nursing teams across Merseyside and Cheshire (Merseyside and Cheshire Children's Palliative Care Network).

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

Specialised palliative care for children is provided to children with life-threatening or life-shortening conditions representing an extremely wide range of diagnoses (in excess of 300) and there is an overlap with those with severe disabilities and complex needs. At Alder Hey Children's NHS Foundation Trust the specialised palliative care team worked in split roles between palliative care (including end of life care) and oncology outreach.

A high proportion of in patient deaths (>90%) occur in paediatric intensive care. The "extended" paediatric palliative care team incorporates the full consultant delivered critical care team and the input of consultants dealing with patients with long-term neuromuscular conditions and those patients requiring long-term ventilation. The former have advanced skills and a high level experience in short-term provision of effective end-of-life care developed in partnership with parents and families. In the latter case palliative care planning and provision may occur over many years and the consultants again have relevant experience and skills. In the critical care setting there is embedded input from the Claire House Hospice team who ensure full engagement with families with planning. There are also opportunities for families to meet with the bereavement care team when death is anticipated to ensure effective communication with families.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected end of life services between 6 and 9 February, 2018. During this time we spoke with 31 members of staff at different levels, including nurses, doctors, porters and managers. We attended three meetings, spoke with four family members and reviewed eight electronic patient records and eight prescription records.

We visited seven wards, the Alder Centre, the bereavement suite, the mortuary and the sanctuary.

## Summary of this service

Our rating of this service went down. We rated it as good.

For a summary of this service see the overall trust summary section.

## Is the service safe?

Good   

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

# End of life care

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff in the specialist palliative care team were up to date with their training on how to recognise and report abuse and they knew how to apply it. They were all trained to Safeguarding Level 3 in line with the intercollegiate guidance, Safeguarding children and young people: roles and competences for health care staff (2014).
- The service had suitable premises and equipment and looked after them well. The mortuary was in good order and well maintained.
- The specialist palliative care team had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment, including prescription records. The patient records we reviewed were clear, up-to-date and available to all staff providing care.
- There was an electronic incident reporting system in place and staff knew how to use it. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- There was only one consultant in the service which meant they could not meet NICE Guidance 64 regarding access to a specialist paediatric palliative care.
- Although clinical incidents were reported by members of the team these were not assigned to the specialist palliative care team. This meant that the team may not have oversight of all clinical incidents related to their service.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and there was evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The consultant for paediatric palliative care was knowledgeable and up to date with national initiatives and was involved with them, for example a point prevalence study to identify numbers of children requiring specialist palliative care.
- Members of the specialist palliative care team knew what was included in the current National Institute for Health and Care Excellence guidance and were working to ensure their documentation reflected the current standards. We saw evidence of this in current and proposed future documentation.
- Staff gave patients enough food and drink to meet their needs and manage their health. They used special feeding and hydration techniques when necessary. Pain relief was managed well and documented appropriately.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. We saw evidence of local audit activity and of actions taken to improve practice following audits.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# End of life care

- Good links with other services and teams were evident. There was close liaison with local community teams, local hospices, GPs and consultants from other specialities. We also saw reference to multidisciplinary working with midwives with additional mental health training, social workers, the safeguarding team and a children's cancer support group (CHICS).
- There was input on the wards from different disciplines and services including play specialists, educational psychology, and child and adolescent mental health services when appropriate.

However:

- There was a database in place which had the potential to record detailed case management information but this had historically been populated manually by the consultant who no longer had the capacity to manage this on their own. This meant that valuable information which could inform the service was potentially not being captured.
- Not all staff had received their annual appraisal. However, the trust informed us that the medical appraisals tended to occur in the last three months of the financial year.
- Staff had limited understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff we spoke with had not undertaken mental health training and it was not part of the mandatory training programme.

## Is the service caring?

**Outstanding** ☆ → ←

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

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive.
- We spoke with a parent who described the ward staff as wonderful and supportive and said they were respectful of their child and provided privacy and dignity. One parent described a "lovely relationship" with the specialist paediatric palliative care consultant and was appreciative of their honesty.
- Staff recognised and respected the totality of people's needs. They took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. We observed lengthy discussions in the multidisciplinary team meeting of how to best meet patients' and their families' needs.
- People's emotional and social needs were seen as being as important as their physical needs. The specialist palliative care team offered immediate support following the death of a child who they had cared for. Alongside this, practical and emotional support for families could be accessed from the Alder Centre where there were two bereavement support teams. This support was available over the longer term.
- There was a spiritual care team based in the sanctuary at the hospital. The sanctuary was a space for all users of the hospital regardless of their religious or spiritual belief. There were opportunities to write messages for children who were very poorly or who had died.
- People who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and we saw evidence of this. Staff we spoke with from the specialist palliative care team and supporting services were, without exception, passionate and committed to providing the best care and support to patients and families that they possibly could.

# End of life care

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. The specialist palliative care service accepted referrals from professionals involved in the care of children or young people with life threatening, life shortening or life limiting conditions. Involvement with the child and family could start before the child was born and continue until the child reached the age where they would transition into adult services.
- The service worked in partnership with other services and agencies including nine regional hospices. The team conducted joint visits to support and empower whichever local teams and services were needed to support children known to them.
- The service took account of patients' individual needs and most children and young people achieved their preferred place of care. Access to other services, such as clinical psychology, the child and adolescent mental health team and the safeguarding team was available within the hospital.
- There was a school on the hospital premises; all wards had a classroom and were allocated a qualified teacher. All children admitted, including those receiving palliative and end of life care, were seen by a teacher and all long term patients had a devised plan of education.
- There was a comprehensive rapid discharge pathway in place, with an emphasis on safety.

## Is the service well-led?

Good  

Our rating of well-led went down. We rated it as good because;

- The service had managers at a local level, with the right skills and abilities to run a service providing quality sustainable care.
- The team felt positive about being part of a care group working across all part of the hospital service area for example haematology.
- Staff we spoke with in the specialist palliative care team said they were open and honest with families when things went wrong.
- Mortuary staff said they had arrangements with another hospital, should an environmental issue arise whereby their facilities were out of use.
- There was a monthly mortality review meeting which was well supported by staff from across the hospital. Findings from this meeting were taken to the clinical quality steering group for further action where appropriate.

However:

- Although there was a service review in progress with a remit to develop a new model for specialist palliative care but this was in the early stages at the time of our inspection.
- There was no clear work plan for the specialist palliative care team around how much time was dedicated to oncology outreach and how much to end of life care. This meant that some members of the team felt over-stretched.

# End of life care

- Representation at board level for palliative care services was through the medical director and the lead for mortality but there was no non-executive director lead for palliative or end of life care
- Consultant cover for the end of life service was provided by consultants from other speciality areas as well as by the Paediatric Palliative Care consultant. This did not permit the service to fully meet NICE guidance 61 regarding access to a palliative care consultant.
- We were not assured that systems implemented to clearly identify a child's status in terms of the Spectrum of Children's Palliative Care Needs were robust. They relied heavily on the availability of the consultant to complete them.
- The service had systems for identifying risks but plans to reduce them were unclear. The risk register had only one risk for end of life which did not have any actions identified and recorded to mitigate the risk until during the inspection.
- There was limited engagement with patients, staff and the public to manage end of life care services. There were no specific patient surveys for the service.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Outpatients

Requires improvement   

## Key facts and figures

The trust's outpatient's department consisted of a number of services based over four floors within a new hospital building. Services included various clinics such as physiotherapy; phlebotomy; dental; occupational therapy; ear, nose and throat; fracture; cardiology; respiratory; cystic fibrosis; and ophthalmology. It also included a general paediatric clinic. The outpatient service also had a number of administrative functions such as medical records, transcription services, and booking and scheduling. These services were based within the old estate next to the new hospital.

There were 208,740 outpatient's appointments for the 12 months to September 2017, the majority of which were follow-up appointments.

We plan our inspections based on everything we know about services including whether they appear to be getting better or worse.

We inspected the outpatient department between 6 and 8 February 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team visited three floors of the outpatient department within the new building, and some of the administrative functions within the old estate. The inspection team spoke with 16 patients and carers who were using the service, and 40 staff members including the lead nurse, nurses, healthcare assistants and administrative staff. We reviewed ten patient records. We did not review any complaint files as there had been no formal complaints in the 12 months prior to the inspection.

We previously inspected outpatients jointly with diagnostic imaging in July 2015, so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement.

For an overall summary of this service see the trust overall summary section.

## Is the service safe?

Requires improvement   

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

- The service did not ensure that everyone completed mandatory training in key areas. Staff had not met the trust's target for infection prevention (level 2), and there was no formal safeguarding supervision.

# Outpatients

- The service did not control infection risk well. The department did not act in accordance with the trust's toy cleaning policy, there was no formal cleaning rota for the toys, and there was a lack of hand hygiene information for patients and staff. We observed a broken hand gel dispenser and another that was empty. We also witnessed unattended blood samples in a corridor, urine testing taking place near skin prick testing equipment, and allergens being left on patient trolleys.
- Some aspects of the premises were not suitable. Waiting areas were cramped and noisy when busy, and there was little in the way of stimulation or entertainment for children and young people waiting for appointments. We also witnessed unlocked storage cupboards that contained cleaning fluids.
- There were high sickness and vacancy rates within the department.
- Although records were securely transported to the department, we observed records left unsecured and unattended on trolleys outside consultation and treatment rooms. Unauthorised people could easily see the patient identifiable information.
- Staff did not keep appropriate records of patients care. Although the records we reviewed were clear and available for all staff providing care, they were not always up-to-date. This was due to delays of 23.75 days in transcribing consultation notes which is in excess of the trust's three day target.
- The service did not store medicines appropriately. We observed out of date medication in some clinic areas and medication stored in unlocked refrigerators and cupboards. Staff did not know the temperature range medicines should be stored at or what to do if the temperatures fell outside of that range.

However:

- The service mandatory training policies were up to date and there was a formal induction programme for new staff.
- Staff understood how to protect patients from abuse. There were clear process for reporting safeguarding concerns and other incidents, and staff knew how to follow them. Staff were also aware of the duty of candour.
- There was a formal process for ordering papers records for clinics.
- The service prescribed, gave and recorded medicines well, and the pharmacy facilities were appropriate.
- The service planned for emergencies and staff understood their roles if one should happen. There were fully equipped resuscitation trolleys on each ward and staff knew the location of them. Staff were also aware of the 2222 system.

## Is the service effective?

We inspected the effective domain but did not give a rating in line with our guidance.

- Staff of different kinds worked together as a team to benefit patients. There was good multidisciplinary working and collaboration amongst teams, especially in the cystic fibrosis and dental clinics.
- Staff we spoke to understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They could explain the consent process and understood Gillick competency.
- All staff had yearly appraisals and these were mostly up to date, and student nurses had a formal training schedule that helped provide broad experience of the outpatient department.
- There were examples of health promotion with different clinics within the department.

However:

# Outpatients

- The service did not benchmark its performance or the effectiveness of its care and treatment against other providers or national audits.
- The service did not routinely ensure staff were competent in their roles. There was no formal reassessment of staff competencies and not all staff had regular one to one meetings with their manager.
- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, the service did not provide staff with formal training in mental capacity.
- Nursing staff did not routinely assess or record patient pain scores.
- The follow-up to new appointment rate was worse than the England average.
- The service did not provide mandatory training in learning disabilities or autism.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and feedback from patients confirmed that staff treated them well. We observed positive interactions between staff and patients and that patient's privacy and dignity was maintained on most occasions.
- The outpatient department's webpage provided good information in a child friendly format about what to expect at the different clinics.
- Staff provided emotional support to patients to minimise their distress. This included acclimatisation sessions for children with learning disabilities, and a wide awake club for children with autism.

However:

- Although we observed staff involving patients and those close to them in decisions about their care and treatment, the majority of the literature provided to patients about their treatment was mostly designed for parents or carers.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not always plan and provide services in a way that met the needs of local people. A breast feeding room had been converted to a storage cupboard, the signposting in the department was confusing, and there was no formal patient or parent forum. We found waiting areas were cramped, especially for wheelchairs and pushchair, and there were no sensory rooms available for patients with individual needs.
- The service did not always take account of patients' individual needs. The phlebotomy rooms on the ground floor were not big enough and had insufficient room for family groups or for reclining chairs. Staff found the layout of the phlebotomy rooms awkward and they had concerns about patient safety. The department had no dedicated play specialist.

# Outpatients

- The service did not ensure there was a formal process for sharing learning from complaints with all staff on the front line.
- Over a 12 month period to September 2017, the 'did not attend rate' for outpatients was consistently above the England average, despite attempts to reduce this.
- There were a high number of clinics cancelled and at times 30% of patients had to wait over 30 minutes to see a consultant.
- Patient leaflets were not always written in way that children could easily understand.

However:

- The cystic fibrosis team demonstrated how it tried to meet the needs of patients with complex and long term conditions, and the dental department provided services to minimise the number of patient appointments.
- The service had taken some steps to help people access the service when they needed it. It had partially rolled out a hybrid booking and scheduling system; was ensuring people were seen urgently after two week cancer referrals, and most patients had their first definitive treatment within 31 days of diagnosis.
- The service took complaints seriously and investigated them. There were clear processes for staff and patients to follow.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a common purpose based on shared values. The majority of staff we spoke to told us that the leadership were visible and approachable and staff felt comfortable raising concerns. Staff said that the culture within the outpatient department had improved over the last 12 to 18 months.
- The trust collected, analysed, managed and used information reasonably well, including the corporate risk register, to support its activities.
- The majority of staff were up to date with their personal development reviews.
- A clear governance structure meant that issues were being reported at divisional and board level.
- The department included a quality manager that provided support for incident investigations.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff.
- The risks that sat at corporate level on the risk register that relate to the outpatient department were up to date.

However:

- The trust did not engage well with patients, staff, the public and local organisations to plan and manage appropriate services, or collaborate with partner organisations effectively. Whilst the BME and Disability engagement groups had recently been formed, there were no patient or parent groups directly feeding into the work of the outpatient department. There was also no formal benchmarking of service provision against other providers.
- There is a lack of formal succession planning for staff at all levels within the outpatient department.

# Outpatients

- There were no staff recognition programmes specific to the outpatient department.
- There were insufficient staff facilities within the department.
- Not all the risks from the outpatient improvement project were up to date or had associated actions.

## Outstanding practice

We found areas of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

# Diagnostic imaging

Good 

## Key facts and figures

Alder Hey's Diagnostic Imaging department is in a central location on the ground floor of the hospital. The department performs around 73,000 examinations each year including X-rays, magnetic resonance imaging (MRI) scans and ultrasounds. The team consists of specialists including; Radiographers and Sonographers, imaging department assistant, clerical staff, PACS manager, Consultant Radiologists and Radiology Registrar.

We inspected the Diagnostic Imaging department and looked at radiology in theatres. The inspection was unannounced as part of our second phase of inspecting acute Trusts and to enable us to observe routine activity.

The inspection of Diagnostic Imaging services was undertaken by two inspectors from CQC, and a diagnostic imaging manager. We looked at;

- X-Ray rooms
- Gamma Camera
- DEXA Scanner
- Ultrasound
- Biometry
- Fluoroscopy Room
- OPG Dental machine
- Digital mammography
- Reporting rooms
- Theatres
- EOS room orthopedic imaging system (EOS) room

During our inspection we spoke to 26 members of staff which included consultants, radiologist, radiographers, sonographers, administration staff and domestics. We also spoke to two patients and nine parents/carers.

## Summary of this service

We have not inspected this service before. We rated it as good.

For a full summary of this service see the overall trust summary section.

## Is the service safe?

Good 

We have not inspected this service before. We rated it as good because:

# Diagnostic imaging

- The service provided mandatory training in key skills to all staff. Its mandatory training policies were up to date and there was a formal induction programme for new staff. However, not all staff were compliant with infection prevention and control training.
- We saw evidence of the PAUSE check list being used in the department. The checklist should facilitate a pause for thought and discussion before carrying out any invasive procedure within the busy working environment of a radiology department.
- Audits were carried out within the department for hand hygiene, the last audit showed 100% compliance.
- The department carried out risk assessments of all its equipment. These were completed and up to date.
- Film badge dosimeters were issued to staff and worn at all times. These badges were used to measure how much radiation staff received.
- The x-ray rooms had illuminated warning signs to indicate when in use. The doors also had warning signs and contact details for the radiation protective supervisor. This was an improvement from the last inspection
- The magnetic resonance imaging unit sent out a patient safety check list whenever a child was to attend an appointment and quality assurance programmes were in place.
- The imaging service ensured that females who were or maybe pregnant always informed a member of staff before they were exposed to any radiation in accordance with IR(ME)R. This was an improvement from the last inspection.
- Radiologists followed good practice for unexpected findings by backing up the results on the electronic system with a phone call to the referrer.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The department did not use agency staff and bank staff were always their own staff that were familiar with working in the department.
- The trust had an up to date medicines management policy which was available to all staff on the intranet.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. We saw evidence of lessons learned and themes identified.

However:

- For staff safety there was a panic button but there was only one available which was not easily assessable.
- Staff used cleaning and testing checklists in each diagnostic room but we found gaps in the recording of some of these checks.
- There were occasions when the resuscitation equipment was not checked in line with policy, though this had significantly improved since the last inspection of the service.
- The drugs fridge temperature in the anaesthetic room was monitored and recorded but staff did not know whether the temperature was within the correct range.
- Radiographers were able to administer a small number of medicines themselves by following a patient group direction (PGD) but none were signed by the individuals authorising at the time of the inspection.
- It was reported in the departments risk register that the current levels of radiographic staffing within main x-ray were not sufficient to safely man all areas effectively.

# Diagnostic imaging

## Is the service effective?

We inspected effective but did not give a rating:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The radiology department actively carried out a number of audits in order for them to make improvements where required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- All radiologists in the department conducted their own reports, therefore there were no competencies of external agencies to check.
- There was a dedicated porter for Radiology who carried a bleep to be contacted by the unit when required.

However:

- The service did not participate in the Imaging Services Accreditation Scheme due to lack of time and resources.

## Is the service caring?

**Good** 

We have not inspected this service before. We rated it as good because:

- All staff we saw on our visit were encouraging towards the children, sensitive and had a supportive attitude.
- Distraction techniques were used by staff in order to encourage children onto the equipment and in the majority of cases children were successfully scanned without the use of a general anaesthetic.
- The trust planned and provided services in a way that met the needs of local people.
- Staff communicated well with people so that they understood their care, treatment and condition.
- We saw that all staff had read the local rules (IRR 99) and signed accordingly. The purpose of these local rules is to ensure that work is carried out in accordance with the Ionising Radiation Regulations 1999 (IRR99) and relevant guidance documents.
- We saw good multidisciplinary team working in theatres with staff communicating and organising well together when using the Bi-plane hybrid equipment.

However:

- No information leaflets were sent out to patient's with appointment letters to help support people through their appointment.
- The service did not have a chaperone service in place for some intimate examinations undertaken and relied on parents or guardians.

# Diagnostic imaging

## Is the service responsive?

Good 

We have not inspected this service before. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The environment was appropriate and patient centred.
- Translation services were readily available to the department.
- The department was meeting the six week diagnostic test for national standards for both Diagnostic Monthly and not Diagnostic Monthly reportable examinations.
- The department had a rolling rota of reporting allocated to consultant radiologists on each day; reports were prioritised based on clinical information and urgency.
- People could access the service when they needed it. Waiting times to admit treat and discharge patients were in line with good practice.
- The radiology department had no reported complaints between 1 February 2017 and 31 January 2018.
- We saw a big emphasis on allowing children to feel comfortable in the environment prior to their appointment.
- We reviewed the turnaround times for 2016 and 2017 and the department had demonstrated improvements of turnaround times during 2017.

However;

- Play specialist were available to assist the department with patients but we were told that they had to be pre-booked in advance and were not always available when needed.
- The department did not audit 'did not attend figures' to improve access to appointments.

## Is the service well-led?

Good  

We have not inspected this service before. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There was a strategy in place for the replacement of the equipment and was planned with medical engineering for future replacement, via a managed service contract.
- The culture encouraged openness and honesty at all levels.
- There was a strong emphasis on the safety and well-being of staff with regards to radiation protection.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service has tested back up emergency generators in case of failure of essential services.

# Diagnostic imaging

However:

- There was no vision statement on the trust website or in the radiology department specific to the service. We requested this from the trust post inspection but we did not receive any evidence.
- There were arrangements for identifying, recording and managing risks, issues and mitigating actions but they were not always robust. We found one risk on the register which had been there since February 2016 without action.

## Outstanding practice

We found areas of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

# Community health services

## Background to community health services

Alder Hey Children's NHS Foundation Trust (the trust) delivers a range of community based services to children and young people across Liverpool and Sefton in a variety of community settings including home visits, at schools and health centres. Services are delivered in localities across the trust's geographical footprint. These are North, Central and South Liverpool, and North and South Sefton. All the community services are managed through the hospital.

We have not inspected these services before and therefore we have not aggregated the ratings in to the trust rating overall ratings.

## Summary of community health services

**Good** ●

We had not rated this service before. We rated it good overall because we rated safe, caring, responsive and well led as good and effective as requires improvement.

The trust provides community services for children and young people only.

# Community health services for children and young people

Good 

## Key facts and figures

Alder Hey Children's NHS Foundation Trust (the trust) delivers a range of community based services to children and young people across Liverpool and Sefton in a variety of community settings including home visits, at schools and health centres. Services are delivered in localities across the trust's geographical footprint. These are North, Central and South Liverpool, and North and South Sefton.

The community division is clinically led by a divisional director, supported by clinical directors and service managers. The division provides care and treatment within four specialism areas; neurodevelopmental paediatrics, community therapies, community nursing, and children and adolescent mental health services.

The neurodevelopmental paediatric directorate provides services including neurodevelopment paediatrics, autistic spectrum/attention deficit hyperactivity disorder (ASD/ADSD) assessment, neuro-disability, and specialist genetic clinics. This directorate also provide statutory services for looked after children and adoption, designated doctors, and had a lead role in safeguarding in the trust's Rainbow Centre.

The community therapies directorate provides services including physiotherapy, occupational therapy, dietetics, speech and language therapy, continence, ASD/ADHD nursing, and also included the hearing impairment network.

The community nursing directorate provides community matron and community nursing services for children with complex care needs and acute care needs.

The children and adolescent mental health services (CAMHS) directorate, which was not included in our inspection, provides mental health services including psychiatric assessment, single point of access and crisis care, eating disorder services and the trust's Fresh CAMHS which offers a range of therapies and interventions to help children or young people who are struggling with how they are feeling, thinking, or the way they are doing things

The community children, young people and families' services have not previously been inspected at this trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the trust's community children, young people and families' services as part of our unannounced inspection between 5 and 9 February 2018. We inspected the whole core service and looked at all five key questions. We spoke with 13 children and carers and 68 staff from different disciplines, including support staff, healthcare assistants, allied health professionals, nurses, doctors, managers and senior managers. We observed daily practice and viewed 42 sets of records across all the services we visited. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

We have not rated this service before. We rated it as good.

For a summary of this service see the overall trust summary section.

## Is the service safe?

Good 

# Community health services for children and young people

We have not rated this service before. We rated safe as good because:

- The service provided mandatory training in key skills to all staff.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and generally looked after them well.
- Staff kept appropriate, clear and up-to-date records of patients' care and treatment. There were varying arrangements in place to provide the correct information that staff needed to deliver consistently safe care and treatment to patients.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. Managers monitored staffing caseloads.
- Staff understood their role in reporting safety incidents. When things went wrong, staff apologised and gave patients honest information and suitable support, although incident themes were not consistently recognised.

However:

- The service had systems for the dispensing, administration and storages of medicines in line with the trust policy and the standard operating procedure for the Homecare service. However, gaps in the operating procedure meant that managers could not be assured that the management and administration of medicines to patients in their own homes by Homecare staff safely met the needs of the patients. This was a breach of regulation relating to the proper and safe management of medicines.
- Delays of up to 28 days in consultant clinic letters being sent to patients' GPs, including letters communicating changes in doses of medicines, meant there was a risk of medicines changes not being managed effectively.
- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that children were appropriately protected. However, staff knowledge and systems were not fully developed and embedded for young people over the age of 16.
- Safety performance measures were not routinely collated or monitored across the service.

## Is the service effective?

**Requires improvement** ●

We have not rated this service before. We rated effective as requires improvement because:

- Patients' care and treatment outcomes were not consistently collected, monitored or used to improve care across all the community children, young people and families' specialisms
- The arrangements for patients' rights to be protected under the Mental Health Act 1983 and the Mental Capacity Act 2005 were not effective. Mental capacity assessment records were not always completed accurately or with sufficient detail. Discussions with patients' relatives or advocates were not always undertaken in order to fully explore the patient's best interests and obtain valid consent. This was a breach of regulation on the provision of care and treatment with the consent of the relevant person.
- Although staff provided pain relief if needed and adjusted care and treatment plans accordingly, there was inconsistent use of formal pain assessment across the services or guidance for the administration of pain relief.

However:

# Community health services for children and young people

- The service provided care and treatment based on national guidance and comprehensive assessment of patients' needs.
- Staff monitored and met children's nutritional and hydration needs.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients and to meet the range and complexity of patients' needs. Doctors, nurses and allied healthcare professionals supported each other to provide good care.

## Is the service caring?

**Good** ●

We have not rated this service before. We rated caring as good because:

- Staff responded compassionately when patients or their relatives needed help. Support was given by caring staff as and when required by patients to meet their individual needs.
- Staff recognised the impact a person's care, treatment or condition had on their wellbeing both emotionally and socially. Patients and their relatives who used services were given appropriate and timely support to cope emotionally with their care, treatment or condition.
- Patients' personal, cultural, social and religious needs were determined, although they were not consistently recorded for in order to meet individual needs.

## Is the service responsive?

**Good** ●

We have not rated this service before. We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to accept, treat and discharge patients were, for the majority of community services, within agreed targets.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There were significant and lengthy waiting times from referral to assessment, diagnosis and treatment for patients accessing the autistic spectrum disorder and attention deficit hyperactivity disorder pathways.

## Is the service well-led?

**Good** ●

# Community health services for children and young people

We have not rated this service before. We rated well-led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service collected, managed and used information to support all its activities, using secure electronic systems with security safeguards. However, as not all services within the community division had access to all of the systems, there was a risk that staff did not always have access to all information about their patient.

## Outstanding practice

We found areas of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

# Our inspection team

Carolyn Jenkinson, Head of Hospital Inspection, and a lead inspection manager and inspector led this inspection. An executive reviewer supported our inspection of well-led for the trust overall. The team included seven inspectors, fifteen specialist advisers, and an expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.