

Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Ealing

Date of Inspection	9th May 2011 – 20th May 2011
Date of final Report	27th June 2011
Commissioning PCT	Ealing PCT
CQC Inspector name	Lea Pickerill
Provider Services Included:	Ealing PCT Independently Contracted Services Ealing Hospitals NHS Trust West London Mental Health NHS Trust
CQC Region	London
CQC Regional Director	Colin Hough

This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently

It provides more detailed evidence and feedback on the findings from the Care Quality Commission's (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

The team provided feedback to your local Director of Children's Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: [The joint inspection report](#) .

Ealing Local Authority	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	GOOD
Capacity for improvement	OUTSTANDING
Contribution of health agencies to keeping children and young people safe	GOOD
Looked After children Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	GOOD
Capacity for improvement of the council and its partners	OUTSTANDING
Being Healthy	GOOD

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's head of national Inspections, who has overall responsibility for this inspection programme.

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

This document sets out the findings in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

The London Borough of Ealing has a resident population of approximately 80,074 children and young people aged 0 to 18, representing 25% of the total population of the area. In January 2011, 81% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Fifty seven percent of pupils speak English as an additional language. Somali and Punjabi are the most recorded commonly spoken community languages in the area.

Ealing's Children's Trust was established in July 2009. In February 2011, the Children's Trust was revised and reconstituted as the Children and Young People's Board (CYPB). It remains a key second tier partnership board reporting to the Local Strategic Partnership. The board is chaired by the Lead Member for children and young people and includes representatives of Ealing Council and Ealing Primary Care Trust (PCT). The Board also includes representatives of the Metropolitan Police, probation, education, the voluntary sector, other health providers, general practitioners (GPs) and local schools and colleges. The Ealing Safeguarding Children Board (ESCB) became independently chaired in May 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. (Ofsted, 2011)

Commissioning and planning of health services and primary care are carried out by NHS Ealing. The main provider of acute hospital services is Ealing Hospital NHS Trust. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by West London Mental Health NHS Trust. In patient CAMHS is provided by a range of independent providers. Community health services are provided by Ealing Hospital NHS Trust. (Ofsted 2011)

1 General – leadership and management

1.1 Ealing PCT has come together with other neighbouring PCTs to form the North West London Outer Sub Cluster. The Chief Executive for Ealing PCT retains responsibility for ensuring, through commissioning arrangements, that the health and wellbeing of children in need is promoted and that Section 11 duties to safeguarding children are discharged across the local health economy. Following the local reconfigured NHS commissioning, the lead director for Ealing retains the safeguarding portfolio for Ealing. The Sub Cluster Deputy Director for Quality and Corporate Assurance will support the commissioning organisations' safeguarding governance and assurance work for safeguarding children. The safeguarding lead responsibilities for both the post of Borough Director and Deputy Director for Quality and Corporate Assurance are contained within the job descriptions. The proposals for the sub cluster Quality Assurance Framework were scheduled before the North West London Outer Cluster Board during the course of the inspection. Ealing are signed up for the early pathway adopters for GP commissioning. The consortia have already identified a lead GP commissioner with safeguarding responsibility.

1.2 There was good evidence of the priorities in the CYPP influencing front line priorities. These include the promotion of good oral health, with opportunities taken throughout the healthy child programme to deliver health promotion messages around the importance of diet, moving from feeding bottle to cup and good teeth brushing technique. It is too early for these initiatives to demonstrate any long term impact.

1.3 There were clear links between the priorities identified in the Joint Strategic Needs Analysis, the Children & Young People's Plan being translated into priorities being delivered by front line practitioners. Examples included the work around improving oral health and links to healthy eating and weight management, other successes include improved vaccination and immunisations across Ealing, with particular emphasis on the BCG vaccine to combat tuberculosis and improved uptake of the healthy start vitamin vouchers in targeted communities. The increased uptake of vouchers had directly impacted on reducing the number of children and young people admitted into hospital because of rickets.

2. Outcome 1 Involving Users

2.1 There was good evidence on how service user feedback had been used to improve services within family health services. This included changing times of clinics to suit parents, changes to literature and redesigning baby clinics so that new parents were able to make the choice of whether they just wanted to weigh their baby or if they wanted to discuss any concerns they may have with a health professional.

2.2 The Teenage Pregnancy and Sexual Health team had previously identified and trained a large cohort of young people to carry out a mystery shopping exercise on contraceptive and sexual health services in Ealing. Some changes had been made as a consequence of the survey; however, the long term aim was that these young people would become "You're Welcome" assessors. The "You're Welcome" initiative has been on hold for some time and the team were unsure as to its future. The team were unclear as to how the young people who had been recruited for this initiative were being kept engaged and interested during this period of delay.

2.3 All staff interviewed stated that there was good access to a range of interpreting services. One example of good practice was in the baby clinics held in Southall where translators are visible at reception to immediately greet families where English is not their first language. This allowed families to confidently access and use the services.

2.4 The importance of consent was constantly referred to throughout the inspection by front line practitioners. During the inspection inspectors witnessed good practice, such as the teenage pregnancy support worker who had developed a consent form for professionals to use when referring young people to her service; this ensures that the referrer has complied with national guidance around obtaining informed consent. There was a very useful guidance chart on checking on who is able to consent to the treatment of the child or young person in the triage room at the Ealing Hospital Accident and Emergency (A&E) Department. A&E practitioners described how this was used to ensure that the rights of children and young people were protected.

3. Outcome 4 Care and welfare of people who use services

3.1 The A&E at Ealing Hospital has a dedicated paediatric area that has its own triage area and three treatment rooms. The paediatric area is open 24 hours a day, seven days a week.

3.2 There are good arrangements in place to safeguard children and young people who attend A&E at Ealing Hospital. All attendances by a young person under 16 are checked for repeat attendances and whether there is a child protection plan in place. Other mandatory checks take place, including confirmation that the health practitioner has taken into account the National Institute of Clinical Excellence (NICE) guidance on safeguarding children. The IT system used by the department will not allow progression of the IT record until the practitioner has indicated that all these areas have been considered as part of the booking in and triaging of the patient. There is good use of the Paediatric Liaison Health Visitor (PLHV). The PLHV reviews all attendances of children and young people up to the age of 18 that have attended the A&E. Attendances are triaged as red, amber and green. All attendances graded as red or amber are notified as a matter of priority to the relevant health visitor or school nurse. All attendances are routinely notified to the child or young person's general practitioner. The PLHV also checks that appropriate action has been taken by A&E staff on any attendance that is of concern.

3.3 Young people who attend A&E following substance or alcohol misuse are able to access good support through the alcohol and substance misuse liaison nurse. Young people under 16 will usually be admitted to the paediatric ward and will be assessed by a CAMHS practitioner prior to discharge. For those young people aged over 16 the alcohol liaison nurse will see them either on the A&E department or make a follow up appointment. The liaison nurse attends the A&E's Safety Net meetings where any attendances of young people through drugs or alcohol are discussed to ensure appropriate action was taken. It is recognised that more work is required about active follow up of young people aged 16 and 17 years and this is being progressed.

3.4 There is adequate support for those young people under 16 who attend A&E following an incident of self harm or in mental health crises. There are clear care pathways that indicate any incidence of self harm by a young person under 16 must be admitted overnight. There are on call arrangements to support A&E staff if a young person attends out of normal working hours and requires mental health treatment. However, the arrangements for young people age 16 to 18 are less clear and there can be significant delays in obtaining advice and assistance through the regional adult on call psychiatric team which is provided by the Central and North West London Mental Health NHS Foundation Trust. There has been no recent audit to look at capacity and response times.

3.5 Effective arrangements are in place to safeguard the unborn child. All referrals to the midwifery service are triaged by a central team. Any woman who is booked to deliver her baby at Ealing Hospital and lives out of the area receives her ante natal care at the hospital, as does any woman who is especially vulnerable or hard to engage. A full booking consultation takes place for all pregnant women as early as possible. The midwife screens the woman for any vulnerabilities and will refer to the appropriate agency as necessary. The current booking paperwork does not allow for recording details of fathers and whilst most midwives record this detail in the body of the notes, there is not consistent practice across the service.

3.6 The midwifery service offered to pregnant teenage girls is adequate. There is a teenage pregnancy lead in each team, however, there is no care pathway that sets out clear expectations of what service teenage pregnant girls can expect to receive; this means that although the teenagers are offered enhanced ante natal care in line with NICE guidance, there is no formal monitoring of the service for this vulnerable group of young girls. Previously, vulnerable teenage girls who were pregnant would be referred to the family nurse partnership; however, the service is now at capacity and cannot accept any new clients though the PCT gave assurance that this is only a temporary situation. There are no targeted ante natal clinics for pregnant teenagers and their partners to attend.

3.7 There are adequate arrangements to safeguard children and young people within the health visiting and school nursing service. There are improved arrangements to deliver the healthy child programme, with ante natal visits targeted to the most vulnerable families. Timeliness of the new birth visits has significantly improved and good use is being made of skill mix within the teams to provide the 8 month developmental check. The service has just started to implement the 2 1/2 year check so the impact is not yet evident. There is a formal handover meeting between the health visiting and school nursing service for vulnerable families that receive an enhanced service. School nurses support those schools that offer new parent meetings which provide a good opportunity for parents to meet the school nurse and discuss any concerns. Parents and carers are asked to complete a health questionnaire when their child starts school and any issues identified are followed up and health care plans drawn up where necessary. The school nursing service carry out the heights and weights of all children as part of the national measurement programme and in most schools offer a drop in service where young people can access advice on health related issues. All schools across Ealing have a named school nurse.

3.8 Ealing has a third wave family nurse partnership service that was implemented in 2009. Early findings from the project show a reduction in second pregnancies, increased in breastfeeding rates and an improvement in the numbers of normal deliveries for this cohort of young women.

3.9 Child and Adolescent Mental Health Services (CAMHS) are provided for young people up to the age of 18. The CAMHS is made up of four teams, each with a distinct client group. All referrals are received centrally and allocated to the relevant duty team member who will triage the referral. Three of the team's are operating waiting lists for routine appointments for assessment; the Families and Young Person's service is operating with up to a 5 week wait for first assessment, with a further maximum 16 week wait for treatment. The neurodevelopment service has up to a twenty week wait for first appointment (11 weeks if the referral was made by a GP) and the learning disability service has an eleven month waiting list. The paediatric liaison team see routine referrals seen within 6 weeks though up to half of these are seen within 24 hours. All teams stated that if a referral had been received for their service that was inappropriate, then where possible they would redirect the referral or write back to the referrer with their recommendations on how best to proceed. This process, however, is not formally documented and is not consistent leading to some referrers reporting delays in receiving responses and young people receiving treatment. Tier 4 in patient provision is commissioned from the private sector and there are good arrangements in place to offer in-reach services to the young person to help prepare and support them when they are discharged. The West London Mental Health NHS Trust have arrangements on two gender specific adult wards that are designated to take under 18 year olds in an emergency, however, use of this provision is uncommon and any young person admitted to an adult ward is reported through the trust's clinical governance and serious incident reporting structures.

3.10 Ealing services for children with learning disabilities and complex health care needs are good. Most of the services are co-located in a central building that is easily accessible to parents and young carers. Services based at the centre include the child development team, community paediatricians, specialist health visitor, clinical psychology, therapists and other support services. Referrals to the individual teams are discussed at weekly team meetings where allocations are made to the most relevant member of staff. There are good multi disciplinary arrangements in place to assess children under 5 or those with learning disability for social and communication disorders. Some teams operate with waiting lists, though in speech and language therapy families can access the "Play and Talk sessions held in children's centres whilst waiting for their appointment. Families waiting to access support for learning disabilities and CAMHS are offered the opportunity to attend parent support groups whilst waiting for their appointment as waiting times for this service can be up to 11 months.

3.11 Parents and carers described services to families of children with disabilities as improving. Newly diagnosed children on the autistic spectrum and other parents with children with physical disabilities spoke highly of the support received from their key workers. Parents could access respite services, however, there was concern expressed about the ability of the residential respite facility to cope with challenging behaviour. It was felt by some parents that if a child was in a special school within Ealing, then they had access to good therapy support from speech and language, physiotherapy and occupational therapy, however, this level of service was not available if the child was in mainstream education. Arrangements for young people's transition into adult services was felt to be variable, though most described very good support from Mencap who ran transition information sessions.

3.12 There is good provision of short breaks for families with learning disabilities and complex health care needs, including overnight and residential care options. There is some encouraging work with families around providing intensive support to allow those children who previously would have been accommodated in a residential school to remain with their family. Preliminary evaluation of this service has been positive and there are plans to extend the service to include families with younger children.

3.13 The provision of sex and relationship education (SRE) in Ealing is adequate and is provided by a number of professionals and agencies. The teenage pregnancy and sexual health worker is employed part time to provide SRE into local schools and colleges as part of the PHSE framework. There has also been considerable emphasis on training professionals in universal services on SRE. Recently parents and carers piloted "Speak Easy" which is an accredited course on how parents and carers can approach and discuss issues facing young people, including SRE. In response to this pilot, the team have now developed an in-house course that is ready for implementation. The rates of teenage conceptions remains low and significantly below national average.

3.14 Young people with disabilities have good access to help and advice around sexual health and relationships. The partnership has commissioned Image in Action to provide this targeted service and feedback from staff in the focus group was positive about how the young people had responded to the advice sessions.

3.15 The contraceptive and sexual health service (CASH) offered to young people is adequate. There is access to emergency contraception 7 days a week across the Borough through a selection of pharmacists and young people and family planning clinics. Ealing has very recently signed up to the London C-Card scheme and there are a number of youth workers and agencies that have received training. Young people can access CASH services five days a week, currently there are no clinics at weekends. There are a limited number of women only sessions and there are no male only clinics.

3.16 The teenage pregnancy and sexual health worker offers good support to those young people who are especially vulnerable and may be difficult to engage and can either signpost them to services or accompany them to appointments. She also offers advice and support to any looked after young person who requires a more tailored package of support. There is an Ealing Young People's Sexual Health and Pregnancy Referral Pathway that clearly identifies services that offer support, information and counselling for young people. The pathway provides guidance to the professional on how to progress a child protection concern or establish if there is a Common Assessment Form in existence for the young person.

3.17 Young people who misuse substances have access to good support, advice and treatment. Substance misuse staff work as part of the SAFE Adolescent Services and the "Easy" service. There is good partnership working with a flexible approach that meets the needs of the young person and their family. Both SAFE and Easy regularly evaluate their service and can demonstrate improved outcomes in terms of young people either stopping the misuse of substances or reducing the risks associated with their drug use. There is good transition for young people who use the Easy (Tier 3) provision and who need continued support from adult substance misuse services when they reach 18. There is good partnership working by substance misuse services and CAMHS and young people who have a dual diagnosis are co-worked. This means that there is a co-ordinated and comprehensive approach to a young person's care where there are mental health needs as well substance misuse issues. Currently there are no waits to access substance misuse services, however, the Easy service are approaching capacity.

3.18 There are outstanding arrangements in place to maintain the health of children and young people who are looked after by the Borough of Ealing, with all performance targets exceeding national performance. Most of Initial Health Assessments are carried within the statutory 28 day timescale, 93.5% of the health reviews are carried out in time. Ninety three percent of LAC have accessed a dentist over the preceding 12 months which is 10.4% above national performance and 87.7% are up to date with their immunisations and vaccines which is 10.2% above national performance. Appointments for initial health assessments and health reviews are made by the local authority. The medicals are carried out by paediatric registrars and the Medical Advisor for LAC completes the health care plan. The health reviews are carried out by either the designated nurse for LAC or the medical advisor. Young people are offered a choice in the venue for their review health assessments. There has been no formal evaluation of the LAC health services by service users.

3.19 The arrangements for obtaining health reviews for LAC placed out of borough are good. Any child or young person within a 20 mile radius of Ealing are seen by the Ealing Looked After Health Team for their review; where this is not possible, then there is a clear process for requesting the medical assessment or review from the receiving LAC service and systems are in place to provide payment where requested. Progress on all health care plans are monitored formally through the independent reviewing officers during the child or young person's reviews.

3.20 Looked after young people have good access to universal substance misuse services. A young person is referred to SAFE or direct to Easy if they met the thresholds for more structured support. There is good access to SRE and contraceptive and sexual health services through the CASH outreach worker. There is a multi agency care pathway for looked after young women, who become pregnant and choose to continue with their pregnancy that includes referral to the family nurse partnership.

3.21 There are no dedicated CAMHS services commissioned for LAC and there is no multi agency referral pathway for this vulnerable group of young people. Referrals to Tier 2 and Tier 3 mental health services follow the universal pathway and are assessed according to the presentation of their need. There are CAMHS practitioners who have a special interest in the mental health needs of LAC however this does not form part of their formal job description. There are some children and young people who are waiting to access CAMHS, though these have not been assessed as requiring urgent care.

3.22 There is good use made of the Strengths and Difficulties Questionnaire (SDQ). SDQs are completed by carers, education staff and, where appropriate, the young person. The designated nurse for LAC has recently piloted a project whereby a SDQ Review Meeting is arranged with multi agency and multi disciplinary attendance to discuss any LAC with a borderline or abnormal SDQ score. The child's care package is reviewed to identify whether services are meeting the child's emotional and behavioural needs. The project has been positively evaluated with trends emerging around the need for earlier intervention from CAMHS and additional work with kinship workers. Some children and young people have had their care packages reviewed and some have had placement moves. There are plans to repeat the exercise at least annually.

3.23 Arrangements to support young people leaving care with their health needs are inadequate. The designated nurse for LAC has no formal input into the pathway planning process and young people are not provided with a comprehensive summary of their health records when they leave care.

4 **Outcome 6 Co-operating with others**

4.1 Staff in the A&E department showed good awareness in safeguarding children and young people and were able to confidently describe how to refer any safeguarding concern to the children and families team. There is good use made of the multi agency, multi disciplinary A&E departmental "safety net" meetings. A selection of cases are discussed to highlight good safeguarding children practice or to explore how opportunities were missed. Currently, CAMHS are not represented at the safety net meetings so discussion around children and young people who had attended A&E with mental health concerns takes place without this valuable input. The meetings are followed up with an e-newsletter sent to all staff outlining the discussion and any key messages, including praise where good practice had been identified.

4.2 There is good, effective partnership working across midwifery, substance misuse services and the local authority to safeguard the unborn child. The PLHV works closely with midwifery services to ensure all women who are referred to the local authority or who have identified vulnerabilities are made known to the relevant health visiting team. Targeted ante natal visits can be scheduled and an enhanced health visiting service arranged. Although midwives refer to emotional health and wellbeing services for any woman who requires peri natal mental health support, there is no formal multi agency pathway in place. The named midwife is currently developing the pathway; however this will need to be shared across the partnership. Midwifery staff refer any safeguarding and child protection referrals to the local authority as soon as concerns arise. Regular multi agency, multi disciplinary meetings take place at which cases of concern are discussed and monitored. These meetings help to ensure that there is a comprehensive plan in place for when the baby is born. There are good arrangements for monitoring safeguarding children activity within maternity services through a comprehensive database that is also used to monitor implementation of NICE guidance relevant to maternity services. Midwives attend child protection meetings where possible or a report is prepared and the named midwife will deputise.

4.3 The majority of practitioners across health partners described good working relationships with the children and families service. The presence of the hospital social worker was seen as significantly enhancing communication and joint working across agencies which means that children and families receive a more responsive and co-ordinated service. Staff reported that there was usually a timely response by the children and families service to any referrals and described the process used to resolve professional disagreements as effective. Health visitors and school nurses use skill mix appropriately to implement actions agreed in child protection and child in need plans.

4.4 The arrangements for young people to transfer into adult mental health services are variable. There is some good partnership working to ensure good transition for young people with learning disabilities as well as for those young people where there are clear indications that they will require the support of adult mental health services. The transition arrangements for young people with ADHD and on the autistic spectrum are less well developed.

4.5 Arrangements for young people to transition into adult services are variable. The community paediatric nurses offer care up to the age of 16 and where necessary work with district nurses to ensure that their skills are appropriate to manage any young person transferred to their care. The speech and language therapy services (SALT) make good use of communication passports and health plans are being trialled in some schools to help young people with complex needs when they encounter new situations.

4.6 Partnership working between the designated nurse for LAC, the medical advisor for LAC and the local authority's children and families team is outstanding. The designated nurse for LAC and medical advisor have been given access to the authority's IT system and also have local authority email addresses. This helps to ensure that information used to inform initial health assessments and health reviews is as comprehensive and accurate as possible and that information can be shared confidentially.

5. **Outcome 7 Safeguarding**

5.1 The arrangements for the establishment, line management and supervision of the designated professionals for Ealing PCT are adequate. The designated nurse is employed full time and the designated doctor is allocated 0.4WTE. The role of named GP remains unfilled though the PCT continue to make efforts to recruit to the post.

5.2 The PCT offer good support to general practice to help GPs and dentists fulfil their responsibilities in Working Together 2010. Most GP practices now have a safeguarding children lead. Some of the initiatives include working with GP appraisers to develop and implement a toolkit and minimal standards around safeguarding; General Medical Services (GMS) contract monitoring and a pilot project on GP supervision. There are currently no mechanisms to audit the quality and timeliness of reports submitted by GPs for child protection conferences; however the GPs who attended the focus group told us that they had systems in place to respond to requests for conference reports for child protection meetings. One GP had developed a template to ensure that key information was included. There is not a standardised approach to recording the whether a child had a child protection plan in place or the status of a child who was looked after. Most of the GP practices had a system for recording some of this information but this was not consistent across the PCT. Approximately 43% of GPs have completed their level 3 safeguarding training within year two of the current 3 year training cycle and the majority of dentists have completed their level 2 training.

5.3 The line management, supervision and training arrangements for the named nurse within the Ealing Community Services provided by Ealing Hospital NHS Trust are appropriate and reflect the guidance in the intercollegiate guidance and Working Together 2010. There is an interim named doctor in post until the post is recruited to substantively. The interim named doctor is well supported by the PCT's designated doctor. The named nurse within the community services is supported by 2 WTE child protection advisors who provide advice and support to front line practitioners, including the provision of child safeguarding supervision.

5.4 The line management, training and supervision arrangements for the named professionals for acute services provided by Ealing Hospitals NHS Trust are adequate. The named nurse is employed full time, the named doctor has 0.2WTE sessions allocated to the role and the named midwife has 0.5WTE allocated. The named midwife does not have a job description for the post and the role of lead anaesthetist for child protection/safeguarding has not yet been formalised within the trust.

5.5 The arrangements for the named professionals within the West London Mental Health NHS Trust meet the requirements as outlined in Working Together 2010. They have access to appropriate and timely training and supervision. The named doctor is employed for 0.4WTE and is supported by a lead safeguarding doctor for each Borough who has 1PA per week. The trust has recently recruited to the post of safeguarding children training officer. The named professionals have made significant impact on rapidly improving the numbers of staff who have accessed safeguarding children training and in developing a safeguarding children supervision policy, however there are currently no arrangements in place to monitor its implementation and effectiveness.

5.6 The designated nurse for LAC is currently commissioned by the local authority and employed by the PCT. The medical advisor for LAC is funded for and employed by the Ealing Hospitals NHS Trust. There is no designated doctor for LAC. The arrangements for safeguarding professionals across are not finalised and the Borough Director for Ealing PCT has given assurance that the final structure will incorporate this key role. The team also includes 1WTE clinical psychologist whose work is predominantly around preventing a LAC's placement breaking down. The team are supported by a full time administrator.

5.7 The involvement of the designated nurse for LAC in training new social workers and foster carers is good. The designated nurse regularly attends training events for foster carers to talk about health issues, including weight management, effects of foetal alcohol syndrome, sexual health and promoting the health of LAC.

5.8 The work of the clinical psychologist for LAC is well regarded by professional staff. She offers different forms of support ranging from advice, signposting to other services, consultation or one to one casework. The clinical psychologist for LAC has input into foster care parenting programme as well as meeting regularly with staff working in the borough's residential children's home.

5.9 The arrangements for the examination of children and young people who have been subjected to alleged sexual abuse are adequate. All acute cases are seen at the Haven facility run by St Mary's hospital in Paddington. The non acute examinations are carried out either by the community or acute paediatricians in Ealing. There is, however, some concern around the sustainability of the non acute examinations as the local paediatricians continue to carry out fewer of these examinations and there is a risk of de-skilling.

5.10 Staff in adult and paediatric A&E teams demonstrated an improved awareness on the impact of domestic violence between adults on their children. However, this was not the case within the walk in centre where a referral to children and families for domestic violence would only be made with the consent of the adult.

5.11 There is good progress being made in raising the awareness of the impact of adult mental health on the children within the family. Adult mental health practitioners gave anecdotal evidence on how practitioners were changing their approach to risk assessment and using the "Think Family" approach. A framework has been developed for use by practitioners with prompts on how to approach assessing risk to children and gathering necessary information. It is too early to demonstrate any impact from implementing the framework; however there are plans for an early evaluation.

5.12 The focus group felt confident in referring any concerns to children and families services and described many incidences of where joint visits between adult mental health staff and social workers took place to ensure that children and young people were kept safe.

5.13 The West London Mental Health NHS Trust have made good progress in providing appropriate and child centred visiting facilities for children to visit their parents whilst they are in-patients. There is ongoing work to train adult mental health practitioners in engaging with children and young people of service users and a leaflet has recently developed to help children and young people understand the purpose of adult mental health services.

5.14 There is good evidence of learning from serious case reviews in health. One example is the implementation of safeguarding children supervision with general practices. The PCT are piloting the project which will be formally evaluated after one year, however, early indications are positive with increasing numbers of GPs electing to join the programme.

5.15 The Child Death Overview Panel (CDOP) is effective and appropriately constituted with good representation from both Ealing and Hillingdon. There are good arrangements for the rapid response team for Ealing Hospitals NHS Trust. The CDOP had input into the Hillingdon and Ealing Community Roadshows during early 2010 and produced information on health messages around keeping children and young people safe. The CDOP has not yet evaluated the bereavement support offered to parents though this is planned for 2011/2012.

6 Outcome 13 Staffing numbers

6.1 There is adequate nurse staffing within Ealing Hospital A&E to ensure that children and young people are cared for by appropriately trained staff. The Ealing Hospital A&E are usually able to roster a paediatric nurse on each shift, however this is compromised when there are staff vacancies or unscheduled absences. All A&E staff are trained in paediatric life support. In addition, adult nurses are rotated in the paediatric area to give them valuable experience of meeting the health needs of children and young people.

6.2 Ealing Community Health Services, now part of the Ealing Hospitals NHS Trust have historically had difficulty recruiting to Health Visiting and School Nursing services which are stretched. Current vacancies are 14% within health visiting teams and 20% within the school nursing. Capacity within the service is closely monitored by Ealing Hospitals NHS Trust and commissioner. The trust are making good effort to fill vacant posts. There is ongoing recruitment to try and fill the vacant posts and there are good links with local universities. The trust is one of 10 trusts accepting students from the new fast track training programme for health visitors.

7 Outcome 14 Staffing support

7.1 Safeguarding children training in community services is adequate. The named nurse has recently completed a detailed training needs analysis and has revised the content of the training to reflect the intercollegiate guidance issued in 2010. Current training statistics show 89% of staff are trained at Level 1, 74% at Level 2 and 31.1% at Level 3. The trust has plans in place to increase the opportunities for Level 3 training throughout this year. There is good preceptorship for any newly qualified health visitor, with a period of mentoring and monthly supervision.

7.2 Supervision in safeguarding children within the community services is adequate. The organisation has a target of 95% and currently 86% have received supervision within the defined timescales. Reporting does not currently include staff working in the mental health and wellbeing service or allied health professionals. The quality of referrals and child protection conference reports are considered as part of an individual's safeguarding supervision session.

7.3 Safeguarding children training within the acute services provided by Ealing Hospitals NHS Trust is good. 80.6% of staff have received level 1 training, 78.3% of staff have received their level 2 training and 82.5% of staff have received their level 3 training. The named nurse formally evaluates the impact of the training and is able to demonstrate improved awareness of safeguarding children, especially around the impact of adult behaviours on children in families.

7.4 Supervision of safeguarding children practice within Ealing Hospitals NHS Trust is adequate. The trust has a long standing supervision policy for midwifery staff; however a draft organisation wide policy is now awaiting ratification by the trust board. The trust has arranged for 20 practitioners to receive appropriate training in the role of safeguarding supervisor in preparation for the launch and implementation of the revised policy.

8 Outcome 16 Audit and monitoring

8.1 The PCT have made good effort to use the findings of inspections and findings from serious case reviews to influence the development of appropriate key performance indicators for inclusion in contracts. Performance against indicators will be reported during 2011/2012.

8.2 Ealing Hospitals NHS Trust has recently joined with the community services provided by Ealing, Brent and Harrow. The trust has introduced a revised governance structure and board assurance framework for children safeguarding. This appears adequate though it is too early to evaluate the impact. Safeguarding concerns will be escalated through the integrated care organisational safeguarding children group to the clinical governance committee which is a formal sub committee of the trust board and is chaired by a non executive director.

8.3 There is good evidence on how audit on safeguarding children practice has changed how services within the Ealing Hospitals NHS Trust are delivered, for example there is now a dedicated consultant obstetrician with a special interest in vulnerabilities in pregnant women. There is, however, some delay in the trust implementing policies around safeguarding practice such as domestic violence and the trust's access policy on children and young people who do not attend medical appointments; this means that opportunities to safeguard children and young people may be missed.

8.4 There is a good programme of audit on safeguarding practice within Ealing Community Services that has influenced change to practice, eg. ongoing improvements in record keeping that was also evidenced in most of the community records inspected.

8.5 West London Mental Health NHS Trust are in the process of introducing new governance arrangements throughout the organisation. There are agreed plans to recruit to a new post of Director of Safeguarding for Adults and Children. The new governance and reporting arrangements for safeguarding children appear adequate though it is too early to demonstrate impact. The current performance metrics for safeguarding children used in the integrated performance report cannot provide robust board assurance on safeguarding children. The trust had previously recognised this and are scoping additional performance indicators, including those indicators included as part of the commissioning arrangements. The WLMHT's named professionals will need considerable support from the organisation in order to collect data and record activity across its services. The trust currently relies on clinical integrated governance safeguarding leads to support operational implementation of safeguarding children policy. It is envisaged that these leads will be responsible for collecting and monitoring safeguarding children activity. There is some concern around the accountability and capacity of these roles. It is acknowledged that the role of safeguarding lead has recently been formalised through an addendum to an individual's job description. In the case of lead doctors, 1 session per week is identified in the job plan and included in appraisal. However, this does not yet apply to the other professions.

8.6 The West London Mental Health NHS Trust has an audit programme in place to monitor safeguarding children practice. There is evidence of good impact of audit, particularly around the raising of safeguarding children awareness and the improved arrangements for children visiting their parents. Practitioners we spoke to demonstrated good awareness of the think child, think parent, think family agenda. The trust recently carried out an audit on compliance with policy for risk assessing the needs of children of service users and has made clear recommendations on how front line practitioners can improve their practice. It is, however, too early to demonstrate any impact from this work.

8.7 The CAMHS were able to provide evidence on how audit had influenced the service delivered to young people. All young people who had attended A&E following an incident of self harm were supposed to receive a joint assessment visit from the paediatric liaison CAMHS and a social worker. The original audit showed that through joint working with children and families services, compliance had improved from 80% to 100%.

9. **Recommendations**

Immediately

Ensure the implementation of the local policy of the management and notification of domestic violence is implemented in all urgent care and walk in centres across Ealing.

Within 3 months (from report)

Ealing PCT to support GPs in adopting a common approach to identifying children who have a child protection plan in place and those children and young people who are looked after. (Ofsted 2011)

The Partnership should finalise and implement the peri-natal mental health pathway for pregnant women and develop the teenage pregnancy pathway and monitor its effectiveness. (Ofsted 2011)

West London Mental Health NHS Trust should develop formal referral pathways to partner agencies to ensure that signposting of inappropriate referrals to CAMHS are made in an efficient and effective way. (Ofsted 2011)

Ensure that all care leavers are provided with a copy of their health records at the point in which they leave care. (Ofsted 2011)

The partnership should ensure that there are clear pathways of care for children and young people that are looked after who require support from mental health services. The partnership should closely monitor waiting times, activity and outcomes for this vulnerable group of children and young people (Ofsted 2011)

Ealing PCT and Ealing Hospitals NHS Trust to review the capacity within the LAC health team to ensure that they are able to fulfil the responsibilities of the designated LAC health professionals both strategically and operationally. This review should ensure that the responsibilities of the LAC designated doctor are incorporated into a formal job description.

Health partners to ensure that the regional adult on call rota can provide timely support to Ealing A&E for 16 to 18 year old young people who present with mental health needs.

Within 6 months

West London Mental Health NHS Trust to review capacity within the safeguarding team, to include the role and accountability of safeguarding leads, to ensure that the team are able to fulfil the role of named professionals as outlined in “Working Together 2010.”

Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.