

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in London Borough of Bexley

<b>Date of Inspection</b>	<b>9<sup>th</sup> July 2012 to 20<sup>th</sup> July 2012</b>
<b>Date of final Report</b>	<b>24<sup>th</sup> August 2012</b>
<b>Commissioning PCT</b>	<b>NHS South East London Bexley Business Support Unit</b>
<b>CQC Inspector name</b>	<b>Ms Christine Evans</b>
<b>Provider Services Included:</b>	<b>South London Healthcare NHS Trust</b>  <b>Oxleas NHS Foundation Trust</b>  <b>Dartford and Gravesham NHS Trust</b>
<b>CQC Region</b>	<b>London</b>
<b>CQC Regional Deputy Director</b>	<b>Mr Matthew Trainer</b>

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](#) .

<b>London Borough of Bexley</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Inadequate
Capacity for improvement	Adequate
The contribution of health agencies to keeping children and young people safe	Good
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
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.

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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:**

*Bexley is an outer London borough which borders Greenwich to the west, the county of Kent to the east and Bromley to the south. Covering an area of 61 square kilometers, it has a population of approximately 220,223. There are 53,806 children and young people, aged 0 – 19 years living in Bexley, making up 24.4% of the population (compared to 22.4% for inner London and 24.4% nationally), and this is predicted to rise to 54,008 by 2015. Of the children, 51% are male and 49% are female. The majority, 80%, are from a white background; however, approximately 32.1% of 5 – 15 year olds in Bexley's schools are from Black or other minority ethnic (BME) families with a greater proportion of these living in the north of the borough.*

*There are significant areas of deprivation in the north and south east of the borough which affect around 6% of the population. Bexley is often considered to be an affluent outer London borough; however there are parts of the borough where child poverty is a real issue. Health Management Resource Centre (HMRC) estimate that 21.6% of children live in poverty nationally. In Bexley the proportion of children living in poverty is lower than this at 18.4%. Bexley is a varied borough, with certain wards suffering from higher levels of deprivation than others. For example, 36.5% of children in North End Ward live in poverty. This compares to just 6.9% of children in St Mary's Ward.*

*At 31 March 2012 Bexley had 1255 cases open to social care teams. Of these, 113 children were subject to a child protection plan. At the time of the inspection there were 238 looked after children. Of these 51% are male and 49% are female with 22% from a minority ethnic background. The 16+ team currently work with a total of 124 care leavers.*

*Primary health care is provided and commissioned by NHS South East London Bexley Business Support Unit. Universal children's health services are commissioned from Oxleas NHS Foundation Trust and specialist children's community health services from South London Healthcare NHS Trust. The main local acute provider is also South London Healthcare NHS Trust which runs Queen Mary's Hospital Sidcup, the Princess Royal Hospital Bromley and the Queen Elizabeth Hospital, Woolwich. Accident and emergency services, maternity services and in-patient paediatric services are provided at the latter two. The Queen Mary's Hospital site hosts the urgent care centre, paediatric assessment unit, child development centre, and community midwifery services. The other main acute provider of maternity care is Darent Valley Hospital in Kent. Mental health services for children and adults are provided by Oxleas NHS Foundation Trust. The main NHS provider of in-patient mental health services for children is South London and Maudsley NHS Foundation Trust.*

*The voice of young people in Bexley is represented through groups such as the Bexley Youth Council (13 – 19 years) and Children's Parliament (5 – 13 years). The groups are made up of young people from schools and youth groups from across the borough, and raise issues through their subgroups and council meetings.*

## General – leadership and management

1. Health organisations, both commissioning and provider, have appropriate structures and arrangements in place to ensure oversight, by key board members, of safeguarding children requirements. Board level leads for safeguarding children are in place in all trusts. Gaps in requirements such as those in relation to staff receiving appropriate child protection training are actively managed through risk management and performance management processes with clear targets established. Boards receive regular updates including annual reports on safeguarding.
2. Designated health professionals, a looked after children's nurse, administrative staff and the Bexley child and adolescent mental health services (CAMHS) adoption and fostering looked after children's social worker are in place. They provide appropriate and robust oversight and management of the health care needs of children who are in care. Currently 79% of looked after children have an identified health need which is picked up via health reviews. Subsequent health plans are monitored by the team. The looked after children's nurse and the CAMHS social worker are appropriately engaged with the independent reviewing officers and are involved in placement decisions with regard to looked after children and young people. The health team works closely with the independent reviewing officers, which staff said worked well and aided good communication. The health team produce an annual report which is presented to the local safeguarding children board.
3. All health organisations have up to date safeguarding policies and procedures. A range of audits are undertaken to check compliance with key aspects such as attendance at child protection conferences and uptake of safeguarding supervision. Action is taken to rectify gaps, for example, the monitoring of children attending emergency services has led to increased performance in following these children up.
4. NHS South East London Bexley Business Services Unit plans and commissions services on behalf of children and young people. Provision of specialist community health services transferred to South London Healthcare NHS Trust in July 2010. The children's continuing care framework has been implemented with oversight from commissioners. To assess the changing needs of children and provide appropriate support, the children's community nursing team uses the decision support tool from the national framework for children's continuing care.
5. A joint health and social care children's commissioner is in place, employed by the NHS but seconded to the local authority. While formal joint funding arrangements are not in place, services such as the NHS outreach workers have been commissioned jointly. Appropriate arrangements are in place to hold provider services to account. NHS organisations take part in Section 11 audits and the most recent showed good compliance. Health services also provide a range of safeguarding performance information via the commissioning scorecard, which is being implemented across the borough.

6. Commissioning arrangements are in transition to the emergent clinical commissioning group which is progressing well with good general practitioner engagement. The designated professionals, especially the designated nurse, work closely with the children's commissioner and the clinical commissioning group arrangements. It is envisaged that this support will continue once the clinical commissioning group is working in shadow format from 1st October 2012.

7. Public health expertise is available within the borough. A comprehensive joint strategic needs assessment is in place and refreshed on a regular basis. It informs both the children and young people's plan, and the local safeguarding children board's business plan, in line with Working Together to Safeguard Children 2010.

### Outcome 1 Involving Users

8. Health care organisations communicate well with children and young people, with examples cited by staff. The child and adolescent mental health services (CAMHS) engage well with children and young people and with young carers of parents with mental health issues. CAMHS have worked with the 'You're Welcome' criteria and are now working with 'YoungMinds' criteria to ensure services meet the needs and requirements of children and young people. Young people have been involved in developing leaflets for children, young people and their parents, and have contributed to the successful non-violent resistant programme for parents of children with violent and challenging behaviour. 150 families have been involved so far and feedback has provided evidence of reduced violence and escalation in households, and improved relationships between parents and children. Specific literature is also in place for children with a parent who has a mental illness.

9. Commissioners have access to a strong engagement department linked to the clinical commissioning group, which over the last three or four years has regularly carried out consultation events in local secondary schools. The involvement of young people has resulted in improved information for them, including use of social media to promote health and wellbeing.

10. Children's disability services engage with parents and feedback is in the main positive. However a few parents we met felt the voice of the child or family is not always heard by services including general practitioners.

11. The looked after children's nurse ensures good uptake of the statutory review health assessments by engaging young people in developing and improving service delivery. A leaflet explaining the health assessment was developed with the help of young people. To improve access to assessments, clinics are held in several venues and all young people who come into care receive a copy of the 'green book' which details all health appointments, information on health promotion and where to seek advice.

12. All care leavers receive a final review health assessment and are contacted eight weeks after leaving care by the looked after children's nurse or social worker. This ensures they have a general practitioner and have details of where to seek further help if required, such as sexual health services. However, care leavers are not provided with their health history to support their access to health provision in adult life.

13. Translations services are commissioned by NHS trusts and staff we met confirmed that these were in place and were used.

#### Outcome 2 Consent

14. Appropriate policies and procedures are in place to ensure consent is requested and obtained prior to treatment of children and young people. Procedures ensure parental consent or delegated consent is given to healthcare professionals in relation to children and young people who are looked after by the local authority.

#### Outcome 4 Care and welfare of people who use services

15. Outcomes for looked after children and young people, including care leavers are good. Performance with regard to initial health assessments carried out by community paediatricians within 28 days of children coming into care has improved recently but remains significantly below target. 2011/2012 figures show improvement, to 60% completed within 28 days of children becoming looked after, from 40% the previous year. The looked after children's health team working with social care achieved this by raising awareness and improving the timeliness of information sharing, particularly in relation to the provision of important consent information by social care. Although there is evidence of further improvement, this early progress is yet to be sustained.

16. The proportion of children and young people who are looked after who receive timely statutory review health assessments is consistently above the average for similar areas and the national average and has continued to improve year on year. The latest performance figure for 2011/2012 shows 96.4% of children received their review health assessment on time. Similarly a high proportion (93%) of children have their teeth checked by a dentist and the proportion of children identified as having a substance misuse problem is in line with similar areas. Work carried out by the looked after children health team has led to a sizable improvement in the proportion of children with up to date immunisations, from 64% in 2010/2011 to 82.4% in 2011/2012. A key issue has been to ensure that the information held on health's information technology systems is communicated across to social care who report on this key performance indicator. Again, this early progress needs to be sustained.

17. The healthy child programme is being delivered by health visiting and school nursing teams and there is 92% coverage of the national child measurement programme. Immunisation rates are low but improving. For example the rate for the first dose of the measles, mumps and rubella vaccination has improved from 81.3% in 2010/2011 to 85.4% in 2011/2012, and a similar increase has been seen for the second dose.

18. Effective sexual health and teenage pregnancy services provide a range of good support to young people in Bexley and the design of services is being improved further to ensure better engagement of general practitioners and community pharmacists. The teenage conception rate in Bexley (for all young females) is lower than both the regional average and national rate, and the Chlamydia diagnosis rate is significantly better than the national average, which is good. Young people have access to the C-Card condom distribution scheme via clinics held in secondary schools and the youth advice centres. Some community pharmacists have also agreed to deliver the C-Card scheme and emergency contraception. A text messaging service coordinated by school nurses commenced in January 2011 at the request of young people. This service is well used by young people accessing speedy advice and support on health issues including sexual health and mental health. Committed staff work well together and are establishing a clear pathway through services to benefit all young people. A range of agencies are involved in the Bexley young people's services group and although staff are not commissioned to do this, the commissioner is aware and receptive.

19. Effective sexual health support is also provided to care leavers and looked after young people in Bexley. Few looked after young people and care leavers are pregnant, and there are no looked after young fathers. Pregnant looked after young people are automatically referred to the 'Best Beginnings' vulnerable women midwifery team which includes a teenage pregnancy midwife. Sexual health advice is also provided to young people by the looked after children's nurse who is a trained family planning nurse. All those over thirteen years are provided with a mobile phone contact number for quick access. This number is also given to all foster carers and social workers.

20. Well co-ordinated and effective substance misuse services are resulting in good outcomes for Bexley young people. Outcomes are similar to or better than comparators and the national average. Hospital admissions in relation to drug and alcohol misuse are lower than the national averages. Young people's take up of effective drug treatment has increased significantly since 2009 (from five young people in 2009/2010 to 42 in 2011/2012) with the commissioning of specialist substance misuse provision from CAMHS. A strategy is in place with clear assessment and referral processes, and a single point of entry via the youth engagement service.

21. All looked after young people are referred into specialist substance misuse services and are assessed within five working days. The substance misuse nurse attends all looked after children reviews and meets with independent reviewing officers to ensure issues are picked up and addressed. The substance misuse needs assessment process proactively seeks out substance misuse and mental health concerns within the looked after young people population.

22. Exceptional child and adolescent mental health services (CAMHS) are improving outcomes for children and young people. Both young people and their parents speak very highly of services received. Clear referral and admission processes are in place and waiting times for CAMHS assessments are within national targets. Usually between 32% and 40% of referrals do not need a specialist mental health intervention and are signposted by the service to others in line with the National Institute for Health and Clinical Excellence and Bexley's agreed pathways. A teaching programme launched by CAMHS to universal services has developed understanding of emotional health and wellbeing. This has improved the confidence of staff in those services in making appropriate referrals into CAMHS or alternatively offering interventions within their own settings. The programme was well attended by a variety of agencies from health and the local authority and a master class was provided for general practitioners. Feedback from staff is positive and staff said they had changed their practice as a result.

23. A range of effective pathways are in place for more specialist needs. For example, CAMHS have worked closely with the paediatric team to develop a shared pathway for children with attention deficit hyperactivity disorders (ADHD) and autism spectrum disorders (ASD). Although CAMHS are not commissioned to provide diagnostic work they do support their paediatric colleagues in that process, which they said worked well.

24. The emotional health of looked after children is in line with similar areas and the national average. Children and young people are well supported by a dedicated CAMH service which was commended in a recent Ofsted fostering inspection. The strengths and difficulties questionnaire (SDQ) has a good response rate and is used well to gauge young people's emotional and mental health, and with improvements reported. This information is now being used in the review health assessments.

25. A range of good and improving service provision is in place for children with disabilities and their families. This includes a relatively new child development centre which has led to more efficient and effective communication between professionals and an improved experience for parents and children. Appointments are better coordinated and all parents now have a key worker which has resulted in the 'did not attend' rate falling from 26% eighteen months ago to 11% currently. Similarly therapy services have also seen reductions in their 'did not attend' rates.

26. Good support is provided to foster carers via the KEEP programme which is an intensive fostering programme for carers of children and young people with challenging behaviour. This is a national programme and early feedback is positive.

## Outcome 6 Co-operating with others

27. Co operation between agencies is good and effective. Procedures and processes have been strengthened to help staff recognise, assess and make appropriate referrals into children's social care, and information sharing is improving. For example, midwives and health visitors now receive Merlin notifications (provided by the police to social care) in relation to domestic violence, which health staff welcomed. Systems are in place to flag and communicate to other agencies risks identified in emergency and unscheduled care and other settings including adult services where children attend for treatment, for example, orthopaedics and the ear, nose and throat department. These services receive information from social care services in Bexley and its two neighbouring boroughs, Greenwich and Bromley. This system has been manual for some time although it is expected that it will become electronic once the information technology is developed further, which inspectors were told is being progressed.

28. Arrangements are in place to identify and monitor children who might be at risk of abuse by adults who use services, which is good. Adults presenting to accident and emergency, and maternity where there is an indication of domestic abuse, substance misuse or mental health issues are fully assessed, but this is not routine for all attendances. Inspectors found that staff have a good awareness of risks and were able to cite a number of examples of where this awareness had led to better outcomes for children and young people.

29. Clear mental health transition processes are in place, which are flexible to the needs of young people including those who are looked after and those who are leaving care. A transition care programme approach review meeting takes place by three months before the young person's eighteenth birthday, to ensure there is appropriate planning and the young person is well supported through transition from child and adolescent mental health services to adult mental health services. Child and adolescent mental health services will work beyond this date if required to complete ongoing work. Adult mental health services oversee this process until the young person is fully transitioned into their service. Young people requiring ongoing support in relation to psychosis are supported by the early intervention psychosis team from fourteen years of age into adulthood, as required.

30. Access to CAMHS support for children and young people who attend emergency care services and the paediatric wards is in place and is good. CAMHS provide a nine to five, five days a week service which is supplemented by an out of hours service provided by adult mental health staff with CAMHS backup as required. Staff reported that the process worked well with the majority of children and young people assessed within four hours. A care pathway is in place to ensure no adolescent is inappropriately placed in an adult or paediatric bed.

31. Parents of children with disabilities reported sound relationships with Falcon Wood, a residential care facility, with good transition planning into residential respite provision, especially around building up their own and their child's confidence.

32. The looked after children's health team are appropriately involved in a number of key groups including the health of looked after children forum and the placement panel. The team are able to influence placement decisions and support the panel by identifying children with more complex health needs. Links have been established between the looked after children's nurse and the corporate parenting manager, which has led to improved information on health assessments for young people.

### Outcome 7 Safeguarding

33. The contribution of health agencies to safeguarding children and young people is good.

34. All designated and named professionals are in place and are held in high regard by staff. NHS South East London Bexley Business Support Unit has a designated safeguarding nurse and a designated doctor who is a paediatrician. Both provide strong strategic direction and leadership. Accountability arrangements are clear and roles are defined within job descriptions. Supervision arrangements for these professionals are in place. All NHS provider trusts have named doctors and nurses, a named general practitioner is in place for primary care and South London Healthcare NHS Trust has a named midwife.

35. As well as their named safeguarding professionals, Oxleas NHS Foundation Trust has developed team level safeguarding champions across most areas of the trust to raise the profile of children's safeguarding and protection and provide support to staff.

36. Health organisations engage well with the local safeguarding children board and contribute appropriately to serious case reviews. Where weaknesses have been identified, health organisations are implementing actions.

37. Midwives and social workers attend fortnightly meetings to discuss identified safeguarding issues within families that might affect the safety of the unborn child. The maternity concerns process and form are used by midwives to report issues into the safeguarding team. These are then discussed at the meeting and action is decided. Although the process is relatively new, midwives reported that it was working well. Issues of national interest such as female genital mutilation are also reported through this system if found. Midwifery staff demonstrate a good awareness and explained the action they would take in relation to both the woman and their wider family.

38. Appropriate child death overview panel arrangements are in place including a comprehensive rapid response process, which staff said worked very well. Good support is in place for bereaved families via health visiting services, the family liaison team and the local hospice service. Lessons resulting from reviews are shared via newsletters to staff.

39. Most (over 80%) community health service staff, general practitioners and child and adolescent mental health staff have received appropriate child protection training and regular updates are in place, although there are gaps in other areas. Following the adoption of revised intercollegiate guidelines in 2011 South London Healthcare NHS Trust's acute services are not achieving required levels of safeguarding training, however specialist children's services are meeting requirements with an average of 94% compliance for level 3 training. Similarly Oxleas NHS Foundation Trust has also adopted the intercollegiate guidelines which require all mental health staff to undertake level 3 training, and although most staff who work with children have received appropriate training the trust is not yet achieving this for adult mental health staff. However a clear plan is in place to achieve this and current performance is ahead of the planned trajectory. Gaps also remain for independent health care providers such as dentists, opticians and pharmacists although significant work has already been done by the designated nurse for safeguarding to ensure these services meet their responsibilities.

40. Formal safeguarding supervision arrangements are in place for some staff groups such as health visiting and school nursing services and there is good uptake. For other groups of staff arrangements are less clear and are not yet in line with trust procedures.

41. Significant work has been undertaken with general practitioners to strengthen systems and practices so that they can fulfil their role in safeguarding children and young people but there is insufficient engagement of general practitioners in the child protection conference process. All practices have a named general practitioner lead for safeguarding and all have access to relevant policies and procedures. Training at an appropriate level has significantly improved with 89% of general practitioners trained to level 3. All practices have a link midwife and health visitor and most practices (90%) have established regular meetings with health visitors. 84% of midwives have also established a formal link with their general practitioner practice. Midwives also report good links with practice managers. General practitioners report that invitations to child protection conferences can be received too late to reschedule clinics and patients, and provide a written report. A recent audit showed that only 23% of child protection conferences included a report from a general practitioner. To better facilitate this process the named general practitioner for safeguarding and the designated safeguarding nurse have devised a report template but no monitoring information is available on usage or impact.

42. The joint Ofsted report found that the use of the common assessment framework (CAF) has been revised and has been recently replaced by the Bexley Early Assessment of Needs, known locally as BEANs. Overall the quality of BEANs was satisfactory and recent performance data shows a marked improvement in take up by most agencies. However, performance information currently shows few needs assessments are initiated by health agencies, which is recognised as a concern. This is being actively monitored by Bexley Business Support Unit through the Section 11 action plan and the safeguarding children quality assurance report processes. Staff who we met were aware of the BEAN process and said they had received training with more planned later in the year.

43. Health engagement in the Multi-Agency Risk Assessment Conference (MARAC) process and the domestic violence forum is good. Health agencies are represented by the paediatric liaison health visitor and the safeguarding named professionals such as the named midwife.

#### Outcome 11 Safety, availability and suitability of equipment

44. Children who have been subjected to alleged sexual abuse are examined and assessed in a suitable environment with suitable equipment by appropriately trained staff. Bexley children and young people have access to The Haven which is based at King's College Hospital, London. This provides gold standard level sexual assault referral services. For some cases community paediatricians provide a local service with access to a colposcope and forensic medical examiners if required.

45. Across the borough Bexley children and young people have access to paediatric emergency departments in the Queen Elizabeth Hospital in Greenwich and the Princess Royal Hospital in Bromley. Both departments provide 24 hour access with staff trained in paediatrics. Children and young people also have access to the paediatric assessment unit and the urgent care centre based at the Queen Mary Hospital in Bexley. Both of these units are equipped to deal with unscheduled care and the paediatric unit, which is co-located with the urgent care centre, is equipped with a paediatric resuscitation bay in case of medical emergencies. Children and young people also have access to a walk-in centre for minor injuries based in a general practitioner practice in Crayford. In the case of medical emergencies this service would dial 999, which is appropriate. All sites have a safeguarding lead and there is good support from the paediatric liaison health visitor who checks emergency care cards on a daily basis for any identified risks, which are followed up as required.

46. Observation of the paediatric assessment unit and the urgent care centre shows that appropriate arrangements are in place. Waiting areas are observed by staff and children have access to play equipment. Policies and procedures are in place and are accessible to staff. Risk assessment systems were observed as was the resuscitation bay in the paediatric assessment unit. Staff met by the inspector demonstrated a good understanding of safeguarding and their roles and responsibilities within that.

#### Outcome 12 Staffing recruitment

47. Safer recruitment policies are in place in all health organisations including general practitioner practices. All NHS trusts have policies in place for the renewal of Criminal Records Bureau (CRB) disclosures. All have policies in regard to the training of managers in safer recruitment, although a lack of analysis has been picked up and reported to the local safeguarding children board in the Section 11 overview report. Oxleas NHS Foundation Trust ensures all interview panels consist of at least one member of staff who has completed safer recruitment training.

48. NHS trusts include a safeguarding statement in job descriptions and staff who we met confirmed this. Staff also said they had been CRB checked at enhanced level.

### Outcome 13 Staffing numbers

49. Health visitor caseloads are relatively high although lower than some other London boroughs. Caseloads are under 400 children per health visitor but are higher than the recommended level. However both health visiting and school nursing staff reported no concerns with capacity.

50. In recent months there has been reduced speech and language therapy input in children's disability services. Inspectors saw that during this time the caseload was overseen and managed and programmes of care were delivered. The vacant post in this service has now been recruited to.

### Outcome 14 Staffing support

51. Health organisations' relationship with the local authority designated officer (LADO) is good. Trusts have reported allegations and said the process worked well. Return to work programmes and supervision arrangements are in place as required.

52. Therapy work delivered by teaching assistants or health care assistants to children with disabilities is appropriately managed with a robust process in place to ensure work is of a sufficient standard. Inspectors saw evidence of notes made by a teaching assistant being discussed and validated by the lead therapist. Therapy assistant records, which are all put onto South London Healthcare NHS Trust's electronic system, are quality assured to ensure they are countersigned. To date staff have not received any alerts to say that this is not always the case.

### Outcome 16 Audit and monitoring

53. Health commissioning and provider organisations have effective monitoring systems in place including a range of audits to check compliance with key aspects of safeguarding policies and procedures. One of these systems is the commissioning scorecard which is beginning to provide assurance on a range of issues such as attendance at case conference, child protection training, allegations made against staff, uptake of safeguarding supervision, child protection medicals, and numbers of high risk children identified by emergency services that are followed up. General practitioners report annually to commissioners on safeguarding performance.

54. Robust arrangements are in place to check the quality of health assessments and plans for looked after children placed in the borough and outside. The Bexley looked after children's health team complete all health reviews for children placed in Bexley from other boroughs and within a 20 mile radius for Bexley children placed out of the borough. A recent audit found that all out of borough review health assessments were completed on time. Currently work is in progress to check the immunisation status of children and young people placed in and out of the borough. Following a request from the looked after children's nurse to relevant general practitioners, more robust information is being shared, resulting in significant improvement in immunisation rate information for looked after children.

#### Outcome 20 Notification of other incidents

55. All NHS organisations have appropriate systems in place to notify relevant agencies of serious untoward incidents. Information in relation to these is monitored through the Bexley Business Services Unit safeguarding children quality assurance report and the Clinical Commissioning Group clinical quality assurance group arrangements. The information presented to the Care Quality Commission during the inspection indicated that no 'Never Events' have been reported.

#### Outcome 21 Records

56. We reviewed a number of records during the inspection including those involving looked after children. We found that initial and review health assessments for looked after children were generally done in a timely manner and that child and adolescent mental health services communication with the multi-agency team was good. We were not able to fully assess health visitor and school nurse inputs but the information held in the RIO system used by South London Healthcare NHS Trust showed a whole team approach to meeting the needs of looked after children.

## Recommendations

Within 3 months (from report)

*NHS Bexley must ensure effective arrangements are in place so that general practitioners can make available to child protection conferences relevant information about a child or family, whether or not they are able to attend. (Ofsted 2012)*

Within 6 months (from report)

*South London Healthcare NHS Trust and the looked after children's health team should provide all young people who are leaving care with a comprehensive health history to support their move into adult life and to facilitate access to health services. (Ofsted 2012)*

South London Healthcare NHS Trust and Oxleas NHS Foundation Trust should ensure all appropriate staff have access to and receive safeguarding supervision as set out in trust procedures.

## **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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.