

Brook Euston

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Brook Euston is part of a larger organisation, Brook Young People, and is one of three centres operated across London, which provide confidential sexual health services, support and advice to young people under the age of 25. Brook Euston is registered to provide care and treatment under the following regulated activities: diagnostic and screening services, family planning and treatment of disease, disorder or injury.

During the inspection, we reviewed documentation such as care and treatment records. We spoke with young people attending the clinics and staff working at the service to seek their views about the service. We also received feedback from the local commissioners about their views of the service.

We found:

- The service ensured young people were protected from avoidable harm. Safeguarding of children and young people was effectively monitored using assessment procedures and managed proactively and effectively by staff trained to recognise early the signs of abuse.
- There were robust policies and procedures in place to guide staff in their practice and ensure the safety of young people. Openness and transparency about safety was encouraged.
- Confidential and personal information was stored securely.
- The service ensured up to date care and treatment was delivered to young people and based on national guidelines. This included standards embodied within the 'Health promotion for sexual and reproductive health and HIV: Strategic action plan', 2016 to 2019 (Public Health England, 2015), and 'You're Welcome' quality criteria for young people friendly health services (Department of Health 2009). The service was "You're welcome" accredited.
- The service participated in and used the outcomes from local and national audits to develop and implement care and treatment pathways for young people.
- Staff worked well together as part of a multidisciplinary and multi-agency team to coordinate and deliver patient-centred care and treatment effectively. We saw evidence staff were actively committed to working collaboratively with external organisations, local network and commissioners in order to deliver joined up care for young people.

Summary of findings

- The privacy, dignity and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Staff treated young people as individuals and there was a strong visible young person centred culture and involvement within the service.
- We saw that the feedback from young people who used the service and stakeholders was consistently positive. Young people gave us clear examples, which demonstrated the value they placed upon the service and how staff supported them.
- The service was planned at suitable times with the aim of meeting the needs of young people and to ensure the service was convenient and accessible to the local population. For example, the provision of a Saturday morning clinic.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service. For example, young people were on the Brook board of trustees.
- Staff told us they felt respected and valued by their colleagues and managers.

However:

- We were not assured that staff were reporting and recording incidents as required. The number of incidents reported at Brook Euston (5) was low compared to the Brook London clinics average (13) for that reporting period.
- Young people frequently experienced a delay in waiting times prior to seeing a member of staff.

Summary of findings

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Brook Euston

Services we looked at

Community health (sexual health services)

Summary of this inspection

Background to Brook Euston

Brook Euston is part of the national Brook organisation for young people. Brook Euston provides confidential sexual health services, support and advice to young people under the age of 25 and is recognised as a level 2 contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and HIV for England 2001 set out what services should provide at each recognised level. As a level 2 CASH service Brook Euston provided contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and counselling. Young people presenting with some sexually transmitted infections were referred to level 3 CASH services in London for treatment.

Brook Euston is jointly commissioned by the London Borough Camden and London Borough Islington to provide young people's sexual health services for both boroughs. Brook Euston is commissioned alongside The Brandon Centre and Homerton NHS Trust as the Camden and Islington Young People's Sexual Health Network (CAMISH) for both London Boroughs.

Brook Euston led on targeted outreach, provided early interventions with vulnerable young people and those considered most at risk of poor sexual health, unplanned pregnancy or sexual exploitation. Some of the targeted work included working with young people referred to them at the youth offending service for sessions on healthy relationships, consent, sex and the law and access to services. The CAMISH 2015/16 report showed that Brook Euston worked with over 80 young offenders in 2015.

They also coordinated the provision of Sex and Relationship Education (SRE) on behalf of the CAMISH

network and overseeing and delivering with partners SRE on related subjects in secondary schools and alternative provisions. Brook Euston provided a sex and relationship education and training programme to young people and professionals engaged in working with young people.

Support, guidance and advice were provided to young people who were transitioning to adult services for their on-going care and treatment.

The service operated from a main clinic in Euston and provided clinics six days a week from Mondays to Saturdays.

The service provided three counselling sessions per week and saw 15 clients per week after school hours.

In 2015/16, 6,508 young people attend the clinic and this included those patients who attended more than once, with a total of 563 males and 5,945 females.

In the period of April 2016 to July 2016, there were 3,099 contacts with young people at the clinic. Of these, 276 were male and 2,807 were female. The highest population of age group of young people seen are 20-24 years (2,218), 18-19 years (652) and 18-19 years (178). The highest ethnicity group seen at Brook Euston for April to July 2016 were white British (1,092), other white background (452), black African (272), Asian (416) and mixed (426).

The service employed 13 members of staff including nurses, receptionists, clinical support workers, counsellors, domestic staff and managers. We spoke with eight staff and five young people during the inspection.

Our inspection team

The team included CQC inspectors and a specialist advisor with experience in children and young people's care.

Summary of this inspection

Why we carried out this inspection

We carried out an announced inspection of Brook Euston as part of our programme of comprehensive inspections of independent health services.

How we carried out this inspection

During our inspection, we visited the main clinic in Euston. To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

To get answers to these questions we seek information in a number of ways. Before visiting, we reviewed a range of

information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 15 and 16 December 2016. During the visit we spoke with a range of staff who worked within the service, such as nurses, receptionists, counsellors, clinical support workers and managers. We talked with young people who used the service. We also received comments from young people who visited the clinic through the CQC comment cards and the service's own patient feedback forms. We observed how young people were cared for and reviewed care and treatment records of people who used the services.

What people who use the service say

Brook Euston carried out a number of surveys to seek the views of young people who used the service. The survey findings were generally positive and young people we spoke with were highly positive and praised the service. Brook Euston asked for the feedback of young people who used their service through their feedback cards. The overall response was that young people were very happy in all aspects of the service. The only negative comments were mainly regarding waiting times. During our inspection we reviewed 24 comments for the months of December and all were positive, with just one card noting long waiting time. Example of clients comment include "amazing", "reassuring", "very helpful", "great service", "caring", "not judgemental", "very lovely and polite staff", "felt safe and welcome", "informative", "exceptional", "respectful" and "sad to be turning 25!"

As part of our inspection, in December 2016 we asked for young people who accessed the service to give feedback through the CQC comment cards. Thirteen young people completed the commented cards and all said they were

happy with the service received, they felt listened to and staff were helpful and friendly. They were happy with the advice and explanation given by staff. Young people were happy with the clinic environment and said it was "clean and extremely comfortable". Some of the comments we received about Brook Euston included: "I have only ever experienced caring and respectful treatment here", "staff listened to all my queries and found various solutions", "staff paid close attention to detail and provided me with the services open to me". "It was not a long wait, always get what you need, I didn't feel like I was being judged", "I was seen quicker than I expected", "informative", "Staff are easy to talk to". All respondents said they experienced confidentiality and were happy with the service they were provided with. We asked young people to comment on how they thought Brook Euston could improve their service. Only one person had a suggestion of improvement. This was regarding there was not enough time that the clinic was open and it will be good if it was earlier or later. The others respondents all left positive comments about the service.

Summary of this inspection

Young people we spoke with were highly complementary of the service provided. We received specific comments, which included the following: “Staff are very friendly”, “Environment is very welcoming”, “good service and friendly staff”. “They texted me about my test result,

which was convenient and easy”. One young person told us they especially liked the use of the pointing sheet, which meant that they did not have to state verbally her reason for attendance, which potentially could be overheard by others.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The service ensured young people were protected from avoidable harm. Safeguarding of children and young people was effectively monitored using assessment procedures, and managed proactively and effectively by staff trained to recognise early signs of abuse.
- There were robust policies, procedures and proforma in place to guide staff in their practice and ensure the safety of young people. Openness and transparency about safety was encouraged among staff.
- The service had a system in place for staff to report, discuss, investigate and learn from incidents.
- The facilities and premises were clean and suitable for the delivery and effectiveness of the service and in accordance with infection and control practice.
- Medicines were stored and managed appropriately by staff. There was guidance and information on the safe management of medicines for staff.
- Staff were 100% compliant with their mandatory training.

However,

- There was a low level of incident reporting at the clinic compared to the other Brook London clinics.

Are services effective?

- Care and treatment for young people was planned and delivered in line with up to date research, national guidelines and legislation. This included standards embodied within the 'Health promotion for sexual and reproductive health and HIV: Strategic action plan', 2016 to 2019 (Public Health England, 2015), and 'You're Welcome' quality criteria for young people friendly health services (Department of Health 2009). The service was "You're welcome" accredited.
- The service participated in local and national audits and used the outcomes to inform, develop and improve care pathways and young people's care and treatment.
- Staff worked well together as part of a multidisciplinary and multi-agency team to coordinate and deliver young people's care and treatment effectively. We saw evidence that staff were actively committed to working collaboratively with external organisations, local network and commissioners in order to deliver joined up care for young people.

Summary of this inspection

- Staff were provided with support, such as appraisals, induction, supervision and role specific training to carry out their roles effectively and competently.
- Consent practices were well managed and reviewed in line with relevant legislation.

Are services caring?

- The privacy, dignity and confidentiality of young people attending the service was always protected and staff treated them with respect and protected their anonymity at all times.
- Staff treated young people as individuals and there was a strong visible young person-centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.
- There was counselling and emotional support available to young people who attended the service.

Are services responsive?

- The service was planned at suitable times with the aim of meeting the needs of young people and to ensure the service was convenient and accessible to the local population. For example, the provision of a Saturday morning clinic.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- Younger and vulnerable people were prioritised through a triaging system.
- Comprehensive information was available to clients on various topics on their website and leaflet.
- There were complaint leaflets available in the clinic. The organisation involved young people in designing the complaints leaflets and forms to ensure they were user-friendly.

However,

- At times clients experienced a delay in waiting times prior to being seen.

Are services well-led?

- The organisation vision and values were embedded within the service. Staff were positive about the values and had been instrumental in developing them.
- There were clear and effective governance systems.

Summary of this inspection

- Brook Euston provided information on their services to their commissioners and reported progress against constructed delivery outcomes.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service.
- The organisation worked and engaged with young people, for example by including them in their board of trustees and involving them in the development of policies and materials.
- There was a culture of learning, openness and transparency among staff.
- Staff told us they felt respected and valued by their colleagues and managers. They said they enjoyed working at Brook and were passionate about the service they provided.

Detailed findings from this inspection

Notes

There are no ratings for this inspection as we do not currently rate community independent health sexual health services.

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Our findings for the safe domain were:

- The service ensured young people were protected from avoidable harm. There was robust proforma, policies and procedures in place for staff to respond to patient risk.
- Young people records were accurate and very detailed.
- The service had an effective system in place for staff to report, discuss, investigate and learn from incidents. We saw that incidents were discussed at team meetings and newsletter.
- The facilities and premises were clean and suitable for the delivery and effectiveness of the service and in accordance with infection and control practice.
- Medicines were well stored and managed appropriately by staff. There was guidance and information on the safe management of medicine for staff.
- Staff were 100% compliant with their mandatory training and have attended other additional training.

However:

- Confidential and personal information was not always stored securely at all times.
- There was low incidents reporting at the clinic compared to the other Brook London clinic.

Detailed findings

Incident reporting, learning and improvement

- Brook had national policies and procedures that guided staff on the reporting of any incidents or concerns, investigation and learning procedures. These policies and procedures were available on Brook Euston's intranet.

- The Brook national survey carried out in 2015 identified that 94% of staff felt they knew what their job responsibility were; which included feeling able to report incidents and concerns. Results showed that 87.2% of staff felt that Brook treated staff who made a mistake fairly. This indicated that staff felt able to report incidents and be treated fairly by managers and colleagues.
- Staff we spoke with said incidents were discussed at team meetings in an open and honest manner. This meant they could discuss how the incident was handled and how others would have dealt with it, and ensured learning was shared.
- Five incidents were reported at Brook Euston for the period 2016 to 2017. These included: a member of the public who walked into the clinic was transferred to the hospital by ambulance, intruder alarm would not set when closing the clinic, a faulty lock on a filing cabinet, a blank file taken out of clinic and a urine sample was split and could not be sent for testing. Brook Euston reported no serious incidents for the period of April 2015 to December 2016.
- We noted that the number of incidents reported at Brook Euston was low compared to the other London locations; Brook Southwark reported 22 incidents while Brook Brixton reported 11 incidents for the same period 2016 to 2017. The Brook London clinics average for the incident reported in this period was 13 and higher than Brook Euston. Although the number of incidents reported at Brook Euston was low, staff we spoke with said incidents and events were discussed at team meetings in an open and honest manner. We reviewed meeting minutes which showed that incidents and learning were discussed at clinical team meetings, clinical bulletin and staff supervision. We also saw evidence that managers discussed and shared learning from incidents at their managers' meetings, which was fed back at the Brook board meetings. Incidents and

Community health (sexual health services)

learning were also shared with the other two Brook locations in London. This was because many staff work across all three London Brook clinics and this sharing of incident information meant they could discuss how the incident was handled and how others would have dealt with it thus ensuring learning happened. National learning from incidents was disseminated via a monthly emailed newsletter. We saw that paper copies were also available in the staff kitchen area.

- Staff said they were encouraged to report incidents at Brook Euston and that they were able to discuss concerns with senior colleagues. This meant staff could discuss how incidents were handled and how others would have dealt with it and this ensured learning happened
- Brook Euston staff recorded incidents on a paper form, which the nurse manager reviewed and followed up. Following a reported incident, the manager investigated incidents to find out if there was a trend and involved relevant staff. The investigation also involved talking to staff and clients before the manager made a judgement. The manager reviewed and graded each incident according to severity and logged onto the organisation's electronic incident reporting system
- Following the investigation and review of incidents, action plans were put into place to reduce the risk of the incident reoccurring. We saw evidence that managers provided incident feedback, learning and action plans to staff. This was achieved in a variety of ways such as inclusion in the clinical newsletter and London clinical bulletin, which was sent out by email, at team meetings or in one to one sessions with staff. Some of the reported incidents shared with staff in the London clinical bulletin included; wrong specimen sent to lab, courier lost and then found 15 sample, sharp bin was three quarter full and error in result processing. Staff we spoke to during the inspection were aware of these incidents.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Brook provided guidance to staff regarding duty of candour within its duty of candour policy and procedure, which was updated in May 2016 and was

accessible on the intranet. Staff we spoke with were knowledgeable about the principles of duty of candour although some did not fully recognise the terminology. Managers we spoke with were clear that duty of candour was considered following reported incidents. Some of the staff we spoke with were under the impression that the duty of candour only applied to serious incidents although all were aware of the principles behind the duty of candour and the need to apologise when things went wrong.

- We saw evidence that staff were open and honest with young people where staff had made an error. The young people involved were informed and staff explained what happened and apologised.

Safeguarding

- The Brook national safeguarding committee met every three months and reviewed safeguarding issues reported from around the country. The committee ensured effective systems, processes and improvement in Brook's safeguarding policy practices. They provided scrutiny, challenge and support to staff and provide assurance to the board of trustees. Managers are part of the Brook National Safeguarding Committee as set out in their scheme of delegation. Information was cascaded from the safeguarding committee to the operational manager and Brook Euston staff regarding relevant changes in policy nationally and within the organisation through the clinical newsletter and managers meeting.
- The organisation provided staff with detailed and comprehensive safeguarding and confidentiality policies. The policy, 'Protecting young people', provided a key statement of their approach to safeguarding the wellbeing of children, young people and adults at risk to help facilitate effective policy management. This included safeguarding supervision for staff, how to handle telephone safeguarding enquiries, how to protect client confidentiality, how to protect and handle client data, safeguarding information and resources. These policies and procedures were available for staff to refer to on the intranet. Staff we spoke with were aware of how to access these documents. In the 2015 Brook national staff survey, 81% of staff said they knew how to and could easily access the safeguarding policies and procedures framework. This was an improvement from the 2014 result of 77%. The staff survey identified that 97.1% of staff were confident in working with the Brook's

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policy, 'Protecting Young People'. The survey report noted that the 2.9% of staff who said they did not know how to work with this policy may not need to in their everyday job or did not fill the returned questionnaire properly.

- Brook had a six step safeguarding procedure which included; identifying risk of harm, assessing the level of risk of harm, seeking further advice and information (internal and external), referrals and documenting decisions, rationale and actions. The final step was monitoring and supporting the young person identified as at risk of harm. Staff we spoke with were aware of these steps and told us clients were kept informed and updated during the six step process where there were concerns.
- Staff we spoke with demonstrated knowledge, understanding and awareness of the safeguarding of children and young people and all were demonstrably passionate about this aspect of their work. All staff we spoke with believed that this aspect of their work was a priority and all were complimentary about Brook's reputation in the field of safeguarding children and young people. Staff gave examples of safeguarding concerns and referrals made following consultation with young people. We saw examples of the safeguarding referrals made by staff to social services and Multi-Agency Safeguarding Hub. We saw that the service had a safeguarding log, which managers monitored regularly and follow up on safeguarding referrals. Staff told us the nurse manager and counselling manager checked and review the safeguarding log weekly to identify any concerns. We noted that Brook Euston had good links with the local safeguarding authority.
- The staff used a comprehensive Brook client core record assessment form for each client seeking advice from the service. We saw that there were different client core record assessment forms for young people under 18 years of age and over 18 years of age. Both had been designed to draw out potential safeguarding issues and included prompts that enabled the contraceptive and sexual health (CASH) nurses to investigate the physical, mental and emotional health of clients using the service. There was also a section for children and young people who were sexually active under the age of 13. The design of the proforma helped staff to understand healthy sexual development and distinguish this from harmful behaviour. The decisions made, actions taken and staff involved were clearly recorded on the

proforma template. The records we examined showed that these sections had been fully completed. The 'spotting the signs' proforma for clients younger than 18 years of age also contained a comprehensive section which allowed staff to ascertain if a client had capacity in terms of Fraser and Gillick competence. Fraser competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. Gillick competence is a term used in health care environments to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

- The client core record also included prompts to ascertain the risk or occurrence of female genital mutilation (FGM). A CASH nurse informed us of a safeguarding incident concerning a young person who had attended the clinic for sexually transmitted infection (STI) testing. Through using the prompts contained within the client core record assessment proforma the nurse was able to confirm that the client had suffered genital cutting. This prompted the nurse to ascertain if the client had younger siblings who might have been at risk.
- Nurses confirmed that they had attended an FGM training update session a few weeks before the inspection. FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. The organisation had updated their policy and procedure following the amendment of the Female Genital Mutilation Act 2003 which was amended by the Serious Crime Act in 2015. There was a proforma in place for staff to make appropriate referral where FGM had been identified in young women attending the clinic. A pre-consultation questionnaire completed by young people in the waiting room also requested specific information which could alert staff to the possible or actual risk of harm from FGM.
- All staff we spoke with told us that they were provided with training regarding recognising and safeguarding young people and children against abuse, FGM, human trafficking and child sex exploitation (CSE). All staff including the receptionist had completed level 3 safeguarding training and the staff we spoke with confirmed that they were all fully updated. The senior

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nurses told us that all frontline staff were up to date with level 3 safeguarding training and that this was an expectation of the commissioning bodies. We saw on the staff training record that staff were 100% compliant with their safeguarding training. Staff also told us that they had been trained to recognise certain safeguarding triggers such as significant age differences between the young person and their accompanying partners.

- Staff confirmed that as well as internal safeguarding training they had access to additional external training and that Brook Euston supported them to attend this. We saw email evidence sent to staff encouraging them to attend safeguarding courses including FGM. Staff we spoke with were positive about these sessions and said they found them informative and helpful.
- Staff had access to detailed information and guidance regarding the action they were required to take if they suspected young people were at risk from any type of abuse including domestic violence, child sexual exploitation, gang pressure or online abuse. A purple folder held at reception contained the contact numbers of safeguarding personnel who could be called when urgent concerns were raised during out of office hours or if the safeguarding lead was not available. Staff told us that when there was an immediate concern about the safety of a young person that the police would be called.
- Brook Euston used a sexual behaviours traffic light tool to categorise the sexual behaviours of young people according to their policy and to help the nurses make decisions about the safeguarding aspects of their young clients. This tool helped staff in identifying behaviour grouped to green, amber and red according to risk. This tool was used across the CAMISH network and ensured that professionals across different agencies could use the same criteria when making decision or identifying risk to protect children and young people.
- Child sexual exploitation (CSE) involves under-18s in exploitative situations, contexts and relationships. This can involve the young person (or another person) receiving something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in exchange for the young person performing sexual activities or having sexual activities performed on them. Staff we spoke with were knowledgeable regarding their responsibilities in protecting young people against CSE. The Brook client care records prompted staff to gather specific information which would alert them to CSE

taking place. Staff we spoke with confirmed that young people with additional cognitive or emotional needs such as those with a learning disability were fully assessed on attendance and staff had an awareness of the additional vulnerability of young people with a learning disability. Training had been provided to staff which included the need to be mindful when completing assessments as statistics have shown that young people living with a learning disability are more likely to be affected by CSE.

- We saw in the November 2016 newsletter that staff were informed of concerns about an app which was used by young people, as some young people were pressured into sending intimate images. The newsletter urged staff to be aware of this and know how to address this with young people as they might be or might become a victim.
- Posters displayed in the waiting room included information on a domestic violence helpline, FGM, child sexual exploitation, information regarding modern slavery and a victims of stalking helpline. The posters encouraged young people to discuss issues with staff or contact the helpline for support if they were at risk or had concerns.
- Consenting to sex was discussed during consultations. If concerns were identified, they were discussed within the organisation and reported to the appropriate external agencies when necessary.
- There were partnership agreements in place with local schools through outreach regarding the protection of young people they saw. We were told by staff that young people could be referred by school to the clinic for consultation.
- Brook Euston was part of the Camden and Islington Young Peoples Sexual Health Network (CAMISH). As part of the CAMISH network commissioning Brook Euston led on targeted outreach which provided early interventions with vulnerable young people including those at risk of sexual exploitation. Additionally, to mitigate against future safeguarding situations Brook Euston led on the delivery of Sex and Relationship Education to local schools on behalf of the CAMISH network.
- In addition to its own safeguarding policies and procedures Brook Euston was part of the CAMISH safeguarding group which monitored the network's safeguarding activity and compliance to safeguarding standards. This group met regularly, and there were quarterly safeguarding meetings, and as part of these

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meetings topical issues such as FGM were discussed. Nurses we spoke with confirmed that they found these meetings helpful. They also said they valued the peer support provided by links with the designated NHS safeguarding leads within Camden and Islington facilitated through the network.

- Brook Euston raised awareness regarding the safeguarding of young people against forced marriage and links and referrals had been made to a national charity specialising in supporting young people in these circumstances.
- Staff were aware of who their safeguarding lead was for additional support and guidance. Staff told us the safeguarding lead was accessible and staff knew who to contact at out of office hours. The organisation had a child protection lead worker who staff were able to refer to for additional support and guidance.
- Staff accessed a quarterly group safeguarding supervision where they discussed and shared learning from safeguarding concerns and referrals. We saw minutes and the agendas from these meetings. There was good attendance of staff including the nurses, receptionist and clinical support workers. For example, we noted that nine staff including the receptionist attended the group safeguarding supervision on 1 December 2016, which was facilitated by the nurse manager.

Medicines

- Brook provided staff with guidance and information on the safe management of medicines within their policies and procedures which were available on the organisation's intranet. Brook had robust policies and guidance on Patient Group Directives (PGDs) and medicines used across each clinic. Staff were aware of additional information which was available to them on the website of the Faculty of Sexual and Reproductive Health (FSRH). Staff were advised of updates to the FSRH guidelines by the head of nursing. For example on the 5 December 2016 FSRH provided an update on the management of women who had continued to use a contraceptive implant beyond the three year product license. Staff showed us recent update and research on the use of this contraceptive implant.
- Staff we spoke with told us that the online service provided by the FSRH was helpful to them.
- Medication dispensation at Brook Euston was underwritten by the use of PGDs. These are commonly

used in the health service and they permit the supply of prescription-only medicines to specific groups of patients, without individual prescriptions. Healthcare workers using PGDs must be trained to be able to supply and administer the medicines by following the PGDs. We inspected a sample of 10 PGDs and all were in date and signed off for use in the clinical domain by the members of the review panel who had formulated them. Nurses using PGDs can only do so legally if they have signed the PGD they intend to use to confirm that they have understood their use. We examined the PGD file for a CASH nurse working at Brook Euston during the inspection and saw that each PGD had been authorised for use by that particular nurse. The Brook PGDs were reviewed annually. Brook Euston had local and London PGD trackers in place for the managers to ensure the medicines under the PGDs were still in date. We saw that all PGD were still in date and the ones highlighted in red would expire in February 2017. We also saw evidence that the PGDs due to be expired were reported during the board meeting and clinical advisory meeting for the allocated staff to follow-up.

- A stock check of medicines took place once a month and records were maintained when this was carried out. We noted that there had been only one breach of checking of medicine within the last month.
- Medicines were stored securely in a locked clinical room within a locked thermo-regulated cooler. The fridge temperatures including that of the vaginal ring fridge were recorded daily to ensure the medicines remained at a safe temperature. When we inspected the fridge temperature monitoring logs, we saw that apart from one omission within the last month that staff were compliant.
- We selected a random sample of drugs from each shelf in the fridge and found all were in date.
- Anaphylaxis emergency medicine was available in a locked cupboard and an emergency grab bag containing a cylinder of oxygen and masks was available.
- We saw evidence from the team meeting minutes that staff discussed the storage of medicine, medicine management and PGDs regularly. For example, medicine management was discussed at the June and November 2016 London and South East management meeting.

Environment and equipment

Community health (sexual health services)

- Repairs and maintenance of the building were carried out routinely and when required by an external agency and staff we spoke with reported a good response when an emergency repair was required. For example, a fault with an alarm was repaired quickly.
 - Weekly and monthly health and safety checks of the clinic rooms were carried out and any action required was recorded. An external agency performed routine PAT testing of electrical equipment. Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. We examined a range of electrical equipment including blood pressure machines, portable fan heaters and a communal water cooler and all were in date and appropriately identified with compliance stickers.
 - Water checks for legionella were carried out monthly to ensure young people, staff and visitors to the service were not at risk. We inspected the water check for legionella record from July to December 2016 and saw that it was completed for the sentinel tap monthly. General taps or thermostatic mixing valves (TMVSS) and water heaters were checked every six months with the last being completed on the 24 October 2016.
 - The fire alarm was checked weekly to ensure all alarms and the alarm panel were functioning correctly. We noted that the fire extinguishers were in date and had been checked.
 - Staff told us they were aware of the procedures to follow should the fire alarm sound. We were told that if the alarm sounded the clinic would be evacuated until the all clear was given.
 - Brook Euston had contracts in place for servicing and calibration of equipment. We saw the weighing scales in the consulting room were serviced, calibrated and in date.
 - We saw that managers encouraged staff at their clinical team meeting to ensure that the daily stock room check and cleaning was monitored.
 - Safety posters relating to health and safety legislation, fire and emergency evacuation were highly visible within the clinic.
- ### Quality of records
- Brook Euston used a paper records system to record client information. There was organisational plan for all Brook services to use only electronic client records in the future, commencing in April 2017.
 - We saw that staff recorded information on the paper records using a variety of patient record proformas including the 'client core record' and sexual history proforma.
 - We saw that records were stored securely. When not in use, paper records were stored in locked storage cabinets in the reception area, and some counselling notes were kept in a lockable cabinet in the counselling room. During our inspection we found that the cabinet in the counselling room was left unlocked, and the room was unlocked. The Brook policy and guidance on how to protect and handle client data stated that staff should "lock storage cabinets when not in use and keep keys secure". We informed a member of staff who told us the drawer and the room were usually kept locked and they immediately resolved the issue.
 - Managers told us record keeping was identified as an area for development for staff following their audits and monitoring.
 - The Brook client core record was created during the young person's first visit to the clinic. Staff reviewed the record on each subsequent visit and updated it as necessary. The assessment template provided staff with prompts to gather information regarding the client's history and lifestyle. Separate and more detailed records were completed for young people under the age of 18 to ensure their safety.
 - A pre consultation questionnaire was provided for young people to complete whilst waiting to see a clinician. This requested information regarding their medical and social history.
 - We saw evidence that young people's medical, sexual and family history were assessed by staff during clinic.
 - We reviewed seven sets of patient records. We found that nursing assessments were completed including client demographics and details of sexual history. We also saw that consent was recorded, and if a client was declined a treatment or contraceptive including the reasons. Staff writing in records was legible and written in accordance with the NMC code of conduct. However, we noted a client record where staff indicated "no" in response to question on consensual sex but had not completed the box below it as per the organisation's policy. We asked staff about this who said they would look into it, and thought that the "no" response had been completed in error as there was no further mention of non-consensual sex in the client record.

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- Brook Euston audited 20 records of young people under 18 years for the period of July to September 2016. The notes were audited against Fraser compliance, safeguarding risk assessment completion using organisational proforma and compliance with risk assessment and safeguarding processes. The findings showed that 19 notes were fully compliant with risk assessment and safeguarding processes while the other one set of note was partially compliant as the safeguarding risk assessment had not been fully completed. There was no action plan for this audit.

Cleanliness, infection control and hygiene

- The service had an infection control policy which included safe disposal of waste and cleaning and control of the environment. This policy was available to staff on the intranet. The policy and information given to staff at induction included the use of personal protective equipment such as gloves and aprons, cleaning spillages and the Control of Substances Hazardous to Health (COSHH).
- Staff were provided with training regarding infection prevention and control and this was part of their mandatory training. Training records showed 100% compliance for infection control training.
- Brook Euston completed the Brook 2015 national infection control audit in December 2015. The audit showed Brook Euston was 98% compliant across all eight standards assessed, which was higher than the Brook national average and exceeded their 85% target. The areas audited were hand hygiene, environment, kitchen, waste disposal, spillage/contamination, protective equipment, prevention of injury and specimen handling. The audit showed that the clinic scored 97% on the environment standard which was better than the Brook national average of 96%. It scored 100% in the specimen handling and 92% compliant in spillage/contamination standards.
- All the staff we spoke with were knowledgeable about infection control procedures including spillage and clinical waste. An outsourced cleaning agency provided daily cleaning and followed a schedule of cleaning procedures. All the clinic areas were visibly clean during the period of our inspection. We saw that waste disposal and cleaning were discussed among staff in the July 2016 clinical team meeting to achieve compliance and ensure safety. All of the clinical areas had daily cleaning schedules and checklists located in the rooms to ensure

staff were aware of how to clean equipment and rooms. We saw that these were signed by staff once the cleaning and checks had been carried out. Alcohol wipes were used between each client to clean equipment such as the examination couches or blood pressure monitors.

- Handwashing and sanitising facilities were in place in the reception area and each clinic room. The 2015 infection control audit for Brook Euston on hand hygiene was 91% which was better than the Brook national average of 90%.
- Sharps bins were in use within clinics to ensure the safe disposal of sharp instruments such as needles and we saw that these were compliant with infection control policy. The sharps bins had been dated and signed by staff. Brook Euston was 100% compliant for waste disposal in the infection control audit, which was better than the national average of 90%.

Mandatory training

- Mandatory training included fire safety training, health and safety, PGDs, record keeping, manual handling, safeguarding, basic life support and infection control. Managers prioritised the coordination of mandatory training during the annual appraisal process. Some mandatory training was delivered using online learning modules and some was delivered face to face. Staff we spoke with confirmed that their mandatory training was up to date. The Brook Euston manager maintained a training record that identified the training staff had attended and the date it was completed. We noted on the training record that all staff were up to date and 100% compliant with the mandatory training including safeguarding.
- The weekly staff meeting provided opportunities for staff to complete their mandatory training during the meeting. Role specific training was also arranged to take place face to face during this protected staff meeting time.
- Locum or bank staff were required to provide evidence of mandatory training compliance from their NHS employers.

Assessing and responding to patient risk

- We noted there was a risk management of clinical emergencies policy and procedures in place for staff to help them identify clinical situations within Brook where resuscitation may be required, and guidance on how

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staff should manage these situations. These procedures included emergency drugs, emergency equipment, management of clinical emergency, record keeping and risk assessment.

- We saw written evidence to show the emergency equipment was checked each week to ensure it was ready to use in an emergency.
- Staff had access to intra muscular adrenaline and a 'grab bag' during clinic for use in the event of an anaphylactic reaction or another emergency. Staff knew where to find these if needed. Brook provided nurses with training regarding the action to take when a young person had an anaphylactic reaction. This was a role specific addition to the basic life support training and was updated annually and we noted all staff were up to date.
- All staff were required to complete basic life support training each year as part of the mandatory training programme.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use. We saw that the emergency equipment contained oxygen and a face mask should a young person become acutely unwell at the clinic.
- Staff took detailed medical, sexual and social histories on the first visit of a young person to the clinic and these were updated at each visit. This quickly enabled staff to highlight any risk areas. We saw evidence of the sexual history proforma being completed by staff, including details of the discussion that took place.
- We saw that staff completed a detailed risk assessment of young people before carrying out HIV tests.
- Staff gave us an example of when they responded appropriately when a client was unwell and they had to call the ambulance.
- Brook Euston had a system in place for notifying partners of young people who tested positive following STI testing. The STI treatment and partner notification was sent by staff to partners advising them to go for testing and while still maintaining confidentiality of the young person tested. This system helped prevent further transmission of sexual health disease and enabled partners to access treatment. We saw staff completed this partners notification form and were told that they had had partners attend the clinic to be tested following the partner notification test received.

- Brook Euston had a 'purple folder' that had the contact numbers for staff to call during emergencies such as out of office hours situations. However, they also had other procedures for escalating concerns.

Staffing levels and caseload

- There were 13 substantive staff members employed at Brook Euston. This included three nurses (one nurse on maternity leave), three clinical support workers, two receptionists, three counsellor and two managers. Brook Euston had a doctor who had a clinic for fitting intrauterine devices (IUDs) every fortnight and recently left their post in November 2016. Brook Euston had a plan in place to recruit a nurse practitioner to replace the doctor in 2017.
- Brook Euston employed three permanent contraception and sexual health (CASH) nurses who were registered nurses with two on duty during each clinic.
- The clinic was covered by 1.3 whole time equivalent (WTE) qualified nurses and 0.9 WTE nursing assistants per week for the period of June to August 2016. The service used regular bank staff for shifts as required and some of the bank staff worked in NHS sexual health services. Several members of staff including the receptionist and CASH nurses worked across all three London Brook clinics as part of their contract or as bank staff to cover the needs of each clinic when staff at other clinics were off sick or annual leave. The bank staff received the same standard of training as permanent staff.
- Records indicated 37 shifts were filled by bank or agency staff to cover sickness, absence or vacancy for the period of June and August 2016; which was lower than the Brook London clinics' average of 53. However, we noted that 10 shifts were not filled by bank or agency staff due to staff sickness, absence or vacancy for the same period; which was also lower than the Brook London clinic average of 30.
- We were told that there was a national shortage of CASH nurses in the country. Brook had initiated a scheme to train its own CASH nurses. During the inspection we saw that Brook Euston was training one of their band 5 nurses to be a CASH nurse. They also planned to train a nurse to fit IUDs, since the doctor who previously did this left the service in November 2016.
- The vacancy rate at Brook Euston as of 17 August 2016 was 9% which was lower than Brook London clinics average of 40%. The vacancy rate was 0.1 whole time

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equivalent (WTE) for qualified nurses and 0.2 WTE for nursing assistant for the same period. The sickness absence rate was 1.6% which was similar to the Brook London clinics average (1.2%) between June and August 2016. There were two substantive staff leavers in the last 12 months with a 15% turnover of all substantive staff leave rate which was better than the Brook London clinic average of 43%.

- Managers told us that staffing was an ongoing problem, however, the clinic had only closed once due to staff shortages within the last six months.

Managing anticipated risks

- Staff were confident on how to respond to fire alarms as they received training. We noted that six staff were fire marshals and staff knew what to do in case of an emergency. Staff told us they had first aiders on every shift and were able to identify the designated first aider on that day when asked.
- Staff knew who the first aiders were and understood when to call 999 as required. This had happened some months previously when a person who had entered the building required emergency treatment and transfer to the hospital.
- A health and safety poster was displayed in the clinic, which included the details of the health and safety champion, fire plan and emergency evacuation plan, which guided staff during emergency.
- A weekly health and safety checklist was completed and this included the testing of fire prevention equipment, electrical safety, general environment checks and first aid systems and equipment. The manager conducted a monthly health and safety assessment report which was based on reviews of health and safety weekly checklists, fire issues, accidents, incidents, risk assessments, training for staff and monthly water quality tests. Where issues were identified, a record of the action taken to address the situation was maintained. We noted that monthly quality test and risk assessments were carried out regularly.
- Brook Euston had a panic alarm system installed in all of the clinic rooms, which sounded in reception. Staff we spoke with were confident that they knew how to respond if the alarm sounded.
- We noted that the service had a certificate of employers' liability insurance.

- There were policies and procedures in place for staff on how to manage violence at work and lone working. Staff were aware of these policies and knew where to access them. Staff told us if they felt there was a risk of violence or challenging behaviour of a young person during the clinic, they would call the police. Where possible and if safe to do so, staff would advise all other young people in the clinic and give them the opportunity to leave the clinic prior to the police visiting. Staff told us it was rare for them to experience violence or challenging behaviour from young people at the clinic.
- We noted that risk assessment and health and safety were discussed during staff supervision.

Major incident awareness and training

- Brook Euston had a major incident plan in the event of a local catastrophe.
- Brook Euston had a business continuity plan which was last updated in May 2016. The plan included issues such as impact from IT failure, changes of supplier, failure of utilities such as electric, fire, loss or theft of confidential information, service not meeting the needs of young people and significant absence of key and front-line members of staff, through sickness, severe weather and travel disruption. The continuity plan had actions in place for staff to refer to in the event of the impact of any of these risks.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Summary

Our findings for the effective domain were:

- Care and treatment for young people were planned and delivered in line with up to date research, national guidelines and legislation.
- The service participated in some local and national audits and used the outcomes to inform, develop and improve care pathways and young people's care and treatment.
- Staff worked well together as part of a multidisciplinary and multi agency team to organise and deliver young people's care treatment effectively.

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- Staff were provided with support, such as appraisals, induction, supervision and role specific training to carry out their roles effectively and competently.
- Consent practices were well managed and reviewed in line with relevant legislation.

Evidence based care and treatment

- Brook Euston participated in a 'You're Welcome' audit and we saw that it had been accredited as fully compliant to the standards embodied within the criteria. The Department of Health 'Quality criteria for young people friendly health services', which is referred to as 'You're Welcome', sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Standard 9 of this policy is particularly aimed at services providing sexual health advice for your people. These measurable standards for sexual and reproductive health services are applicable to any type of child's and young person's sexual and reproductive health service, either in a specialist setting (e.g. genito-urinary medicine (GUM) service) or more generic setting (e.g. general practice). To achieve best practice, according to the standards, a range of sexual health services should be offered to children and young people. Additionally, Public Health England has produced a strategic action plan that gives details of its short- to medium-term priorities for health promotion for sexual and reproductive health and HIV and is entitled Health promotion for sexual and reproductive health and HIV: Strategic action plan, 2016 to 2019. Brook Euston is fully compliant with the embodied standards of the policy criteria which show that for optimum practice a range of sexual health services should be offered i.e. :
 - Chlamydia screening: opportunistic chlamydia screening and treatment of young men and women, with referral pathways for partner notification
 - Contraception: accurate information about the full range of contraception, including reversible long-acting methods of contraception.
 - Free condoms: with information and guidance on correct use.
 - Emergency hormonal contraception.
 - Pregnancy testing: free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support.
 - Abortion: referral for NHS-funded abortion services.
 - Antenatal care: referral for antenatal care.
 - Ensuring that sexually transmitted infection (STI) testing and treatment are offered. Where STI services are not available on-site, there should be clear, integrated care pathways for seamless referral to other services or clinicians.
 - Making sure that young people are offered appropriate information and advice to help them develop their ability to make safe and fully informed choices. This includes advice to help them develop the confidence and skills to delay early sexual experiences and to develop the resilience to resist peer pressure.
 - The provision of appropriate, easy-to-understand information which is available on a wide range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality. The information offered should make it clear that prescriptions for contraception are free of charge.
 - Ensuring all appropriate staff receive training, supervision and appraisal to ensure that they are confident and have the right skill set to :
 - Talk to young people about sexual health issues, including delaying sex
 - Fully appreciate the complete range of contraceptive options, promoting positive sexual health, and have the information about prevention of pregnancy and minimizing STI risk.
 - Be clear about what they can and cannot do to help young people with sexual health issues and have clarity about who they are able to help.
 - Be able to recognise and respond to different sexual health needs such as those relating to gender (especially female genital mutilation), sexual orientation, ethnicity and age.
 - Be knowledgeable about recognising and facilitating informed consent using both Gillick and Fraser guidelines.
 - Ensuring that the service will see young people who are not ordinarily registered with them in order to provide sexual health advice and contraception, including emergency contraception. Activities should

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promote and enable access to appropriate contraception, screening for STIs (especially chlamydia via the National Chlamydia Screening Programme) and condom use.

- The nursing staff we spoke with told us that they were compliant with all of the sexual health standards.
- The Brook organisation based their clinical guidelines and policies and procedures on national good practice recommendations and standards such as those provided by The National Institute for Clinical Excellence (NICE) guidelines, British Association for Sexual Health and HIV (BASHH) and the FSRH.
- We saw evidence from the minutes of meetings, clinical newsletters and emails to staff which demonstrated the service guidelines, policies and procedures were reviewed and amended when necessary to reflect updates in national guidelines. For example, the October 2016 team meeting, June 2016 managers meeting, CAMISH network meeting and clinical matter 2016 provided information to staff on abortion referral, STI screening and implant fitting and approval. This ensured staff were practising based on relevant national recommendations for safe practice.
- Brook Euston used Patient Group Directives (PGDs), which were evidence based and revalidated every three years. We saw an updated Brook-wide PGD policy, which advised staff on the use of PGD's in the clinic.

Pain relief

- Simple analgesia advice such as the use of branded paracetamol and ibuprofen from local chemist outlets was given to young people who may have been suffering from pain or discomfort. Nurses gave advice to clients about the use of paracetamol 30 minutes before the insertion of an intrauterine device procedure. Staff told us they also direct people to the accident and emergency if they had severe pain. For example, young people that presented with testicular pain.

Nutrition and hydration

We saw that young people that attended the clinic had access to cold water from a water cooler in the reception area of the clinic.

Technology and telemedicine

- Information was available on the Brook website for young people to access regarding the services provided,

information on sexual health and contraception, and other relevant organisations. A section on the website was dedicated to information on differing types of contraception.

- The “Got a question?” section of the website provided answers to frequently asked questions related to sexual and reproductive help. This service provided an avenue for asking questions via the website and receiving advice or signposting to their clinics. This service was available seven days a week 24 hours a day. Other aspects of the Brook website signposted visitors to other services for example, a link to the National Sexual Health Helpline among many others. Service users we spoke with told us that they found the website helpful. The website was generally compliant with standard one of the “You’re Welcome” criteria related to client access.
- Outcomes of tests were provided to young people by text message if they had consented to this. A young person told us they were texted about their test results, which was convenient and easy.
- A reminder of the young person’s appointment was sent by text at a time agreed with the reception staff. Staff told us they had an app they signpost young people which tells them how to take a contraceptive pill.

Patient outcomes

- Brook Euston participated in local audits within the Camden & Islington Young People’s Sexual Health Network (CAMISH) network. The annual report for 2015/16 highlighted that a network plan to implement a standardised network-wide notes review of patients under the age of 18 in 2017 to ensure they were adequately assessed for vulnerabilities, including sexual exploitation.
- Brook Euston participated in the organisational national audits. Audits completed in 2015 and 2016 included implant fitting and removal, sexually transmitted infection (STI) testing, abortion, infection control and emergency contraception. The audit results were not available by location, therefore the details below relate to national data and findings.
- The Brook national abortion audit 2016 was completed to understand the extent, numbers and management of unwanted pregnancy across all Brook services. Brook did not carry out termination of pregnancy services, but referred young people to appropriate services when required. They offered a counselling service to young people with a positive pregnancy result, and offered STI

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testing before an abortion and a follow up appointment or contact afterwards. Across the Brook organisation, 609 women were audited. The questions in the audits were related to the Royal College of Obstetrics and Gynaecology (RCOG) data. The audit showed that Brook staff did not always follow guidelines when providing care and treatment to young pregnant women. This was because not all young women had been screened for a sexually transmitted infection or that they were not offered or did not take up a robust method of contraception. The audit findings showed that six out of 10 (60%) women had STI screening and the target was for all women who had been referred for abortion to have STI screening. This indicated that 40% of women were not screened for STIs. The RCOG (2015) said it is best practice for clinicians to undertake a risk assessment for STIs (e.g. HIV, chlamydia, gonorrhoea, syphilis) for all women been referred for abortion, and then to screen for them if appropriate and available. Ten of the 609 women received diagnoses of STI.

- The Brook target was for clients to see an abortion provider within seven days from the time of referral. However, the audit showed, half of the clients saw the abortion provider in seven days or less while three quarters were seen within 14 days or less. One in seven clients were started on long acting reversible contraception after abortion. The audit also noted that a quarter of clients were seen or contacted by staff after the abortion, which indicated that not all client were offered support following termination of pregnancy. The target was for all women who had been referred for abortion to be contacted at three weeks to capture delay or difficulties with the abortion referral, abortion type received and to offer contraception if not provided. Staff had been informed of the need for these changes and once implemented would provide a better outcome for young women attending the clinics. We discussed the implementation of the recommendations in the Brook national audits with staff at Brook Euston and we were assured that the recommendations had been implemented.
- The national Brook implant audit 2016 was completed on 564 clients within the organisation. The implant audit showed that staff were mostly compliant with the guidelines when providing care and treatment for implants. Staff completed 19 of the 20 nexaplanon (implant) batch number and expiry date audited. However, the audit noted that staff were not following

recommendations on clients being offered counselling about implant side effects, with compliance recorded as 40%. This was 6% lower than 2015 figure. However, we noted and were told that counselling was offered to clients at Brook Euston following implants. We saw evidence in clients' notes that side effects of contraception and implants were discussed and documented during follow-up. The audit also noted that 66% of women presenting with irregular bleeding were tested for chlamydia and gonorrhoea, which was lower than 72% in 2015. Nine percent of young people had STI testing at the time of implant removal for the period of April and June 2016 and the target was for one third of women. We saw evidence from meeting minutes, staff emails, newsletters and clinical bulletin that the audit results and recommendations were shared and STI testing for all women before implant removal was emphasized to staff. For example, we noted that managers discussed the implant audit and recommendation with staff at the October 2016 clinical team meeting.

- We reviewed the Brook national emergency contraception audit report for the period of December 2015 and February 2016. The findings showed staff were mostly compliant with the recommendations and 75% of women were offered a copper intrauterine device (CU-IUD) as first line of contraception which was better than the 2014 figure (70%). CU-IUD is a long-acting reversible contraceptive (LARC) method which works by stopping the sperm and egg from surviving in the womb or fallopian tubes. Brook recommended all clients should be offered the CU-IUD and this should be documented in their notes. Seventy-nine percent of women taking hormonal emergency contraception were offered one of the quick start contraception; CU-IUD, levonorgestrel or oral hormones Ulipristal Acetate which was the same as the 2014 figure. Ninety-four percent of women were advised to have a pregnancy test and STI screening at three weeks after taking the emergency contraception pill. Eighty-three percent of women with a new partner at presentation were offered a sexual health screening which was better than the 73% for 2014. However, the recommendation was for all young people with a new sexual partner to be offered STI screening.
- Other recording measures recommended as a result of the emergency contraception audit included; that staff consistently recorded the date of the women's

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menstrual cycle and a record was made of the risk assessment carried out and if necessary that consent had been sought for the testing of any STIs. We found staff at Brook Euston were following the recommendations from the emergency contraception audit.

- The management pathway audit for STI results for the period of August to October 2016 showed staff were compliant with record documentation. The audit looked at the documentation of the date the test result was received, documenting in clients note, positive result recorded in the “bring up book” and result signed by the clinician.
- Brook Euston collected data on the type of intervention young people attended the clinic for. The data for April 2016 to July 2016 showed the majority of intervention for young people were; hormonal contraception (1334), condom provision (983), information and advice only (421), hormonal emergency contraception (285), contraceptive depo injection (41) and implant contraception (92). Brook Euston also reported that 100% of clients received their result notification. Chlamydia (1,089), gonorrhoea (1,085) and HIV-PoCT (319) STI testing accounted for the majority of STI testing done within these period.

Competent staff

- All staff had an annual appraisal which was a two way process to plan future training and/or development needs. We saw evidence all staff were up to date with their appraisal with the exception of a staff member who was on maternity leave.
- We saw evidence that nurses, receptionist, counsellors and management had the appropriate skills, knowledge and experience to carry out their roles effectively.
- Registered nurses were required to comply with a new three yearly revalidation process since April 2016. Nurse revalidation was in place which ensured that each nurse was up to date and fit to practice and able to provide a good level of care. We saw evidence that staff were supported and had training and teaching sessions for their NMC revalidation. Revalidation was also discussed at clinical team meetings. Further information for revalidation was available to nurses on the Brook intranet together with feedback from nurses who had already completed the process. One nurse told us they

had their revalidation this year and received support from their manager. We saw evidence that staff were up to date with their revalidation in the staff records reviewed during inspection.

- Brook Euston used volunteers who participated in staff interviews and operated engagement strategies with service users including running stalls to ascertain client experiences of using Brook. Volunteers had been DBS checked (Disclosure and Barring Service checks). Management used DBS checks to ensure that people are fit and proper to work with children and young people. All four staff record reviewed during inspection have had their DBS checked.
- Staff attended a quarterly group supervision facilitated by the lead nurse which helped maintain their skills and competencies. Minutes from the 22 September 2016 included safeguarding, training, health and safety, line management issue, staff issues, revalidation and testing of clients up to their 25th birthday. Supervision or one to one sessions were provided every three months for all staff. Group supervision and peer support took place at the weekly team meetings.
- Brook staff could access information and training on the Faculty of Sexual and Reproductive Healthcare website which is a faculty of the Royal College of Obstetricians and Gynaecologists. The faculty, in partnership with the Health Education England, developed an e-learning training programme for health professionals. This training is a healthcare initiative to support healthcare professionals in acquiring the relevant knowledge and competences needed for delivering sexual and reproductive healthcare (SRH) and some areas of enhanced care. Brook used the e-SRH to facilitate nurses gaining the knowledge component for the new Diploma of the Faculty of Sexual & Reproductive Healthcare and the gaining of the Letter of Competence in Subdermal Implants and Intrauterine Techniques and the Letter of Competence Intrauterine Techniques. Brook Euston had one nurse in training to become a CASH nurse. These training schemes fit into the Royal College of Nursing Sexual Health Competencies outlining a framework of competencies, designed to help nurses to provide safe, effective and accountable care to clients on sexual health.
- The counselling staff had completed diplomas in counselling and most were accredited by the British

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Association for Counselling and Psychotherapy (BACP). BACP is a professional body representing counselling and psychotherapy. Counselling staff attended regular supervision and counselling support meetings.

- Brook developed a sexual health competency pack for their client support worker and band 5 CASH nurse in training. The competency pack included competencies on sexual health, health and wellbeing. The core competencies covered areas including communication, safeguarding, and brief intervention (making every contact count). The sexual health competency assessed staff competency on infection control, pregnancy testing, screening and taking blood pressure and body mass index (BMI). The manager at Brook Euston ensured the band 5 CASH nurse in training's competencies were assessed regularly.
- All staff were required to achieve a number of competencies which were specific to their role. Staff achieved this by attending internal and/or external training and working on a one to one basis with experienced colleagues. There was a CASH nurse induction booklet for newly qualified CASH nurse to complete which included list of Brook organisation-wide PGD, policies and procedure and discussion between the nurse and their mentor following observation.
- Brook Euston staff were updated through the clinical bulletin and the newsletter. For example we saw that Brook November 2016 newsletter included a blog about the first year of mandatory reporting for FGM, a YMCA report on stigma faced by young people experiencing mental health difficulties, and an overview of national policy news around STI, domestic violence and child sexual exploitation. Staff told us the update sections in their newsletter kept them up to date on matters affecting their practice.
- Brook Euston held a quarterly staff meeting and training sessions for all staff to attend as appropriate to their role. The staff meetings often included a teaching session by a member of staff on any clinical topic or practice. For example the October 2016 clinical team meeting included a session on record keeping and infection control for staff. The July 2016 clinical team meeting included a teaching session on syphilis and quiz.
- The client support workers had been provided with clinical training such as carrying out pregnancy tests,

chlamydia screening tests and provision of condoms to young people. This provided an efficient service to young people who visited the clinic and removed the need to refer them to a registered CASH nurse.

- Staff could also access additional training through the CAMISH network. This training included young people and pornography, FGM, talking to young people about sexual health, and young people and relationships. Staff told us these additional training have helped build their confidence, knowledge and skills in providing care and services to young people.
- We saw that a counselling support group meeting took place regularly. We noted that staff discussed training on suicide risk and mental health, update on policy and multi-agency risk assessment conference (MARAC) at the September and November 2016 meetings.
- 96% of the Brook staff who completed the Brook 2015 national survey said they knew what their job responsibilities were and were competent in working towards them. This data was not available by location.

Multi-disciplinary working and coordinated care pathways

- Nursing, counselling, managers and receptionist staff we spoke to during inspection told us they were proud of the multidisciplinary and multi-agency team working they experienced within Brook Euston. Staff told us there were good working relationships at Brook Euston and staff could access clinical help, support and advice from their colleagues. Staff told us counsellors assisted with clinical support work such as pregnancy testing or STI screening, if they were less busy and no one was booked for counselling. Each member of staff we spoke with told us that other staff were client focused, accessible, approachable and willing to help which ensured young people get the right care and treatment quickly. One staff member told us the working relationship was "close knit", and said they did not feel irrelevant within their role and other professionals were helpful when they asked questions. Staff commented they would be able to raise suggestions and concerns with their colleagues if necessary.
- We saw evidence that there was good multi-disciplinary working in Brook Euston. The nurses, clinical support worker, receptionist and counsellors worked effectively with each other to improve young people's outcomes.

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They made counselling and safeguarding referrals in a timely manner when needed. Communication with counsellors and managers was efficient around incidents and psychological support of young people.

- Staff we spoke with said they felt listened to by their colleagues and supported one another. We saw Brook had a whistle blowing policy for staff and there was a poster of who to contact in the clinic if there was concern.
- Staff were also proud of the multidisciplinary working within the CAMISH network.
- There was a CAMISH network information sharing protocol in place for Brook Euston to share information and concerns with a local NHS trust and another local young people's sexual health clinic. This protocol was put in place in July 2016 to share information in high risk situations and for direct care purposes in order to safeguard young people accessing the service. This protocol was put in place with the aim of reducing crime, improving health of service users and increasing the safety of all victims including children and young people in Camden and Islington.
- Brook Euston staff attended CAMISH network meetings which were attended by a range of clinical and non-clinical professionals. We saw evidence such as emails and meeting minutes that showed Brook Euston worked effectively within the CAMISH network and had access to professionals including a learning disability lead, Camden young people's drug and alcohol service, and domestic and sexual violence advisors. Through the CAMISH meeting Brook Euston and other professionals shared information, contact details and ran teaching sessions for staff to keep their skills updated.
- Brook Euston had strong links with local schools as it provided educational outreach services. Brook Euston planned to deliver an e-learning module on contraception, consent and pleasure. This was designed to be used by teachers and professionals[AL1] on sex and relationship education in January 2017 to improve young people's outcomes and the knowledge of professionals working with schoolchildren.
- Brook Euston worked with young people in delivering care and services to them. Young people were part of the Brook board of trustees. Young people were involved nationally in developing policies, for example the complaint policy and designing the complaint leaflets. Young people were also involved nationally in designing of the Brook website and locally by designing

the CAMISH oyster card wallet that had sexual health information. Nationally, Brook worked with young people in making changes on their sexual health needs, orientation and education. For example, Brook young volunteers were involved in implementing changes in November 2016 through a debate on whether sex and relationship education should get statutory status.

Referral, transfer, discharge and transition

- Brook Euston had a template for clinicians to complete when referring a client to other professionals such as a GP. For example, with the permission of the client Brook Euston informed their GP of when antibiotics or other treatment had been provided.
- Referral forms were available for staff to complete when a young person required further care and treatment. For example, for termination of pregnancy or referral to a psychosexual clinic. The templates provided prompts and space for relevant information to be completed. This ensured staff gathered the required information for the external provider. We saw evidence that staff completed the termination of pregnancy form of a client appropriately and in a timely manner.
- Brook Euston had links to the local youth offending team through the CAMISH network and a local organisation who worked with young people who were homeless. This provided additional support to these young people to access the service.
- Brook Euston worked closely with the local providers of a level 3 sexual health service in the city. This enabled them to access advice and support for young people who required additional services. Level 3 sexual health services include testing and management of men who have sex with men, management of syphilis and blood borne viruses, specialist HIV treatment and care and STI treatment in extra-genital sites, pregnant women and men with dysuria and genital discharge. Staff also referred clients to nearby local sexual health services or other Brook London locations when the clinic was busy or a client came towards the clinic closing time and might not be seen.
- Brook Euston had a good referral pathway between the other CAMISH network providers, to refer young people into and out of the network for treatment.
- We saw evidence that Brook Euston referred young people to local child and adolescent mental health services (CAMHS) to support young people with mental health issues.

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Access to information

- Paper records, counselling notes and medical notes were stored within the clinic and this ensured that staff had access to the medical records for each patient when they attended the clinic.
- Evidence based protocols and PGDs were available via the Brook intranet and in paper files in each clinic room.
- Through the CAMISH network, Brook Euston had access to information on young people where there were safeguarding concerns.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Brook policy on consent required that a valid consent should be obtained by staff before examining, starting treatment or physical investigation, or providing personal care for a client. We observed and were told by staff and young people that verbal consent was obtained prior to the delivery of care and treatment. Staff consistently recorded consent in the seven sets of medical records we reviewed. We also saw that where clients did not give their consent this was documented in their records.
- We saw written evidence of where young people gave their consent for staff to contact them via phone and/or text.
- Staff obtained written consent of young people prior to referring them to an external agency for further treatment for example termination of pregnancy.
- Staff were provided with a policy and procedure regarding consent, where the Fraser Guidelines and Gillick competence were detailed. Fraser guidelines refer to a legal case which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge.
- Staff completed a Fraser assessment at the first visit of a young person under 16 to the clinic and reviewed the Fraser assessment at each subsequent visit. We saw this process had been completed and reviewed appropriately for the seven sets of notes we inspected.
- Staff understood the Mental Capacity Act and were able to describe the appropriate steps to take.

- We saw that staff were updated on the Mental Capacity Act through teaching sessions to ensure their competency. For example, staff had a quiz and teaching session on the Mental Capacity Act in their October 2016 clinical team meeting.

Are community health (sexual health services) caring?

Summary

Our findings for the caring domain were:

- The privacy, dignity and confidentiality of young people attending the service was always protected and staff treated them with respect and protected their anonymity at all times.
- Staff treated young people as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.
- There was counselling and emotional support available to young people who attended the service.

Compassionate care

- Throughout our inspection, young people spoke positively about the care and treatment from all staff including the non-clinical staff such as the receptionist. They told us staff treated them with respect and their privacy, confidentiality and dignity was respected at all times.
- Young people we spoke with said the reception staff were friendly and welcoming and that the nurses and client support workers treated them with respect, and were never judgemental. A young person told us that staff were friendly and “not arrogant”, and said it was important to feel welcome, which made it easier to ask for help.
- Specific comments made by young people included “Brook provides a confidential and safe environment for young people”, “great service”, “All staff made me feel comfortable”, “I felt safe and welcome” and “staff were very friendly”.

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- Some young people had been attending Brook Euston for years and described their experience with staff and the service. Some of the comments received about their experience included; “I have been coming to Brook for several years and I wouldn’t go elsewhere”, “always have a good experience, I have never had a bad experience at Brook”, “love it here”.
 - Young people told us that staff were sensitive, polite and supportive. A young person commented on how staff showed compassion to them when they arrived at the clinic 20 minutes before the closing time. “Staff were lovely, polite and they were extremely helpful, doing all they could in the time they had to attend to me”. One young person told us that they liked the use of the pointing sheet, which meant that they did not have to state verbally their reason for attendance, which potentially could be overheard.
 - We saw that staff showed kindness and understanding when talking to and about young people. We observed young people being greeted in a friendly manner by staff and were told how many people were to be seen before them in the clinic.
 - Young people we spoke with told us that an important reason they used the service at Brook Euston was that it protected their confidentiality and anonymity at all times. Also, they felt comfortable to speak to staff about their concerns and questions.
 - Young people were given raffle ticket numbers and given a choice of being called by the number or their first name from the waiting room by staff to protect their privacy.
 - We saw that the Brook Euston monthly comment cards was extremely positive with only waiting times cited as an issue. In 2016, the service received 86 feedback responses from young people. 99% of young people comments about the service were positive while 1% were negative. We examined 24 of the comment cards for November to December 2016 during inspection and 96% of the comments were positive. The comments were mostly positive with statements such as “Great service”, “they provided information and great advice”, and “they were non-judgemental”. Others included “Service times seems a bit slow but the service I received has been very good” and “very lovely and polite staff”.
 - The 13 CQC comment cards, which were completed by clients shortly before the inspection, were complimentary about the staff and service provided by Brook Euston. The comments included “polite and provided exceptional service”, “very friendly, respectful and caring staff”, “greeting staff very welcoming” and “love it here”.
 - Chaperoning was available for all young people attending the clinics. Another clinician working in the clinic- the client support worker often provided this service.
- ## Understanding and involvement of patients and those close to them
- Young people told us staff communicated with them in a way that allowed them to understand their care and treatment. Specific comments included “provided information and great advice”, “they gave range of options and discussed side effects”, “Nurse made me feel comfortable and answered all my questions without any judgement”. “Staff listened to all my queries and found various solutions”, “Staff paid close attention to detail and provided me with the services open to me”, “Nurse recommended reliable way of contraception” and “staff explanation very well explained and informative”.
 - A young person told us of when they found their contraception was not working for them and discussed this with staff. The staff tried to find better solution, and discussed what was best for the young person.
 - Young people were able to attend Brook Euston with friends or relatives if they wished and we observed young people taking their friends into the consulting room after been seen alone initially for a safeguarding risk assessment.
 - Young people told us during interviews and comment card received that staff gave them helpful written information in addition to verbal information regarding their care and treatment and that this helped them make an informed decision about their treatment.
 - Young people told us that staff checked their understanding of the advice, treatment and contraception given to them.

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- Staff told us they always explained treatment, processes and procedures to their client in a way they understand. Staff gave us an example of HIV testing; some young people were not aware their result would be available immediately they are tested. Staff ensured they explained this to them, answered their questions and gave them the option of going home to think about it before conducting the test.
- We observed the receptionist explaining how many people were in front of clients waiting to be seen when asked about waiting time.

Emotional support

- Staff understood the impact young people's care, treatment or condition may have on their wellbeing. Staff told us they often identified additional emotional needs when young people came to the clinic for sexual health issues during the initial consultation. Staff gave examples where young people were supported emotionally following STI testing, where a young person disclosed past disturbing experiences, or psychological issues were identified.
- Significant volumes of work at Brook Euston were related to the emotional wellbeing of young people and we were told by the manager that this had increased in recent years with many young people seeking help from the nearby university. Brook Euston employed three registered counsellors who worked across the three Brook London clinics to whom clinicians could refer young people. Young people could also self-refer to the counsellors.
- Young people accessed counselling for various issues including termination of pregnancy support, pregnancy advice, depression, mental and emotional health issues, low self-esteem, self-harm, risky behaviours and relationship and family difficulties.
- Staff referred young people to external services for emotional well-being when required.
- There were strong links with the local child and adolescent mental health service (CAMHS) and other external groups who supported young people with mental health issues.
- We observed staff acting in a professional way. Young people told us staff were professional and caring.

- Staff told us a quiet clinic room would be made available for supporting client who were in distress or upset. For example, a member of staff told us about a young person who was seen upset in the corridor regarding a result. They told us they took the client to a quiet room and offered them support. Staff told us by doing this, they were able to calm and help the young person.

Are community health (sexual health services) responsive to people's needs? (for example, to feedback?)

Summary

Our findings for responsive domain were:

- Service provision was planned and delivered at suitable times to meet the needs of young people. Younger and vulnerable people were prioritised to be seen at clinic through their triaging system.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- Young people had access to reception staff by telephone to obtain advice regarding local clinics and to book appointments.
- Comprehensive information were available to clients on various topics on their website and leaflet.
- Translation service was available for young people through the language line.
- The organisation involved young people in the redesigning of the premise.
- There were complaint leaflet and forms visible for young people in the clinic. The organisation involved young people in designing the complaints leaflets and forms to ensure they are user-friendly.

However:

- At times young people experienced a delay in waiting times prior to being seen by a member of staff.

Service planning and delivery to meet the needs of local people

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- Brook Euston was commissioned by the Camden and Islington local authorities in April 2015 to provide sexual health services for young people under the age of 25 in both boroughs through the Camden and Islington Young People's Sexual Health network (CAMISH). They were commissioned to lead on targeted outreach, coordinate the provision of sex and relationship education, and provide early interventions with vulnerable young people and those at risk of poor sexual health, unplanned pregnancy or sexual exploitation. We saw that the service worked with commissioners, social services, local sexual health clinics and the other providers in the CAMISH network to plan the service delivery and meet the needs of young people in Camden and Islington.
- The service was easy to access for local people and was based very close to two main railway stations, one of which operates cross channel services, and a university which had a large cohort of young undergraduate students.
- The website gave all information related to opening times and signposted visitors to a range of interactive information services where detailed information on sexual health and other related aspects could be found.
- The clinic provided a drop in service which operated from 12pm to 6pm Monday to Friday and 12pm to 2pm on Saturdays. Appointments were only available for counselling and intrauterine device (IUD) fittings. Young people we spoke with who used the service said they would have preferred longer clinic times.
- There was a service via the Brook website where frequently asked questions could be viewed. If the frequently asked questions did not adequately answer the young person's specific query, they could send their own question to 'Ask Brook'. This service was available seven days a week 24 hours a day.
- We saw there were 'Ask Brook' leaflets in the clinic, which contained information for young people to read on sexual health matters like sexually transmitted infections, emergency contraception, condoms and sexuality.
- Brook Euston staff told us that if young people required services they did not provide, such as testing for herpes or cystitis, they would signpost them to the relevant services.
- We saw that the clinic had a list of local pharmacists and other services to sign post client to. This list gave details of local services address, opening times and days
- The client support workers were trained in carrying out pregnancy tests and STI screening which helped provide an efficient service to young people who visited the clinic and removed the need to refer them to a registered CASH nurse.
- The telephone calls to the clinic for booking appointments or queries were answered by a receptionist who advised young people of the times of the walk in clinics.
- The reception was separated from the waiting room so that those waiting were not able to observe other young people as they booked in.
- The care environment was warm and welcoming to clients. A friendly receptionist signalled the way to a bright and friendly waiting area. The different coloured plastic chairs and a coloured modern sofa helped create a calm and non-clinical feel to the environment. The addition of the sofa within the waiting room was introduced after liaison with clients and was part of Brook's "this month you said we did" campaign. A small selection menu of background radio music channels had been chosen by young service users and was successful in creating a relaxing environment within the waiting room. During the inspection, young people who accessed the service told us the environment was clean and comfortable.
- The doors to the consulting and treatment rooms within the clinic all had secure doors with clear indications if they were in use. The windows in the consulting rooms were closed and this ensured that young people felt safe that their dignity and privacy was respected. However, we observed that loud conversations or noise from the reception desk could be heard from the counselling room. We noted in the counselling meeting minutes from November 2016 that staff had discussed this issue. The minutes noted

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that the receptionist should minimise the noise and an info-graphic poster had been placed at the reception area so that clients could point out the reason for their visit rather than say it out loud.

Equality and diversity

- The service worked with the CAMISH network and other services to provide care to the hard to reach group including under 18s, male clients, young offenders, people with disabilities and homeless people.
- Staff had access to a policy and procedure which set out key principles for promoting equal opportunities and valuing diversity across the service. The Brook equality and diversity policy aimed to build a workforce that was reflective of the client base within diverse communities. However, we noted that the Brook Euston staff were not representative of the diverse section of their population and clients who attended the clinic. We observed that all Brook Euston staff were female and mostly white.
- Brook aimed to eliminate discrimination and promote equality, and treat everyone with fairness, dignity and respect. Young people told us they were happy with the service and care received at Brook Euston and staff treated them with respect and they had not experienced discrimination. There was disabled access for wheelchair users.
- Staff had access to a language line, which provided a telephone interpretation service with more than 170 languages available for young people. Brook Euston also had access to a website for staff to print out leaflets in another language for young people whose first language was not English.
- The Brook Euston website was compliant to standard one of the 'You're Welcome' criteria related to client access. There were eight components to this' standard which included support for disabled young people, choice of service location, and services for marginalized and socially excluded young people such as looked after children. Although the website gave significant amounts of information, there was a lack of specific information related to sexuality and disability. The website stated that Brook aimed to treat its current and potential clients, staff and volunteers, with fairness, dignity and respect

regardless of age, disability, HIV status, gender, race, ethnicity, sexuality, family situation, trade union activities, beliefs, religion or economic and social standing and to meet the identified needs and priorities of its target population.

Meeting people's individual needs

- Brook Euston had a counselling service and young people could self-refer to this service or the staff undertaking consultations with young people could discuss the benefits with the young person and make a referral. Brook Euston were seeing an increase in self-referrals from undergraduates from the local university.
- We saw that Brook had a policy to prioritise the consultations of young people under the age of 16. On some days this meant other young people had to wait longer, however, it was not perceived to be a major problem by the older young people themselves. This preferential policy for under 16 year olds had been implemented to protect the confidentiality of school age children who may have needed to return home within a reasonable time frame after school hours.
- We observed a friendly interaction between staff and two young people in the clinic. They told the staff they were in a hurry and requested to be seen urgently. We saw that a nurse attended to the young people promptly.
- Staff completed an assessment of client vulnerabilities of young people at each visit and recorded this within the client care records. Young people completed an initial information sheet and the nurse or client support worker carried out a full assessment, which identified specific vulnerabilities. For example, learning disability, safeguarding issues and the age of the young person. Staff made referrals to specialist services if necessary.
- Brook Euston offered a reactive point of care HIV test. A reactive point-of-care HIV test is a testing technology that allows people to be tested for HIV and know their HIV status during the same visit. However, all clients who had a result that indicated possible HIV were referred to a local level 3 NHS sexual health service.

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- Brook Euston were able to provide pregnancy advice and/or pregnancy options information for young women who attended the clinic for a pregnancy test or who knew they were pregnant.
- We saw notices that confirmed that Brook Euston was baby friendly and that private breast feeding facilities were available.
- Brook Euston provided clients with a large range of professionally written and informative information leaflets on sexual and reproductive health. We were informed by the manager that these leaflets had been FOG tested before publication. FOG testing (frequency of grammar) is used by leaflet designers to assess the readability of a piece of written material to ensure it is suitable for all readers including those with low levels of literacy. Additionally, other aspects of the leaflet design are considered including font size, layout, style, content, paper colour and reader interest. Clients we spoke with told us that these information leaflets were very helpful as an addition to the verbal information they received.
- Staff followed up young people who chose not to wait to see a clinician after they had been booked in if they were assessed as being vulnerable. This could be due to their age, for example if they were under 18 or if there was an identified safeguarding issue flagged on their record.
- Staff told us that few young people with learning disability attended the clinic and they were looking at ways to ensure the clinic was accessible to young people with a learning disability. Staff received learning disability training and were able to refer young people to the learning disability lead for support through the CAMISH network.
- Brook Euston did not have access to staff members who could use either Makaton or PECS. Makaton is a language programme using signs and symbols to help people to communicate. It was designed to support spoken language and the signs and symbols are used with speech, in spoken word order and can help young people with learning disabilities communicate effectively. Similarly, PECS is an approach that develops early expressive communication skills using pictures and is appropriate for young people with a wide range of learning difficulties.

Access and flow

- The clinic was open six days a week from Monday to Saturday. It was open each day from 12pm until 6pm and on Saturdays from 12pm until 2pm during which time a CASH nurse was always available.
- Reception staff recorded the time they booked each young person in, which enabled staff to know the order young people arrived so they could be seen in turn. The exception to this was if a young person under the age of 16 attended the clinic. They were given priority to be seen due to their potential vulnerability.
- The clinic operated a walk in service which did not require the young person to have a booked appointment. However, young people who were referred to the counsellor or doctor had the option of having a booked appointment.
- Young people often had to wait a long time for their consultation. There was no audit on the waiting times. We saw that young people spent long periods waiting to attend their appointment but the clients we spoke with told us that they did not mind and brought with them something to read until they were called into a consulting room. Some young people we spoke with told us that they were grateful for the service and they did not mind waiting. Some young people commented that they did not experience delays. Specific comments included "It was not a long wait, always get what you need", "I was seen quicker than I expected", "Quick, got what I came here for".
- We were told that sometimes clients had to be turned away because the clinic was too full. However, in these situations clients were signposted to nearby facilities.
- During the period of July 2015 to February 2016, data provided by the service showed that 450 people had not received a service and were turned away. The majority of people turned away came for contraception, STI testing or treatment, implant, emergency contraception, and pregnancy testing. Seventy-nine per cent of young people were turned away face to face while 21% were turned away by phone. The reasons for being turned away were categorised into capacity (68.3%), service not available

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in the clinic (10.4%) or turned away because of age (21.3%). The audit noted the type of client turned away were new patients (280), existing clients (160) and the rest were unknown.

- When the clinic was busy and the waiting times was long, staff booked young people into a time slot or gave them opportunity to go out and buy drink or meal and called them on their phone 15 minutes before the clinician would see them.
- An information leaflet was available and given to young people who requested the fitting of an implant. The fitting of implants has to take place at the correct time in a young woman's menstrual cycle. This process was also explained verbally to the young person during their initial appointment.

Learning from complaints and concerns

- Brook had a complaint leaflet and card titled "did you get what you came for?". Young people designed the "did you get what you came for" concept and the materials included posters, leaflets, feedback cards and a dedicated section on the Brook website where young people could leave feedback or make a complaint. We saw these complaint cards and leaflets available in the waiting room informing clients of how to make a complaint. Young people told us they knew how to make a complaint should they want to.
- Staff provided us with the complaint log for 2016 to 2017, which showed that only one complaint was received by the service. A client came to the clinic for STI screening and was declined a test because the test result would not be back by their 25th birthday. We saw the complaint action sheet and noted the manager called the client, explained their process and an apology was given to the client and they were re-offered the STI testing. We saw evidence that the complaint and learning was shared with staff at clinical meetings, and in the clinical bulletin. Brook Euston made changes to their STI screening process as a result of the complaint and offered STI testing for young people up until their 25th birthday. Also, if clients received positive diagnosis following the STI screening, they will receive normal follow-up and treatment and this include those who had turned 25.
- Complaints received by Brook Euston were reviewed by the manager and when required escalated to the

complaints and clinical governance meeting. If necessary, following this meeting the complaint was further escalated to the organisation's board meeting. This ensured the organisation had an overview of the complaints received nationally and were aware of actions taken in response to the complaints.

- We saw evidence that complaints, action points and learning were shared with staff in the Brook clinical newsletter and London clinical bulletin. For example we noted that two complaints received in London were shared with staff alongside learning in the July 2016 clinical bulletin.

Are community health (sexual health services) well-led?

Summary

Our findings for the well-led domain were:

- The organisation vision and values were embedded within the service. Staff were positive about the values and had been instrumental in developing them.
- There were clear and effective governance systems within Brook organisation and CAMISH network.
- There was a culture of learning, openness and transparency among staff.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service.
- The service worked and engaged well with the young people by including them in their board of trustees, developing policies and materials, mystery shopping, designing of website, campaigns and education programme.
- Staff enjoyed working for the service and what it represents.

Vision and strategy for this service

- Nationally, the Brook vision was valuing children, young people and their developing sexuality. Their aim was for all children and young people to be supported to develop the self-confidence, skills and understanding they needed to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being. We saw this demonstrated

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when we observed staff undertaking their work and through our discussions with them. For example, one staff member said, “I wanted to work for Brook because of what it represents”. Staff we spoke with told us that they were passionate about the work started by the organisation’s founder, Helen Brook and all were committed to delivering excellence in care to young people seeking sexual health advice. The Brook values were created with staff involvement during a national conference for all staff. Whilst few staff could say exactly what the values were, from discussions with staff and clients we saw that staff embedded them in their everyday practice. This included confidentiality, choice, education and involvement. We saw evidence that Brook involved young people in their work by including them in their board of trustees, developing the complaint policies and materials, mystery shopping and designing of their website. Involving young people in their work was also included in one of the eight Brook strategic goals.

- Brook had a national mission statement, which reflected the vision and values of the organisation. Their mission was to ensure that children and young people had access to high quality, free and confidential sexual health services, as well as education and support that enables them to make informed, active choices about their personal and sexual relationships so they can enjoy their sexuality without harm. From discussions with staff, young people and from stakeholder feedback we saw that Brook Euston staff embedded this mission statement in their everyday practice.
- Brook had eight strategic goals to establish their priorities and activity plans nationally. These strategic goals included: to establish a framework for measuring and demonstrating evidence of impact, share learning, knowledge and expertise with professionals and develop, maintain and establish strong relationships with a range of partners.

Governance, risk management and quality measurement

- Brook had different number of policies and procedures for staff to refer to regarding managing risks and health and safety. We saw these policies and procedures were reviewed regularly and kept up to date.

- Brook had a risk assessment for staff regarding managing challenging behaviour and violence and aggression from young people attending the clinic. Staff told us they had not had any client that presented with challenging behaviours and violence and there was a panic alarm to use when needed.
- There was a London and South East risk register for the Brook London and South East clinics which contained risks identified by each registered manager from the local risk assessments completed. Risks listed included loss of confidential data, inconsistency in record keeping and long-term vacancies and gaps in staffing. The risk register helped staff to identify were to reduce or eliminate the risk. The risk register was reviewed regularly at the management and clinical committee meetings.
- We saw that the manager completed a service quality and risk assessment regularly, which included all significant incidents and risks identified at the service level. The Brook national head of nursing reviewed the document and all risks were assessed and rated using the RAG system. This was based on the red, amber and green colours used in traffic light systems with red being the most serious risk. We saw that London and local south east register had four red, two amber and one green risk on the risk register.
- We noted that re-tendering of Brook contracts which could result in loss of, or reduction in funding was reinstated as a national risk in 2015 and it has remained rated as red.
- A national risk had been identified in the organisation regarding the appropriateness of the safeguarding of vulnerable young people and was added to the register in 2012. The ongoing action and monitoring of the risk by leaders and staff had reduced the perceived risk and which is now rated as low/green. During inspection, staff we spoke with were aware of this identified risk and ensure safeguarding of young people was a priority in their daily practice.
- At a national level the clinical advisory group (CAG) and committee was responsible for the governance of quality, safety, and patient experience and complaints. The group provided clinical direction and support with the aim of ensuring continuous improvement in the quality of clinical services delivered to young people

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by Brook. The national clinical advisory committee reviewed risks and if necessary, the identified local issues and risks were put onto the national risk register. Inadequate information and communication technology (ICT) system was included in the 2016 strategic risk register, which we also noted was an on-going problem at Brook Euston at the time of our inspection. However, this was not included in the London and South East risk register. The group also advised on audits and evaluation of service, trainings, training and development requirements of staff including the clinical director and head of nursing. The CAG met every three months, and two weeks before the board meetings. We reviewed the CAG meeting minutes for February 2016 and saw that PGDs, incidents, missing and misfiled notes, complaints, and staffing levels were discussed and with learning and action points documented highlighted by the committee. Issues relating to the Brook London locations that were covered included staff sick leave, absence and disciplinary actions.

- Brook strategic risks were discussed at the organisation's quarterly board meetings and actions from this meeting were cascaded throughout the organisation through the regional managers. We reviewed minutes from the March and June 2016 meetings and found that actions were assigned to members of the board to follow-up. For example the due to expire Patient Group Directives (PGDs) at the June 2016 meeting was assigned to the head of nursing to lead on the renewal. We also saw evidence on the clinical team meetings minutes that the actions from the board meeting were shared with staff.
- At a local level Brook Euston was part of the Camden and Islington Young People's Sexual Health (CAMISH) Clinical Governance Steering Group, which was chaired by the network coordinator with representatives from each provider. This group was responsible for improving consistency and service development across all three partner organisations which included Brook Euston. The group aimed to ensure equal services were offered to young people regardless of their point of access, that protocols were shared and adapted where necessary and that there were good referral pathways between network providers, into and out of the network. The group

developed referral pathways between CAMISH services and into external healthcare providers, for example level 3 genito-urinary and contraception services, termination of pregnancy and antenatal services.

- The Brook safeguarding advisory committee provided national governance on safeguarding. The deputy chief executive and nurse safeguarding lead provided the Brook operational oversight. The Safeguarding Advisory Committee ensured effective systems, processes and ongoing improvement in Brook's safeguarding policy and procedures and advised on effective arrangements for implementation, training and review. It provided scrutiny, challenge and support to staff, and provided assurance to the board. The safeguarding committee met every three months and produced a quarterly report, which highlighted trends in incidents to the local safeguarding board. Information was also cascaded to staff to ensure they were aware of changes in reporting procedures for safeguarding issues. For example, the required reporting procedures of known female genital mutilation (FGM) in young people under the age of 18 by staff.
- The clinical leadership team provided national operational oversight of the governance of quality, safety, and patient experience and complaints issues in Brook.
- Brook Euston provided information on their services and impact to their commissioners and reported progress against constructed delivery outcomes.
- Brook Euston provided information regarding its service to the national finance committee. This committee ensured that Brook managed its finances and risks effectively and efficiently in support of its charitable objectives. This provided assurance that Brook met its statutory and other obligations under the Companies and Charities Acts, its Articles of Association and other relevant frameworks.
- The Brook London and South East managers met frequently to review and monitor services and performance. Information from this meeting was then passed across to the brook organisation meetings and backwards. We saw evidence from the meeting minutes that this meeting took place regularly and the Brook Euston manager attended. The group reviews

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issues like staffing and recruitment, incident reporting, STI screening, medicine management, training, proforma, referrals, budget, risk register, audits, business continuity plan, tenders and safeguarding.

- Staff told us they had a strong governance structure and were aware of the different members' responsibilities. They felt the Brook governance structure was robust and well managed. Staff also commented they knew their governance team.

Leadership of service

- Brook Euston was managed by the nurse manager and service coordinator who reported to the service manager.
- We found that the leaders of the organisation had the skills, knowledge, experience and integrity for the role. Fit and proper person checks were carried out by the Brook organisation for trustees and directors prior to their appointment. These included Disclosure and Barring Service (DBS) checks, obtaining a previous history (to ensure they had not experienced bankruptcy or been previously removed from the trusteeship of a charity) and that the applicant had no conflicts of interests. The DBS check provided information on previous criminal convictions and assists employers in ensuring suitable people work within the organisation.
- The trustees were supported through induction, training courses, away days, workshops and visit to other charities carrying out similar work.
- Brook was committed to the learning and development of their leaders and management and this was highlighted in their Brook quality standards and action plan 2016/17.
- The board had overall governance responsibility for the organisation and delegated authority through the chief executive to the executive and management teams, within a clear written scheme of delegation and statement of internal controls. We noted that the Brook board of trustees met formally at least four times per year and had four governance sub-committees. The board hosted an annual meeting to discuss the previous year performance and look ahead to future priorities.
- The board of trustees were appointed through membership election or appointed by the board. Two places on the board of trustees were reserved for young people.
- The Brook chief executive was responsible and accountable for delegations to the management team and other staff on legal, finance, estates, policy, staffing and human resource.
- The Brook medical director was based in London and the Brook head of nursing was based in Bristol. The Brook head of nursing provided guidance and support to staff. Staff we spoke with were positive in their comments about the approachability and supportiveness of the heads of nursing and other leaders.
- Staff told us managers were approachable, accessible and visible in the clinic and provided support and guidance whenever needed. Staff told us they had met some of the Brook senior leaders, for example the Brook chief executive who visited the clinic earlier in the year.
- Staff told us the service co-ordinator who worked four days a week was supportive, visible and accessible. Their office was in the reception area which enabled them to provide prompt support and assistance to staff and young people when necessary.
- Staff spoke positively about the leadership within the centre. Staff told us they felt listened to by the management. They said they were treated kindly and appropriately when raising an issue with the management team.

Culture within this service

- Staff consistently told us the service was a friendly and supportive environment to work in and their colleagues were approachable, supportive and helpful.
- The counselling manager also provided support and advice to staff. For example, they provided support to staff who had made safeguarding referrals and needed support to discuss their feelings.
- Staff told us they were proud to work within an organisation where the service was focused on supporting young people and involving them in their

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work. We were told Brook Euston was a good organisation to work for where staff had opportunities to help young people where they did not feel able to talk to other adults. Ninety-six per cent of staff who completed the Brook 2015 national staff survey said they were satisfied with the quality of care provided by Brook which was better than the 85% in 2013. Also, 97% of staff who completed the same staff survey commented they would recommend Brook as a provider. The staff survey results were not available specific to Brook Euston.

- We saw that Brook Euston had a culture which promoted staff learning. Managers were committed to providing protected time to staff for training and meetings. Staff told us they valued the opportunity to meet with their colleagues to reflect and share best practice, which they said improved their knowledge and skills.
- One staff member told us, “this is the closest knit place I have ever worked in”.
- We saw that Brook Euston had a culture that promoted staff to voice their concerns. There was a Brook whistleblowing poster which was in the staff room with the name of the nominated person to contact if there were concerns to be raised. Managers told us they felt staff were outspoken and able to raise concerns.
- All staff we spoke to told us they felt valued, respected and supported by their colleagues. The Brook national 2015 staff survey 2015 showed that 90% of staff felt that Brook treated their staff with dignity and respect. During the inspection, staff told us that they felt respected by the management and staff. They said they had not experienced any discrimination from colleagues or managers.
- There was limited diversity of staff in regards to ethnicity as the majority of staff were white. We also noted that all Brook Euston staff were female.
- A member of staff told us Brook Euston staff were passionate about their work and services, however morale can be lowered by not being able to see all clients”.

Public engagement

- Brook were passionate about creating a voice for young people through their campaigns. For example they were involved in a recent campaign in November 2016 for making sex and relationship education a statutory requirement in schools.
- The Brook organisation nationally participated in a public evidence session in November 2016 to discuss leadership and governance in the sexual health of young people. Brook was selected and recognised to speak at the session because of their particular interest and involvement of the younger trustee in their work.
- Brook consulted with young people on their strategic business decisions through an active and meaningful partnership.
- Brook had a newsletter that was made available to young people on their website and leaflets. The Brook newsletters detailed ways on how young people were and could get involved. For example, a youth led campaign regarding breaking down barriers around sexuality was available on the website.
- Brook organised an annual sex appeal comedy event, which was a fundraising event to raise awareness on sexual health behaviours and issues.
- Brook Euston provided an education programme and targeted work with young people on an individual or group basis through their outreach team around topics such as; abortion, decisions and dilemmas, body image and self-esteem, condoms and contraception, exploitation and abuse, healthy relationships, sexual consent and the law and sexting.
- Through the CAMISH network, Brook Euston participated in the recruitment of the network young people’s participation coordinator in January 2016. They consulted young people to develop the CAMISH network name and logo. There were plans for Brook Euston to participate in the mystery shopping by young people through the CAMISH network to get the views of young people on the quality of the service. We noted that Brook included mystery shopping in their quality standards and action plan for the 2016/17 period to help collate and share young people feedback.

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- Brook Euston provided training for external professionals through the CAMISH network. For example regarding the use of a sexual behaviours traffic light tool to assist professionals identify and understand sexual behaviours, sexual pleasure, abortion, sexual exploitation and other topics. We noted there was a plan to start an e-learning online training in January for professionals working with young people in school on SRE.
- Brook Euston and the providers in the CAMISH network led two joint sexual health and health promotion campaigns for young people in Camden and Islington during the National HIV Testing Week, World AIDS Day and Valentine's Day and the LGBT History Month.
- Brook Euston carried out a number of surveys to seek the views of young people who used the service. The findings were mostly positive and young people spoke highly and praising the service. Approximately 10% of the comments in 2016 were negative and were mostly about long waiting times. However, the overall response was that young people were very happy with the service.
- Brook Euston carried out a counter measure survey in March 2016 to seek young people's opinions on how helpful the staff and service was. The findings showed that 100% of clients answered yes to the question "did Brook help you today?".
- We saw that Brook Euston recently introduced and implemented a feedback system; "you said, we did".
- The service listened to the feedback received from young people. For example, there was an additional nurse on the Wednesday clinic. This was implemented following feedback of university clients about the waiting times and busy clinic on their day off.. Brook Euston also put in a new sofa and changed the radio station in order to play pop and contemporary music suitable for young people, as a result of feedback.
- We saw that Brook Euston complied with the Department of Health 'You're Welcome' standards when planning local participation groups for young people to become involved with. 'You're Welcome', is the Department of Health's quality criteria for young people friendly health services.

Staff engagement

- Brook carried out a national staff survey in 2015 to obtain the views of their staff nationwide. The results were not available on each Brook clinic or region. There were 219 responses nationally, which was 53% of the workforce. The survey asked staff a series of questions about working at Brook and the feedback was generally positive. The findings showed that 88% of staff said they agreed or strongly agreed there were clear objective and goals for their role and 98% of staff said they were trusted to do their job. The survey also noted that staff agreed that Brook's top priority was the support of young people. Also, staff agreed that the organisation acted on concerns raised by young people with 90% of staff agreeing and strongly agreeing this was the case.
- There was no staff survey carried out at Brook Euston locally. However, staff told us that they had access to support, training and management from their leaders and organisation. This was highlighted as a concern previously at the Brook board meeting in November 2015 where one in eight staff said that support and supervision was not available to them. We saw this was no longer a concern at Brook Euston and the organisation had engaged with staff to recognise and resolve the issue.
- We noted that staff attended a mixture of joint and single professional team meetings where learning took place and information was shared and escalated as necessary. The minutes from the meetings showed that audit results, safeguarding concerns, incidents, complaints and actions arising from these discussions were discussed.
- The Brook clinical newsletter and London clinical bulletin were emailed to all staff regularly following the national clinical governance committee or news updates about Brook. The newsletter provided information for managers to share learning from incidents and updates from national organisations with staff and ensure all staff were up to date with best practice recommendations. For example, the November 2016 newsletter highlighted the YMCA report on stigma faced by young people experiencing mental health difficulty and also the guideline for

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sexual and reproductive health for individuals with inflammatory disease. We noted that staff were informed about the new chair of trustees in their November 2016 newsletter.

Innovation, improvement and sustainability

- Brook Euston listened to feedback from young people and provided ways in which young people could engage with the organisation.
- Brook had a national improvement plan in place for all Brook services for the period 2015 to 2016. The plan identified a number of areas for improvement such as a national single clinical record, upgrade of clinical IT systems and development of client information leaflets. Staff we spoke with during the inspection were aware of these plans.
- Brook Euston were supporting a University study in the use of the online 'Contraception Choices' tool for clients to order repeat contraception online. Appointment slots were being considered by the service following young people feedback on waiting times.
- Brook developed training toolkits like the infection control training pack to support the implementation of Brook procedures.
- Brook young volunteers participated in a debate in November 2016 to discuss whether sex and relationship education in schools should have statutory status. This debate could influence the policies and legislation on sexual health in schools for young people.
- The Brook national priorities for improvement for the period of 2016 to 2017 included client safety, clinical effectiveness and client experience. We saw that staff were made aware of these priorities during their team meeting or newsletter and were working towards achieving this. We saw evidence that the use of an interactive digital contact sheet (IDCS) to improve partner notification was carried out by staff. The IDCS allowed young people with a sexually transmitted infection (STI) diagnosis to send an anonymous text message to their sexual partner advising them to get checked. The partner received a unique code which they could present to the clinic.
- Brook Euston future plans included consulting with young people and staff to ensure that male clients and clients aged under 18 were encouraged to access the clinic. The consultation feedback would help in the strategic planning in encouraging the targeted clients to clinic. They planned to ensure under 16s were aware that they would be fast tracked, for example by placing notices in the clinic waiting area. Brook also planned to consider providing appointments for over 18s at less busy times that would fit around young people's work and university commitments to help improve outcomes.
- Brook Euston planned to introduce a cloud based desktop platform and mobile application in 2017 to allow clients entering the clinic to check-in and join the queue for an appointment and to receive an accurate estimate of when they will be seen. This would allow clients to leave the premises and engage in some other activity such as shopping until they receive a text alerting them to their appointment slot. This system was already used within the other two Brook clinics in London.
- Staff told us there were plans to get young people's feedback of the service with the use of a questionnaire on a computer tablet in the clinic in 2017.
- Staff told us the clinic would be involved in a joint research project from February 2017 through the Camden and Islington Young People's Sexual Health network

Outstanding practice and areas for improvement

Outstanding practice

- We found staff consistently put young people at the heart of their work and ensured the service was delivered in a way that was focussed on the needs of young people. Staff said they were proud to work for Brook Euston, and some commented that this was because it adhered to the original vision of its founder Helen Brook.
- Staff were kind, helpful, caring and showed understanding and empathy at all times to young people who attended the service.
- Staff were non-judgemental in their views, practices and approach when providing a service. The feedback from young people about the staff and the service at Brook Euston was overwhelmingly positive.
- There was robust training, policies and procedures in place for staff on clinical and non-clinical issues which ensured patient centred care of young people. The service also ensured staff were kept up to date on the latest national guidelines, research and practice in relation to sexual health.
- The counselling service reserved slots for clients who might need to be seen urgently on the day following their consultation. This helped to ensure that vulnerable clients were protected. The systems for ensuring young people were safeguarded from a range of areas such as abuse, child sex exploitation, domestic violence and female genital mutilation were robust and consistently followed by staff.
- There was a culture of multidisciplinary team working. Brook Euston had a positive culture of effective collaborative working with the multidisciplinary team, stakeholders and the CAMISH network which enhanced the ability of the service to deliver its primary aims.
- The service saw children and young people up to the age of 25, which ensured that there was consistent support during the transition period into adulthood (health services often require young people to change services when they turn 18, which can be disruptive).

Areas for improvement

Action the provider **SHOULD** take to improve

- Review the system for young people attending the clinic to ensure there are no avoidable delays affecting the care and treatment required by young people.
- Ensure staff survey results are reported on by each clinic or region to identify any local issues and trends.