

Brook Young People

# Brook Burnley

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This is the first time we have rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Overall they managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- There was not a clear local process for the disposal of medicines.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Community health (sexual health services)</b>	Good 	See the summary above for details.



# Summary of findings

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# Summary of this inspection

## Background to Brook Burnley

Brook Burnley provides a level 2 sexual health service to people aged 24 and under. This includes contraception, pregnancy testing and help with pregnancy choices, screening and treatment/signposting for sexually transmitted infections, and information and advice about sexual health and wellbeing. The service also provides counselling for 13-24 year olds. The service is based in the centre of Burnley.

The county council commissions an NHS trust to provide sexual health services, including to people aged 25 and over, across Lancashire. Brook Burnley is commissioned by the NHS trust, to provide level 2 services to people aged 24 and under in the Burnley/East Lancashire area. The Integrated Care Board (ICB) commissions the counselling service for 13-24 year olds.

Brook Burnley is provided by Brook Young People and was registered in 2013. Brook Young People is a registered charity, and provides services across the country. Most of its services provide sexual healthcare for younger people.

The service is registered to provide the regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures; and family planning. The service has a registered manager, who is also the registered manager of Brook Blackburn. The management team and some other staff work across both services.

The service has been inspected once in 2017 but was not rated.

This was an unannounced comprehensive inspection. As Brook Blackburn and Brook Burnley share some staff including the management team, both inspections were carried out concurrently across both sites.

## How we carried out this inspection

This was an unannounced comprehensive inspection.

Before the inspection visit we reviewed information that we held about the service.

During the inspection visit the inspection team:

- visited the service and looked at the quality of the environment
- collected 13 comment cards from patients using the service
- spoke with 7 staff who worked in the service including managers
- reviewed 5 care and treatment records of patients and other care related documents
- received feedback from the commissioner of the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The provider should ensure that there a robust policy for the safe disposal of medicines is implemented, and give consideration to the clinical oversight of medicines management.
- The provider should ensure that all staff have received training in learning disability and autism.
- The provider should consider making it clearer in the care records that a patient has consented to treatment.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health (sexual health services)	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

## Community health (sexual health services)

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Are Community health (sexual health services) safe?

Good 

We rated safe as good.

#### Mandatory Training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. It included a range of topics that included responding to emergencies, safeguarding adults and children, and equality and diversity. It was provided through a mix of online and face to face learning.

From July 2022 all health and social care providers were required to ensure that their staff received training about learning disability and autism. The government was developing a preferred training package, which was not available at the time of this inspection. Staff had not completed specific training about learning disability and autism in line with this package (called Oliver McGowan training). However, nursing staff completed a learning disability module as part of their sexual health training under the Faculty of Sexual and Reproductive Healthcare (FSRH).

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were able to access online training through the provider's intranet.

#### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. All staff had completed level 3 or level 4 safeguarding training. Safeguarding concerns were discussed within the service, and staff attended a quarterly safeguarding supervision session. Managers also attended a safeguarding lead supervision group which focused on policy and the management of safeguarding.

# Community health (sexual health services)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were discussed within the service and referrals made to the local authority or safeguarding team. Both clinical and reception staff were experienced at identifying potential safeguarding concerns, and responding to these appropriately and effectively. Staff had a readily available list of contact details of local services. This included for people experiencing mental health problems, domestic violence and modern slavery. Staff were aware of the potential risks of female genital mutilation (FGM) and child sexual exploitation (CSE) and the action to take in response to these risks.

Staff followed safe procedures for children and young people using the service. Brook Burnley provided a service to people aged 24 and under.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.**

The service was clean and had suitable furnishings which were also clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff carried out weekly cleaning audits.

Staff followed infection control principles including the use of personal protective equipment (PPE). During the COVID-19 pandemic the service had implemented additional infection prevention and control measures in accordance with national guidance. This included making the service appointment-only. However, the service were now considering providing a limited walk-in service, with appropriate infection control measures that reflected current national guidance.

Staff cleaned equipment after patient contact. They followed clear written procedures and checklists for cleaning clinical areas and equipment.

The service had specific procedures for working with people who may have monkeypox. Any patients who were suspected of having monkeypox would be referred to the level 3 sexual health service provided by the NHS.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**

The service was based in a three-storey converted house. It was an older building, with narrow corridors and no lift, but there were limited rooms for staff to see patients on the ground floor. It had suitably equipped rooms for staff to see patients.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out routine safety checks of medical equipment and devices that were used in the service.

Staff disposed of clinical waste safely. Staff followed clear processes for the disposal of clinical waste. Single use equipment was disposed of correctly. The service had suitable waste containers, and a contract with a registered waste disposal company for their safe removal.

# Community health (sexual health services)

Staff ensured that routine checks, servicing and maintenance was carried out. This included fire safety, utilities, heating and electric equipment, and legionella testing. This was monitored at local and provider level. Staff carried out a monthly audit, and any problems that were identified had been addressed.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff completed risk assessments for each patient and reviewed this when necessary. Staff knew about and dealt with any specific risk issues. When patients contacted the service, reception staff asked key questions, in order to triage and prioritise when and who they would be seen by. There was a clear process for staff to follow which included flags for prioritising higher risk patients. For example, this may include people aged under 16 or people with a learning disability. There were emergency appointments set aside each day to support this. There was clear criteria for whether patients would be seen by a nurse or a healthcare assistant.

Staff carried out detailed assessments of each patient, which followed prompts in the online records system. The prompts reflected national guidelines, and were tailored to the presentation and needs of the patient.

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with others, for example the patient's GP, with the patient's consent. The provider had a process to anonymously inform a patient's previous sexual partners that they may have/have been exposed to a sexually transmitted infection (STI).

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had no vacancies for nurses or healthcare assistants, and had low turnover rates. The service had variable rates of staff sickness. The service had a small established staff team. The service did not use bank or agency staff. If there were unexpected staff absence then clinics may be cancelled. If this occurred, appointments were rescheduled or patients were directed to the NHS trust's services.

## Medical staffing

The service did not have a doctor. The provider (Brook) had a clinical director, who staff contacted if they needed medical advice. The service had a non-medical prescriber, and medicines were administered under a patient group direction. This was signed off by the clinical director, and implemented by staff in accordance with legal requirements.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

# Community health (sexual health services)

Patient notes were comprehensive and all staff could access them easily. Patient information was recorded well. The online records contained templates that prompted staff to ask questions depending on the presentation and needs of the patient. There were not specific prompts about a patient's mental health, but staff did ask patients about this and included it in the records.

Records were stored securely. All patient records were online. The service used the online records system provided by the NHS trust that commissioned the service, rather than Brooks' own care record system.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and to store medicines most of the time.**

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were administered under patient group directions (PGD), and by a non-medical prescriber. PGDs are written instructions that allow nurses to supply and administer medicines to a pre-defined group of patients, without them needing to be seen by a prescriber. Staff had access to the PGDs, which were implemented in accordance with legal requirements. The PGDs were routinely audited and peer reviewed.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. Staff reviewed a patient's medicines at each appointment, and this was documented in the online care record.

Staff stored and mostly managed medicines and prescribing documents safely. Medicines were stored correctly and securely. Staff monitored room and medicines fridge temperatures. However on the day of our inspection we found an unattended medicines cupboard left unlocked. Staff told us this was because the cupboard was being restocked, and the clinic was yet to open so there were no patients in the building. We also found a small number of out of date medicines and needles. A non-clinical member of staff led on the ordering and monitoring of stock, which was mostly effective but there was no clinical oversight. The provider had a corporate policy for the disposal of medicines. However, there was not a clear process for the disposal of medicines at this service.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff reported incidents online, and these were reviewed and logged by local managers. A quarterly report was submitted to the provider and to commissioners. The service had low levels of incidents. Over the last year this had included medicines errors, staffing, and IT (information technology) problems.

Staff understood the duty of candour. They were open and transparent, and gave patients a full explanation if and when things went wrong. When clinical incidents had been discovered, the patient had been contacted quickly, informed of the mistake and remedial action taken. Managers investigated incidents. Staff met to discuss the feedback and look at improvements to patient care.

# Community health (sexual health services)

## Are Community health (sexual health services) effective?

Good 

We rated effective as good.

### **Evidence-based care and treatment**

#### **The service provided care and treatment based on national guidance and evidence-based practice.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had care pathways or guidance for staff to follow for all different types of assessment and treatment for patients attending the service. This was incorporated into templates in the online care records, which staff used and documented. The care pathways followed national guidance which included from the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH), the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE).

### **Patient outcomes**

#### **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Managers and staff carried out a programme of repeated audits to check improvement over time. Information was shared with commissioners of the service, and was monitored against the expected outcomes. This included infection control, emergency contraception, implants, and sexually transmitted infection treatment.

The service completed national reporting to SRHAD (Sexual and Reproductive Health Activity Dataset). Patient outcome data was monitored by the commissioning NHS trust who provided this information to the service on a monthly and quarterly basis.

### **Competent staff**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. This included a detailed plan and competencies for nurses and healthcare assistants. Managers made sure staff received any specialist training for their role. Healthcare assistants had a detailed induction/training programme that covered the necessary skills needed to perform their role. Nursing staff were required to have specialist sexual health training to provide services.

Managers supported staff to develop through yearly constructive appraisals of their work. All staff had had an annual appraisal. Brook had an overarching workplan, which fed into individual workplans throughout the organisation. Within this staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

# Community health (sexual health services)

Managers supported staff to develop through regular, constructive clinical supervision of their work. All staff had quarterly supervision, and quarterly safeguarding supervision. Qualified counsellors within the 13-24 year olds counselling service, received management supervision within the service, and their own external clinical supervision. The counselling service had contracts with volunteers from several different training providers. They had a 3-way supervision process between the volunteer, their supervisor in the training institution, and Brook's qualified counsellor.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified poor staff performance promptly and supported staff to improve.

## Multidisciplinary working

**Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

The service was provided by nurses and healthcare assistants. Staff had access to medical advice when required.

Staff did not routinely share information with a patient's GP and would only do so with the patient's consent.

The 13-24 year old counselling service was managed by an experienced counsellor. Information from counselling sessions was not routinely shared, but patients were often referred to the counselling service by other Brook staff, and patients could be signposted to other services.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health at every appointment, and provided support for any individual needs to live a healthier lifestyle. The care records included prompts, against which staff documented the discussions they had had with patients, and any advice or services they offered.

Brook Burnley did not provide outreach and health promotion in the community, as this was provided by the commissioning NHS trust who also provided online/digital services. Patients could still access Brook's public website which provided a comprehensive range of information about sexual health and the services provided. This included contraception, sexually transmitted infections, and HIV (human immunodeficiency virus).

## Consent and Mental Capacity Act

**Staff supported patients to make informed decisions about their care and treatment.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood Gillick Competence and Fraser Guidelines and supported people aged under 16 who wished to make decisions about their treatment. Staff understood the relevant consent and decision-making requirements of legislation and guidance,

## Community health (sexual health services)

and they knew who to contact for advice. All staff had training about capacity and consent as part of their induction. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If they were unclear that a person was able to make an informed decision for themselves, they knew who to contact for advice. Information was available for patients to support them to make a decision.

Staff did not always clearly record consent in the patients' records. The care records included prompts to ensure that the necessary information was provided, and that treatment had been discussed with the patient. Consent was implied by virtue of the patient accepting treatment after the discussion, but was not formally documented.

### Are Community health (sexual health services) caring?

Good 

We rated caring as good.

#### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We received 13 comment cards for the service following our inspection. All of these were positive, with no negative feedback at all. Patients commented on the non-judgemental attitude of staff, how they felt safe and the nurses were kind. They made comments such as:

“The best thing since sliced bread”

“Nurses are amazing”

“Very respectful and private environment”

Staff followed policy to keep patient care and treatment confidential.

#### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patient feedback told us that they felt listened to and appointments were not rushed. Patients were given time to discuss any concerns they had, as well as treatment options.

## Community health (sexual health services)

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Patients told us that staff were respectful and kept information confidential. This was described as a positive part of the service, and information was only shared if patients wanted it to be (unless there were specific safeguarding concerns).

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

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

#### Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. For patients that were deaf, access to signers was available and had been used appropriately.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave feedback in several ways including through online review sites, and reviews on the "I want great care" website where the service had received five stars from over 30 reviews. Comments included how great certain nurses were, how safe patients felt in the service and how clean the environment was.

Staff supported patients to make informed decisions about their care. Options were discussed during appointments, allowing the patient to ask questions about any treatments they were accessing.

## Are Community health (sexual health services) responsive?

We rated responsive as good.

### Service planning and delivery to meet the needs of the local people

#### The service worked with others in the wider system to provide care in a way that met the needs of local people and the communities served.

Brook Burnley was commissioned by an NHS trust to provide level 2 sexual health services. Other sexual health services were provided by the NHS trust. The counselling service for 13-24 year olds was commissioned separately. Services were provided in the centre of Burnley.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Prior to the COVID-19 pandemic the service had provided a walk-in service, but this had changed to appointment only. The service were considering reintroducing some walk-in sessions.

### Meeting people's individual needs

# Community health (sexual health services)

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Patients could contact the service online or by telephone. Staff triaged patients, which included asking them if they needed any additional support to access the service. This may include physical access to the building, language and communication support, or a longer appointment.

The service had information leaflets available in languages spoken by the patients and the local community. Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Staff had ready access to a telephone interpreting service.

Facilities and premises were appropriate for the services being delivered. The main building was owned by Brook and in the centre of Burnley. It was over three floors and had no lift. However, there was a treatment room and toilet on the ground floor which were accessible by someone using a wheelchair or with limited mobility. The counselling rooms were on the first floor. Staff told us that if anyone had accessibility needs that could not be met within the service, they could attend the NHS service nearby.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

Managers monitored waiting times and made sure patients could access services when needed. All patients who contacted the service directly were triaged by reception staff. Staff made them an appointment (with either a nurse or a healthcare assistant) based on their needs and level of risk. If they required level 3 services they were directed to the NHS trust, or their online provision. The service held same-day emergency appointments for high vulnerability people which included those aged under 16 years.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. There had been cancellations due to staff sickness. Patients were contacted and alternative appointments were arranged, or they were referred to the NHS service if appropriate.

The counselling service for 13-24 year olds had a waiting list of 18 people at the time of our inspection. The typical waiting time to start counselling was from 4 to 10 weeks.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service had received no formal complaints in the last 12 months. Managers were aware of how to respond to complaints if any were received. Managers monitored feedback from patients through their own online feedback service 'I want great care', and through other online review sites. They encouraged patients to raise their complaints directly with the service.

# Community health (sexual health services)

## Are Community health (sexual health services) well-led?

Good 

We rated well-led as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

Staff were positive about the management team, and found them supportive. There had been some long term absence, which had now ended, and the management team overall had increased. There were three managers, including the clinical lead, who all worked across both Brook Blackburn and Brook Burnley. The clinical lead was also a non-medical prescriber, and worked directly with patients. Managers had access to the information and support they needed to carry out their roles. Managers attended regular meetings with managers from other services within Brook Young People.

The national executive team had recently changed, and they had visited the service to introduce themselves to staff.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.**

The service was commissioned by an NHS trust to provide level 2 sexual health services to people aged 24 and under, that were identified as needed for the local population. Other sexual health services were provided directly by the NHS trust. The specification and commissioning of the service was due for review, but this had been delayed during the COVID-19 pandemic.

The service was commissioned by the NHS to provide counselling services to people aged 13-24. This was general counselling (not sexual health specific) and part of the provision of primary mental health services to younger people.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff were positive about the team they worked with, and felt supported by other staff and their managers. Staff felt able to speak out in the service and raise any concerns. The service provided opportunities for development and we saw staff had been supported to take part in training and skills development. The provider had its first national wellbeing conference planned, which staff were encouraged to attend.

### Governance

# Community health (sexual health services)

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The provider had a clear governance process across the organisation. Policies were arranged under the 'six pillars' of protecting people; managing resources; managing people; engaging stakeholders; managing health, safety and risk; and ensuring quality and clinical outcomes. Within each of these areas there were overarching policies, supported by more detailed policies for local areas, and supporting procedures for applying this in practice.

The provider had a clinical governance structure, which included a set of standards there were applied across the organisation. Brook Blackburn and Brook Burnley shared the same management team, so management meetings and information reviews were carried out together. These included staffing, health and safety, safeguarding, compliments and complaints, and digital issues that were discussed separately for each site; and counselling services, risk registers and finance. Minutes from these meetings included a list of actions, which were followed up at subsequent meetings.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Managers had access to some information that supported them to manage the service. For example, they were able to access information about the types of interventions that were carried out, and demographic information (such as age, gender and ethnicity) about patients receiving this. Unlike many other Brook services, their performance information was generated and provided by the NHS trust who commissioned the service. Managers had immediate access to information produced by Brook and could respond to this quickly, but this was more difficult with information from the commissioners which was received monthly. Managers were aware that the service was underperforming in some areas, and were working with commissioners to understand the reasons for this, and any actions they could take to address this. The 13-24 year old counselling service maintained and produced their own performance information.

Managers maintained a risk register. This rated the level of risk, and any mitigation to manage this.

The provider has systems for managing the health and safety of the service and the people who worked in and used it. This included regular monitoring, checks and maintenance. The provider had business continuity plans, which included the action to take in the event of an emergency at Brook Burnley. For example, if there was high unexpected staff absence or a power failure.

## Information Management

**The service collected reliable data and analysed it. Staff could not always find the data they needed, in easily accessible formats, to understand performance and make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.**

# Community health (sexual health services)

Brook Burnley did not use the care record system used by most other Brook services. The service was commissioned by the NHS, and used its care record system. Information on performance was provided every month by the NHS trust, as Brook were unable to access this information directly. Managers told us that this gave them limited ability to directly monitor activity, as they were able to do at other services, or to respond quickly to emerging themes.

The service completed national reporting to SRHAD (Sexual and Reproductive Health Activity Dataset).

## Engagement

**Leaders and staff actively and openly engaged with patients and staff to plan and manage services, within the limits of the service they provided. They collaborated with partner organisations to help improve services for patients.** The service was commissioned by an NHS trust, and did not provide community outreach or online services.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

Nursing staff had access to an in-house training programme, to develop their specialist contraception and sexual health (CaSH) knowledge. A member of staff was undertaking a post-graduate study of sexual health promotion for people in the Muslim community, particularly those who identified as LGBT+.