

Brook Brixton

Quality Report

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Date of inspection visit: 12 December 2016

Date of publication: 10/04/2017

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 Brixton is part of Brook Young People, which provides sexual health services, support, and advice to young people under the age of 25. Brook Brixton (Brook Young People) is the registered provider for Brook Brixton. The service is jointly funded by the London Borough of Lambeth and the London Borough of Southwark.

They provide the following services:

- Caring for adults under 65 years of age
- Caring for children up to 18 years of age

They provide the following regulated activities:

- Family planning
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
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As part of the inspection, we spoke with young people attending clinics, spoke with staff working at the service, and viewed documentation of six client care and treatment records.

Our findings are as follows:

- Staff were encouraged and supported to report incidents. The system for escalating incidents was simple and streamlined, and actions and outcomes were shared with staff.
- The service had strong safeguarding systems in place to protect children and young adults. Staff were able to identify and report safeguarding concerns quickly

and there was good collaborate working with local support services to ensure children and young adults received the right care. Care and treatment was based on national guidelines and the service participated in national and local audits, using outcomes to improve the quality of their service.

- The environment was visibly clean and equipment had been tested in line with appropriate guidelines. There was a good selection of personal protective equipment available for staff to use.
- Medicines were managed well and good patient group directives were in place.
- Records were kept safe and there were good notes to provide a clear pathway of care for the young person.
- Consent was monitored and managed well. Staff were provided with training and understood when to apply Gillick competence and Fraser guidelines to those young people under 16 years of age.
- The service was accessible at suitable times and several locations, which meant young people, could be seen quickly.
- The service recognised waiting times were an issue and had introduced a texting queue system to help alleviate the problem.
- Brook Brixton worked well with the local borough and other sexual health services to offer the best care for young people.
- The service acted upon local issues, which concerned young people and did their utmost to understand and

Summary of findings

provide the best care. For example, staff had participated in a safeguarding course aimed at understanding the culture within 'youth gangs' and the difficulties young people experienced.

- Young people were involved in shaping and evolving the service. There was a participation group where young people met regularly and Brook provided volunteering opportunities for young people.
- Young people had good access to a selection of information and were able to ask questions through their website.

We saw examples of outstanding practice:

- There were robust safeguarding systems to protect vulnerable young people. Staff knew how to escalate concerns, ensuring the best supportive services were used to help young people.

- The service continuously monitored their safeguarding practices to make sure they kept vulnerable young people safe.
- Staff were kind and caring and placed young people's health and wellbeing at the heart of their service. They listened to their clients and were prepared to make changes and put in place ideas raised by young people.

However:

- Staff shortages meant 61 shifts were unfilled for the reporting period of July 2016 to October 2016. There was a national shortage of sexual health nurses and staffing was placed as a high risk on local and corporate risk registers.

Summary of findings

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Brook Brixton

Services we looked at

Community health (sexual health services);

Summary of this inspection

Our inspection team

Our inspection team was managed by Stella Franklin, Inspection Manager and led by an inspector within the Care Quality Commission

The team included a Professor of nursing studies with experience as a specialist nurse with children and young people.

Specialist advisors are granted the same authority to enter registered persons' premises as the CQC inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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?

These questions form the framework for the areas we looked at during the inspection.

'Before visiting Brook Brixton we reviewed a range of information we hold about the location including data provided by the service. We carried out an announced visit on 12 December 2016. During the inspection, we

observed how young people were being cared for and reviewed client records. We spoke with five staff including the registered manager, operations manager, professional counsellors, reception staff, and client support workers. We observed interactions of care by staff in clinical rooms. We reviewed six client records. We also looked at local and national policies which staff worked to and checked servicing records for equipment being used and spoke with five young people. We observed how people were being cared for, talked with carers and/or family members, and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We previously inspected Brook Brixton in February 2013.

Information about Brook Brixton

Brook Brixton 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). As a level 2 service, Brook Brixton provides contraception, emergency contraception, condom distribution, and screening for infections, pregnancy testing, and termination of pregnancy referrals. They also provided counselling and a sex and relationship education-training programme for

local schools. The service also provides support, guidance, and advice to young people who are transitioning to adult services for their ongoing sexual health and contraceptive needs.

The service operated from a clinic in Brixton and provided clinics four days a week on Monday, Wednesday, Friday, and Saturdays opening 1pm to 6pm on weekdays and 1pm to 4pm on Saturdays.

Summary of this inspection

There were 12 permanent staff members, including the nurse manager, service manager, counselling manager and receptionists. All of the nurses and client support workers (CSW) were employed as a pool of staff, and they worked at other locations across London.

What people who use the service say

Brook carried out various surveys to determine the views of the young people who used their services. On the whole the feedback was positive and young people were generally pleased with the service provided by Brook. The only negative comments related to waiting times. During the inspection we spoke with five young people. Such comments included “Staff were supportive and caring and understood my needs”, “They explain things very clearly and do not make judgements”. Some young people commented that waiting times were long but they preferred to use Brook than another service.

Other feedback the service was able to share with us included comments such as: “It’s great that Brook provide free service for people my age, that is confidential, and helpful. You can always come and ask about different things. Staff are so nice, supportive, and professional.” “Amazing friendly staff, never judge, just show support.” “Your all so lovely and welcoming, thank you so much.”

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Summary

Our findings for the safe domain were:

- There were effective systems to report, investigate and learn from incidents. Staff were aware how to report incidents, safeguarding issues and were aware of the duty of candour process.
- Records were stored safely, were up to date, legible, and were available for staff. Emergency equipment was available. Medicines were well managed within the department.
- The environment was visibly clean and staff followed infection prevention and control best practices. All equipment had been tested for safety in line with the organisations policy. We saw adequate supplies of personal protective equipment such as gloves.
- Staff received a good level of training to provide safe care for young people.
- There were good systems in place for staff to follow to respond to patient risk. Staff could explain how they would escalate concerns.

Detailed findings

Incident reporting, learning and improvement

- Brook had an incident procedure and policy framework to guide staff on the reporting of any incidents or concerns. This was available on the services intranet. We viewed the framework and saw there was a clear structure and investigatory pathway staff could follow for all levels of incidents. Staff we spoke with demonstrated they were familiar with and understood the guidelines.
- Staff used an incident reporting form to report incidents and passed this to the registered manager for

investigation. The registered manager then reviewed the incident, which was logged onto the organisation's electronic system and graded this depending on the severity. Incidents were categorised into near miss, incident, and serious incident.

- Staff who investigated incidents had received root cause analysis training as part of Brook essential training.
- For serious incidents, the registered manager then informed the service or operations manager. The executive team on call manager was always available as well. The director of service delivery and other senior managers then determined the course of action.
- From October 2015 to October 2016, no serious incidents had been reported.
- There were 10 clinical and one non-clinical incident reported on their incident report register for 2016-2017. The incidents ranged from incorrect laboratory results being given to a patient, no label being placed on a laboratory specimen and sharps bin overfill. For each incident, we were able to see actions taken, lessons learnt, and the sharing of information to staff.
- We were told outcomes from incidents were discussed and actions plans put into place if necessary. Lessons learnt from incidents were shared as item agendas in local team meetings and face to face with staff members involved in the reporting the incident. We saw incidents were discussed at the clinical team meeting of October 2016.
- We saw evidence that incidents were discussed and outcomes shared to staff through the clinical newsletter of July 2016. The newsletter reiterated to staff the importance of reporting incidents of all kinds and listed the different types of incidents staff should report. The newsletter then listed recent incidents reported and the lessons learnt.

Community health (sexual health services)

- The newsletter provided staff with information of incidents reported in other locations, so there was sharing and learning of outcomes throughout the organisation.
- We were told a summary of all incidents were reported in the quarterly quality and quality risk report reviewed by the clinical advisory group and risk and finance committee, however we did not see these reports.
- A risk score was applied to incidents using an assessment system based on the likelihood of the incident happening again and the consequence of the incident. The two scores were multiplied and the risk grading was applied.
- We saw incidents were discussed at the governance board meeting of June 2016.

Duty of Candour

- The duty of candour (DoC) is a regulatory process, Regulation 20 of the Health and Social Care Act 2008. This 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.
- We viewed the duty of candour procedure, which formed part of their clinical and risk policy. The procedures outlined processes staff should follow including their statutory obligations and professional and ethical duty.
- The duty of candour was used as part of the clinical incident process when dealing with serious incidents. We saw evidence the service had been open, transparent, and honest when a non-harmful clinical procedure had not been followed. The patient had been informed, apologised to and given an explanation.
- Staff we spoke with demonstrated an understanding of the DoC and were able to describe incidents when the DoC had been used.

Safeguarding

- There was a solid safeguarding system in place, which was supported by a comprehensive policy framework. Staff had been trained to competently recognise and raise safeguarding concerns.
- Managers were part of the Brook national safeguarding committee as set out in their scheme of delegation. The Brook national safeguarding committee met every three months and reviewed safeguarding issues reported from

around the country. Information and updates were passed to the operation manager and staff through team meetings and the clinical newsletter. The registered manager, who was a registered clinician, was the safeguarding lead.

- The organisation had a pillar policy for protecting young people. Within the pillar were six procedures for staff to follow under a detailed safeguarding policy. The policy was in line with up to date safeguarding guidelines, which included Safeguarding children and young people: roles and competencies for health care staff Intercollegiate document: March 2014. Brook operated a six-step safeguarding procedure, which involved:

1. Identifying the risk of harm.
2. Assessing the level of harm
3. Seeking further advice and information either internally or externally
4. Determining and taking the appropriate action with either an internal, external or no immediate action referral.
5. Documenting all decisions, rationale, and actions.
6. Monitoring and supporting.

- Staff we spoke with understood the six-step process and told us they had used the process with all safeguarding concerns they had raised.
- For step one of the process, this involved staff using a core client record for under 18 or over 18. This record was used during one to one sessions with the client and questions were asked on the clients medical history, sexual activity, family and social history, physical, mental and emotional health, lifestyle factors, for example drug use and any additional needs. Staff told us they had received initial training on how to use the form and had regular sessions on how to ask questions. Since the introduction of the form, the service had noticed an increase in safeguarding concerns.
- Brook used a Brooks' sexual behaviour traffic light tool of green amber and red. This was used by staff as a decision making tool (although it was not a diagnostic tool) and helped staff categorised sexual behaviours and distinguished this from healthy to harmful behaviour. The tool was comprehensive and gave details of what was acceptable sexual behaviours for different age categories. Green symbolised acceptable healthy behaviours, amber indicated behaviours that

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had the potential to be outside of safe and healthy development. Red indicated behaviours outside of safe and healthy. If behaviours were cause for concern staff followed Brooks six step safeguarding procedure.

- The service used a two flag colour code system on their patient files, so the receptionist was able to prioritise the patients when they attended the clinic. The first flag was a red dot and meant the young person had an active safeguarding case; the second flag was a green dot and was used for clients who were under 16 years of age. The safeguarding team had access to a live register, which was a spreadsheet of all the safeguarding cases being seen in Brook London, and within this, they were able to categorise the type of concern, e.g. Domestic violence, sexual abuse, child sexual exploitation (CSE), female genital mutilation (FGM), and mental health concerns. Each quarter the service devised reports for the commissioners and the clinical advisory group where they reported the safeguarding cases being seen, and the number of external referrals made.
- If action was taken, the service ensured the staff member who raised the concern referred the patient, as they understood the concerns as they had been with the client throughout the consultation. The safeguarding concerns would then be monitored and the staff member would be provided feedback on the outcome.
- Staff confirmed they attended a regular learning group, whereby staff could share their experiences and get support for difficult cases that took place at the service. The service held quarterly meetings including the safeguarding lead to discuss safeguarding issues and share learning.
- Staff were provided with quarterly safeguarding supervision, whereby the manager discussed cases in a group setting. However staff, could access one to one supervision during the interim period if required.
- Staff received further safeguarding training for such courses as 'young people in gangs' and received training for young people who wanted to leave gangs and recognising the signs of abuse in relation to gangs. Staff also attended courses run by the local council, which helped meet the needs of the local young population.
- Registered nurses and counsellors were trained to level 3 in safeguarding and had attended an external course delivered by the local authority. Other staff were trained to level 2 in safeguarding. The service told us they received safeguarding concerns from all levels of staff. Staff we spoke with had a comprehensive understanding of safeguarding, in terms of identifying concerns and reporting them.
- There was a national safeguarding committee within the Brook organisation, which reviewed safeguarding issues and reported from around the country. Information was shared through minutes of the meeting, at team meetings and in the clinical newsletter.
- Staff were provided with training regarding recognising and safeguarding young people against abuse, female genital mutilation (FGM) and child sexual exploitation (CSE). We saw the training matrix, which showed all staff had received, and were up to date with their safeguarding training.
- Staff confirmed, as well as internal safeguarding training, they had access to external training, which Brook Brixton had supported them to attend.
- Staff had access to good information regarding action they would be required to take if they suspected young people were at risk from FGM, CSE, domestic violence, online abuse, and radicalisation. Staff were able to provide examples of cases they had identified and what actions they had taken. One staff member told us of CSE case they suspected and the referral they took to safeguard the young person.
- We saw safeguarding was discussed at Brook board meetings, Brook support manager meetings and senior team meetings. For example, the board meeting minutes we viewed showed discussions took place on looking into safeguarding cases subject to proforma to see if any cases had been missed. The staff newsletter and clinical matters newsletters shared safeguarding information, for example, FGM updates.
- The service had a good close working relationship with the local authorities safeguarding team and regularly attended meetings to discuss cases and share learning. These meetings were attended by the police.
- From the 2016 staff survey, in terms of Brook's key pillar policy (Protecting Young People), 97.1% (199) said they were confident in working to it.
- Training involved different safeguarding scenarios staff were required to complete, so managers could capture their staffs understanding of safeguarding and provide more training if required.

Medicines

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- We viewed the medicine management policy, which had supporting procedures for prescribing, stock control transportation of medicine to clinical outreach, over labelling of medicines and patient group directives (PGD). Staff were able to access the policy on the intranet and there was a hard copy kept at the service for easy access.
- Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. We found the service were following the National Institute for Health and Care Excellence (NICE) guidelines for their PGD.
- To qualify as prescriber's nurses must have taken a Nursing Medical Council (NMC) accredited prescribing course and recorded their qualification to the NMC register. Nurses completed an approval to practice form with evidence to demonstrate their qualification and proof of prescribing. We saw evidence this had been followed and was in order during our inspection.
- We viewed a random sample of PGD guidelines and procedures. The PGD information was developed by PAN London Contraception and Sexual Health PGD working group and was reviewed and authorised by London Borough of Lambeth and Southwark Local Authority. The PGD's were comprehensive and were only used by registered nurses who have been named and signed for by the organisation. We inspected the signatory sheets for the following PGD's: supply of progestogen, ulipristal acetate, combined transdermal patch, combined vaginal ring, and etonogestral subdermal implant. All PGD's were in date and had been signed by the nurse and manager. There were PGD's for each type of medication.
- Staff we spoke with were aware of additional information on the Faculty of Sexual and Reproductive Health (FSRH) website and any updates were cascaded to staff through newsletters and in team meetings. We saw FSRH information on drug interactions was shared with staff in the clinical matters monthly newsletter of July 2016.
- Prescription pads were not used by the service. Staff recorded the dispensed medication on the relevant part of the patient record.
- Medicines were obtained from either a local pharmacy or an NHS acute trust pharmacy. Staff were able to

request and place orders with the nurse manager who kept a record of medicine orders. A stock check was completed once a month to ensure medicines were not out of date.

- The medicines stores at the main clinic were stored in a locked cabinet. We checked a full range of medicines and found them all to be in date. We saw records to show staff recorded daily temperatures of medicines kept in the fridge.
- Nurses were able to access emergency anaphylaxis medicine, which was kept safely at the clinic.

Environment and equipment

- Brook Brixton operated from a spacious building providing adequate space for patients to be seen. There was sufficient space in the waiting area and the three consulting rooms provided enough space for treatment to be carried out safely. The building was old, and we were told repairs and maintenance were carried out to the building as and when required by the property owner.
- We saw records that showed the practice manager carried out weekly health and safety checks of the clinic rooms and any action taken was recorded.
- Brook Brixton had contracts in place for the servicing and testing of equipment. We saw appliance safety testing was carried out annually to ensure equipment was safe to use. We saw stickers had been placed on equipment once tested and were within the correct timeframe.
- We were told weekly fire alarm checks took place to ensure all alarms were in working order and regular fire drills took place for staff so they were aware of procedures to follow in the event of a fire. Staff told us they were aware of the correct procedures to follow.
- Fire extinguishers were available throughout the building and had been tested and checked by a specialist company.
- All rooms we visited had the appropriate equipment available. There was a basic life support portable bag containing oxygen that and masks. This was taken into the consulting rooms when clients attended. The equipment was checked daily and details were logged by staff.
- The outside of the building had opaque windows, so the public could not see inside the building allowing privacy for those who used the service.

Community health (sexual health services)

Quality of records

- Brook Brixton recorded patient information in paper form. We were told there was a plan for the service to use only electronic records but this had not yet been implemented.
- We viewed six client records. The records were detailed and included a medical history of the young person's height, weight, blood pressure, and consent to treatment. Questions were asked on venous thromboembolism risk assessment (VTE), cardiovascular disease, hypertension, gastrointestinal conditions, diabetes, allergies and any medication the client may be taking.
- An assessment record called Brooks client core record was included in each record and was completed during the client's initial assessment and updated if the client returned. Questions were asked on the young person's family and social history, digital life that asked prompts on web and text activity and the positive and protective factors from digital activity, sexual activity, and risk factors related to sexual activity, physical, mental, and emotional health and lifestyle factors were asked.
- All the notes had been signed and a summary card with medicine supplied had been stamped and signed. Records we viewed also included laboratory results and a safeguarding proforma for a client under 13.
- Records were kept securely in a locked filing cabinet and we observed staff adhering to the Data Protection Act 1998, ensuring client records and details were kept private and stored safely.
- We were told 20 sets of notes were audited on a quarterly basis to ensure safeguarding concerns had been recorded accurately. Feedback would be given to those staff members if records proved to show inaccurate.
- The clinical team minutes of October 2016 showed discussion took place to remind staff to keep records legible.

Cleanliness, infection control and hygiene

- There was a cross infection policy and procedure guidelines for staff to access and follow at the service. Staff we spoke with were familiar with the policy and the actions they needed to take to reduce cross infection. Information included risk assessments of equipment

used and the actions staff needed to take in terms of cleaning, the use of personal protective equipment (PPE) such as gloves and aprons and control of substances hazardous to health (COSHH).

- Staff received training regarding the control of infection at their induction. Training included, infection control audit tool and checklist, hand hygiene, PPE, safe use and disposal of sharps, management of bodily fluid and fluid spillages, management of occupational exposure to blood borne viruses, hepatitis B immunisation, safe disposal of waste, clinical staff dress code, cleaning and control of the environment.
- As of November 2016, records provided showed all staff had completed their infection control mandatory training.
- All areas in both the clinic rooms and waiting area were visibly clean and well maintained. The chairs in the waiting area were made of a material that was easily wipeable.
- All equipment was single use and disposable.
- A staff we spoke with was able to describe what they would do with a bodily spillage. Another member of staff was able to explain when they would use the sharps bin and the safety guidelines they followed when using it.
- Cleaning schedules were kept in each room to ensure staff were aware of how to clean equipment and rooms. We saw staff had signed these after cleaning checks had been carried out.
- We saw staff in the clinic rooms adhered to 'bare below the elbows' when attending to clients, which helped reduce the spread of cross infection.
- Handwashing and sanitizing gel were available and in place in each clinic room and in the main waiting area.
- A staff member we observed during clinic washed their hands frequently using the elbow operated taps in-between contact with the client. We observed them changing their gloves at regular intervals and disposing of them in the correct clinical waste. The staff member used alcohol wipes to clean equipment such as the couch and blood pressure monitor.
- Sharps bins were used to ensure the safe disposal of sharp instruments, for example needles. They were stored off the floor in safe places where accidents could not occur and were not too full. The sharps bins had

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been dated and signed. Staff told us sharps bins would be closed and sealed once they were three quarters full. They would be placed in a safe storage area ready for collection.

- Clinical waste was disposed of correctly in clearly labelled bins. A specialist waste company collected all clinical waste.
- Any infection control concerns would be raised in the quarterly clinical team meetings and shared through e-mail, newsletter and notice boards in between meetings.
- Brook Brixton had completed the Brook national audit of November 2015. We were told the 2016 audit had been completed but the service had not yet received the results. Areas audited included hand hygiene, environment, kitchen area, disposal of waste, PPE specimen handling and spillage. The audit showed Brook Brixton had a status rating of green for each area, which meant they had scored higher than 85% for good infection control procedures.
- An external cleaning company cleaned the service in the evening. Staff told us they had a good working relationship with the company and were able to provide feedback on cleaning standards.

Mandatory training

- All staff were required to complete mandatory training which included fire safety, manual handling, safeguarding, basic life support, health, and safety and record keeping. Clinical staff had additional subjects to cover such as infection control, anaphylaxis, and patient group directives. Training was completed using either an on line system face-to-face or external companies.
- A training matrix was maintained and we saw 100% of staff had completed all but three of the topics. For safeguarding level 3, 89% of staff had completed training with the remaining staff booked on a course for 16 December 2016. For basic life support, 94% of staff had completed training and again the remaining staff were booked to attend a course on December 16 2016. For anaphylaxis, training 93% had completed their required training with the remainder booked on a course in December 2016.

Assessing and responding to patient risk

- There were risk management and clinical emergency procedures for staff to follow. Such procedures included

management of anaphylaxis, uterine perforation, management of seizure and management of persistent bradycardia during cervical instrumentation procedures.

- Staff had access to equipment to help clients at risk. Such equipment included a basic resuscitation bag containing oxygen and facemask and access to adrenaline in the event of an anaphylaxis reaction.
- At the time of our inspection, 94% of all staff had received and completed basic life support training.
- Staff we spoke were able to describe the procedures they would follow if a patient deteriorated. We were told emergency services would be called if a patient collapsed and was not responding to them.
- First aid equipment was available for staff to use and was checked regularly to ensure all materials were available and readily stocked.
- At the initial consultation, the patient's medical history was taken. Details such as, weight, height, allergies, cardio vascular disease, diabetes hypertension blood pressure and body mass index were recorded. This enabled staff to highlight any risk areas.
- Reception staff were trained in safeguarding level 2, so they could raise concerns to clinical staff or the manager if they became aware of any concerns when making initial contact with young people. They were also made aware of any individual risk factors when booking young people, involving patient's with a history of violence and people under the age of 16.

Staffing levels and caseload

- There was 12 substantiate staff employed at Brook Brixton. The staff were made up of registered nurses, doctors, counsellors, client support workers, reception staff and managers.
- Two had left in the previous 12 months, making the total percentage of turnover for all substantiate staff leavers in the last 12 months 14%.
- The total percentage of vacancies was 45% and the total percentage of permanent staff sickness was 1.50%.
- For bank and agency staff from July 2016 to October 2016, the total working time equivalent (WTE) for qualified nurses was 1.12 and for nursing assistants was 0.98. The total number of WTE vacancies for qualified nurses was 0.42.
- The number of shifts filled by bank or agency staff to cover sickness, absence and vacancies totalled 20. The number of shifts not filled was 61.

Community health (sexual health services)

- There was recognised acknowledgement there was a national shortage of fully trained sexual health nurses and a shortage of training courses across the country. Brook Brixton had the advantage of being able to utilise a pool of staff from their respective locations in Euston and Southwark.
- Brook identified long-term vacancies and gaps in their staffing as a risk and this was on their local and strategic risk register.

Managing anticipated risks

- There was a panic alarm system installed in all of the clinic rooms, which sounded in reception. Reception staff we spoke with said they had received training on how to respond when the alarm sounded and were confident they would act quickly to resolve any issues.
- A panic alarm was also located behind the reception desk and staff were able to contact the police via the telephone. The service was located nearby to the local police station. There were usually two members of staff working on reception together so they had assessed this risk as low.
- Policies and procedures were available to guide staff in dealing with violence at work. Staff we spoke with knew of the policies and how to manage violent behaviour. The policy and procedure provided guidance on when they should call the police. If the police were called, other clients were notified as soon as possible, so they had the choice to leave the premises before the police arrived.
- A weekly health and safety check was completed which included the testing of fire alarms, electrical safety, first aid systems and an environmental check.

Major incident awareness and training

- Brook Brixton had a continuity business plan in use at their service, which was last reviewed in May 2016. The plan included actions the service should take in the event of a risk occurring and the actions taken to mitigate such risks. There were plans in place to tackle significant absence of frontline staff due to sickness or other reasons. Actions required included securing locum cover and reducing the service if adequate cover could not be found. The service was very clear that if an adequate amount of fully trained staff could not be provided to operate a safe service, sessions would be cancelled. Plans included internal and external communication pathways.

- Other risks included fire, failure of utilities, damage to premises, riots, loss of IT and secure data loss. There were detailed action plans in place providing instructions to staff on procedures to follow and actions to take. Staff had received training in how to manage the service in the event of a fire.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Summary

- Care and treatment was delivered to young people and based upon national guidelines. The service participated in local and national audits and findings were used to improve the quality of the service.
- Staff were trained well and were competent to provide good care within the scope of their role.
- Consent practices were well managed and in line with current legislation.
- Technology appropriate to young people was used to enhance the quality of the service.
- The service worked well with other organisations to provide the appropriate and best care to suit young people.

Detailed findings

Evidence based care and treatment

- Staff we spoke with were knowledgeable about the guidelines and recommendations provided by the Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Obstetricians and Gynaecologists (RCOG), the British Association of Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA). Staff could access these on the main clinics intranet.
- All Brooks clinical guidelines, policies and procedures were based on good practice guidelines provided by The National Institute for Clinical Excellence (NICE), BASHH and FSRH.
- We saw evidence the guidelines were regularly updated and discussed in meetings. For example, the Brook board papers of June 2016, showed a discussion on the FGM policy updates took place with actions taken and how information was to be shared to staff.

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- The clinical newsletter of July 2016 showed guidelines were discussed and advice shared to staff. For example, the newsletter provided information on FSRH 2016 For Drug Interactions, and recommendations staff should follow.
- We observed staff following NICE guidelines QS61 'Infection prevention and control' when treating patients during clinic.

Pain relief

- Young people were provided with analgesia such as paracetamol, which was kept at the clinic. Young people were told to self-administer this prior to their planned treatment.

Nutrition and hydration

- Young people were able to access water in the waiting area of the service.

Technology and telemedicine

- The organisations website provided detailed information on their services, including sexual health and contraception. Other service organisation helplines were provided along with explanations of sexual diseases, social sexual information guidelines on how to book an appointment. We saw information provided on the BASHH website and their services.
- The service had sought advice from young people on the layout of the website so it was attractive and easily accessible to a young audience.
- Young people could use a contraception tool on the website. This tool allowed young people to research the best method of contraception available to them.
- Posters in the main waiting area supplied information on specific websites on sexual health and contraception.
- With the young person's consent, the service used a text to send outcome results and remind young people of their appointment times.

Patient outcomes

- Brook Brixton participated in both internal and external audits, so they were able to benchmark themselves to improve their service and provide valuable information on sexual health amongst young people. Audits they had completed for 2016 included implant, emergency

contraception, abortion and sexually transmitted infection testing and infection control. The audits were completed by nurse managers and local management and record keeping audits were conducted monthly.

- We saw the implant audit for 2016 for the sub dermal implant containing etonogestrel, whereby 564 young people were audited across Brook. The audit was able to ask questions such as, 'was the client given advice on what to do if she has irregular bleeding after three months' and 'was the client counselled about the five main side effects.' The results were then compared against previous year's results. Actions for implementation were also listed which included the removal of an implant should not be ruled out until a test for STI was conducted. We saw these actions had been cascaded down to staff through clinical meetings.
- The Brook termination of pregnancy (TOP) audit 2016 was completed to understand the extent and management of unwanted pregnancy across Brook services. The relevant audit standards were taken from Chapter nine of the 2011 Royal College of Obstetrics & Gynaecology (RCOG) 'The care of women requesting induced abortion'. Across the whole of Brook 609, clients were audited. Results showed just less than three quarters of clients referred for termination of pregnancy were between 16-21 years of age. Nearly four out of 10 women purchased a pregnancy test to diagnose their pregnancy.
- Just under half of the patient's referred for termination of pregnancy were done so by a member of the nursing staff. Half of the clients saw the TOP provider in seven days or less, three quarters were seen within 14 days, whilst nearly in one in five patients the waiting time was not known. The type of termination the client received was known in just over half of patients, and over eight out of 10 had a medical abortion.
- The audit showed there was no improvement nationally in staff estimating the length of gestation but there had been a decline (13%) in young women knowing the time of their appointment within the TOP provider at the initial stage of referral. The number of women contacted three weeks after their referral was low at 25%. Not all women (40%) had been screened for a sexually transmitted infection (STI.) We saw actions plans taken because of this audit. The results of the audit and actions for STI were discussed in the clinical team meeting of July 2016.

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- The Brook STI Audit 2016 commenced on the 1st September 2016 and the last submission was made nearly two months later on the 27th October 2016. The audit standards were taken from the British Association of Sexual Health and HIV (BASHH) guidelines for Sexual Health history taking for chlamydia and gonorrhoea and partner notification. A total of 557 patients were audited across Brook in the audit.
 - This audit mainly focussed on the sexually transmitted infection chlamydia and two thirds of the diagnoses were in female patients. The sexuality was asked in nearly all cases and the possibility of non-genital infection was determined for three quarters of the clients. Identification of non-genital sites of infection provided information about STI risk and this information was also required to use patient group directions for Azithromycin and Doxycycline. When there was a risk of non-genital Chlamydia then these clients would be offered Doxycycline as first line treatment since it is more effective at these sites. We saw actions taken because of this audit and the sharing of this information was cascaded through the clinical team meetings.
 - The infection prevention and control (IPC) audit showed Brook Brixton had improved on the previous year's audit score and had a compliance rate of 96%. Areas such as hand hygiene, environment, waste disposal protective equipment, and spillage were audited.
- ## Competent staff
- All staff were provided with an annual appraisal to plan and discuss future development and training needs. Records show 100% of staff had received an annual appraisal in the last 12 months.
 - We saw the service maintained records of the revalidation of the doctor employed at the clinic who was the medical director of Brook. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis they are up to date and fit to practice in their chosen field and able to provide a good level of care.
 - From April 2016, registered nurses were required to comply with a three yearly revalidation process by the Nursing and Midwifery Council (NMC). We saw Brook had provided training to all nurses on the requirements for revalidation. We saw their internet provided guidance and feedback for nurses to follow.
 - Weekly staff meetings were held and training sessions were provided appropriate to the staff member's role. For example, we saw from clinical meeting minutes training was provided on the Mental Capacity Act in the form of a quiz. Staff we spoke with gave good feedback on the training and felt they were able to participate in the sessions.
 - The client support worker (CSW) had been provided with, with training from a registered nurse to carry out pregnancy tests, chlamydia screening tests and provision of condoms to young people. This enabled the service to provide a more efficient service and develop the role of the CSW. This also helped alleviate the pressure from the clinical team and helped reduce waiting times for young people. At another clinic.
 - A CSW we spoke with commented on the excellent training and supervision they had received. They particularly mentioned safeguarding and said the training they had taken had given them the background to deal with safeguarding issues. They spoke of the regular one to one supervision they had received from their manager, every two to three months and felt confident they would be provided with extra support if requested.
 - We viewed four staff records, which included a registered nurse and counsellor. We saw all staff had the correct documentation to their professional role. We saw the counsellor had certificates including The British Association for Counselling and Psychotherapy accredited supervision, diploma in counselling training, continual professional development documentation, safeguarding certificates, disclosure, and barring service (DBS) documentation. For the nurse we saw number of hours of practice evidence, safeguarding certificates, Nursing and Midwifery Council (NMC) registration documentation, DBS checks, yearly appraisal information and notes of clinical supervision, which had taken place every six to eight weeks.
 - CSW workers were usually employed with professional qualifications and the CSW we spoke with was a counsellor. The counselling manager was also an antenatal teacher with the National Childcare Trust.
 - The nursing staff had completed the Sexually Transmitted Infections Foundation (STIF) training. The STIF programme is a nationally recognised training and assessment qualification in sexual health developed by the British Association of Sexual health and HIV

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(BASHH). The training helps healthcare professional develop skills to manage people with sexually transmitted infection. Staff had completed the intermediate level.

Multi-disciplinary working and coordinated care pathways

- We saw good multidisciplinary team working between staff at Brook Brixton. There was good communication between the in-house counselling team and clinical staff regarding patient care. We saw good interactions and dialogue between the two when a client had been referred for counselling.
- Reception staff fully interacted with the clinical staff in providing the best care for young people. Reception staff were kept informed of the client's pathway of care and were involved in decisions taken.
- We were told the service had a good working relationship with the local borough, especially with regards to safeguarding referrals. The service often met with the local borough and police to discuss safeguarding concerns and best outcomes for young people.

Referral, transfer, discharge and transition

- Staff told us waiting times were a cause of frustration with some clients. If young people were unhappy with the waiting times, staff were able to refer them to the NHS sexual health clinic nearby.
- There were several templates staff could complete to refer young people onwards to the appropriate services who could offer additional support and help. We saw templates used to refer patients to their local GP. With the permission of the client, details of their treatment would be provided to their GP.
- Other services clients were referred to included termination of pregnancy clinics, local child, and adolescent mental health services (CAMHs), psychosexual clinics and local youth offending teams as well as supportive services for young people experiencing gender violence. We saw evidence of referrals for young people to offer the best pathway of care and support. The core client record allowed the staff to provide as much information as possible for the referring services.
- Brook Brixton worked closely with local NHS hospitals that provided a level 3 sexual health service for those young people requiring additional support.

- Young people were seen at appropriate times during the day so supporting services were available upon discharge. For example, young people were able to go to the local pharmacy nearby during opening times if required. We observed young people being told to contact the service if they required any further help or had other questions to ask after they had been given treatment plans and options or had been referred to the appropriate support service. Young people were always given the opportunity to contact the service at every stage of their pathway of care.
- Young people were provided with discharge information dependant on their treatment. Information on pain relief and safer sex were examples of the information given.

Access to information

- The service predominantly kept young people's care records in paper form and these were securely kept behind the reception desk. Staff were able to access the information easily. We observed the records were kept orderly and securely. An electronic system supported the service by providing additional information, for example, whether the young person had a history of violence, and reception staff were able to access this at the first point of contact with the young person when they accessed the service.
- The patient's records were forwarded to the appropriate staff member at the right time by either the staff member passing them by hand to the person or reception staff.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We observed and were told by staff verbal consent was obtained before any care and treatment was given. Verbal consent was confirmed on the young person's summary care contained within their care records. From the six patient records we viewed, we saw verbal consent had been obtained.
- For referrals onto other services, for example termination of pregnancy clinics, written consent was obtained.
- There was a policy and procedure for staff to follow regarding consent and staff we spoke with confirmed they had access to the policy within the clinic and understood the guidelines. Staff were able to explain the Fraser guidelines and Gillick competence used

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within the service. These are guidelines to help balance children's rights and keep them safe from harm. The guidelines state that registered healthcare professionals could proceed to give advice and treatment provided they are satisfied with the following criteria:

1. The young person (although under the age of 16) will understand their advice
 2. The staff member cannot persuade the person to inform their parents or allow them to inform their parents if they are seeking contraceptive advice.
 3. That they are very likely to continue having sexual intercourse with or without contraceptive treatment.
 4. Unless the person receives contraceptive advice or treatment, their physical or mental health or both are likely to suffer.
 5. That the best interests of the young person require contraceptive advice, treatment, or both without parental consent.
- We viewed records where the Fraser assessment had been used at every stage of the young person's pathway of care. The Brook Fraser assessment was included for every client core record used for young people under the age of 16 years of age.
 - Young people we spoke with told us they had received good information on their treatment with different options provided and explained clearly, so they understood and were able to make a decision without feeling pressurised. One young person told us they were grateful staff did not use any technical or medical terminology they would not have understood. The clinical matters minutes of September 2016 provided staff with detailed information on the Mental Capacity Act (MCA) 2005, listing the five main principles of the act and gave clarification on best interest decisions.
 - We saw the clinical team meeting minutes of October 2016 discussed the MCA and Fraser competence and a quiz was taken by staff to highlight the differences between the two. Staff were told to always speak to another member of staff if they were unsure or needed further support.
 - We were told staff at Brook Brixton who visited local schools delivered and reaffirmed the message of consent to young adults with reference to sexual behaviour and activities.

Are community health (sexual health services) caring?

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Summary

- Staff provided dignified and compassionate care to young people.
- There were good systems in place so young people could access counsellors when required.
- Young people were treated respectfully and as individuals at all times.
- Young people were happy with the way they were treated and spoken to.

Detailed findings

Compassionate care

- We saw staff were respectful, friendly, kind and compassionate when providing care to young people. They spoke with young people in a gentle manner and offered reassurance.
- Staff were professional in their approach and spoke politely to young people using language, which young people understood. They always introduced themselves prior to giving care.
- Staff maintained young people's privacy and dignity by providing options at the very outset of their contact with the service. At reception, if young people wanted more privacy they were taken to a private area where nobody could hear their conversation.
- At the reception area people were asked to wait until they were called, so only one person at a time was able to talk to the reception staff.
- Receptionists used a printed sheet, which provided young people the opportunity to identify the reasons for attending clinic without having to speak to reception and risk other people hearing. The sheets provided pictures and were easy to read.
- The waiting room was arranged in a way that afforded more privacy for young people. Rather than one big room, the area was divided into smaller sections with clear partitions, which gave a more private atmosphere.
- The reception desk was placed slightly aside from the main waiting area allowing for private conversations to take place without people overhearing.

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- The main clinics were located upstairs, so when young people were called to their appointments nobody in the waiting area would know what clinic they were attending.
- Clients were given the option of how they wished to be addressed from the waiting area. They could choose to be identified by ticket number or first name, which afforded them confidentiality.
- We observed a staff member during clinic discussing options and treatments in a professional kind manner. The staff member was non-judgmental in their approach.
- We spoke with five young people using the service. They complimented the staff on their discretion and professionalism when dealing with their care. They all spoke of the relaxed and friendly atmosphere and approach of staff.
- We observed a staff member provide support and information to a young person completing a human immunodeficiency virus (HIV) test. The staff member was kind and calm, allowed the young person the opportunity to ask questions, and ensured they understood the whole procedure.
- One young person commented, "I can trust the staff to help me with my problem."
- Of the 93 feedback comment cards Brixton received from July to September 2016 the majority of young people felt they had received reassuring, confidential caring and professional treatment from members of the staff.
- Brook Brixton accepted referrals from local schools or other organisations to provide one to one counselling. They provided sex and relationship education to young people with the greatest needs and targeted work with young people on a one to one basis.
- The service had a good understanding of their clients. For example, staff had received training on youth gang culture, which helped provide a background of the difficulties young people faced in youth gangs in the local area and this allowed a greater understanding of the young person when providing care and treatment.
- The service engaged and collaborated with young people to help deliver a service specific to young people and their key target audience. For example, we were told the service sought advice and got input from local young people for their policies and job descriptions to ensure they were tailored to meet the needs of local young people.

Emotional support

Understanding and involvement of patients and those close to them

- Young people we spoke with were happy with the way staff at Brook communicated with them. They were able to understand the care and treatment provided.
- One young person we spoke with after clinic said they were happy with the way in which the staff member had explained conditions and was happy they did not use technical terms.
- Young people were able to attend clinics with friends, carers, or relatives so they had support if they needed. One young person we spoke with who attended with a family member said this made them feel more relaxed in clinic to have their relative with them.
- Staff understood when young people needed additional support. Counsellors were available for these types of conversations
- Brook employed registered counsellors who were able to provide support to those more vulnerable young people. Brook Brixton offered two counselling sessions (10 patients) per week after school hours. These were on a drop in and appointment based sessions.
- Registered counsellors worked within local schools as part of the services education and wellbeing sector of the organisation. They were able to refer young people to the clinic. They shared their learning with clinical staff at Brook Brixton.
- Staff were able to refer young people to external advocacy services when required.
- Staff we spoke with said there was an increase in mental health referrals and issues within the young people they cared for. The service had strong links with the child and mental health service (CAMHS) and other groups who supported young people with mental health issues.
- Staff were able to discuss how they would support and provide the best care for a young person with acute mental health issues. They were able to tell us where they would refer the young person to and the pathway the young person would follow in getting the best support and care.
- Staff we observed providing care for a young person ensured the person had the relevant support at home and outside of the service. They were able to provide guidance on where the person could seek help if they were not supported at home.

Community health (sexual health services)

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

Summary

- The service planned their services to meet the needs of young people. This was reflected through their opening hours.
- Young people were offered good choices of contraception and sexual health services to meet their individual needs.
- The service took complaints seriously and managed them well. They incorporated changes made from complaints to improve the quality of their service.

Detailed findings

Planning and delivering services which meet people's needs

- Brook Brixton was commissioned jointly by the London Borough of Lambeth and London Borough of Southwark to provide clinical and support sexual health services to young people under the age of 25. They held the Lambeth health and wellbeing contract to provide sex and relationship education and one to one support in targeted schools across the borough. Brook Brixton coordinated the condom distribution scheme throughout Lambeth and the clinic was the registered outlet.
- Brook Brixton worked closely with their other two locations in London, based in Southwark and Euston. There was shared management and staff were able to work across the three sites.
- The service held the Lambeth Health and Wellbeing contract whereby staff provided sex and relationship education training to local schools. They offered one to one work in targeted schools across the borough. This in turn promoted access to the service.
- Brook Brixton was the registered outlet for the condom health scheme (C-Card) in participation with Public Health England. This allowed young people, once registered, access to free condoms and medical advice and checks.
- Brook Brixton provided a drop in service, but would offer available appointment times to those young people who needed extra support.

- Brook had developed a wellbeing support worker role within their services. In addition to undertaking clinical duties, they supported young people in improving their own health and wellbeing through delivering interventions around alcohol, smoking, drug use, healthy weight, and coping with stress. This was in response to recognising young people needed support to leading a healthier lifestyle.
- The service worked closely with Lambeth and Southwark council in meeting the needs of the local people.

Equality and diversity

- Staff had access to a policy and procedure, which provided guidance on promoting equal opportunities and valuing diversity. Staff had access to this policy on site.
- Staff had access to language is everything line, which provided telephone translation service with more than 170 languages available.
- There was disabled access to the service allowing for wheelchair use. A clinic on the ground floor provided access for wheelchairs.
- A poster was available for people whose first language was not English. This provided a statement of the availability of interpretation services to ensure young people were able to identify their preferred language and be provided with the right support.
- Young people under 16 were given priority at the service and a notice advised people of this practice. We were told this was because of the vulnerability of people under the age of 16.
- Brook website gave informative advice and help on homophobic, biophobic and transphobic bullying and the support services young people could contact. There was information on support for transitioning young people. There was information on a person's sexuality and helplines a young person could contact if they felt they were being bullied or needed advice.

Meeting the needs of people in vulnerable circumstances

- Brook had a counselling service available for young people and were able to make referrals if the person required further specialist care. Counsellors worked with local schools and provided one to one or group discussions for young people.

Community health (sexual health services)

- Assessments for young people's vulnerabilities were carried out at the initial consultation. Assessments on safeguarding issues, learning disabilities, for example, helped staff determine the best pathway of care for the vulnerable young person. Referrals were made to specialist services if there was a need.
 - There were pathway procedures for staff to follow, for example for termination of pregnancy, which gave guidelines for staff to follow for where to refer them and who they could contact to get further help.
 - Brook Brixton's website provided information for those young people facing bullying either because of their sexual or gender choices. Support helplines were available.
 - Their website provided links to organisations for such subjects such as, female genital mutilation, mental health and wellbeing, drugs and abusive relations.
 - Brook Brixton offered a rapid point of care test for HIV and syphilis. Clients were able to find out negative results on the day. Staff had received training and followed guidance to support young people. The service did not offer treatment and ongoing care but were able to offer the right referral pathway to a level 3 contraception and sexual health service. Support in the form of an information leaflet and contacting and speaking to a member of staff on the telephone if they needed to seek further advice. We observed a staff member provide this test for a young person. Clear information was provided to the young person and they were given the opportunity to ask questions.
 - Young people had access to a good selection of leaflets and materials, which were accessible throughout the clinic. We saw leaflets on sexually transmitted diseases and different types of contraception. We noted the organisation had sought approval from the Family Planning Association (FPA) for clinical and factual accuracy of their leaflets. Other leaflets and information booklets provided information on sex and alcohol. The booklets gave numerous other supportive service contact numbers.
 - Young people had access to information through the organisations website and were able to ask questions through the online facilities. We found the website informative and easy to use. Clear guidelines were provided to young people seeking information and support on sexual health and social care.
 - The service offered a full range of contraceptives, which included long acting reversible contraceptives (LARC), although we were told the diaphragm had been stopped, as there was such a low uptake of this contraception.
 - Young people were able to have pregnancy tests and advice on pregnancy options at the clinic.
 - Young people under the age of 16 were prioritised and seen promptly at the service by the appropriate clinical staff member.
 - Staff had received training regarding communicating to those young people with learning difficulties. The service worked closely with other disability organisations in ensuring the best care was provided to the patient.
- ### Access to the right care at the right time
- Brook was located in centre of Brixton providing easy access to young people either travelling on local transport or if using their car.
 - The clinic was open four days a week from 13.00 until 18.00 as a drop in clinic. However appointment based sessions were offered. Other Brook locations in London were open on the days they were not, so young people could be seen at another centre. A nurse was available during opening times.
 - We were told the opening times suited most young people as they could attend after school, college, or work.
 - When a young person attended the clinic the reception staff booked them onto their system and this entered them into a time slot so staff were able to know the order of clients. However, young people under the age of 16 were given priority. The young person then waited in the main waiting area until a staff member collected them for their appointment.
 - Staff and young people told us the delay in waiting for an appointment was the frustrating part of the service. Some patients had to wait for one hour and thirty minutes before they were seen.
 - The service was currently trialling a new system called quindini, allowing young people to check into reception and then leave the clinic. The clinic then updated the young person via text as to how long they had to wait and their position in the queue. They would receive regular texts until they were informed to return to the clinic within 10 minutes for their appointment. Staff told us this allowed more freedom for the young person to

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do other activities rather than having to stay in the waiting area. This had in turn reduced the level of congestion in the waiting area. So far, the service had received a positive response from young people.

- The new texting system whereby a young person could leave the clinic then received a text nearer to their time of their appointment helped alleviate the frustration for some young people. They were able to do other activities instead of waiting in the clinic. Staff told us the delay was due to the high volume of patients attending and the national shortage of sexual health nurses.
- Reception staff were able to ensure the young person was seen by the right staff member by asking questions before they were seen.
- Young people could be seen at local schools and directed to the right supportive services.
- From the young people we spoke with, all of them commented on the lengthy wait times. However, they preferred to be seen by the clinic then other services mainly their GP. The delays were due to a shortage of staff, however young people did not feel they were rushed when they were seen and were given sufficient time by the staff member.
- If the clinic was too busy, young people were given information on the NHS sexual clinics they could visit.

Learning from complaints and concerns

- Young people were able to make a complaint either face to face with a staff member or the manager. They were able to complete a complaints form, write a letter, or send an e-mail or online using the Brook website. We saw complaint leaflets were available throughout the main clinic. The leaflets explained the complaint procedure and what would happen if they complained.
- The organisation had a complaints procedure, which provided a structured process for the handling of complaints. Staff we spoke with knew of the procedures to follow when dealing with complaints.
- Brook Brixton had received one complaint in the last 12 months. We saw the complaint had been dealt with following organisational guidelines.
- The organisation had complaint leaflets for clients, which detailed the informal and formal complaints process for patients. These were available throughout the clinic.
- The service also provided feedback card comments, whereby young people could make a complaint.

- Complaints received were viewed by the Brook Brixton manager and sent to the complaints and clinical governance meeting. If the complaint needed further escalation, it would be sent to the organisations board meeting, giving the organisation an overview of complaints nationally and actions taken as a result.
- We saw from the clinical matters newsletter of July 2016 complaints were discussed, lessons learnt and actions taken as a result. The newsletter showed changes made to the offering of STI testing to clients within three weeks of their 25th birthday because of a complaint made. Brook decided to offer all clients eligible to attend their service that is a day before their 25th birthday the opportunity to have a STI screen. This example of changes made to their service showed the organisation listened to their clients.

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

Summary

- There was a national vision and mission statement. Staff were fully engaged with the organisations strategic goals.
- There was clear direction and leadership from the board, which was delegated through to the local service.
- Risks were identified and mitigated actions were taken. There were policies and procedures in place to mitigate such risks and strong governing systems allowed for continual monitoring for improvement.
- Staff enjoyed working at Brook and felt their ideas were valued and they belonged to a team.

Detailed findings

Service vision and strategy

- Brooks' national vision wanted a society that valued all children, young people, and their developing sexuality. They wanted all children and young people to be supported to develop their skills self-confidence and understanding to enjoy and take responsibility for their sexual lives, health, and emotional well-being.
- The organisations mission statement reflected the vision and values and their eight strategic goals established their priorities and activity plans. For example their first strategic goal was 'young people will be involved in all of our work'. We found during our

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inspection young people were involved in helping design and implement their website and leaflets provided making sure the information was young people friendly. Young people sat on the board of directors meetings and are involved in staff interviews and policymaking and decisions.

Governance, risk management and quality measurement

- Brook had policies and procedures in place to manage risks. These included guidelines and procedures to follow for reporting incidents and accidents and managing health and safety within the workplace, with templates for staff to follow for infection control and health and safety checks. Staff on a regular basis undertook these checks.
- Brook had a policy framework, which consisted of six pillar policies. Within each pillar were the policies and procedures for staff to follow. For example, within the pillar policy for protecting young people there were two detailed policies one on safeguarding and the other on confidentiality. Within the safeguarding policy, there were three procedures, one for dealing with safeguarding and resources the other for safeguarding procedure and proforma and the last for dealing with safeguarding issues over the telephone.
- We viewed a selection of policies and procedures, found them to be in date, and had been reviewed within their review dates. Staff were able to access the policies through the clinics intranet and staff we spoke with said they found the policies easy to follow and realistic in their every day job role.
- We saw staff were following the risk management of clinical emergencies procedure by checking weekly emergency drugs and documenting evidence drugs had not passed their expiry date.
- The organisation as part of their risk assessment procedures incorporated The Faculty of Sexual and Reproductive Healthcare's (FSRH) Service Standards for Resuscitation in Sexual and Reproductive Healthcare Services (August 2016) into their risk assessment. The FSRH's examples of clinical situations where resuscitation may be required and Standard Statement on Training in Resuscitation were used as guidance.
- Risks were discussed in the monthly board meetings and actions taken were shared throughout the organisation. The minutes we viewed showed risk discussions had taken place.
- Brook's executive team reviewed the major strategic risks to which Brook was exposed on a monthly basis. These risks were recorded in Brook's strategic risk register. Each strategic risk had an executive team owner responsible for ensuring there were systems in place to mitigate those risks. Risks in individual Brook services were escalated by service managers to the strategic risk register when they were assessed as being high-risk, or were rapidly escalating. The strategic risk register was reported to the Board Risk, Finance, and Assurance Sub-committee quarterly.
- We viewed the strategic risk register and found a reduction in organisation income due to the re-tendering of existing Brook contracts was their top risk. The local London and South East risk register reflected the same risk along with long-term staff vacancies.
- We saw mitigation actions listed against each risk and actions taken or to be taken.
- Brook Brixton supplied information about the service to the finance committee. The committee made sure the service was managing their finances and risks well to support their charitable objectives. It provided assurance that Brook met its statutory and other obligations under the Companies and Charities Acts, its Articles of Association and other relevant frameworks.
- Safeguarding risks and processes were governed by the Safeguarding Advisory Committee. They took oversight of training, review of current procedures and practices and made sure effective systems were in place for the organisation. A quarterly report was produced which provided information on any trends in incidents and this was shared with staff so they knew what actions to take with any changes.

Leadership of this service

- The service ensured the leaders of the organisation had the skills, knowledge, and experience they needed before appointment and undertook fit and proper person checks. Such checks included, history checks to make sure the person had not been removed from a previous charitable organisation and had not experienced bankruptcy. Other checks included Disclosure and Barring Service (DBS) to ensure there was no previous criminal convictions and they had read and understood all of the company's policies and procedures.

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- At a national level the Board had overall responsibility of the organisation. Their scheme of delegation policy provided a clear written direction of who had delegated authority. The Chief Executive and the Executive and Management teams had responsibility for the day-to-day running of the service.
- The Clinical Advisory Group was responsible for the governance of quality, safety and patient experience and complaints with overall direction to continually monitor and improve the quality of clinical services.
- There was a national safeguarding advisory committee, which provided national governance with operational oversight provided by the deputy chief executive and safeguarding lead nurse.
- Brook Brixton was managed and led by the registered manager who was also a registered clinician. Staff we spoke with were complimentary on their leadership and felt they were well supported. They told us the manager was very approachable.
- The medical director of the organisation also worked as a doctor at Brook Brixton on a Saturday.

Culture within this service

- Staff spoke of the positive culture within Brook Brixton and felt proud to work for the service. Staff told us they could count on the support of their colleagues, as they were helpful and worked as part of a team.
- Staff spoke of the supportive local and national management and of the respect; they had for the management team.
- There was a good understanding from local managers of providing support and guidance to their teams. One to one meetings were frequent occurrences especially with safeguarding concerns as the service wanted an open and honest culture with regards to discussing safeguarding matters.
- There were monthly meetings where staff could discuss safeguarding and other issues from the point of view of their own personal wellbeing. Staff we spoke with said this was invaluable in helping relieve stress.
- The 2016 staff survey showed 93.6% of staff said they were proud to work for Brook with 82.6% of staff would recommend Brook as an employer.

Public engagement

- Brook Brixton provided an education programme to young people at local schools within their borough.

Workshops took place on such topics as contraception, sexual health, sexting, abortions, body image, self-esteem, condoms and abuse and exploitation and information on gang issues.

- The Brook organisation developed its advocacy campaigning and lobbying work in partnership with young people so their ideas were combined to develop such campaigns to reach the public which included: 'sex-positive challenging negative attitudes about sex,' 'XES – we can't go backwards,' a campaign about moving forward with attitudes towards sexual health and the rights of young people to make their own personal choices on sexual health issues and 'big issues-don't have to be a big deal,' a campaign was created by a team of young volunteers working at Brook, with the aim to give young people the esteem and confidence to resist pressure and to make informed choices about their sexual health and relationships.
- A sex appeal comedy event was held to raise awareness on sexual health behaviours and issues.
- The public could sign up to a newsletter on the organisations website, which gave a monthly snapshot of all the latest news.
- Brook had Facebook and Twitter accounts to share information with the public about their services and issues relating to sexual health.
- Brook was involved with the young people's health partnership (YPHD), a seven strong consortium of organisations working with the Department of Health, Public Health England, and NHS England to raise profiles of health agendas across the voluntary sector. The partnership reached a network of local agencies.

Staff engagement

- We viewed the national staff survey results of January 2016. The survey asked a series of questions about working for Brook. 219 responses (53%) of the workforce replied. From the survey 94% of staff said they knew what responsibilities of their job were and 88% of staff said they had clear goals and objectives.
- From the results of the survey 75.4% of staff said there were good communication channels, which was an improvement from the previous staff survey.
- Staff attended quarterly meetings where they were able to participate and provide feedback on clinical issues and other matters relating to the service. We viewed the

Community health (sexual health services)

minutes of such meetings and saw complaints, incidents, safeguarding issues and any new information was discussed and shared. Staff had the opportunity to raise any other concerns during these meetings.

- Clinical newsletters were e-mailed to the clinical team every month. This provided information on incidents and updates on clinical matters. This ensured staff were up to date on any new guidelines and recommendations.

Innovation, improvement and sustainability

- The service had introduced a text queuing system, allowing patients to leave the main clinic so they could carry out other activities instead of waiting in the main waiting area.
- The local management team were working on different proposals to help with their re-tendering of the service.

Outstanding practice and areas for improvement

Outstanding practice

- The organisation had robust safeguarding policies and systems in place to support vulnerable children and young people.
- Staff had been trained and had a comprehensive understanding of reporting and escalating safeguarding concerns. The service was constantly looking at ways to improve safeguarding in order to protect children and young people.
- The service ensured their staff were kept up to date with the latest guidelines and we saw safeguarding information shared to staff was a high priority within the organisation.
- Staff were kind and caring and placed young people's health and wellbeing at the heart of their service. They listened to their clients and were prepared to make changes and put in place ideas raised by young people.
- As the service was able to see and treat children and young people up to the age of 25, they were able to provide consistent support for people entering into adulthood, which was not often provided by other services.