Compass - Services To Improve Health And Wellbeing

Tower Hamlets Health and Wellbeing Service

Inspection report

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Date of inspection visit: 15 August 2022
Date of publication: 27/09/2022

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 service had not been previously rated. We rated it as good overall. Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

We rated Tower Hamlets Health and Wellbeing Service as good because:

- The service had enough staff to care for young people and keep them safe. Staff had training in key skills, understood how to protect young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept records. 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 young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Sexual health services were available five days a week.
- There were excellent working relationships between registered sexual health nurses and the health and wellbeing practitioners. Staff also had excellent working relationships with external agencies, for example, GPs, commissioners, youth centre workers, and local mental health teams. The service worked in partnership with a local GP and local mental health outreach team to provide a specialist health hub dedicated to young people's physical health and wellbeing.
- Staff treated young people with compassion and kindness, respecting their privacy and dignity, and valuing them as individuals. There was a strong visible person-centred culture and children and young people were empowered as partners in their care, practically and emotionally. Feedback from young people was consistently positive. Children and young people benefitted from being cared for by staff who showed discretion and sensitivity.
- The service planned care to meet the needs of local people, took account of young people’s individual needs, and made it easy for people to give feedback.
- The service was an integrated health and wellbeing service located in a youth centre. This meant young people visiting the youth centre also had easy access to the sexual health services if required. Staff also worked with youth centre workers to raise awareness of their services and to educate young people on sexual health topics.
- 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 young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Although staff assessed and recorded risk well, staff sometimes recorded risk in different places on the care record system, so it was not always recorded in a consistent manner and easy to find. The provider recognised the limits of the care record system and was due to upgrade the system by October 2022.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Tower Hamlets Health and Wellbeing Service

Tower Hamlets Health and Wellbeing Service (also known as Compass Safe East) is run by Compass - Services to Improve Health and Wellbeing. It is a registered charity and national provider of services that run school nursing, mental health support team services, substance misuse and sexual health services for children and young people across England.

Tower Hamlets Health and Wellbeing Service had recently changed their address, and had updated their CQC registration to reflect this.

Tower Hamlets Health and Wellbeing Service is a free, confidential health and wellbeing service for children and young people who need support around sexual health and/or drug and alcohol use. The service provides a regulated activity around sexual health only, and not for their drug and alcohol psychosocial support services. The service operated from a creative youth service in Tower Hamlets, called Spotlight Hub.

The service provides confidential sexual health services, support and advice to young people under the age of 25 living in the borough of Tower Hamlets. It is recognised as a level 2 contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and HIV for England 2001 set out what services should provide at each recognised level. As a level 2 CASH service Tower Hamlets Health and Wellbeing Service provides contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and referrals for counselling. The contraception and sexual health registered nurses deliver sexual health provision to young people within outreach settings through 'clinic in a box'. This involves transportation of sexually transmitted infection tests and medicines as well as issue and supply of these medicines to young people within outreach settings.

Young people presenting with some sexually transmitted infections are referred to level 3 CASH services in London for treatment.

Tower Hamlets Health and Wellbeing Service provides clinics five days a week from Monday to Fridays.

At the time of inspection, there was a registered manager in place.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

How we carried out this inspection

To understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

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

We gave the provider short notice of the inspection in line with our methodology. At the time of the inspection, the CQC registration changed to reflect the recent change in address. This meant we had started to collect evidence before doing a final inspection visit once the CQC registration had changed.

As part of the inspection, the inspection team:

- Visited the service premises
- Spoke with seven members of staff including the registered manager, clinical governance lead and designated safeguarding officer for Compass Services, operational manager of Compass Services, both registered nurses, the team leader, and a health and wellbeing practitioner.
- Spoke with one young person who was using the service
- Reviewed eight care and treatment records
- Carried out a specific check of the medicines management
- Reviewed two staff employment files
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Reviewed patient feedback collected by the service from June 2021 to June 2022.

Outstanding practice

- The service worked excellently with other partners to support young people's needs, and were able to offer an integrated service by being located in a local creative youth centre. For example, a specialist extended GP hub called Health Spot ran once a week at the youth centre. The hub ran in partnership with a local GP, Tower Hamlets Health and Wellbeing Service, and a local mental health outreach team, which offered holistic support to young people by supporting both mental and physical health needs.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Actions a service SHOULD take is because it was not doing something required by a regulation but would be disproportionate to find a breach of a 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 the electronic care record system allows staff to record information in a consistent, easily and accessible manner.

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
Overall	Good	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

Mandatory training

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

Staff confirmed they had undertaken mandatory training and training records confirmed that they were up-to-date with this. Mandatory training consisted of face to face training in safeguarding, and online training, which included modules on assessing mental capacity, equality, diversity and inclusion, and infection prevention and control.

One of the registered nurses was employed via an agency on a fixed-term contract, by which the agency was responsible for providing mandatory training and checked and signed off by the Compass human resources team. We viewed the training certificate for this registered nurse, which demonstrated they were up-to-date with the necessary mandatory training modules.

Managers checked on compliance with mandatory training during staff supervision and the annual appraisal process. The provider's HR department maintained oversight of mandatory training and additional continual professional development training.

Safeguarding

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

Safeguarding arrangements and policies were in place.

All staff received training in both safeguarding adults and children (to level 3), and both registered nurses and the registered manager were trained to level 4. The registered manager and team leader had completed safer recruitment training (level 4) which supported safer employment processes for work setting with children and young people.

Good

Community health (sexual health services)

Staff knew how to make a safeguarding alert and did this when appropriate. Staff were aware of indicators of child sexual exploitation (CSE) and female genital mutilation (FGM) and knew how to respond to concerns about CSE and FGM.

The provider had a designated safeguarding officer who provided safeguarding support and guidance to staff. The safeguarding officer monitored all safeguarding referrals via a safeguarding case management risk log. The designated safeguarding officer completed an annual review of the safeguarding policy to ensure its relevance. We saw evidence that the policy was recently amended in response to a recent complaint around information sharing.

Information about safeguarding was shared with others who need to know in a timely way. Staff discussed new or outstanding safeguarding matters each morning during team meetings, and there was a dedicated monthly safeguarding slot in the business team meeting.

The team leader attended appropriate external multi-agency meetings to safeguard and protect young people who needed it. For example, they attended missing and child exploitation (MACE) meetings to protect young people at risk of sexual exploitation, child in need meetings, and child in need planning meetings.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect young people, themselves and others from infection and managed clinical waste well. Staff kept equipment and the premises visibly clean. External cleaning contractors kept appropriate cleaning records.

All areas of the environment were clean and well maintained. All the areas we inspected were visibly clean, had good furnishings and were well-maintained.

Cleaning records were up to date and demonstrated that the environment was regularly cleaned by an external cleaning team contracted by the youth centre.

Staff followed infection control procedures to keep children and young people safe. All staff had undertaken infection control training. The examination couch and equipment were cleaned in between appointments. Disposable gloves, aprons, masks and sanitizing liquid gel was available in the clinic room.

The service ensured they had oversight over the cleanliness of the environment by completing monthly infection control audits.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Monthly health and safety checks of the environment was carried out and any action required was recorded.

The service had suitable facilities to meet the needs of the young people. There was a clinic room for any necessary sexual health interventions, and an adjacent interview room which could be used for talking appointments and/or to deliver psycho-social interventions. Staff used movable screens to cover the door of the waiting room so that people walking past could not see the young person waiting and blinds were always drawn when the clinic room was in use.

Staff had access to panic alarms and there were panic buttons on the walls, in case of an emergency. Staff told us that they did not always wear their panic alarms as they did not feel it was necessary, and would use the panic buttons on the walls if needed. There had been no reports of incidents of young people presenting with challenging behaviours.

Equipment for undertaking physical health monitoring was available, calibrated and checked regularly. Staff were trained in their use and they had access to emergency equipment including oxygen and emergency drugs in the event of an emergency. There was a sign to indicate storage of oxygen, which complied with fire safety hazard standards.

Staff were clear about the action to take in the event of the fire alarms sounding. The service had a sign that identified who was the fire-warden on-site for that day. Fire safety equipment was serviced and alarm checks carried out regularly, including fire drills.

Assessing and responding to patient risk

Staff completed risk assessments for each patient on admission and managed risk well. Staff were able to discuss risk effectively with patients.

We reviewed eight care and treatment records for young people using the sexual health services. Staff undertook a risk assessment of every young person at initial triage / assessment and updated this at each appointment. Records detailed the various risks that staff assessed as part of their comprehensive assessment. For example, staff spoke to young people about sexual risks, safeguarding, domestic violence and substance misuse.

Staff completed a 'spotting the signs' proforma with all young people up to the age of 18, which was developed by The British Association for Sexual Health and HIV (BASHH) and Brook to identify risks of child sexual exploitation.

The service had a system in place for notifying partners of young people who tested positive following sexually transmitted infection testing. Staff sent a notification to partners via an anonymous text message advising them to go for testing while maintaining confidentiality of the young person tested. This system helped prevent further transmission of sexual health disease and enabled partners to access treatment.

The service had arrangements in place for young people who required post-exposure prophylaxis after possible exposure to HIV.

Staffing

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

There were eight substantive staff members employed by Tower Hamlets Health and Wellbeing Service. This included two contraception and sexual health (CASH) registered nurses, two health and wellbeing practitioners, one engagement and support worker and administration support. Staff reported that there were enough staff on duty to meet the needs of the young people.

At the time of the inspection there was one vacancy for a health and wellbeing practitioner, and the service was interviewing for the post the week of in the inspection.

Records

Good

Community health (sexual health services)

Staff kept detailed records of young people's care and treatment. Records were up-to-date, stored securely and easily accessible to all staff providing care.

Records were all electronic, and included initial triage, risk assessments, consideration of Gillick competence (Gillick Competence is a test in medical law to decide whether a child of 16 years or younger is competent to consent to medical examination or treatment without the need for parental permission or knowledge), consent management, issues raised and action plans in response. Records were maintained of multidisciplinary working, for example, with the police or support services. We saw that young people's medical, sexual and family histories were assessed by staff during clinic, including client demographics. We found evidence that consent had been obtained in each patient's electronic record. Staff recorded if contraceptives or other treatment had been provided and the reasons for this.

Although staff assessed and recorded risk well, staff sometimes recorded risk in different places on the care record system, so it was not always recorded in a consistent manner. The provider recognised the limits of the current recording system and this was highlighted on the clinical governance risk register. The provider planned to move to a new case management system, which would allow staff to record information more easily. This was due by 1 October 2022. In the meantime, the provider reminded staff to use the sexual health template for all sexual health appointments as this had a heading to prompt staff to record information related to risk.

Medicines

The service stocked a small number of emergency medicines in the premises, and records showed that appropriate expiry date checks were done regularly. Expired or unwanted medicines were returned and safely disposed of in line with Compass policy via a clinical waste contract for destruction. We saw documented records of medicines destroyed. Fridge and room temperatures were monitored daily whilst the service was open.

All prescriptions were done electronically. Some were dispensed in the community, and others given as to take away (TTA) packs on site. The registered nurse we spoke with said they rarely dispensed TTA medicines to young people, and mostly administered medicines on-site.

Over labelled TTA medicines were previously supplied by the local NHS Trust, however the contract had lapsed and both parties did not reach an agreement for renewal of the contract. At the time of the inspection, the provider was negotiating a new contract with a national medication provider and a service level agreement was being drafted. This issue with over-labelling of TTA medicines was identified on the sexual health clinical risk register. Whilst waiting for the new contract for supplying over-labelled TTA medicines, the service had a process in place to obtain medicines from a wholesalers and the registered nurses would label the stock themselves. The service had updated their medicines policy to indicate the process of ensuring TTA medicines were over labelled if supplied from wholesalers. This process had oversight from the organisation's lead pharmacist and the updated policy was reviewed by the provider's clinical working group.

The service had protocols in place to ensure accurate medicines and drug usage history was taken before prescribing was initiated by the registered non-medical prescribers. The service did not use patient group directives.

According to records, there were identified patient referral pathways for patients who needed level 3, more specialist, treatment for either sexual health or drug and alcohol misuses.

Medicines cabinets and fridges were used for medicines storage. There was a system in place to ensure that these were monitored as well as ambient temperature checks.

Good

Community health (sexual health services)

The service uses the services of a local GP that worked in the unit once a week (though not employed by the service) for medicines that required FP10 prescription, where medicines were dispensed by a local pharmacy.

Staff ensued that thorough medicines reconciliation was done when patient accessed the service and when referring to other care settings. We saw that the provider had a prescribing and administration policy and patients' consent was sought before initiation of treatment.

Incident reporting, learning and improvement

The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

The service reported no serious incidents within the last 12 months. Staff managed incidents appropriately, they told us for example, about one incident in which a young person was at risk of exploitation. Staff reported the incident to the police and exploitation team, and a safeguarding was raised.

All staff knew which incidents to report and how to report them. Staff used the electronic reporting system to record incidents, which managers monitored. Staff we spoke to felt informed about incidents and any learning from these was disseminated through daily clinical meetings, emails. Incidents and lessons learned were shared from other provider locations to prevent the same incident happening twice.

The provider understood the duty of candour, which we saw evidence of in patients' records. Patients and / or families were contacted by telephone or email when things went wrong, offered an apology, and kept them updated until the incident or complaint was resolved.

There was evidence of change having been made as a result of an incident investigation. We saw changes had been made to the safeguarding policy, changes in regard to information sharing and parental responsibility in response to an incident.

Safety performance

The service used monitoring results well to improve safety.

Data was collected and submitted through national reporting systems. The service completed the required data submissions to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). GUMCAD is the mandatory surveillance system for sexually transmitted infections in England. Data was also submitted through the Sexual and Reproductive Health Activity Data Set (SRHAD) collection. This provides a source of contraceptives' and sexual health data nationally and showed the service provided children and young people with appropriate sexual health screening, care and treatment.

Are Community health (sexual health services) effective?

Good

Evidence-based care and treatment

Good

Community health (sexual health services)

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

The service was compliant with the Public Health England strategic action plan for health promotion for sexual and reproductive health and HIV, providing a range of sexual health services. Contraception services included accurate information about the full range of contraception, including reversible long-acting methods of contraception, free condoms with information and guidance on correct use, and emergency hormonal contraception. The service also provided pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support. Referral for NHS-funded abortion services was available, as well as referral for antenatal care.

Pain relief

Staff assessed and monitored people during and after treatment.

Young people on all treatment pathways were followed up by text or phone call to ensure they did not have adverse reaction to the treatment given.

Patient outcomes

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

The provider participated in local and national audits, and worked towards key performance indicators, to support the delivery of sexual health care. For example, the provider produced quarterly key performance indicator reports, which were reported to their commissioners. This included measures around chlamydia screening, contraception offered, sexually transmitted infection screening offered, and support offered to women aged 18 who were postnatal or had a recent termination / miscarriage.

The service had an audit schedule to improve service delivery. The clinical governance lead led on audits which included infection and prevention control, and the management of safeguardings. In addition, the team manager completed monthly case note audits to assess the quality of care and treatment records. We found that results from audits was shared with staff at team meetings.

Competent Staff

The service made sure staff were competent for their roles.

Managers appraised staff work performance and held supervision meetings with them to provide support and development.

All staff had an annual appraisal which was a two-way process to plan future training and development needs. Nurse revalidation was in place, which ensured that each nurse was up-to-date and fit to practice and able to provide a safe level of care.

All staff we spoke with had regular supervision sessions and felt supported by their line manager. The team manager was trained to delivered monthly restorative group supervision. In this group, staff where able to discuss any presenting clinical issues for discussion.

Good

Community health (sexual health services)

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a three-month induction programme, which included mandatory and role-specific training, and competencies in key areas.

The service provided training and development to staff to ensure they had the right skills and knowledge to deliver care and treatment to young people.

Training records indicated that staff had received a range of relevant training for their roles. For example, child exploitation training, and contextual safeguarding and child protection training.

One of the registered sexual health nurses delivered specific sexual health training to the health and wellbeing practitioners to support their skills and learning on sexual health. This was delivered during a monthly clinical team meeting, and included training on monkey pox, deteriorating health and the use of chaperones.

The contraception and sexual health registered nurses were both non-medical prescribers, and attended regular prescribing forums to support practice development.

Multidisciplinary working and coordinated care pathways.

All those responsible for delivering care worked together as a team to benefit young people. They supported each other to provide good care and communicated effectively with other agencies.

Staff working in all roles at Tower Hamlets Health and Wellbeing Service told us that there were excellent working relationships at the service. They were proud of the multidisciplinary and multi-agency team working they experienced within the team. They could access clinical help and advice from their colleagues when needed. We observed this to be the case during the inspection.

Each member of staff we spoke with told us that the service and other staff were client focused, accessible, approachable and willing to help to ensure that young people received the right care and treatment. They said they felt comfortable to raise suggestions and concerns with their colleagues if needed.

Staff held regular and effective multidisciplinary team meetings each morning Monday to Friday.

There were excellent working relationships between registered sexual health nurses and the health and wellbeing practitioners. Staff had good working relationships with external agencies, for example, GPs, commissioners, youth centre workers, and local mental health teams. The service worked in partnership with a local GP and local mental health outreach team to provide a specialist health hub dedicated to young people's physical health and wellbeing. This operated once a week from the youth centre.

The staff at the service had excellent working relationships with staff at the youth centre, and both parties referred young people to each other's service when appropriate. One of the registered nurses attended the youth centre's girls club and delivered a workshop around contraception and sexually transmitted infections. This also raised the awareness of the service to young people using the youth centre.

The service was committed to increasing awareness of young people's needs around sexual health and substance misuse. For example, the team leader delivered training on this topic to newly qualified local GPs.

Good

Community health (sexual health services)

Health promotion

Staff promoted the health of young people who used the service.

We found a wide range of health promotion information on the service website in relation to anxiety, contraception, drug and alcohol use, sexual health and stress. The website signposted users to other, useful health information, services and websites. For example, a podcast where young people and a NHS nurse discussed sexual health and sexually transmitted infections.

The service delivered at least one public health campaign per quarter, as part of their contract with the commissioners. We saw an example in March 2022, where staff delivered a talk around exploitation to young people in a youth centre. For sexual health awareness week, staff had arranged to visit a local university to give out condoms and promote the condom card scheme.

Consent and the Mental Capacity Act

Staff supported young people to make informed decisions about their care and treatment.

Staff obtained consent from young people before carrying out any treatment, which was evident during our care record checks. All staff we spoke with were clear about their responsibilities in relation to Gillick competency and the Fraser Guidelines. Staff were up-to-date with their mandatory training which included the e-learning module on assessing mental capacity. Staff had to demonstrate that they were competent around consent and parental responsibility as part of their induction programme.

Staff completed a Fraser Guidelines assessment to assess Gillick competency at the first visit of a young people under 16 to the clinic and reviewed the Fraser Guidelines assessment at each subsequent visit. We saw this process had been completed and reviewed appropriately in the care records we inspected.

Are Community health (sexual health services) caring?

Good

We rated caring as **good**:

Compassionate care

Staff treated young people with compassion and kindness, respected their privacy and dignity, and valued them as individuals. There was a strong person-centred culture, and feedback from young people was consistently positive about staff interactions.

Staff communicated with young people in a way that they could understand and gave them the information needed to manage their care and treatment. Young people confirmed that staff took their time and explained treatment, processes and procedures to them clearly. One young person told us that the nurses greatly supported them to understand the advantages and possible adverse side effects from having an intrauterine device fitted, supported by a verbal and visual explanation.

Good

Community health (sexual health services)

Staff understood and respected personal, cultural, social and religious needs of young people and these related to care needs and took these into account. For example, there was a large Bangladeshi population in Tower Hamlets, and staff spoke about the cultural intricacies when it came to supporting Bangladeshi patients with their relationship and sexual health needs.

Staff took time to interact with young people who used the service in a respectful and considerate way. We reviewed patient feedback between June 2021 and June 2022, which stated that all 81 young people were very satisfied (75) or satisfied (6) with their overall advice, care and treatment received.

Staff told us the service had an open culture and that they would feel able to raise concerns about disrespectful, discriminatory or abusive behaviour and attitudes. They told us senor leaders were approachable and accepted that mistakes could happen.

Emotional support

Staff provided emotional support to young people to minimise distress. Staff clearly recognised the stigma attached with accessing their services and supported young people emotionally. They recognised people's emotional and social needs as being as important as their physical needs.

Staff understood the impact that a person's care, treatment or condition might have on their wellbeing and those close to them, both emotionally and socially. Patients said they felt safe and understood by staff. Staff gave us examples of supporting young people when they disclosed disturbing experiences.

Young people told us that staff supported them in other areas of life beyond sexual health and substance misuse where it was appropriate. For example, a health and wellbeing practitioner supported a young person with their housing application and writing a complaint. A young person told us that their key worker took into consideration factors that caused them distress, which made them feel more at ease in their sessions.

The service offered an online cognitive behavioural therapy programme which allowed young people to complete therapy in their time and pace. It offered secure and immediate access to a range of mental health and wellbeing programmes which young people could work through on their computer or mobile phone. However, the service reported that not many of the young people used this service, and preferred face-to-face emotional support.

There were links with the local child and adolescent mental health service, and staff met with them once a week to provide young people with an integrated health service, supporting both physical and mental health needs.

There was a quiet clinic room which would be made available for supporting young people who were in distress or upset.

Understanding and involvement of young people and those close to them

Staff supported and involved young people, and where appropriate, families and carers to understand their condition and make decisions about their care and treatment. They empowered young people as partners in their care, practically and emotionally.

Good

Community health (sexual health services)

Staff communicated with young people in a way they could understand and gave them the information needed to manage their care and treatment. Young people confirmed that staff took their time and explained treatment, processes and procedures to them clearly. One young person told us that they felt listened to by clinicians and they took time to discuss contraceptive methods that would have the least hormonal impact in light of their mental health needs.

The service sought feedback from young people using the service by inviting them to provide feedback following care and treatment. We reviewed patient feedback dashboards from June 2021 and June 2022 and found it to be overwhelmingly positive overall. Seventy-eight patients gave feedback with 71 patients stating they were very satisfied and seven patient satisfied with the information they were given (written and verbal).

Are Community health (sexual health services) responsive?

Good

We rated responsive as **good**.

Planning and delivering services which meet people's needs

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service was commissioned by the local authority to provide level 2 sexual health services for young people under the age of 25 in the borough of Tower Hamlets. The service worked with commissioners and other health care providers to meet the treatment needs of young people in Tower Hamlets.

The service was easy to access for local young people. It was based discreetly in a youth centre, which was opposite a rail station and adjacent to a secondary school.

The website gave all information related to opening times, how to access the service, and signposted visitors to a range of interactive information services where detailed information on sexual health and other related aspects could be found.

The clinic provided an option to drop-in or to book an appointment, which operated Monday, Tuesday, Thursday, Friday, 9am-5pm, and 1pm-5pm on Wednesdays.

The clinic provided an option to drop-in or to book an appointment, which operated Monday, Tuesday and Thursday 9am-5pm, Friday 9am - 4:30pm and 1pm-5pm on Wednesdays. On Tuesday, they offered an evening clinic with the GP called Health Spot. Staff told us that if young people required services they did not provide, such as treatment for gonorrhoea, they would signpost them to relevant services.

The service referred young people when appropriate to the provider of a local level 3 sexual health service enabling them to access advice and support for young people who required additional services.

The service was located in a local youth centre, which provided additional services and amenities that staff could refer them to. For example, the youth centre ran workshops such as barista courses, computer and art classes.

Good

Community health (sexual health services)

The service worked with commissioners and other health care providers to meet the neds of people in Tower Hamlets. For example, there was also a specialist extended GP hub located in the youth centre called Health Spot that ran once a week. It ran in partnership with a local GP, Tower Hamlets Health and Wellbeing Service, and a local mental health outreach team to support young people's physical and mental health needs.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of young people's individual's needs and preferences. They coordinated care with other services and providers.

Staff ensured appropriate steps were taken to ensure young people were treated as individuals, with their needs, preferences, and their ethnicity, religious and cultural backgrounds being respected.

Staff were aware of the cultural differences around serving the local people from a Bangladeshi background, particularly when it came to supporting them with their relationship and contraceptive needs.

The service had both a female and a male registered sexual health nurse, and gave young people a choice where possible, if they requested a specific gender. This may be important when considering a patient's past or current trauma.

A young person told us that staff understood their needs and acknowledged difficult circumstances in their life. Staff texted the young person on the morning to remind them of their appointment. The young person chose this approach as it was beneficial in light of their learning difficulties.

Staff were mindful that some young people were not able to visit the service due to the postcode and gang-related issues. In these cases one of the registered sexual health nurses arranged appointments at different locations in the borough where the young person felt it was safe to do attend.

The provider was currently reviewing their service leaflets to provide these in different languages. Their website instructed users to use a third party website to translate web pages into different languages. The website gave instructions on how to make the web pages more accessible and signposted to a third party website with further support on accessibility.

Access to the right care at the right time

Children and young people could access services which provided the right care at the right time.

Young people we spoke with and who completed feedback forms said they were satisfied or very satisfied with the length of time it took to be seen and they all found it easy to book their appointments. Staff told us that the number of referrals and drop-ins coming into the clinic were manageable, and saw on average eight young people per week in the sexual health clinic.

Appointment systems were easy to use. Young people could book an appointment online , via email or telephone. The clinic also operated a drop-in service which did not require the young person to have booked an appointment. This gave young people flexibility in how they accessed an appointment.

Good

Community health (sexual health services)

Staff offered young people an appointment within five working days from the point of referral. Managers told us that this target was being met and was reported to and monitored by the senior management team. The service prided themselves on not having a waiting list to insert contraceptive implants, and offered this service to patients within one working day.

The service had timescales in place to send results from sexually transmitted infection screenings. Young people could opt to receive a text within one week after the screening with the result. If the young person declines result via text, the staff would check their contact details and check consent for telephone and/or written contact.

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 and investigated them.

The service had complaint leaflets available in the reception informing them of how to make a complaint. There was also an online complaint form that young people could use. Staff also made them aware during the assessment process. Young people told us they knew how to make a complaint should they wish to do so.

Staff logged both formal and informal complaints to ensure they could learn from them both. The last formal complaint was from September 2021 and related to consent and parental responsibility. We saw that this complaint was managed appropriately, and improvements had been made as a result of learning from the complaint.

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

Good

We rated well-led as **good**.

Leadership of services

Leaders had the integrity, 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. They supported staff to develop their skills and take on more senior roles.

The registered manager also managed another London Compass Service, which provided psycho-social substance misuse support. They reported into the operation manager for Compass Service. The registered manager was supported by a team leader who supported with the operation of the service, and the lead registered nurse supported and clinical governance lead both supported with the clinical governance of the service. We found that the leaders of the service had the skills, knowledge and experience for the role. Staff said they were visible and approachable.

The provider's board had overall governance responsibility for the organisation and delegated authority through the chief executive and management teams, within a clear written scheme of delegation.

Staff described good cascading of information across the organisation through daily multi-disciplinary meetings both face-to-face and online.

Good

Community health (sexual health services)

Service 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.

Nationally the Compass vision was to respond to a wide range of people's physical and mental health needs, and lifestyle behaviours such as smoking, drugs and alcohol, sexual health, emotional health, healthy eating and healthy relationships.

There was a clear strategy and vision for the service, with clear links to the overall organisation strategy. We found staff embedded the organisation's core values in their every day practice. The values were integrity, valuing each individual, being solution focused, and using a consistent and reliable approach.

There service's contract was due for re-tendering in June 2023 and they had completed succession planning in the event their contract continued.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of young people 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 consistently told us Tower Hamlets Health and Wellbeing Service was a friendly and supportive environment to work in, and their colleagues were approachable and helpful. Staff said they were proud to work within an organisation where the service was focused on supporting young people.

Staff at the service attended a team away day in October 2021, where they discussed the visions and value of the service and were able to provide feedback on the service. The provider also sent annual staff surveys to gain obtain their views about working at the service.

The service had a culture that promoted staff learning. The lead registered nurse delivered monthly sexual health training to the health and wellbeing practitioners to support them with their sexual health knowledge and skills.

Staff told us that the service had a culture that promoted staff to voice their concerns.

All staff we spoke with told us they felt valued, respected and supported by their colleagues. They said they had not experienced any discrimination from colleagues or managers.

Governance

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

Staff told us there was a strong governance structure and were aware of the different members' responsibilities. The governance structure was clearly explained in the induction booklet for new starters.

Good

Community health (sexual health services)

The governance structure was robust and well managed, with clear and experienced leaders for the running of different aspects of the service. For example, a designated safeguarding lead, a clinical governance lead and an operations manager.

We reviewed a wide range of policies and procedures including the safeguarding and medicines policy, and sexual health service handbook. All policies and procedures were regularly reviewed and up-to-date. They were disseminated to staff through staff meetings, supervision, training and by email.

The service had a clear governance framework with clear lines of accountability and oversight. For example, the updated medicines policy in regards to the over-labelling of medicines was being led by the organisation's lead pharmacist and was being presented to the clinical governance working group for ratification.

The service invited and welcomed feedback from patients during the care and treatment process, or through the website. Feedback was compiled onto a dashboard that was reviewed by senior leaders.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and had plans to cope with unexpected events.

The service managed risk well. There were clinical meetings each week on a Wednesday and a morning brief meeting on Monday, Tuesday, Thursday and Friday, which allowed staff to discuss complex cases. On Wednesdays, the first part of the meeting was as usual, and the second part of the meeting followed a four-weekly alternating agenda. For example, week one focused on safeguarding, week two was an integrated governance team meeting, week three was a business meeting and week four was dedicated to further training.

The service had a lone working policy in place to protect staff when working with young people in the clinic or out in the community. Staff had a process in place to inform other staff members of their whereabouts when visiting young people in the community. We saw that this worked well. Staff told us they had not had any client that presented with challenging behaviours and violence and there were panic alarms to use if needed.

There was a service risk register which contained risks that related to the operation of the service. Risks listed included corona virus, severe weather warnings, IT systems failure, staffing issues and safeguarding. These risks were assessed and rated using the traffic light system with red being the most serious risk. The risk register was reviewed with the organisation's operation manager, as well as staff during business meetings. The service had a separate sexual health risk register which was managed by the lead registered nurse. It was up-to-date and last reviewed in June 2022. It contained risks that were relevant to the service, for example, management of monkey pox, and the issue with the over-labelling of medicines.

Information management

The service collected reliable data and analysed it. The information system were integrated and secure. Data or notifications were consistently submitted to external organisation as required.

Good

Community health (sexual health services)

Staff were provided with guidance to follow to ensure patient information remained safe and secure when sharing information with others. In addition policies and procedures were available to staff regarding their code of conduct, confidentiality and data protection. Information Governance Data Protection was a learning module during the three-month induction process.

The information relating to young people was stored securely on an electronic system and accessed by staff through password protected computers. This meant staff were able to review previous episodes of care and treatment provided to each patient as well as access previous or current test results.

The service had a range of policies and procedures related to data management. The organisation had a dedicated Caldicott Guardian (a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly) and Senior Information Risk Owner.

Engagement

Leaders and staff actively and openly engaged with young people and local organisations to plan and manage services.

The provider made it easy for patients to provide feedback on the service and this was overwhelmingly positive. For example, between June 2021 and June 2022, 100% of patients surveyed (81 responses) said they would recommend the service to people they knew.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. For example, the team leader delivered training for local newly qualified GPs around supporting young people with sexual health and substance misuse needs.

The service complied with the Department of Health 'You're Welcome' standards. 'You're Welcome' is the Department of Health's quality criteria for young people friendly health services.

We saw there was transparency and openness with all stakeholders about performance. The service had good working relationships with the local commissioner and reported key performance indicator dashboards for a range of metrics to assess how well the service was delivering care and treatment and where they could work together to make any improvements. Commissioners alerted the service in terms of trends and outbreaks in relation to sexual health, to support direction of service delivery.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and development of staff.

Leaders and staff strived for continuous learning, improvement and innovation. For example, one of the registered nurses was completing a piece of work assessing where the highest rates of chlamydia and pregnancy rates were in the borough, so that they could provide targeted outreach to these local hot spots.

Good

Community health (sexual health services)

Both the contraception and sexual health registered nurses kept up-to-date with topical issues in the sexual health space. They attended weekly webinars hosted by BASHH (British Association for Sexual Health and HIV), which featured topics such as monkey pox and vaccinations. Both staff members were also members of the faculty of sexual and reproductive healthcare, and received professional updates to support them in their practice.

The service also developed clinic in a box, whereby the contraception and sexual health registered nurses delivered sexual health provision to young people within outreach settings. It involved the safe and secure transportation of sexually transmitted infection tests and medicines as well as issue and supply of these medicines to young people within outreach settings.

The service carried out their own internal checks to see where they could improve the service. For example, the clinical governance lead for the organisation carried out a mock inspection of the service in April 2022. They recognised that they needed to ensure there were robust health and safety checks in place since moving into the building.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.