

Brook West Bromwich

Quality Report

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

Overall summary

We carried out an announced comprehensive inspection on 24 October, 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led.

Our Key findings:

We found that this service provided the following:

- Staff were aware the requirements of being open and honest.
- Staff protected young people from avoidable harm.
- Staff recognised early signs of abuse.
- Clinical staff were provided with support from the clinical manager based at Brook West Bromwich.
- Care and treatment for young people were planned and delivered in line with up-to-date national recommendations and legislation.
- Staff reviewed consent practices and records to ensure young people were involved in making decisions about their care and treatment in line with relevant legislation.
- Staff were committed to working collaboratively with external organisations in order to deliver joined up care for young people.
- Staff completed a Fraser guideline assessment for all young people under 16.
- Staff had access to a regular clinical newsletter with up to date information.
- The privacy, dignity, and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Staff treated young people as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service was consistently positive.
- Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.
- The service was planned and delivered in a range of locations and at suitable times, to ensure the service was convenient and accessible to the local population.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- Young people had access to reception staff by telephone to obtain advice regarding local clinics and to book appointments.
- There was a proactive approach to understanding the needs of young people and to deliver services in a way which supported them and demonstrated equality.
- Brook West Bromwich had vision and values, which were embedded within the service.

Summary of findings

- There were a number of policies and procedures accessible to staff on the intranet.
- Managers completed general risk assessments in relation to the service.
- Staff were aware of their responsibilities and were knowledgeable within their role.
- Young peoples' opinions were valued and acted on; there were comment cards available for young people to complete.
- The management team recognised future priorities.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements.

We identified regulations that were not being met and the provider must:

The provider must ensure that all clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person are trained to safeguarding at level three as recommended in the 'Safeguarding children and young people: roles and competencies for health care staff' by the Royal College of Paediatrics and Child Health, March 2014.

The provider must ensure infection control training is completed by all staff providing direct clinical care and involved in specimen collection and transportation.

The provider must ensure there is a local risk register in place to provide overview of local risks.

There were areas where the provider could make improvements and should:

- The provider should ensure that staff are up-to-date with their annual mandatory training and appraisals.
- Ensure that training documentation is consistent, up-to-date and easily accessible to all members of the management team.
- Ensure that all incidents are recorded and their severity assessed when they meet Brook young people's incident reporting criteria.
- The provider should ensure that all staff have access to training on Mental Capacity Act 2005 and how this applies to young people under 25's.

We issued the provider with three requirement notice(s) that affected Brook West Bromwich. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service

Community health (sexual health services)

Rating Summary of each main service

The clinic at Brook West Bromwich was visibly clean and staff were open and honest. Staff worked to support children and young people using evidence based care and treatment including counselling and there was an overall focus on the mental and physical well-being of children and young people attending the clinic. There was multi-disciplinary working with a range of agencies and organisations. Staff sought the opinions of the people using the service and made changes appropriately.

There was a strong vision for the organisation to support children and young people in a holistic way and this underpinned all the work that took place at the clinic.

The organisation had a quality assurance system that assessed the quality and effectiveness of the services provided.

However, we also found:

- All clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person must be trained to safeguarding at level three.
- All staff providing direct clinical care are required to complete infection control training.
- To ensure there is a local risk register in place to provide overview of local risks
- All staff are required to be up-to-date with their annual mandatory training and appraisals.
- Training documentation were not consistent, up-to-date or easily accessible to all members of the management team.
- All incidents to be recorded and their severity assessed when they meet Brook young people's incident reporting criteria.

Summary of findings

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Brook West Bromwich

Services we looked at Community Health (Sexual health services for under 25's)

Summary of this inspection

Background to Brook West Bromwich

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a planned inspection to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The clinical lead is currently the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Brook service was established in 1964; Brook has over 50 years of experience working with young people and currently has services in England, Scotland, Northern Ireland and Jersey as well as a digital 'Ask Brook' service. Brook provides free and confidential information, contraception, pregnancy testing, advice and counselling, testing and treatment for sexually transmitted infections.

Brook West Bromwich provide support services and programmes to help young people make positive and healthy lifestyle choices and improve their well-being.

Brook provides sexual health services and advice for young people under 25, between January 2016 and October 2016 Brook West Bromwich saw 1072 of young people under the age of 18 and 1606 of 18 and above. Brook is a charity service that work across the UK and Channel Islands that specialise in working with young people to promote their sexual health in the wider context of health and well-being.

Brook provides education work in schools and community venues, with specific programmes that address the needs of vulnerable young people. In addition to schools and community venues the education and wellbeing team offer training for professionals. In 2012, Brook undertook organisational structural change becoming one organisation. This change enabled joining up of services and ensured a robust management and governance structure of A National Board – made up of expert volunteers and including client representatives.

Brook West Bromwich is commissioned by Sandwell local authority to provide Sexual Health services to young people. In Sandwell, Brook operates a hub and spoke model, with the hub located in West Bromwich and spoke clinics across the six localities.

The service operates from a main clinic in West Bromwich town centre with outreach support providing a range of community venues in addition to schools, training providers and supported housing.

Brook West Bromwich had 17 staff working at the time of our inspection – this included Receptionists, client advisors, Nurses, Counsellors, Health and Wellbeing workers, Education and Wellbeing Specialists, Nurse Manager and Service Manager.

The clinic operated on Mondays, Wednesdays, Thursdays and Fridays from midday to 7pm and from midday until 4pm on Saturdays. The patients were also able to attend weekly drop in clinics based in a Training Providers, Colleges, Community locations, Supported housing.

Our inspection team

We carried out an announced visit on 24 October, 2016 followed by an unannounced on 2 November 2016.

We had a team of two CQC inspectors.

An inspection manager oversaw the inspection team.

How we carried out this inspection

During the visit, we spoke with a range of staff who worked within the service, such as receptionists, client

advisors, nurses, counsellors, health and wellbeing workers, education and wellbeing specialists, nurse

Summary of this inspection

manager and service manager. We talked with young people who used the service. We observed how young people were cared for, we reviewed care and treatment records of people who used the services.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at Brook West Bromwich.

Brook West Bromwich has been registered with CQC since 11 September 2014 and has not yet been inspected by CQC. Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- Incidents were not always reported or shared with staff to improve learning.
- Only few staff were trained in Level 3 Safeguarding.
- Not all staff had achieved level 2 safeguarding training.
- Safeguarding records were inconsistent and records for escalation were not fully recorded.
- Record keeping did not consistently ensure staff would see accurate information about the young person when looking at their records.
- There were risks identified to staff when lone working.
- Staff were not familiar with the phrase 'duty of candour'.

However, we also saw:

- Staff were aware the requirements of being open and honest.
- Staff protected young people from avoidable harm.
- Staff recognised early signs of abuse.

Are services effective?

- Clinical staff were provided with support from the clinical manager based at Brook West Bromwich.
- Care and treatment for young people were planned and delivered in line with up-to-date national recommendations and legislation.
- Staff reviewed consent practices and records to ensure young people were involved in making decisions about their care and treatment in line with relevant legislation.
- Staff were committed to working collaboratively with external organisations in order to deliver joined up care for young people.
- Staff completed a Fraser guideline assessment for all young people under 16.
- Staff had access to a regular clinical newsletter with up to date information.

However, we also saw:

- Management did not always carry out appraisals and supervisions.
- Mandatory training data we received was not always up-to-date.
- There was limited evidence of local audits and action plans carried out.

Summary of this inspection

- Data and recording was confusing, out-of-date, and not easily accessible.

Are services caring?

- The privacy, dignity, and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Staff treated young people as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service was consistently positive.
- Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.

Are services responsive?

- The service was planned and delivered in a range of locations and at suitable times, to ensure the service was convenient and accessible to the local population.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- Young people had access to reception staff by telephone to obtain advice regarding local clinics and to book appointments.
- There was a proactive approach to understanding the needs of young people and to deliver services in a way which supported them and demonstrated equality.

Are services well-led?

- There was limited evidence of local audits being completed.
- Data and recording was confusing, out-of-date and not easily accessible.
- There was no local risk register.
- There was limited clinical support available for the clinical manager.

However, we also saw:

- Brook West Bromwich had vision and values, which were embedded within the service.
- There were a number of policies and procedures accessible to staff on the intranet.
- Managers completed general risk assessments in relation to the service.
- Staff were aware of their responsibilities and were knowledgeable within their role.

Summary of this inspection

- Young peoples' opinions were valued and acted on; there were comment cards available for young people to complete.
- The management team recognised future priorities.
- There was poor communication within the management team at Brook West Bromwich.
- There were limited opportunities for all staff to come together for team meetings.
- Staff we spoke with said they did not always feel supported, but clinical staff spoke highly of the effort made by the clinical manager to improve the service.

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Incident reporting, learning and improvement

- Brook West Bromwich had a national policy and procedure, which guided staff on the reporting of any incidents or concerns and was available on the organisations intranet system.
- There were no reported 'never events' or serious incidents requiring investigation in the last 12 months (October 2015 to October 2016). Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff recorded and reported Incidents using a paper system; the registered manager acted upon this. Following the review, incidents are graded according to severity and logged onto the organisation's incident reporting system, this was not consistent across all site.
- Brook West Bromwich have reported three incidents between October 2015 to October 2016. One incident involved fighting outside the clinic involving 20 people, another incident happened during an educational teaching session where an inappropriate advertisement advert appeared on screen. The third incident involved two male adults who interrupted the clinic inappropriately.
- Staff we spoke with said incidents and near misses were not always discussed at staff meetings or shared with other Brooks for learning and discussions.

- Both managers told us that outcomes following any incident are discussed and if necessary an action plan is put into place to reduce the risk of the incident reoccurring. We saw some examples of minutes from meetings discussing incidents.

Duty of Candour

- The organisation provided guidance to staff regarding duty of candour within a policy and procedure, which was accessible on the intranet. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person". Managers reported there were no recent incidents at the service that had required staff to implement duty of candour.
- Staff we spoke with were aware of the requirements of being 'open' and 'honest' to patients, however they were not familiar with the phrase 'duty of candour'.

Safeguarding and Safety performance

- We found that not all clinical staff were trained to level 3 in safeguarding children and young people. The registered manager told us that practitioners and managers were required to be trained to level 2 only. This corresponded with the Brook Essential Training matrix 2014 we were provided with during our inspection.
- The safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014) states that clinical staff who contribute to assessing, planning, and evaluating the needs of the child or young person should be trained to level 3. Additionally Brook corporate policy stated that level 3 was mandatory for all staff involved in the assessment

Community health (sexual health services)

of children and young people. Therefore, we were not assured that all staff who assessed patients had the relevant training to identify safeguarding concerns and to take appropriate action.

- Only 16 out of 20 (80%) of staff had completed level 2 safeguarding in children and young people.
- The clinical manager of the service was also the safeguarding lead. Staff we spoke with were aware who the safeguarding lead was. We reviewed training certificates and saw that the safeguarding lead/registered manager had the required level 4 safeguarding training (safeguarding decision-making).
- We reviewed Brook's quarterly reports and saw there had been 24 safeguarding referrals (combined) that were made by Brook Tipton, Brook West Bromwich and Brook Dudley from January 2016 to September 2016. Individual service data was not available.
- Staff told us they would raise any safeguarding concerns with their manager, who in turn would raise it with the local authority.
- We saw that there were processes in place to act on any safeguarding information, including historic abuse. Staff made referrals to other organisations in relation to safeguarding concerns such as the GP, Single Point of Access and Child and Adolescent Mental Health Services (CAMHS).
- The provider was aware of their duties to report with the ongoing Goddard inquiry. The Goddard enquiry is a national independent enquiry into child sexual abuse, which will investigate whether public bodies and other state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales.
- The service had implemented a sticker system to ensure any staff looking at a young person's records were aware there had been/ or was ongoing abuse. This ensured staff were alerted to abusive situations at the earliest opportunity. The system was discreet to ensure confidentiality and staff felt it was working well.
- We saw the provider had policies in place for protecting young people; these were available on the internet. Policies included information for staff around female genital mutilation (FGM) and child sexual exploitation. This was also included as an education session from the well-being and education team. Staff we spoke with knew where to access safeguarding policies.
- The service had completed a safeguarding audit in October 2016 using a sample of five young peoples'

records; this was two weeks prior to our inspection. The audit looked at safeguarding supervision, record keeping and referrals to external agencies and if records had been completed in line with Brook Young Peoples' policies.

- Results of the safeguarding audit showed that only one out of five sets of notes audited had a safeguarding pro forma completed and that there were several record keeping errors noted. The lead nurse for clinical governance made several recommendations following the audit. Recommendations included ensuring staff completed safeguarding pro forma's when appropriate and that safeguarding records should be completed accurately and in full.
- Brook Young People's website contained a section for young people on understanding abuse and violence and how to protect themselves. Young people could read true stories volunteered from other young people on topics such as FGM and child sexual exploitation.

Medicines

- Staff were provided with guidance and information on the safe management of medicines within policies and procedures which were available on the organisation's intranet.
- A Patient Group Direction (PGD) is a written instruction for the supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. This enabled nurses to provide medicines to the young people attending clinics. The Brook PGDs were reviewed annually.
- Staff at Brook West Bromwich provided young people with emergency contraception such as the morning after pill and a contraceptive injection.
- We saw systems were in place to record and monitor any medications. Staff recorded their signature specimens, which managers kept in a file; this was in line with Brook young people's provider procedures.
- A stock check took place once a month and records were maintained when this was carried out.
- The medicines stored at the main clinic were secured in a locked clinical room. The fridge temperatures were recorded daily to ensure the medicines remained at a safe temperature we saw this was being checked on daily basis.

Community health (sexual health services)

- Anaphylaxis emergency medicine was available in an easy access box at the clinic. Nursing staff told us they also took an emergency box with them to the outreach clinics.
- Analgesia (pain relieving medication) was held in stock for young people who may require this when attending the clinic for certain procedures. We were told staff did not administer analgesia frequently as young people were advised to self-administer this prior to their planned appointment.

Environment and equipment

- Sharps bins were in use within clinics to ensure the safe disposal of sharp instruments such as needles.
- The staff followed a procedure to ensure clinical waste was disposed of correctly in clearly labelled bins. Staff contacted a specialist waste company when the bins were almost full and this company disposed of all clinical waste.
- Portable appliance testing was carried out annually at Brook West Bromwich to ensure the electrical equipment was safe to use. Stickers were placed on equipment once tested and we noted this had been carried out within the last year.
- The clinic layout enabled wheel chair users access to the clinical room and toilet facilities. This meant the environment supported people with a physical disability whilst they received treatment.
- Patients had access to a small waiting area with comfortable seating.

Quality of records

- Confidential and personal information was stored securely in locked cabinets.
- We saw that managers arranged training for staff on record keeping. This training included a case study, staff were encouraged to join in and discuss.
- There was no record-keeping audit in place at the time of our inspection. The manager told us this was being developed

Cleanliness, infection control and hygiene

- We saw that staff received infection control training on induction however; there was no indication of any refresher courses taking place.
- We reviewed the latest annual infection control audit dated November 2015 and found hand hygiene

compliance to be 92% that met the Brooks 85% compliance target. The IPC audit included hand hygiene, personal protective equipment (PPE), disposal of waste and specimen handling.

- Staff adhered to infection prevention techniques and the environment was visibly clean.
- Staff adhered to 'bare below the arms' guidelines.
- Staff had access to the policy and procedure regarding the action they had to take regarding the control of infection. Information and guidance included the use of personal protective equipment such as gloves and aprons, cleaning spillages and the Control of Substances Hazardous to Health (COSHH).
- Handwashing and sanitising gels were in place in each clinic rooms.
- Managers told us that Brook West Bromwich had a team of cleaners that cleaned the building four times a week. Staff cleaned and tidied clinical areas between young person appointments.

Mandatory training and competent staff

- Brook West Bromwich required each member of staff to attend mandatory training that included fire safety training, manual handling, and safeguarding, basic life support and infection control. Training was completed using an on line system or face-to-face.
- The service manager maintained a training matrix that identified the training staff had attended and the date it was completed. We reviewed the training matrix on the day of our inspection and found it to be partially completed. This meant the manager was unable to tell us who was up-to-date with training or when any training was next due without looking through each individual file.
- There was no system in place to alert managers when mandatory training was out-of-date. At the time of our inspection, training certificates were either located in an electronic folder or in paper files.
- Seventy-one percent of Brook West Bromwich staff had completed their mandatory training which was below their target of 85%; and 79% of staff had received their appraisals.
- Clinical staff told us they were provided with support from the clinical manager; however appraisals, supervisions and role specific training to carry out their roles effectively and competently was not always done and the data we received was not always up-to-date.

Community health (sexual health services)

- The provider had effective recruitment and selection processes in place. The provider recruiting staff to ensure they had the appropriate skills, qualifications, and attributes to meet people's needs. The provider obtained two references, all Disclosure and Barring Service (DBS) checks and all Nursing and Midwifery Council (NMC) checks prior to staff commencing work.
- Registered nurses are required to comply with a new three yearly revalidation process from April 2016. Brook had provided training to all nurses regarding the requirements for this. Further information was available to nurses on the Brook intranet.

Staffing levels

- Clinical staff at Brook West Bromwich worked across three Brook locations in the Sandwell and Dudley area. Staff consisted of one whole time equivalent (WTE) service manager, one senior nurse manager of 0.7 WTE, six nurses of three WTE, five clinical support staff of 1.4 WTE, two reception staff of 1.4 WTE, two counsellors of 0.5 full time equivalent WTE and one administration assistant of 0.5 WTE.
- In the education and well-being team Brook West Bromwich had one WTE regional lead, one coordinator 0.8 WTE, six 4.5 WTE specialists and one 0.8 WTE assistance specialist.
- Brook West Bromwich did not use bank or agency staff to cover sickness or annual leave. When we spoke with the management team, they said they generally go to a minimum staffing level, moving staff from other services and manage the service provision accordingly. This was to maintain competency of staff. On the day of our inspection Brook West Bromwich ran the service with sufficient amount of staff, staff felt their caseload at Brook West Bromwich was manageable.
- Brook West Bromwich runs 20 clinics a month and 24 sessions a month of home visits.
- Staff worked in both outreach and the main clinic to build their skills and competencies. This ensured staff were able to work in both areas to cover holiday and sickness to ensure the continuity of the clinics.

Assessing and responding to patient risk and managing anticipated risks

- Staff had access to emergency equipment in the main clinic that contained oxygen and a face mask should a young person become acutely unwell at the clinic.

- During each clinic, clinical staff had access to emergency medicine such as adrenaline for use in the event of an anaphylaxis reaction. Anaphylaxis is a serious, life-threatening allergic reaction, which can be a result of administration of some medicines.
- The electronic system managed by the receptionist also highlighted young people under the age of 13 when booking them into the clinic.
- Staff took detailed medical and social histories on the first visit of a young person to the clinic and staff updated these at each visit. This quickly enabled staff to highlight any risk areas.
- Receptionists were aware of any individual risk factors when booking young people into the clinic. For example, if the individual had a history of violence and aggression at the service.
- During the clinics we observed, the reception staff ensured notes were not left unattended and regularly returned small numbers of notes to the locked cabinets.

Major incident awareness and training

- The violence and aggression policy and procedure advised staff of when they were required to inform the police of a violent incident. If staff needed to call the police, all other clients were given advice whenever possible. This provided young people with the opportunity to leave the waiting area prior to the police visiting.

Are community health (sexual health services) effective? (for example, treatment is effective)

Evidence based care and treatment

- Staff were knowledgeable about guidelines and recommendations provided by the British HIV Association (BHIVA), the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG). Staff were able to access these on the internet at the main clinic.
- Staff and the organisation based their clinical guidelines, policies, and procedures on national good practice recommendations and standards such as those provided by The National Institute for Health and Care Excellence (NICE) guidelines, BASHH and the FSRH.

Community health (sexual health services)

- We saw that staff assessed patients thoroughly during consultations and following NICE guidelines. Staff took medical and sexual histories and was knowledgeable around the contraception they were providing.

Patient outcomes

- Brook West Bromwich participated in audits, those arranged by the organisation or external organisations nationally. Audits completed in 2015/16 included implant fitting and removal, sexually transmitted infection testing and infection control. We saw that Brook West Bromwich were 100% compliant for chlamydia screening test results notifications and chlamydia treatment against the national target of 95%.
- We reviewed results of the Sandwell and Dudley Brook young people's sexually transmitted infection audit and found that 38 young people had received positive screening for gonorrhoea and chlamydia in 2015/16. Of these the most common age range for positive screening was 16 and 22 years and the most common gender was male.
- The Brook termination of pregnancy audit 2016 was launched in March 2016. Anonymous data were captured on a web form and was completed to understand the extent and management of unwanted pregnancy across Brook services. The audit showed that not all young women had been screened for a sexually transmitted infection or offered a robust method of contraception. Staff had been informed the need of a better outcome for young women attending the clinics.
- The purpose of the Brook termination of pregnancy Audit was 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 termination. Seventeen services collected data from 609 clients for the termination of pregnancy audit.

Multi-disciplinary working and coordinated care pathways

- External organisations provided support to young people regarding mental capacity advocacy, Brook West Bromwich when necessary made referrals.
- Clinical staff were proud of the multidisciplinary team working they experienced within Brook West Bromwich. Staff we spoke with said they felt listened to by their

colleagues and supported one another. Staff commented they would be able to raise suggestions and concerns with their colleagues if necessary or the clinical lead manager.

- Brook West Bromwich worked closely with GPs, social services and local schools. Staff attended monthly update meetings to discuss vulnerable young people.
- We saw Brook West Bromwich worked with schools where referrals to external agencies were required. For example, when a safeguarding concerns arose.
- Referral forms were available for staff to complete when a young person required further care and treatment, for example, termination of pregnancy. The templates provided prompts and space for relevant information to be completed and faxed using a secure data transfer over to their GP. This ensured staff gathered the required information for the external provider.
- Brook West Bromwich had joint working with the local child and adolescent mental health service (CAMHS) to support young people with mental health issues. We saw evidence that referrals of young people were made between the services. Brook had counsellors on site for both staff and young people to seek advice if required.

Access to information

- Brook West Bromwich has counsellor services on site two days a week who worked across the three Brook sites and other outreach drop in sessions.
- Staff carried out an assessment of client vulnerabilities on each visit which was recorded in patient care records. If assessments identified vulnerabilities, staff may refer to a specialist services if deemed necessary.
- The clinics were mainly walk in clinics that did not require the young person to have a booked appointment. When we spoke with patients in the waiting area we were not given any negative feedback about the waiting times.
- The clinic operated on Mondays, Wednesdays, Thursdays and Fridays from midday to 7pm and from midday until 4pm on Saturdays.
- Reception staff recorded the time they booked a young person onto the system by entering them into a time slot on their clinic list. This enabled nurses to know the order young people arrived at the clinic so in turn they were seen. The exception to this was if a young person under the age of 16 attended the clinic, they were a priority.

Community health (sexual health services)

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was no access to Mental Capacity Act 2005 training and it was not part of their training programme.
- Templates were available for clinicians to complete when referring a patient to their GP. For example, when young people reached the age of 25 they were no longer able to access the services of Brook West Bromwich. With the permission of the young person, staff at Brook West Bromwich informed GP of any treatment carried out.
- We saw and staff told us that verbal consent was obtained prior to the delivery of care and treatment. Staff recorded this in the medical records.
- We spoke with some of the young people who commented that staff gave them a lot of information regarding their care and treatment and were able to make an informed decision about their treatment.
- Staff were provided with a policy and procedure regarding consent that included the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case, which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge.
- The service had access to an interpreting service, which they could use to obtain consent if a young person did not speak English.

Are community health (sexual health services) caring?

Compassionate care, respect, dignity & empathy

- A radio station popular with young people was played in the main reception which meant conversations taking place at reception could not be overheard in the waiting room.
- Chairs were placed in reception, slightly away from the desk, for young people waiting to book in.

- The doors to the consulting and treatment rooms at the main clinic were locked with signage to show if they were in use or not. This ensured patients felt safe, with their dignity and privacy respected.
- Chaperoning was available for all young people attending the clinics. Other clinicians working at the clinic provided this service. Very occasionally, a receptionist would be required to provide this service if there was no clinician available.
- Brook employed a registered counsellor; clinicians could refer young people to see them. Staff maintained separate records for the young people who saw them.

Understanding and involvement of patients and those close to them

- Young people were able to obtain a response to specific questions by using the organisations 'Ask Brook' service. This service provided an avenue for asking questions via the website, texting specific questions and getting a direct response and advice, which helped young people, make informed choices about their care and treatment options.
- 'Ask Brook' provided a service giving sexual health information, support and signposting for anyone under 25 anywhere in the UK. This service was available on weekdays from 9am to 3pm and helped the young person be involved in their care.
- A 'contraception chooser' tool was available on the Brook website to enable young people to research the best method of contraception for them.

Emotional support

- We saw information leaflets were available for patients to explain their treatment, we saw staff reading these leaflets to patients to explain the details of the treatment.
- Patients we spoke with told us that staff discussed and explained their treatment to them in detail in a manner they were able to understand.
- We observed staff empowering patients and promoting self-care and decision around contraception.

Community health (sexual health services)

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

Planning and delivering services which meet people's needs

- The reception staff would answer telephone calls at the clinic for booking appointments or queries. If the reception staff were busy, the telephone diverted to answer phone.
- We saw the receptionists checked for messages during the clinic and returned the calls as soon as possible.
- The reception staff advised young people of where and when they could attend walk in clinics without an appointment.
- Staff referred to the young people by a number identifiable on the clinic list when communicating with colleagues during a clinic. This ensured there was no risk to the young person's confidentiality if the staff were overheard. For example, clinicians speaking with reception staff about specific tests or paperwork required.
- Staff would also arrange to see some young people in other community settings such as youth centre, schools or a leisure centre if that was a preferred location.
- An effective booking system was in place so that reception staff could track the young person in the clinic at all times. This enabled the reception staff to monitor the waiting times of each young person and ensured they were seen by the appropriate clinician within a reasonable timeframe saw them.
- Staff had access to a telephone interpretation service with more than 170 languages available. There was a poster available for young people whose first language was not English to identify their preferred language.

Equality and diversity

- There was disabled access to the main clinic via a ramp. The clinical rooms and the counselling room were at ground level.
- Staff had access to policy and procedure that set out key principles for promoting equal opportunities and valuing diversity across the service.

Learning from complaints and concerns

- Brook West Bromwich reported no complaints in the last 12 months before the inspection.
- Young peoples' information leaflets contained information around the complaints process. Staff were aware of the complaints policy, which was available on the internet.
- The complaints policy within Brook West Bromwich stated that a complaint needs to be reviewed by a line manager and then to be escalated to the complaints and clinical governance meeting. If necessary following this meeting the complaint is also escalated to the organisation's board meeting. This ensured the organisation would have an overview of the complaints received nationally and be aware of actions taken in response to the complaints.

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

Leadership of this service

- The Brook senior management structure included a board of trustees, a chief executive, executive director of development and partnerships and an executive director for service delivery.
- The Brook team consisted of a service manager, registered manager and a well-being manager who worked across all three local Brook locations.
- Fit and proper persons checks were completed by directors and trustees prior to being appointed. Fit and proper persons checks ensure leaders meet certain requirements such as if they are of good character and if they have the qualifications, skills, experience and competencies to successfully carry out the role.
- We saw evidence that Disclosure and Barring Service (DBS) checks were completed prior to commencing employment. DBS checks provide employers with relevant information such as if the applicant had any previous criminal convictions. Such check support employers to make safer recruitment decisions and prevent unsuitable people working with vulnerable groups of people.
- The manager could access clinical support remotely from the nearest person located in north-west of the country. This made face-to-face meetings more difficult to arrange and to coordinate clinical supervision.

Community health (sexual health services)

- All staff told us that there had been many management changes over the previous 12 months and that communication had been poor with some staff not understanding the new management structure.
- Staff told us they enjoyed working at the clinic and spoke passionately about young people, but staff morale had changed and this influenced their daily work.
- Staff told us they were supportive of one another but felt management were letting the service down.
- Staff we spoke with knew the values, vision, and strategy for the service.
- We observed communication was sometimes difficult between the managers.
- We found that systems in place were confusing and that up-to-date information was not easily accessible. For example, there were two separate systems in use for recording staff training. None of the systems alerted the managers when training had expired.
- The manager told us that they were not always aware when training had expired and that no one had ownership of the training log.

Governance, risk management and quality measurement

- The same managers were responsible for three sites in West Bromwich, Dudley and Tipton and staff were available to work at all of the clinics
- We found that governance within the service was not robust over the three clinics. There were inconsistencies in some processes, such as mandatory training and appraisals and information was not shared consistently across the three sites.
- There were no local risk registers linking into the strategic risk register. Clinical risks were assessed but were not escalated to a local risk register and we were not assured that they were communicated across the organisation.
- A manager completed a service quality and risk assessment document, online, every three months. This included all significant incidents and some risks identified at the service level for all three Brook clinics, but did not include an action plan or any lessons from incidents. We saw four sets of quarterly quality reports covering Brook West Bromwich, Brook Dudley, and Brook Tipton, that provided information such as safeguarding referrals, incidents and some risk. The information in the report varied in quality and some

- incidents and safeguarding concerns were lacking in detail. Investigations had information about the outcomes; however, these were not specific in describing the required actions and did not form part of an action plan or links to a risk register.
- We saw that staff could access information on computer and there were copies of policies available in staff areas, where computers were not easily accessible.
- There were a number of national policies and procedures for staff to refer to regarding managing risks and safety. These included lone working, clinical risk assessments, and reporting of incidents.
- Brook West Bromwich provided information regarding its service to the finance committee. This committee ensured that Brook managed its finances and risks effectively and efficiently in support of its charitable objectives.
- We reviewed a set of minutes from managers meeting-discussing risks dated September 2016. We saw evidence that the service manager had completed general risk assessments, and as the issues were highlighted, they had put in control measures to minimise the risks.
- We saw minutes from the Clinical Advisory Group meeting from June 2016 that discussed all Brook services in the UK and Channel Island. In the meeting they discussed quality and risk report, All risks were assessed and rated using the RAG system. This is based on the red, amber and green colour traffic light systems with red being the most serious risk.
- The service had identified a risk for 120 patient files damaged through damp in the basement. The information contained in the files was not patient identifiable and action was taken to inform the Caldicott Guardian; a Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. The records were approaching the point at which they could be destroyed and the service had decided there was no need to escalate the concern to the Information Commissioner's Office (ICO).
- The service manager completed quarterly reports, which included information on the number of clinics held and the number of nurse-led testing clinics that had taken place. Manager has submitted this data to stakeholders and Brook young people's headquarters.

Community health (sexual health services)

- We saw poor communication between some managers at Brook West Bromwich site. Staff we spoke with said they could not always approach certain managers; this caused low morale in staff and led staff to feel not supported.

Service vision and strategy

- Brook vision is of a society that values all children, young people and their developing sexuality. “We want all children and young people to be supported to develop the self-confidence, skills and understanding they need to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being”. The service manager told us that they were currently waiting for Brook to reissue vision statements as current ones were dated 2012.

Culture within this service

- We spoke with six staff members from education, well-being, and clinical staff. All six staff complained about lack of support from management. Some felt they could not raise their concerns to certain managers, one staff member said: “it is a waste of time going to management; they do not seem to do anything about the issues you raise”. Another staff member said: “if I was to put in a grievance, I’m not entirely sure this would even be followed up”. This did not imply to all management team at Brook West Bromwich.
- Three staff members told us they had lost the “team feel” and there was “low morale in the office”. Staff went on to say that, clinical staff, education, and well-being staff were not able to communicate with each other without having permission from management.
- We saw there was a disconnect between the managers at Brook West Bromwich site and this was raised as a concern by other staff at Brook West Bromwich. One staff member we spoke to told us the manager needed more support and that they could not do everything alone.
- Staff were dedicated to supporting young people that attended the clinic. There was a consistent approach by all staff, which created a positive environment at the clinic.

Public and staff engagement

- The registered manager was a clinician who had worked for the Brook organisation for a number of years. Staff consistently told us the clinical/registered manager was approachable, visible in the department and had provided support and guidance whenever needed.
- The manager told us they felt patients’ involvement could be improved.
- Staff from the education team told us they complete focus groups for young people on a quarterly basis. They also said they would like more young people participation; for example, they would like to see young people involved in interview panels.
- Young people were able to fill in comment cards when they visited the service.
- In September 2016, 80% of young people said they would recommend Brook to friends.
- The staff survey carried out by Brook in January 2016, showed 213 out of 219 staff (97%) said they would recommend Brook as a service and 82.6% (181) of staff would recommend Brook as an employer. Young people visiting the service during September 2016 were asked if they would recommend Brook to their friends; 80% of young people who responded agreed with this statement.
- Two staff members told us that they were not always able to attend team meetings due to their workload or location at the time of the meeting. However, they were sent updates as either a newsletter or minutes from the meeting sent to them via email.

Innovation, improvement and sustainability

- The service participated in collecting data for the sexual and reproductive health activity data set (SRHAD). Information submitted by Brook West Bromwich to the NHS included anonymous patients data.
- The education team provided education and training to other health care professionals to increase awareness and support young people with their sexual health needs.
- Brook management informed us the areas that required improvement included staffing, the IT system and safeguarding documentation.
- CQC received Brook improvement documentation dated 2016/17. The main priorities included a review of clinical record keeping, the introduction of an interactive digital contact sheet to improve partner notification and all women having their implant

Community health (sexual health services)

removed because of irregular bleeding being tested for a sexually transmitted infection before it was removed. Brooks clinical audit programme-identified areas of improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person are trained to safeguarding at level three as recommended in the 'Safeguarding children and young people: roles and competencies for health care staff' by the Royal College of Paediatrics and Child Health, March 2014.
- The provider must ensure infection control training is completed by all staff providing direct clinical care and involved in specimen collection and transportation.

- The provider must ensure there is a local risk register in place to provide overview of local risks.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff are up-to-date with their annual mandatory training and appraisals.
- Ensure that training documentation is consistent, up-to-date and easily accessible to all members of the management team.
- Ensure that all incidents are recorded and their severity assessed when they meet Brook young people's incident reporting criteria.

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.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control

How the regulation was not being met:

The provider was not assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

This is because:

The provider could not demonstrate that clinical staff had received an annual infection control update in the last 12 months despite undertaking Chlamydia screening as part of their role.

Regulated activity

Family planning services

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Systems and processes were not established and operated effectively to prevent abuse of service users.

This is because:

Not all clinical staff contributed to assessing, planning, and evaluating the needs of a child or young person were trained to safeguarding level three.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

2(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This is because:

The provider did not have a local risk register or any patient safety risks on the provider level risk register.