

# Brook Young People Brook Wirral

## Inspection report

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Date of inspection visit: 09 February 2022  
Date of publication: 19/04/2022

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

- The service was clean and well maintained. Staff followed infection prevention procedures to keep patients safe. Patients accessing the service followed COVID -19 guidelines. Patient services were located on the ground floor for ease of access. One hundred percent of patients rated their experience of the service as very good or good.
- Staff followed best practice and national guidance, for example, national guidance on the National Institute for Health and Clinical Excellence (NICE) contraceptive services for under 25's, and clinicians who performed intra uterine or subdermal implant procedures held a current faculty of sexual and reproductive health (FSRH) letter of competence.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients said staff treated them well and with kindness. Feedback from patients who had completed the 'I want great care' questionnaire was continually positive about the way staff treated people. Patients reported that staff went "the extra mile" and their care and support exceeded their expectations.
- Managers planned and organised the service, so it met the changing needs of the local population. The service website offered information and advice and about sexually transmitted infections, pregnancy, contraception (including methods and what to expect at appointments) and details of other health services including smoking cessation, substance misuse and breast and testicular checking. Appointments could be booked over the phone. the outreach service for young people saw patients to provide contraceptive and some sexual health services in schools, colleges of further education and local NHS acute trust to improve ease of access for patients.
- The service was well led, with a positive staff culture and good governance. Staff felt respected, supported and valued and were focused on the needs of patients receiving care. Staff felt proud of the service they worked in and that they provided good care for patients. Staff spoke passionately about the work that they did and the patients that they worked with.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health (sexual health services)	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Brook Wirral

Brook Young People is a young persons' sexual health and wellbeing charity working with young people to promote their sexual health in the wider context of health and wellbeing. Brook offers clinical services, digital support, counselling and sex education.

Brook Wirral is contracted to provide a level two specialist sexual health service across the Wirral peninsula. This includes:

- sexual history taking and risk assessment
- pregnancy testing, referral for pregnancy advice for teenagers or referral to termination of pregnancy services
- provision of emergency contraception
- provision of contraceptive implants and intrauterine device insertion and removal
- HIV testing, including pre-test discussion and giving results
- signposting to appropriate sexual health services
- screening for sexually transmitted infection (STI) screening and testing of asymptomatic and symptomatic infections (chlamydia, gonorrhoea, syphilis and trichomoniasis) in men (excluding men who have sex with men) and women,
- screening for Hepatitis B,
- sexual health promotion,
- condom distribution
- psychosexual assessment and referral for psychosexual problems
- All other contraception methods

The location is registered for the regulated activities of treatment of disease, disorder and injury, family planning and diagnostic and screening procedures. A registered manager is in place.

The service also operated satellite clinics across the Wirral peninsula in the acute health trust, schools and colleges of further education.

The service had not previously been inspected and this is the first inspection of the service at location level.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the environment and observed how staff were caring for patients;
- listened to a telephone appointment with one patient who was using the service;
- spoke with the registered manager and safeguarding lead;
- spoke with five other staff members; including, clinical lead, nurses, health education and reception staff;
- looked at three care and treatment records;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

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

## Outstanding practice

Brook Wirral patients were involved in the review of the Brook Young People digital strategy to ensure their digital platforms were accessible to all and that reasonable adjustments were made where needed. This included ensuring the website met the Web Content Accessibility Guidelines (WCAG) 2.1 standard to make web content more accessible to people with disabilities.

Accessibility involves a wide range of disabilities, including visual, auditory, physical, speech, cognitive, language, learning, and neurological disabilities. The 'Find a service tool' launched in 2021 now includes a filter function so patients can search for services that meet their access needs. Changes to the website involved collaboration of design with young people, on the language and tone used to convey key messages and make it accessible to a broad audience, using correct and accurate terminology.

Over the last 12 months, Brook Young People conducted a full review of over 120 pages of help and advice content on their website, adding new information and advice covering topics such as coming out, living with sexually transmitted infections and virginity. Brook young people were awarded the matrix Standard accreditation for high-quality information, advice and guidance. Since then, over eighteen hundred people accessed information about Brook Wirral's services and over five thousand people visited webpages about Brook Wirral from 01 April 2021 to February 2022. Brook Young People intend to continue throughout 2022 to run workshops to identify barriers to accessing support and are in the process of developing a national consultation to explore young people's attitudes towards digital sexual health services.

# 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

## Community health (sexual health services)

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

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

Good 

Our rating of safe. We rated it as good.

#### Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

Staff completed training in basic life support, mental health first aid, conflict resolution, fire safety, health and safety, infection control, safeguarding adults and children, equality and diversity, 'Prevent' and a number of medicines management modules depending on their role. Eight of the nine staff at the service had completed all their mandatory training (100%) and a recently employed staff member had completed 75% of their training requirements.

In 2021, staff completed Brook trauma informed practice internal training to help staff to use trauma informed approaches in their practice and recognise signs which may indicate trauma and distress. Feedback from staff on the training was positive with 98% of staff stating the training was positive, informative and raised their knowledge and awareness of trauma in young people.

The registered manager and clinical services manager monitored mandatory training and alerted staff when they needed to update their training.

#### Safeguarding

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

All staff received training in safeguarding adults and children. Clinical staff were trained to level three. The registered manager was the safeguarding lead for the service and had completed level four safeguarding training. Clinical staff had completed additional training in recognising signs of self-neglect and specific child sexual exploitation, domestic abuse, modern slavery and female genital mutilation training.



# Community health (sexual health services)

The service was also supported by an assistant director for operations and national safeguarding lead from Brook Young People. Safeguarding leads met weekly to review all new and open safeguarding concerns. Meetings were minuted and actions and follow up discussed with the clinical team.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service kept figures on the completion of a safeguarding form as part of the clinical assessment. In the last twelve months, twenty-nine patients had a form completed, fourteen of these were referred to an external agency and information on nine patients was shared with external stakeholders.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had made occasional safeguarding referrals and staff were able to give examples of these. The service had a contract with a local NHS community trust and reported safeguarding concerns through the trust incident reporting system, which they had access to. This allowed the team to see any indicators of risks patients who were known to other services, for example domestic violence. The service attended a bi-monthly contract meeting with the NHS community trust, in which safeguarding is discussed. Safeguarding supervision, is a mandatory requirement for all staff and was held quarterly, including reception and administration teams were invited to attend.

Staff followed safe procedures for children visiting the service. Clinics for the outreach and young people's service were arranged so staff generally saw young people in community settings which were more appropriate, including schools and colleges.

The outreach service worked as part of multi-agency arrangements with vulnerable young people, including those at risk of child sexual exploitation. This service had good links with schools across the area and worked with pastoral teams and school nurses to ensure young people were appropriately safeguarded. They also had good links with other statutory services, including the local authority safeguarding teams. This included specific safeguarding supervision sessions arranged where they could discuss complex cases with the safeguarding lead.

## **Cleanliness, infection control and hygiene**

The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service was based in a building with contracted cleaning. The registered manager had a budget for cleaning and maintenance of the building. Staff told us cleaning was completed to schedule and maintenance prioritised as needed.

Staff followed infection control principles, including the use of personal protective equipment (PPE).

The provider had an infection prevention policy and procedures for staff to follow. Staff were up to date with infection control training, health and safety training and additional training relating to the use of personal protective equipment.

The service-maintained stocks of personal protective equipment, including gloves and masks, and these were available in rooms throughout the service. Managers and staff followed government guidance aimed at limiting the spread of COVID-19 in place at the time of this inspection. We saw procedures in place which staff followed, including spaced out seating in the waiting areas.

# Community health (sexual health services)

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Clinical staff were completing cleaning of consultation rooms between patients and waiting areas were also being cleaned frequently. Schedules were in place and completed for cleaning and infection control audits completed monthly.

## Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance on the National Institute for Health and Clinical Excellence (NICE) contraceptive services for under 25's.

Staff told us there were enough consultation rooms available within the services. Consultation rooms were fitted with equipment, which was well maintained and clean, including examination couches.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment, emergency equipment and a full weekly stock check of equipment needed by the service. Emergency equipment was stored in emergency boxes in each clinic room. This included oxygen, masks and a pulse oximeter. A defibrillator complete with adult and children's pads was also stored alongside.

The service had a fridge to store samples prior to transfer to the pathology laboratories at the local hospital. The service had arrangements in place for the safe transfer of blood samples to pathology laboratories, including at weekends.

Staff disposed of clinical waste safely. There were arrangements in place for the management of clinical waste, including sharps bins and clinical waste collection contract with a local provider.

## Assessing and responding to patient risk

All referrals were triaged clinically, and patient appointments prioritised based on this. Referrals for sexual health services could be prioritised if patients were in pain or presenting with specific symptoms and these patients could generally be seen on the same day. The appointments system allowed an initial assessment by reception staff to take personal details and clinical staff to determine the length of appointment. The minimum appointment times offered were 20 minutes as per British Association for Sexual Health and HIV (BASHH) guidelines. If a patient was assessed as at risk, then appointments could be rescheduled, or the clinic closed to appointments while the patient was prioritised.

Staff knew about and dealt with any specific risk issues.

Staff used templates within the electronic system for consultations, with templates for sexual health and contraception, including contraceptive implants and removal. During all consultations, staff asked about specific risks including, safeguarding related concerns past medical history, current medical issues and current medication and allergies. This ensured that treatment provided was safely considered. All patients were given advice on who to contact if their condition changed or deteriorated.

## Staffing

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

The number of nurses and reception staff matched the planned numbers, with a good skill mix of experienced staff. Additional clinical cover if needed was provided as part of the service contract by the local community NHS trust.

# Community health (sexual health services)

The service had 1 vacancy for a registered nurse. Managers limited their use of bank staff to a small number of staff familiar with the service. Managers made sure all bank staff had a full induction and understood the service. The service also had an administrative team.

The service had low turnover rates and low sickness rates, with no current staff on long term sickness or leave arrangements.

## Medical staffing

The service had no on-site medical staff but had access to advice from Brooks' clinical director, a sexual reproductive health consultant and a second on call sexual education consultant, along with a referral pathway to a level three sexual health service based at the local community NHS trust. The service had access to the local community NHS trust electronic records system so could make referrals to specialist services, including specialist clinics for patients receiving HIV treatment. Staff told us that they could always approach external medical staff for advice or contact by phone if needed.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. The service used an electronic record system. All staff were able to access the system.

## Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines and contraceptive products were supplied by the local community NHS trust as part of their contract with the service. The service maintained a stock of contraceptives, including emergency contraceptives. This was checked and restocked on a weekly basis.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff kept daily records of medicines received, stored and then supplied to patients. Staff followed current national practice (National Institute for Health and Clinical Excellence (NICE) contraceptive services for under 25's) to check patients had the correct medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The provider had a medicines policy which was comprehensive and included guidance for staff to follow relating to prescribing, administering, recording and storing medicines. The provider had a contracted pharmacist to provide advice on medicine related incidents and updated policies and guidance.

Clinical staff completed training in medicines management, medicines administration and cold chain management. Medicines were stored in locked cupboards in a locked clinic room. The rooms were monitored daily to ensure medicines were stored at the right temperature. Medicines were not stored in fridges. Room temperatures and fridge temperatures were checked daily.

# Community health (sexual health services)

Contraceptives could be prescribed by clinicians with ongoing prescribing transferred to the patient's own GP. Contraceptives were supplied by nursing staff under patient group directions. One nurse at the service had completed their training to become non-medical prescribers and they could initiate treatment if needed. Prescription pads were not held in the service.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts were cascaded via the provider's intranet and by managers.

## Incidents

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

The provider used the local community NHS trust electronic system to report incidents and a local service spreadsheet which all staff could access. There were two incidents reported in the last 12 months related to patient information, which were dealt with through the contract monitoring process.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff received training about duty of candour at induction. The provider had a clear and comprehensive policy for guiding staff to understand the duty of candour and the complaints policy also prompted staff to consider duty of candour. The service had had no incidents which met the threshold for duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw that these were discussed in service governance meetings and team meetings. Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. Incidents were followed up with the local NHS community trust as part of the contract monitoring process, improvements were identified, and progress followed up through contract monitoring meetings.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

## Safety Performance

The service used monitoring results to improve safety. Staff collected safety information and shared it with staff. No safety incidents had been reported in the last 12 months.

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

Our rating of effective. We rated it as good.

# Community health (sexual health services)

## Evidence-based care and treatment

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff within the services followed guidance and best practice, including the Faculty of Sexual and Reproductive Healthcare contraceptive guidance and British Association for Sexual Health and HIV guidelines. Staff also worked to NICE guidance including guidance related to young people.

The service provided outreach, working with young people to prevent sexually transmitted infections and provide contraceptive advice. The outreach service also offered specialist education well-being support, including one to one support for young people to promote positive sexual health and reduce risky behaviour. Staff also delivered educational sessions on sex and relationship in schools and colleges, supported people to access contraception and sexually transmitted infection screening and offered access to condoms via community facilities, for example in further education colleges. The education staff delivered sessions on gender identity, at risk groups and relationships. Feedback from students was positive, stating they had learnt new terminology, the signs of positive and negative relationships and the use of gender inclusive terms. Students reported that staff helped them to feel comfortable with the subjects discussed and that the sessions were inclusive.

We listened to a telephone appointment for a routine contraceptive treatment. Staff followed pre-populated templates which ensured relevant questions were asked. Staff also asked about wider health issues and offered screening for example, testing for sexually transmitted infections. Staff were aware of and could signpost to other agencies including smoking cessation, substance misuse services and local mental health services.

## Patient outcomes

The provider group had an ongoing programme of audits, including confidentiality, onward referral, NICE compliance, infection control, safeguarding, health records and health and safety. The service completed mandatory audits including an annual health and safety audit, annual infection control, safeguarding, hand hygiene and health records audits. The most recent infection control audit result was 97.52% and the service was rated green.

Brook Wirral completed a sexually transmitted infection audit from March 2021 to November 2021. The audit had 40 patient responses and reported testing for gonorrhoea and chlamydia. The audit for example showed people tested for chlamydia and retested after 3 months. Ninety seven percent of patients were retested and 100 percent of these tested negative and completed treatment.

The service participated in relevant national clinical audits and provided testing on behalf of the national chlamydia screening programme. The service took part in four national Brook clinical audits during 2020-2021, for example referral to abortion services, emergency contraception and patient record keeping.

Outcomes and key targets were monitored by managers. This included numbers of patients seen and use of appointments and missed appointments. The audit data was analysed, and the national clinical leadership team produced a summary report of each audit for the quality assurance committee, including improvement actions for implementation by local nurse managers. The services also received data that allowed them to compare their own performance to other Brook services.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. Managers shared and made sure staff understood information from the audits. Action plans were devised from audit findings and these had clear timescales and measures for improvement.

# Community health (sexual health services)

## Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff working within the service had good understanding and knowledge of current practice in sexual health. Staff had completed additional training relevant to their roles, including training in intrauterine device placement and removal, emergency contraception and long acting reversible contraceptive implant placement and removal.

One nursing staff in the service was a non-medical prescriber which improved access to medicines where a prescription was necessary. The insertion of contraceptive implants was provided by two nurses, and intrauterine device insertion and removal was available on request.

Managers gave all new staff a full induction tailored to their role before they started work. The provider had developed a comprehensive induction package for new starters. This included an induction plan, with checklist and reviews built into the first six months of employment. Clinical staff had an induction process to ensure that computer access, name badges and workstations had been organised. There was a clinical induction checklist completed in the first month and competency packages specific to each role. We spoke to a bank staff receptionist who told us their induction had been well organised and that they had also had buddy support from colleagues and were able to shadow processes with experienced staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff completed an annual personal development plan. Managers identified poor staff performance promptly and supported staff to improve.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The provider had a policy for supervision, including managerial and clinical supervision. Managers also completed more informal regular conversations with staff during periods of restrictions, to support staff wellbeing.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers had access to advice and support from a national human resources team.

## Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff within the services provided support and assistance to each other and the team worked well together. Staff worked in the local acute trust, schools and colleges of further education to ensure that services were available where needed.

The outreach service also offered education and training for professionals in the NHS, schools and further education. Between September 2021 and February 2022, the service offered 36 education/ training sessions to 55 professionals. Feedback from professionals was positive on the content of the training and education and the value it would add in their roles.

# Community health (sexual health services)

Staff also delivered advice and support to paediatric staff at the local acute and community health trusts, offering a monthly clinic and advice to specialist nurses. For example, the children's epilepsy nurse specialist. Training was provided to all relevant health staff supporting young people who attended the hospital. The training also acted as a fast track referral process to Brook Wirral or to request a Brook nurse to book time in with the young person at the hospital.

Information provided to health care staff included information on Brook Wirral and the services provided, how to access the service as a professional, confidentiality and consent. Brook education staff attended staff meetings and provided health care staff with advice on how to have an open conversation with young people around their sexuality and to promote the service. Health professions were then able to refer a young person to be an outreach patient either in the paediatric clinic or Brook Wirral clinic. Feedback of the service was positive about how the profile of sexual health and been raised amongst other professionals in the local 'Think sexual health' offer.

Brook Wirral staff also worked alongside the Brook Young People service in reviewing a national framework to support the identification of Child Sexual Exploitation and the potential risks.

Staff offered patients brief interventions if they had any concerns or worries about information or treatment provided to them. Staff could refer patients to the local mental health NHS trust if a patient needed a mental health assessment or advice.

## Health promotion

The service had relevant information promoting healthy lifestyles and support in patient areas.

The service had sexual health promotion materials on notice boards in the waiting areas and patients were given sexual health information at face to face appointments. Staff had contact details and information they could offer to patients if needed.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

The service offered advice on healthier lifestyle including screening for smoking cessation, substance use advice and signposting and other relevant screening.

## Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff could describe and knew how to access policy on Mental Capacity Act.

The provider had a Mental Capacity Act policy for staff, which was up to date and comprehensive, including recent legislative change and liberty protection safeguards proposals. The policy included guidance relating to children and young people. Policies were all stored on the provider intranet site.

# Community health (sexual health services)

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

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

Good 

Our rating of caring. We rated it as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We listened to a telephone appointment with one patient who was using the service with the patient's permission. Staff took the time to explain the information clearly and put the patient at ease. The patient had time to discuss their worries and concerns and to ask questions or clarify.

Patients said staff treated them well and with kindness. We asked for feedback in the week following this inspection using our feedback tool. The service provided us with feedback from patients who had completed the 'I want great care' questionnaire. Feedback was continually positive about the way staff treated people. Patients reported that staff went "the extra mile" and their care and support exceeded their expectations. An example given was how staff offered patients a sexually transmitted infection test, at their appointments, which they had not experienced while attending other sexual health services.

Patients said staff helped them feel at ease, were listened to, and had enough information about their care and treatment. Comments highlighted how friendly and approachable staff were and all had a good experience of care. Staff were described as knowledgeable and respectful. Patients commented that the service was clean, tidy and hygienic.

Staff followed policy to keep patient care and treatment confidential. Consideration of people's privacy and dignity was consistently embedded in everything that staff did. Staff discussed with us potential issues in terms of telephone calls for appointments and test results and the procedures they followed to ensure that they did not breach confidentiality. Staff providing the outreach service were also mindful of maintaining young people's confidentiality whilst being accessible and contactable. Systems were set up to ensure that information and records were secure and confidential.

### Emotional support

Staff gave patients and those close to them help, emotional support and advice when they needed it. There was a visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Staff were skilled and experienced in discussing delicate and difficult issues and in ensuring patients were able to disclose their fears or anxieties. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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



# Community health (sexual health services)

Staff undertook detailed social, sexual and relationship histories and worked with patients on the impact that their condition or treatment would have.

## Understanding and involvement of patients

Staff made sure patients understood their care and treatment. We saw that staff talked with a patient in a way they could understand. Feedback from the 'I want great care' survey was that staff took time to explain all procedures, which helped patients relax.

Patients could give feedback on the service and their treatment and staff supported them to do this. The service collated data via the 'I want great care' online survey or as paper forms in the reception area.

Staff recognised and respected the totality of patient's needs. They took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. Staff within the service took comprehensive histories from patients to make sure they understood their holistic needs. Staff worked hard to develop and maintain good rapports with patients. They planned care flexibly in ways that worked for patients.

Staff providing the outreach service were committed to working with young people to improve their self-confidence, support their development and ensure they flourished. Staff within the team were passionate and inspirational about their work with young people.

Staff supported patients to make informed decisions about their care. Staff explained the benefits and drawbacks of proposed treatments, particularly when discussing methods of contraception. The outreach service worked to empower young people who used the service to have a voice and to realise their potential. Young people's individual preferences and needs were always reflected in how care was delivered.

Patients gave positive feedback about the service. Feedback from the 'I want great care' survey was 13 patients was positive and all patients scored a 100% satisfaction rate with the service.

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

Our rating of responsive. We rated it as good.

## Service delivery to meet the needs of local people

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 website offered information and advice and about sexually transmitted infections, pregnancy, contraception (including methods and what to expect at appointments) and details of other health services including smoking cessation, substance misuse and breast and testicular checking. Appointments could be booked over the phone.

The outreach service for young people saw patients to provide contraceptive and some sexual health services in schools, colleges of further education and local NHS acute trust to improve ease of access for patients.

# Community health (sexual health services)

Managers planned and organised services, so they met the changing needs of the local population. The service response during the pandemic had been dynamic adapting to government guidance. Staff had been supported to work flexibly where needed, with investment in equipment to enable staff to work flexibly. There had been a continued face to face service operating throughout. During the periods of COVID-19 restrictions, the service had arranged for some tests and screening to be ordered online and delivered by post, along with a postal service for condoms.

The service had pathways to other organisations and services, including acute hospital teams and termination of pregnancy services. The service had identified an increase in demand for training and offered this to other health care professionals, including paediatric and school nurses working locally, to offer more advice on sexual health for young people.

Facilities and premises were appropriate for the services being delivered. The service had its own reception and waiting area, which was clean and tidy and monitored by close circuit television, so staff could ensure patients were safe. There was additional space offered to speak privately with patients. There were two consultation rooms, which were clean and appropriately furnished. Rooms were fitted with privacy curtains for preparing for examination and windows were fitted with privacy screening to allow natural light.

Staff also ran clinics in other settings and had organised equipment so that it was available to pick up and go. Staff told us that whilst clinics may be for a specific purpose, for example, for contraceptives, they would also take screening kits and information about sexual health to ensure they could respond to additional issues or queries.

Managers monitored and took action to minimise missed appointments. Missed appointments were reviewed in governance meetings to identify any trends or themes. Procedures were in place to follow up patients aged over eighteen years of age via telephone or texting them on the same day an appointment was missed. Missed appointments were added to the patient record.

The service had systems to help care for patients in need of additional support or specialist intervention. For patients aged under 18 or know to be vulnerable, the same process for patients aged over eighteen years was followed with the addition of contacting the local safeguarding lead and a plan of next steps actioned and agreed.

## Meeting people's individual needs

The provider had an equality and diversity policy which outlined relevant legislation and provided guidance for managers and staff.

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

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

The outreach service for young people offered services in community locations, including schools, colleges and specialist education providers. Outreach education staff worked with young people to offer education and support around relationships, raising self-esteem and improving body image, gender and sexuality and empowerment. Staff were passionate about the work they did with young people and the difference this made.

# Community health (sexual health services)

For children and teenagers who attended the service, they could be booked in at the start or end of the day to avoid having to miss school.

The service was able to make adjustments for patients with reduced mobility, and all rooms along with the waiting area were on one single level at each location. The services were all located above ground floor level with lifts available.

A hearing loops system was available in the location.

The service was able to offer appointments for female patients with female medical and nursing staff, which was sometimes requested for cultural reasons.

## Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had targets for different appointment types, with no waiting times noted at the time of inspection. The service was performing well against other key performance indicators.

The service had suspended drop-in clinics during the COVID-19 lockdown and subsequent restrictions and had moved to an appointment system. This had proved beneficial in being able to respond to demand and see patients more quickly.

Managers supported clinical staff and were keen to remain operationally involved. Telephone appointments were booked in to follow up patients and check on treatment progress or to discuss test results. The service was flexible and responsive to changing needs.

Managers worked to keep the number of cancelled appointments/treatments to a minimum.

Managers were able to plan staff availability and resource more flexibly as a result of moving to appointments only. Managers had increased the number of staff trained to provide certain forms of contraceptives in response to increased demand.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service had complaints leaflets and feedback forms available at the receptions to each location. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. The provider had a policy for complaints which outlined clearly for staff and managers the steps to take in dealing with informal and formal complaints. The provider had a customer experience team who could advise and oversee the process.

## Community health (sexual health services)

Managers investigated complaints and identified themes. There had been zero complaints made in the last 12 months. The service had received eighteen positive comments about the service from 01 April 2021.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints/compliments were discussed in the quality assurance and team meetings.

Staff could give examples of how they used patient feedback to improve daily practice.

Staff felt that patients had responded to the offer of telephone appointments for repeat. Staff told us feedback from patients about posting contraceptives to them was positive, as this meant they did not have to attend the clinic as items were posted out to them. [

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

Our rating of well-led. We rated it as good.

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager has been in post since December 2021 and was also registered to manager another Brook service. The registered manager had extensive skills and experience. The service manager was relatively new to the service and was not available at the time of the inspection.

Staff told us they knew the managers of the service and felt supported in their roles. They knew how to contact managers if needed and saw them regularly.

Managers could access support and coaching within the company. Leadership and management training were available and accessible. Managers told us they felt supported and valued.

### 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. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Brook Young People had a national framework of values and behaviours associated with these. These were incorporated into this local service through meeting agendas and supervision frameworks.

New starters to the service received an induction, introducing the values and expected behaviours.

# Community health (sexual health services)

## Culture

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

Staff felt proud of the service they worked in and that they provided good care for patients. Staff spoke passionately about the work that they did and the patients that they worked with. Several staff said they looked forward to coming to work and enjoyed their job. Staff felt they worked within a flexible and supportive team. They valued the experience and skills of each other.

Staff told us they felt supported by managers and could raise any issues. The company provided opportunities for development and we saw staff had been supported to take part in training and skills development. New starters were supported and felt welcomed into teams. Staff felt workloads were reasonable, clinic lists and appointments were planned well and with enough time to care for patients. Staff highlighted having a good work-life balance.

Staff told us that during periods of COVID-19 restrictions that they had been supported to work flexibly, including being able to work from home due to childcare arrangements or periods of isolation.

During the COVID-19 pandemic, monthly team meetings were moved online so staff continued to provide feedback any issues or concerns.

## Governance

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

The service was supported by other teams within the provider group, including human resources, finance teams, health and safety teams and medicines management.

The provider held monthly senior leadership team meetings to monitor business units and services nationally.

The clinical leadership team met monthly and reported to the quality assurance committee. Membership included the director of operations, head of nursing and clinical director. The head of nursing and clinical director met regularly to review clinical and quality governance improvement plans.

Medicines advice and support was provided through a contracted pharmacist. The head of nursing worked with the director of operations, assistant director of operations and head of operations to ensure clinical services maintained ongoing improvement and quality. The registered manager worked with the clinical leadership team at Brook Wirral to ensure compliance with clinical quality management processes and best practice were met.

Quarterly quality and risk reports were provided to the director of operations summarising incidents, complaints and other significant events and the actions taken in response. Operational and clinical leadership teams reviewed these for action and learning. The quality and assurance group received a quarterly Red Amber Green (RAG) rated report, including detail on safeguarding activity. The quality and assurance committee also received an annual data Incident report from quarterly monitoring to identify issues and trends.

# Community health (sexual health services)

The service was commissioned by the local community NHS trust and local authority and managers met regularly with the lead commissioners to monitor performance and update plans for the service. In 2021 the local community NHS trust completed an under 18 safeguarding pro forma audits, which showed for every patient visit to Brook Wirral a pro forma safeguarding form was completed and no recommendations were received.

## Management of risk, issues and performance

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

Managers had access to dashboards to allow monitoring of key performance indicators and service information.

The service had a risk register which highlighted key risks for the service and was regularly reviewed.

The service had a business continuity plan in place and had been able to continue to operate throughout the pandemic period with flexibility to meet the needs of patients and staff. COVID-19 surge calls had been held weekly and these looked at specific factors nationally affecting services and detailed plans were completed to ensure service continuity.

## Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted through the provider integrated governance system. Information on incidents were submitted to the provider and local community NHS service that Brook Wirral held a contract with.

The company had a national intranet and document sharing platform. This provided a central point for access to national policies, incident reporting and other support services and platforms used. This was also used as a central information sharing platform.

Brook Wirral patients were involved in the review of the Brook Young People digital strategy to ensure their digital platforms were accessible to all and that reasonable adjustments were made where needed. This included ensuring the website met the Web Content Accessibility Guidelines (WCAG) 2.1 standard to make web content more accessible to people with disabilities.

Accessibility involves a wide range of disabilities, including visual, auditory, physical, speech, cognitive, language, learning, and neurological disabilities. The 'Find a service tool' launched in 2021 now includes a filter function so patients can search for services that meet their access needs. Changes to the website involved collaboration of design with young people, on the language and tone used to convey key messages and make it accessible to a broad audience, using correct and accurate terminology.

Over the last 12 months, Brook Young People conducted a full review of over 120 pages of help and advice content on their website, adding new information and advice covering topics such as coming out, living with sexually transmitted infections and virginity. Brook young people were awarded the matrix Standard accreditation for high-quality information, advice and guidance. Since then, over eighteen hundred people accessed information about Brook Wirral's services and over five thousand people visited webpages about Brook Wirral from 01 April 2021 to February 2022. Brook Young People intend to continue throughout 2022 to run workshops to identify barriers to accessing support and are in the process of developing a national consultation to explore young people's attitudes towards digital sexual health services.

# Community health (sexual health services)

## Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff meetings took place each month at each location and these were well attended.

The service had established links with local commissioning groups and community organisations. This included local primary care services, mental health services and substance misuse services.

The provider completed an annual engagement survey across the national organisation. Results were reported nationally and within teams with action plans devised from these.

The provider and service focused on wellbeing with access through the company to wellbeing resources and apps.

## Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.