

Brook Dudley

Quality Report

Brook Young People
Brook Dudley
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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 25 October 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well led?

Our Key findings:

We found the following areas of good practice:

- The registered manager was the safeguarding lead for the service and was trained to the required level 4 in safeguarding children and young people.
- There were processes in place to act on historic safeguarding concerns.
- Staff treated young people with dignity and respect and engaged with young people in a caring manner.
- Young persons' records were complete, contained relevant information, and were up-to-date.
- Staff completed risk assessments in relation to young people and these formed part of the patient history.
- Areas were visibly clean; staff washed their hands appropriately between each patient interaction and used personal protective equipment.
- Systems were in place to monitor medications with patient group directives (PGD) available when required.

- Staff followed appropriate assessment guidelines when supporting people under 16.
- Staff respected young people's confidentiality when in the reception area.

However;

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 the 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.

Summary of findings

- Ensure that all incidents are recorded and their severity assessed when they meet Brook young persons incident reporting criteria.
- Consider a local audit programme with action plans, mitigations and specified timescales when the service is not meeting agreed standards.
- Consider how the “Mental Capacity Act 2005” and its codes of practice may be relevant to the service and how the service is complying with the principles of the Act.

- Ensure electrical equipment is tested for safety as per manufacturer’s guidelines.

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 also issued the provider with three requirement notice(s) that affected Brook Dudley. 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

Sexual health services

Inspected but not rated

The registered manager was the safeguarding lead for the service and was trained to the required level 4 in safeguarding children and young people.

There were processes in place to act on historic safeguarding concerns.

Staff treated young people with dignity and respect and engaged with young people in a caring manner.

Young persons' records were complete, contained relevant information, and were up-to-date.

Staff completed risk assessments in relation to young people and these formed part of the patient history.

Areas were visibly clean; staff washed their hands appropriately between each patient interaction and used personal protective equipment.

Systems were in place to monitor medications with patient group directives (PGD) available when required.

Staff followed appropriate assessment guidelines when supporting people under 16.

Staff respected young people's confidentiality when in the reception area.

However, we also found the following issues that the service provider needed to improve:

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

There was no local risk register in place to provide overview of local risks.

The provider could not demonstrate that clinical staff had received an annual infection control update in the last 12 months.

Incidents were not always reported or shared with staff to improve learning.

Incidents were not always graded to determine if risks were minor, moderate or serious.

Only 75% of staff had an appraisal during the last year; this was lower than Brook Young People's national target compliance rate of 85%.

Summary of findings

The service was unable to provide evidence that portable appliances had been safety tested.
There was no training for staff on the 'Mental Capacity Act, 2005' and how it applied to young people under 25 years of age.
There was poor communication between the registered manager and the clinical manager.
Training documentation was not always consistent, up-to-date and easily accessible to all members of the management team.

Summary of findings

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Brook Dudley

Services we looked at

Community health (sexual health services) under 25.

Summary of this inspection

Background to Brook Dudley

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

Brook Dudley is a charity providing free, confidential sexual health and well-being services for young people under the age of 25. Between January 2016 and October 2016 Brook Dudley saw 701 young people under 18 years old and 1565 young people aged between 18 and 25 years. Brook Dudley offers sexually transmitted infection

(STI) testing, contraception and emergency contraception as well as counselling and support in improving young people's health and well-being. Brook Dudley did not carry out termination of pregnancies at the service. The service operated on a hub and spoke model which meant there was a main clinic in Dudley town centre and six spoke clinics in local colleges.

Young people could drop into the service at a time convenient to them. Brook Dudley was open four days a week. Opening hours were from 3.30pm until 8pm on a Monday and Tuesday and from 12pm until 4pm on a Friday and Saturday.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

An inspection manager oversaw the inspection team.

How we carried out this inspection

We carried out an announced visit on the 25 October 2016.

Prior to the inspection we reviewed information the provider had sent us as part of the provider information request (PIR). We also reviewed notifications received from the provider since they were registered with the CQC.

We would like to thank all staff and young people for sharing their views and experiences of the quality of care and treatment at Brook Dudley.

During the visit, we spoke to seven staff who worked in the service including the service manager, the registered manager, client advisors, nurses and receptionists. We

observed how people were being cared for in the waiting areas and whilst in the clinic. We reviewed a patient comment book that was kept in the waiting area. We also spoke with young people who were using the service.

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?

- Not all clinical staff were not trained to the required level 3 in safeguarding children and young people.
- Not all staff across all three Brook sites had achieved level 2 safeguarding training.
- Not all clinical rooms were accessible for young people who used a wheelchair, however the downstairs clinical room was.
- Incidents of a non-serious nature were not always being recorded as they should.
- There was inconsistencies in incident reporting paperwork and incidents were not always graded according to severity. Learning from incidents was not routinely shared with staff.
- There was no evidence that electrical equipment had been tested for safety.
- On the day of the inspection, the registered manager was unable to tell us which staff were due their mandatory training as training records were incomplete.
- The essential training matrix did not correspond with the mandatory training log and had been due for review in 2014.
- We reviewed the training matrix and found that all staff last completed mandatory infection control training on their induction; there was no date of the induction recorded on the matrix.
- Only 75% of staff had an appraisal during the last year; this was lower than Brook Young People's national target compliance rate of 85%.

However;

- Staff were aware of their responsibilities and were knowledgeable within their role.
- Staff we spoke with knew to report safeguarding concerns to their manager and processes were in place to act on historic safeguarding concerns. The registered manager was the safeguarding lead for the service and was trained to the required level 4 in safeguarding children and young people.
- There were processes in place to act on safeguarding information including historic abuse.
- Young people's records were stored securely, legible, signed, up-to-date and contained relevant information.
- Staff completed risk assessments to determine risks to young people from sexually transmitted infections. Nurses explained risks to young people.

Summary of this inspection

- All areas were visibly clean and staff wore and disposed of personal protective equipment, such as aprons and gloves, appropriately.
- Medications were stored safely with systems in place to monitor and record them.

Are services effective?

- Staff completed a Fraser assessment for all young people under 16.
- There were a number of policies and procedures accessible to staff on the intranet.
- Staff had access to a regular clinical newsletter with up to date information.
- Staff obtained consent from young people prior to carrying out any procedures.
- Brook young people organisation based their clinical guidelines, policies and procedures on national good practice recommendations and standards. Staff were knowledgeable about the contraception they were providing.
- Data received showed that Brook Dudley scored 100% targets for chlamydia screening test results, notifications and treatment.
- Young people could drop into the service at a time convenient to them.

However;

- The Mental Capacity Act, 2005 was not part of Brook Dudley's training programme. This is important as the act applies to everyone involved in the care and treatment of people aged 16 or over who are unable to make all or some decisions for themselves.

Are services caring?

- Staff respected confidentiality and treated young people with dignity and respect.
- Staff gave young people the opportunity to ask questions. Staff explained services in a way that was jargon free and easy to understand.
- Staff were friendly and provided reassurance to young people.
- There was a range of information available to young people at both Brook Dudley and on the Brook Young People's website.

Summary of this inspection

Are services responsive?

- Brook Dudley provided a telephone service which provided advice and support to young people.
- Staff had access to an interpreting service if a young person needed this.
- Brook Dudley had received only one complaint in the 12 months prior to our inspection. Senior managers discussed complaints at board meetings.

However;

- Staff told us there was no specific support for young people with a learning disability.
- Young people sometimes had to return to the service for part of their screening if staffing levels were low.
- Staff inputted waiting times onto the computer system; however, there was no regular audit of these.

Are services well-led?

- There was limited use of audit and monitoring to identify and action areas for improvement.
- Data and recording was confusing, out-of-date and not easily accessible.
- There was no local risk register.
- There was poor communication between the service manager and the registered manager.
- There were limited opportunities for all staff to come together such as in team meetings.
- There was a lack of monitoring for risks such as inconsistent incident reporting, communication of learning and ensuring maintenance of equipment was in place.

However;

- Managers completed general risk assessments in relation to the service.
- Staff we spoke to felt supported by the registered manager.
- Young peoples' opinions were valued and acted on; there were comment cards available for young people to complete.
- Brook Young People had a nationwide priorities for improvement document in place.

Detailed findings from this inspection

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Incident reporting, learning and improvement

- 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 guidelines on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need to have happened for an incident to be a never event.
- We saw that Brook Young People had a national policy that guided staff on the reporting of incidents and concerns. The policy was available on the organisations intranet and staff we spoke with were aware of this.
- Staff knew how to report incidents and recorded them on the electronic reporting system. However, management told us that staff did not report some low level incidents and that this was due to other priorities.
- Brook Dudley reported there had been eleven incidents in the last twelve months. Details of these incidents were shared in the quarterly quality reports. Quarterly quality reports were shared with stakeholders and with staff at Brook Young People's headquarters. We reviewed the last three reports and found no specific themes.
- We reviewed three incident-reporting forms and found two different types of documentation in use. Two of the reports did not have an incident-grading matrix, the third had a matrix but the incident grading section had not been completed.

- We reviewed three incident reports that staff had completed between September 2016 and October 2016. One of the incidents related to a staff member leaving a packet of contraception out of the stock cupboard. Actions to be taken were to ensure staff returned the contraception medicine safely to a locked cupboard and that the policy around medicines management would be reiterated to all staff. The management team were unable to provide any evidence that these actions had been completed.
- Staff told us that learning from incidents was not discussed at staff meetings or shared with other Brook Young People's services. We reviewed nine sets of meeting minutes between April 2015 and June 2016 and found this to be the case.

Duty of Candour

- Managers reported there were no recent incidents at the service that had required staff to implement duty of candour. Staff we spoke with were not clear on the meaning of duty of candour but told us they would be open and honest if an incident occurred. 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.

Safeguarding, 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.

Community health (sexual health services)

- 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 of children and young people. Therefore, we were not assured that all staff that assessed patients had the relevant training to identify safeguarding concerns and to take appropriate action.
- Only 16 out of 20 (80%) staff across all three Brook sites 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.
- There had been no safeguarding concerns raised to the care quality commission (CQC) over the last twelve months in relation to Brook Dudley.
- Staff kept contact numbers for the local authority on file in the reception area.
- 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 forms when appropriate and that safeguarding records should be completed accurately and in full.
- The Brook 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 at Brook Dudley provided young people with emergency contraception such as the morning after pill.

Community health (sexual health services)

- Staff had access to guidance and information on the safe management of medications within policies and procedures, which were available on the organisations intranet.
- We observed that during the fitting of a contraceptive implant the nurse ensured they had the correct person by confirming the young person's date of birth prior to inserting the contraceptive implant. They also asked the young person if they had any questions about the implant.
- Medication was stored securely as the medication storage room had keypad entry; one member of staff who had completed a medicines management course was responsible for restocking medication across three Brook Young People's sites. Managers told us that only staff that had completed appropriate medications training were able to access the storage area.
- 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.
- Patient group directions (PGD's) provide a legal framework, which allows some registered health professionals to supply and/or administer specified medications, such as painkillers, to a predefined group of patients without them having to see a doctor. We reviewed a PGD for emergency contraception and found this to be complete and signed by the appropriate person.
- There was insufficient parking at the service as there was only a small car park behind the building. Parking spaces at Brook Dudley filled up quickly; this meant young people might have found it difficult to find parking space. However, there were public car parks nearby.
- Staff told us that the Information Technology (IT) systems were old, not fit for purpose and that they regularly broke down. This meant young people could experience delays and that access to patient records could be limited. We saw that concerns around the IT systems were recorded on the risk register dated April 2016. The risk register had mitigations, actions and dates for completion. Staff told us that if they had one wish this would be to get a new computer system.

Quality of records

- We saw that managers arranged training for staff on record keeping in October 2016, the training included case studies. Staff were encouraged to join in and discuss case scenarios. Thirteen staff attended the training session. The training was for all staff from Brook Dudley, Brook West Bromwich and Brook Tipton.
- We reviewed six young person's records and found them to be legible, signed, dated and that they contained relevant information. Staff kept a 'record of supplies form' in the young peoples' notes; this detailed what had been provided to young people, for example how many condoms they took away.
- There was no general patient record-keeping audits in place at the time of our inspection. The manager told us this was being developed.
- Records were stored securely in the lockable filing cabinets; the filing cabinets were located in a secure area.

Cleanliness, infection control and hygiene

- All clinical and non-clinical areas were visibly clean.
- We saw staff were adhering to "arms bare below the elbow" guidelines.
- We reviewed the latest annual infection control audit dated November 2015 and found hand hygiene compliance to be 92% which met the Brook Young

Environment and equipment

- There were two clinical rooms on the second floor and one clinical room downstairs, which provided private assessment areas. There were two toilet facilities available; however at the time of our inspection one was broken and out of use. Managers told us that this had been due to be fixed on the day of our inspection.
- Young people had access to a waiting area with a television and music while waiting to be seen. The waiting area was visible to staff in the reception area.
- We sent a provider information request to determine if electrical equipment at Brook Dudley had been tested for safety. We were told that this information was not available.

Community health (sexual health services)

People's 85% compliance target. The audit also included waste disposal, specimen handling and cleanliness of waste areas. Brook Dudley met its target compliance rate of 85% in all areas.

- There was sufficient hand washing facilities available to staff. We saw that staff regularly used hand gel and washed their hands.
- We observed that staff used personal protective equipment (PPE) such as aprons and gloves. Staff disposed of these and sharps appropriately.
- Aprons, gloves, and clinical waste bins were readily available to staff in clinical areas.
- The registered manager told us that Brook Dudley had a team of cleaners that cleaned the building four times per week. Staff cleaned and tidied clinical areas between young person appointments.
- We saw that staff received infection control training on induction however; there was no indication of any refresher courses taking place.
- There were no cleaning audits in place at the time of our inspection.

Mandatory training and competent staff

- Staff we spoke to were aware of their responsibilities and were knowledgeable within their role
- Staff told us that they felt training had improved recently. We saw that record-keeping training had been arranged for all staff around the time of our inspection.
- We reviewed the new training log on the day of our inspection and found it to be partially completed. This meant the clinical 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.
- Managers provided us with a copy of Brook Young People's essential training matrix that listed the minimum standards of training Brook Young People expected staff to achieve. The mandatory training log provided to us by the service manager did not correspond with this. For example, the essential training matrix we were shown contained training

such as safeguarding and customer care but these were not on the training log. The essential training matrix was dated 2014 and was noted to be under review.

- We reviewed the training matrix sent via our provider information request and found that all staff last completed infection control training on their induction. There was no date of the induction recorded on the matrix.
- 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.
- The service manager provided us with an alternative record of mandatory training which incorporated an appraisal log following a provider information request. We saw that staff at Brook Dudley were up-to-date with training on basic life support and anaphylaxis (extreme and severe allergic reaction). Staff received training on complaints, data protection, fire evacuation, health and safety. However, the matrix did not detail the date when these were completed; only that they were completed on induction.
- Three staff we spoke with told us that they received regular supervision and appraisals and that they were happy with the process. We reviewed six staff files and found that appraisals were up-to-date. We reviewed the overall appraisal rates of staff from Brook Dudley and found that 75% of staff had an appraisal during the last year; this was lower than Brook Young People's national target compliance rate of 85%.

Staffing levels

- Data showed there were fifteen members of staff employed at Brook Dudley; some of the staff worked across two other Brook Young People's sites (West Bromwich and Tipton).
- The Brook Dudley staff team included a service manager, a registered manager, nurses, clinical support staff, reception staff, counsellors, and administrative staff.
- The service did not usually use agency staff, however at the time of the inspection there was an agency receptionist on induction. This was due to the usual receptionist leaving the post.

Community health (sexual health services)

- Staffing levels were sufficient on the day of the inspection. Staff saw all young people following a short wait.
- However, managers and staff told us that the service was not always fully staffed. Staff told us this had impacted on waiting times and nurse's ability to complete screening in full. Brook Dudley did not use any specific staffing tools to determine its staffing levels.
- Data from August 2015 to July 2016 showed that the total number of staff vacancies was 6%. Brook Dudley managers recognised the concerns around staffing which were mainly due to vacancies and sickness. Staff told us recruitment was on-going.
- Thirty-one percent of staff had at least one sickness absence between August 2015 and July 2016.

Assessing and responding to patient risk and managing anticipated risks.

- We saw the service had a lone working policy in place and that staff were aware of this. Staff did not carry out home visits from the Brook Dudley service at the time of the inspection. We saw staff had access to a personal alarm, which they could activate if required.
- Staff told us they would support young persons with contacting their GP or in contacting the emergency services if they became unwell whilst visiting the service. We saw staff advised a patient with a skin condition to contact their GP for medical advice.
- We saw that staff took the medical and social histories of young people visiting the clinic. This quickly enabled staff to highlight any risk areas.
- We saw that staff completed risk assessments to determine the risks to young people from sexually transmitted infections (STI's) and that this formed part of the young person's history.
- We observed a nurse fitting a contraceptive implant; the nurse explained the risks of the procedure to the young person. Risks included bruising and that the contraception may not be suitable for them.

Major incident awareness and training

- Managers told us there were no specific plans in place if a major incident occurred; there were no plans in

place at the time of our inspection to address this. The service did have an emergency power pack in case of issues in relation to power supplies. Staff were able to access index books if the computer system was unavailable; however, recent attendees to the service would not be recorded in this.

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

Evidence based care and treatment

- The Brook Young People's 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), The British HIV Association (BHIVA), British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH).
- We saw that staff assessed patients thoroughly during consultations. Staff took medical and sexual histories and were knowledgeable around the contraception they were providing.
- We noted that Brook Dudley staff completed a Fraser assessment for all young people under 16. The Fraser guidelines state that contraceptive advice and treatment can be provided if certain terms are met such as the child has an understanding of the advice and that it was in the child's best interest to receive the advice.

Patient outcomes

- Brook Dudley participated in national audits. Audits completed in 2015/16 included sexually transmitted infection testing, termination of pregnancy, infection control and emergency contraception. There were no action plans in relation to these.
- Data received showed that Brook Dudley scored 100% compliance for chlamydia screening test results notifications and chlamydia treatment against the national target of 95%.
- We reviewed the results of the Sandwell and Dudley Brook Young People's sexually transmitted infection audit and found that 38 young people had received

Community health (sexual health services)

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.

- Staff had access to regular clinical newsletters to support in keeping practice up-to-date. For example, in the May 2016 edition the newsletter contained a link to the updated UK Medical Eligibility Criteria (UKMEC, 2016). Via the link, staff could access information from the facility of sexual and reproductive healthcare (FRSH) on issues such as problematic bleeding with hormonal contraception.
- The Brook Young People's termination on pregnancy audit was launched in March 2016 and anonymous data was captured on a web form and was completed to understand the extent and management of unwanted pregnancy across Brook Young People's services. Brook Dudley staff did not carry out termination of pregnancy at the service.
- The audit showed that not all young women had been screened for a sexually transmitted infection or that they were offered and commenced a robust method of contraception. Staff had been informed of the need for these changes and once implemented would provide a better outcome for young women attending the clinics. There was no local action plan at Brook Dudley to monitor this.

Multi-disciplinary working and coordinated care pathways

- We reviewed young people's records and saw evidence that staff liaised with other services and professionals when a safeguarding concern arose.
- The registered manager told us that the service could improve its links with other services such as mental health. At the time of the inspection the registered manager told us it had not always been possible to attend multi-agency meetings with other professionals as often as they would like due to current low staffing levels.

Pain relief

- We saw staff assessed patients' pain levels throughout procedures and provided reassurance when required.

- Nurse prescribers were able to provide young people with analgesia if required. However, nurses that were not qualified to prescribe analgesia would not provide this. Managers told us that staff told young people to take their own analgesia prior to their appointment. This was in line with Brook Young People's policy on risk management of clinical emergencies.

Nutrition and hydration

- Young people had access to drinking water if they required this.

Access to information

- Access and treatment was available free of charge to young people under 25.
- Brook Dudley was open on a Monday and Tuesday from 3.30pm until 8pm and on a Friday and Saturday from 12pm until 4pm.
- Young people could self-refer to Brook Dudley and did not need an appointment with the exception of some procedures such as implant removal as not all nurses could do this. There were no waiting lists for appointments.
- Nurses informed the receptionist about delays in clinics. The receptionist would then offer the option of returning to the service later that day if possible.
- Staff told us, and patient feedback indicated, that when staffing levels were reduced young people might have to wait a long time to be seen.
- Staff saw young people quickly on the day of the inspection and people were able to drop in at a time suitable to them.
- Staff recorded waiting times on a database. However, the information was not audited to determine how it could be improved.
- Staff told us that they prioritised young people who required emergency contraception to ensure they were seen within the contraception treatment times.
- Staff tested young people for STIs and samples were sent to a laboratory for testing. When staff received results, they sent the young person a message to their preferred method of communication. This could be letter, or by text. When positive results were received staff told us they referred young people to their

Community health (sexual health services)

preferred pharmacist or treatment venue for treatment. Brook Dudley staff advised us that they followed up the young person one week later to ensure they attended their appointment.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff were aware of and used the Fraser assessment. Staff used the assessment to determine young people under 16's level of understanding prior to supplying contraception to them.
- We reviewed the training matrix and saw that 'Mental Capacity Act, 2005' training was not part of Brook Dudley's training programme. This is important as the act applies to everyone involved in the care and treatment of people aged 16 or over who are unable to make all or some decisions for themselves.
- We observed a client advisor asking a young person for their consent to leave voicemails or texts on their mobile telephone in relation to obtaining results.
- We witnessed a nurse obtaining and recording consent from a young person prior to a procedure. One nurse told us if they had any concerns about a young person's ability to consent, they would raise it with their manager. We saw that there was a corporate consent policy in place that staff could access on the intranet.
- The service had access to a telephone 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 and empathy

- Staff allocated young people with a number on arrival; this ensured they received a confidential service when being called in from the waiting room.
- We saw that staff introduced themselves and put young people at ease.
- Staff did all they could to respect dignity. For example, we witnessed a client advisor providing condoms in a discreet package.

- Staff gave young people the opportunity to ask questions. Staff explained services in a way that was jargon free and easy to understand.
- We saw that young people were encouraged to leave feedback in a book in the foyer area. One young person had written "big thanks to staff who are so friendly and down to earth".
- Young people we spoke to felt Brook Dudley provided a good service and made comments such as "the nurse was kind" and that "staff listen to you".

Understanding and involvement of patients and those close to them

- Staff told us that they felt it was a good service as they had time to explain things. Another young person said, "Thankfully a place like this exists when you cannot get into the doctors".
- We observed staff explaining contraception and procedures in a way young people could understand.
- Young people were given the time and opportunity to discuss and make decisions around their care and treatment.
- Staff at Brook Dudley welcomed family or friends attending the service to support young people if this was what the young person wanted.

Emotional support

- We observed staff being friendly and providing reassurance during procedures.
- Young people could access general or pregnancy counselling through the service.

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 service operated on a hub and spoke model which meant there was a main clinic in Dudley town

Community health (sexual health services)

centre and spoke clinics in local colleges. The nurse-led hub provided a full range of contraception, sexually transmitted screening and treatment, counselling and opportunities for one to one working.

- Brook Dudley managers told us they were the only charity working across the UK and Channel Islands that specialised in working with young people to promote their sexual health in the wider context of health and well-being.
- Young people coming into the service completed a questionnaire when they arrived; this meant they did not have to discuss confidential details at the reception desk.
- 'Ask Brook' provided a telephone service giving sexual health information, support and signposting for anyone under age 25 anywhere in the UK. The service was available from 9am to 3pm. There was also a separate service where frequently asked questions could be viewed. This service was available seven days a week, 24 hours a day.
- Staff told us young people sometimes needed to come back another time for part of their screening procedure due to short staffing. As young people could just drop in it was not always possible to know attendance levels at clinics in advance. Staff told us if the clinic was busy and urgent situations were to arise, for example, the need for emergency contraception, then staff would prioritise this. Comments in the patient feedback book from May 2016 said, "Been waiting two hours, not happy about the wait". Another from October 2016 said, "I have waited over an hour". Nurses told us that they had felt under pressure at times due to being the only nurse on duty. This was in relation to one clinic a week when they used to have a doctor present; there was no longer a doctor at the service.
- Not all clinical rooms were accessible to young people who used a wheelchair, however the downstairs clinical room was. Young people who used a wheelchair could access the downstairs of the building via the rear entrance, as there were no steps.
- We saw there was a range of leaflets available and a young people's website that advised of the services provided. Information was available on the different

types of contraception including long acting reversible contraception (LARC), sexually transmitted infections, condoms, termination of pregnancy and relationship safety and risks.

Equality and diversity

- Managers provided us with a copy of their corporate equality and diversity policy, which stated that Brook Dudley provided services that were accessible to all young people and all those involved in promoting their health and well-being.
- Staff told us they did not have many young people with a learning disability that came to the service. When they did, they would usually attend with a support worker and this was welcomed by staff. Staff told us there was no specific support for young people with a learning disability.
- Brook Dudley did not have leaflets available for young people whose first language was not English. We reviewed the Brook website and were unable to find information available to young people in other languages; however, telephone-interpreting services were available if required

Learning from complaints and concerns

- We saw that information on how to make a complaint and to whom was displayed in the waiting area of the service. Young people could raise complaints in several ways including online, face-to-face and by letter. Staff could tell us how a young person would make a complaint and who young people should direct any complaints too.
- Data showed that there had been one complaint at Brook Dudley in the twelve months before the inspection relating to cancellation of an appointment. We saw that managers responded to the concern and offered an apology and an explanation. The outcome of the complaint was that a nurse manager would review the booking system and all staff would be spoken to in relation to booking appointments. We saw that attendees discussed complaints at Brook board meetings.
- There were 24 positive and three negative comments across the Sandwell and Dudley Brook services from April 2015 to September 15. Brook Headquarters

Community health (sexual health services)

looked at trends across the whole of the service. Positive comments included confidentiality and a welcoming atmosphere, whilst areas for improvement included long waiting times and poor waiting facilities.

- Young peoples' information leaflets contained information around the complaints process. Staff were aware of the complaints policy, which was available on the internet.

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 checks 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.
- 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 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 log.
- Managers completed audits in line with Brook Young People's national clinical audit programme. We saw limited evidence of local audits specific to Brook Dudley. This meant Brook Dudley was missing valuable learning opportunities.

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.
- We noted that the service manager completed local risk assessments in relation to Brook Dudley and that control measures were implemented to minimise any risks. We reviewed a set of minutes from a manager's meeting dated September 2016 and saw risks had been discussed.
- There were no local risk registers linking into the strategic risk register. Clinical risks were assessed but did not get 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

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incidents. We saw four sets of quarterly quality reports covering Brook Dudley, Brook West Bromwich 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.
- Staff told us that they relied heavily on the paper processes because the electronic versions were unreliable due to computer issues. Managers told us that the risk had been raised and was on the risk register, but there was no solution available at the time of our visit.
- 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).

Service vision and strategy

- Brook Young People's vision was of a society that values all children, young people and their developing sexuality. Brook Young People also wanted all children and young people to be supported to develop the self-confidence, skills and understanding they needed to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being. We saw staff

adhering to this vision when supporting young people. 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 saw there was poor communication within the management team and this had led to low morale. One staff member we spoke to told us the registered manager needed more support and that they could not do everything alone.
- One staff member told us they did not have many opportunities to get together in team meetings. A provider information request confirmed staff meetings were infrequent.
- The service manager told us they felt well supported and that they could contact the area manager for support.
- Staff told us the clinical manager was approachable and they could approach them for support. Nurses told us they received regular supervision and that they found this to be useful. One staff member told us the registered manager was "brilliant" but that other support was not there.

Public and staff engagement

- 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.
- Young people were able to fill in comment cards when they visited the service. Opening hours at Brook Dudley had recently changed in response to young people's feedback.
- Two young people attended the clinical advisory group meetings which took place four times a year.
- The registered manager told us they felt service user 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.

Community health (sexual health services)

- We saw a staff survey carried out by Brook Young People in January 2016. Results show that 213 out of 219 staff (97%) said they would recommend Brook as a service provider. Results also showed that 82.6% (181) of staff would recommend Brook as an employer.

Innovation, improvement and sustainability

- Brook Dudley management team recognised some areas for improvement. Managers communicated this to us in a presentation. Areas for improvement included staffing, the IT system and safeguarding documentation.
- Brook Dudley provided a nationwide priorities for improvement document dated 2016/17. Future 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 removed for irregular bleeding being tested for a sexually transmitted infection before it was removed. The document also provided details on how progress will be monitored, measured, and reported. Areas for improvement were identified by Brooks clinical audit programme.

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 all incidents are recorded and their severity assessed when they meet Brook young persons incident reporting criteria.
- Consider a local audit programme with action plans, mitigations and specified timescales when the service is not meeting agreed standards.
- Consider how the "Mental Capacity Act 2005" and its codes of practice may be relevant to service and how the service is complying with the principles of the Act.
- Ensure electrical equipment is tested for safety as per manufacturer's guidelines.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively to prevent abuse of service users.</p> <p>This is because:</p> <p>Not all clinical staff who contributed to assessing, planning, and evaluating the needs of a child or young person were trained to safeguarding level three.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>This is because:</p>

This section is primarily information for the provider

Requirement notices

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

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider was not assessing, monitoring and mitigating 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.

This section is primarily information for the provider

Enforcement actions

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.