

Brook Tipton

Quality Report

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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 26 October 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well led.

Our Key findings:

We found that this service provided the following:

- Staff were caring and passionate about their work in supporting young people using the service.
- Staff were responsive and flexible in their approach to helping young people.
- Staff knowledge of the service was good.
- Patients were positive about the service provided.
- Information provided to patients was up-to-date and appropriate to this patient group.

However:

- Mandatory training in safeguarding level 3 was not fully completed for all staff
- Infection, prevention and control (IPC) training on chlamydia testing was not completed annually
- Procedures for learning from incidents and audits were not robust
- Some contingency planning was not evident in case of emergency

- Maintenance schedules and provision for building repair was missing
- Facilities for staff training were not ideal at this site
- General lack of facilities for staff/patients (hot drinks)

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

- The provider must ensure that all clinical staff who contribute to assessing, planning, and evaluating the needs of a child or young person are trained to safeguarding at level three as recommended in the 'Safeguarding children and young people: roles and competencies for health care staff' by the Royal College of Paediatrics and Child Health, March 2014.
- The provider must ensure all staff that provide direct clinical care and involved in specimen collection and transportation complete infection control training.
- 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 incidents are consistently recorded and their severity assessed when they meet incident reporting criteria, across the three sites.
- Review the contingency plans if a break-in should occur at the Tipton site. This should include cooperation from other agencies using the facility
- Review the arrangements for general repair and upkeep of the facilities, again with the cooperation from others using the building.
- Review procedures for learning and communicating with all staff following incidents, audits and complaints.

- Ensure audit results are communicated to all staff and are supported with an action plan, review date and person responsible.
- Ensure any local risks are clearly identified and have a documented timeframe for review.
- Ensure the backlog of patient records is scanned onto the new database within an agreed period.

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 Tipton. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service

Community health (sexual health services)

Rating Summary of each main service

The clinic accommodates the needs of a diverse population in the area and offers advice in languages other than English. The staff were capable of using translation services provided, when required.

All staff at the clinic were observed treating the patient with compassion, understanding and dignity. The communication was appropriate to the individual and the care given was patient centred, with staff going the extra mile to make sure the patient was comfortable with the procedures and the environment.

Staff gave young people treatment in accordance with national guidelines and staff appeared competent in all areas of sexual health for children and young adults, however we saw no evidence of monitoring the staff competencies. Communication with the young people was very good and staff always sought consent before they gave treatment or care.

Staff demonstrated a good knowledge of the visions for Brook Tipton and were passionate about their work with young people.

The clinic areas were visibly clean and staff followed infection prevention and control procedures.

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

Mandatory training in infection, prevention and control (IPC) was not completed annually for all staff despite undertaking Chlamydia screening as part of their role.

The service shared the building with other organisations. Some facility management risks had not been identified, for example, staff were unsure who was responsible for events such as emergency repairs after a break in.

Summary of findings

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Summary of this inspection

Background to Brook Tipton

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

Brook Tipton is part of the Brook organisation that provides sexual health advice and support for people under the age of 25, across the United Kingdom.

The Brook Tipton management team also manage Brook West Bromwich and Brook Dudley and consists of a clinical lead, who is the registered manager and a service manager, for all three sites.

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

Brook Tipton serves the community in the area around the town of Tipton in the West Midlands. Geographically it is set between West Bromwich and Dudley and has a diverse local population within its community.

The clinic is small and shares some facilities with an after school and holiday club within the local youth centre. It

serves as an annex to the West Bromwich clinic, which is commissioned to provide sexual health and outreach service for the borough of Sandwell. Brook has provided services in Sandwell since 1993.

Brook Tipton provides free and confidential sexual health services, support, and advice to young people under the age of 18 and between 18 and 25. Services included contraception (condoms), emergency contraception, pregnancy testing, chlamydia testing, termination referrals, and counselling.

During the period between January 2016 and October 2016, Brook Tipton had 483 visits to the clinic.

Brook also runs satellite clinics in schools and colleges in this region (for pupils only) and can provide domiciliary services in homes and other settings. Young people could attend the service at a time suitable for them. Brook Tipton was open three days a week from 6pm until 8.30pm on a Tuesday and Thursday and 11am until 2pm on a Wednesday. Brook Tipton provided all services on a walk-in basis.

We gathered information from a variety of sources including data provided by Brook Tipton. During the inspection, we spoke to staff that worked within the service and we talked with people who used services, both in the clinic setting and those in the waiting areas.

Our inspection team

We carried out an announced visit on 26 October 2016

We had a team of two CQC inspectors.

An inspection manager oversaw the inspection team.

How we carried out this inspection

The inspection was led by a CQC inspector who had access to advice from a specialist advisor, with support from another CQC inspector.

Prior to the inspection, we looked at information about policy, procedures, and relevant data on audit, incidents, and quality of the service.

We informed the care-commissioning group (CCG) and Healthwatch that we were inspecting the service; however, we did not receive any information of concern from them.

Summary of this inspection

During the inspection, we spoke to staff that worked within the service and we talked with people who used services, both in the clinic setting and those in the waiting areas.

We observed how the provider cared for people and we spoke with patients and friends or family members that used services.

We saw staff had left comments books and feedback forms available to young people at the clinic.

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 staff were trained in safeguarding children and young adults to level three and only 16 out of 20 staff that required it, were trained to level two across the three Brook clinics.
- Mandatory training in infection, prevention and control (IPC) was not completed annually for all staff despite undertaking Chlamydia screening as part of their role.
- Staff had raised concerns about staffing levels in the 12-month period before our visit. The clinic had been running at the minimum staffing level regularly during this period.
- Staff could not describe how communication from learning following incidents, audits and complaints, took place.

However, we also saw:

- The clinic had policies and procedures available to staff, either in paper form or accessible through the internet.
- Staff demonstrated a good knowledge of the visions for Brook Tipton and were passionate about their work with young people.
- The clinic areas were visibly clean and staff followed infection prevention and control procedures.
- The registered manager had level three/four safeguarding training and was the safeguarding lead for Brook Tipton.

Are services effective?

- Staff gave young people treatment in accordance with national guidelines and staff appeared competent in all areas of sexual health for children and young adults, however we saw no evidence of monitoring the staff competencies. Communication with the young people was very good and staff always sought consent before they gave treatment or care.
- Staff appeared competent in the full range of treatments and services provided by the clinic. However, staff training records did not show that mandatory training had taken place for all of the staff.
- We did not see evidence of mental capacity act training for staff.

Are services caring?

- All staff at the clinic were observed treating the patient with compassion, understanding and dignity. The communication

Summary of this inspection

was appropriate to the individual and the care given was patient centred, with staff going the extra mile to make sure the patient was comfortable with the procedures and the environment.

- We saw staff dealing with sensitive subjects using compassion and understanding.
- Inspectors saw nurses dealing with young people that were upset and emotional about their circumstances, with skill and compassion.
- We heard staff talking to patients on the telephone in a confident and sensitive way, offering good advice, or signposting them to other services.

Are services responsive?

- The clinic at Tipton was open three times a week and is a satellite to the larger West Bromwich clinic. The clinic is situated geographically in between the two larger Brook West Bromwich and Dudley clinics and serves patients across two boroughs.
- Brook Tipton is a walk in centre with no appointment system, although staff can arrange specific visits if required. It opens on days or at times, that other clinics in the area are closed.
- The clinic accommodates the needs of a diverse population in the area and offers advice in languages other than English. The staff were capable of using translation services provided, when required.

However;

- Information leaflets available to patients were only available in English.

Are services well-led?

- Staff told us there had been many changes in management over the 12 months before our inspection and that communication had been poor with some staff not understanding the new management structure.
- The service shared the building with other organisations. Some facility management risks had not been identified, for example, staff were unsure who was responsible for events such as emergency repairs after a break in.
- There was very little audit data at the clinic and no evidence that any learning had taken place. Staff told us audits were completed but results were not always available to them.

However, we also saw:

Summary of this inspection

- The organisational vision for Brook states; 'Brooks' vision is of a society that values all children, young people and their developing sexuality. We want all children and young people to be supported to develop the self-confidence, skills and understanding they need to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being.'
- We found that staff demonstrated this vision at the Brook Tipton clinic, but staff described it in simpler terms.
- Staff described some management of the service as very good and supportive of them doing their job.

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Incident reporting, learning and improvement

- Staff used an incident reporting form to report incidents and passed them to the registered manager for review. The registered manager and service manager then reviewed the incident and investigated or escalated, where appropriate. The registered manager had carried out root cause analysis training.
- Staff reported incidents to managers at Brook Tipton and these were escalated to senior managers in the organisation in the quarterly quality reports. We saw this evidenced in the last three quarterly reports indicating there had been 11 incidents from October 2015 and September 2016.
- The registered manager reviewed all incidents and rated them in accordance with severity. If any incidents were classed as serious incidents, the registered manager informed the service or operations area manager. However, this was not done consistently across all three sites.
- No serious incidents had been reported from October 2015 to October 2016.
- There had been no reported 'never events' in the period between October 2015 and September 2016. Never Events are serious incidents that are wholly preventable, as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Staff could not describe how communication from learning following incidents, audits and complaints, took place.
- Staff told us they rarely had incidents that needed disclosure to patients and where required discussions would take place with patients at the time of incident.

Duty of Candour

- The duty of candour (DoC) is a regulatory process, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff we spoke with had an understanding of the DoC but were unable to describe incidents when staff had used DoC. Staff were aware of the need to be open and honest with patients and their family, but due to the nature of the service provided, they were cautious of not breaching patient confidentiality.

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.
- 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%) of staff that required it, from the three Brook clinics, had completed level 2 safeguarding in children and young people.

Community health (sexual health services)

- The clinical manager of the service was also the safeguarding lead. Staff we spoke with were aware who the safeguarding lead was. We reviewed training certificates and saw that the safeguarding lead/registered manager had the required level 4 safeguarding training (safeguarding decision making).
 - We reviewed Brook's quarterly reports and saw there had been 24 safeguarding referrals (combined) that were made by Brook Tipton, Brook West Bromwich and Brook Dudley from January 2016 to September 2016. Individual service data was not available.
 - Staff told us they would raise any safeguarding concerns with their manager, who in turn would raise it with the local authority.
 - We saw that there were processes in place to act on any safeguarding information, including historic abuse. Staff made referrals to other organisations in relation to safeguarding concerns such as the GP, Single Point of Access and Child and Adolescent Mental Health Services (CAMHS).
 - The provider was aware of their duties to report with the ongoing Goddard inquiry. The Goddard enquiry is a national independent enquiry into child sexual abuse, which will investigate whether public bodies and other state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales.
 - The service had implemented a sticker system to ensure any staff looking at a young person's records were aware there had been/ or was ongoing abuse. This ensured staff were alerted to abusive situations at the earliest opportunity. The system was discreet to ensure confidentiality and staff felt it was working well.
 - We saw the provider had policies in place for protecting young people; these were available on the internet. Policies included information for staff around female genital mutilation (FGM) and child sexual exploitation. This was also included as an education session from the well-being and education team. Staff we spoke with knew where to access safeguarding policies.
 - The service had completed a safeguarding audit in October 2016 using a sample of five young peoples' records; this was two weeks prior to our inspection. The audit looked at safeguarding supervision, record keeping and referrals to external agencies and if records had been completed in line with Brook Young Peoples' policies.
 - Results of the safeguarding audit showed that only one out of five sets of notes audited had a safeguarding pro forma completed and that there were several record keeping errors noted. The lead nurse for clinical governance made several recommendations following the audit. Recommendations included ensuring staff completed safeguarding 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 completed regular checks on stock levels held in the medication cupboards and this was recorded and signed for in a log book.
 - Nurses managed the medication in the clinic rooms and we saw a procedure in place to dispose of medication and equipment appropriately after use or if they had reached an expiry date as described in the medication policy.
 - Staff used a patient group direction (PGD) to prescribe specific medication. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. The local clinical commissioning group (CCG) reviewed the Brook PGDs annually.
 - A member of staff was trained in medicines management and was responsible for overseeing restocking medication at three Brook sites.
 - A separate service removed all discarded medication upon request and staff recorded this in a log book for disposed medication or equipment.
 - Staff told us that there was a quarterly audit of stock and that the results were available from the manager. These results were not available at the time of our visit. We requested a copy of the audit after our inspection, however the service did not provide this information.
- ## Environment and equipment

Community health (sexual health services)

- The building is a community centre consisting of a single story facility, with all rooms accessed through one main entrance. This entrance was also used by the staff and children that attended the after school club in the adjacent room.
- People with disabilities had good access to the clinics and reception, which were located on the ground floor and accessed from street level.
- The staff followed a procedure to ensure clinical waste was disposed of correctly in clearly labelled bins. Staff contacted a specialist waste company when the bins were almost full and this company disposed of all clinical waste.
- We saw a number of fire extinguishers were available throughout the building, they had been tested and were in date for use if required. The toilet door was difficult to open and close particularly for those using a wheelchair. Staff told us they had reported it, but staff could not tell us who was responsible for maintenance or repairs. The manager told us that the maintenance team were aware and had scheduled the repair for the day after our visit.
- We saw evidence of infection prevention and control (IPC) audits that had taken place and the results were higher than the target set at 85%. The latest annual audit dated November 2015 found compliance to be 92%. The IPC audit included hand hygiene, handling of specimens personal protective equipment (PPE) and disposal of waste.
- Clinic rooms were visibly clean and well maintained and we saw staff cleaning down and disposing of equipment appropriately.
- We saw staff using disposable gloves appropriately.
- We saw staff using hand gel and washing their hands before and after seeing a patient. The nurses also used sterile wipes in the clinic room between patients.
- Nurses were dressed appropriately and conformed to the arms bare below the elbows rule when providing care and treatment.
- Brook Tipton had completed the Brook national audit of November 2015. Staff told us the service had completed the 2016 audit but they had not yet received the results. Areas audited included hand hygiene, environment, kitchen area, disposal of waste, PPE specimen handling and spillage. The 2015 audit showed Brook Tipton had a status rating of green for each area, which meant they had scored higher than 85% for good infection control procedures.
- Staff received initial training regarding the control of infection at their induction, but training records were not clear on which staff were still in date. Training included, infection control audit tool and checklist, hand hygiene, PPE, safe use and disposal of sharps, management of bodily fluid and fluid spillages, management of occupational exposure to blood borne viruses, hepatitis B immunisation, safe disposal of waste, clinical staff dress code, cleaning and control of the environment. However, not all staff had received annual refresher training following the induction training. We were not assured that clinical staff had received an annual infection control update in the last 12 months despite undertaking Chlamydia screening as part of their role.
- The service kept cleaning schedules in each room to ensure staff were aware of how to clean equipment and rooms. Staff had signed the cleaning schedules after they had carried out cleaning checks.

Quality of records

- Staff completed an assessment during the patient's initial appointment to gather background information about their family and social history and staff added them to the main patient record. These records were stored in secure cabinets.
- We saw that staff records were up-to-date and appraisals completed in accordance with policy. However, this process had only been managed robustly, since August 2016 when the new management structure began. The service stored staff records centrally at the Brook Dudley site.
- Managers told us they were developing a record keeping audit and a focus on the quality of records was underway. Staff scanned some results onto an electronic database that held patient data, but there was no structure to the plan and staff were dealing with the backlog on an ad-hoc basis. We were not assured that the electronic system would improve the interrogation of patient data.
- We saw that 13 out of 16 staff from three Brook clinics, that required it, had received record keeping training during the week of inspection.

Cleanliness, infection control and hygiene

Mandatory training and competent staff

Community health (sexual health services)

- All staff were required to complete mandatory training in fire safety, manual handling, safeguarding, basic life support, health and safety and record keeping. Clinical staff had additional subjects to cover such as infection control, severe allergic reactions, and patient group directions. Training was completed using either an on line system or face-to-face and was part of the induction process for all staff. We were not assured that all staff had completed the required mandatory training because the system for recording and keeping certificates was not robust enough.
- Staff used the intranet to source information and training. Staff told us that there had been more face-to-face training in recent months. We saw an example of this with record keeping training on the day of our visit.
- Managers conducted annual staff appraisals to plan and discuss staff future development and training needs. We were told that the two regular staff members at Brook Tipton had received their appraisals within the previous 12 months. However, we could not verify this because staff records were stored at Brook Dudley.
- From April 2016, registered nurses had to complete a three yearly revalidation process by the Nursing and Midwifery Council (NMC). We saw Brook had provided generic information to all nurses on the requirements for revalidation and staff told us that they were supported in this process. We did not see evidence of any completed revalidation certificates for nurses.

Assessing and responding to patient risk and managing anticipated risks

- Risks had been identified and were noted on the strategic risk register, however most were around corporate risk and there were minimal clinical risks identified. Several risks were related to financial or contractual difficulties and the need to update the computer system.
- Staff at the clinic did not understand the system for managing risk and told us that they would pass all information to the manager.
- Staff had access in the clinic rooms to emergency medicine such as oxygen or adrenaline for use in the event of an anaphylaxis reaction and this was part of the patient group direction (PGD). Anaphylaxis is a serious, life-threatening allergic reaction, which can be a result of administration of some medicines. These

medications were stored in a locked cupboard within the clinic rooms. Staff told us that they would call the emergency services in the event of a patient being taken seriously ill.

- Staff completed assessments on individual patients and there was a process for indicating issues such as previous aggression or vulnerabilities, which allowed correct support to be given. Patient notes were marked using a flagging system.

Staffing levels

- Staff had identified staffing issues at the clinic in the 12-month period before our visit. On some occasions when a clinical member of staff was not available from another location, the clinic closed. The clinic had had been running at the minimum staffing level of one clinical and one support member of staff, regularly during this period. Patients were informed of this with a notice that was displayed in the clinic reception area or on the door if the clinic was closed.
- 10 members of staff regularly worked at Brook Tipton, with the clinical staff being part of a team that worked across three Brook locations in the Sandwell and Dudley area. Staff consisted of one whole time equivalent (WTE) service manager, one band 7 senior nurse manager (0.7 WTE), six nurses (3 WTE), five clinical support staff (1.4 WTE), two reception staff (1.4 WTE), two counsellors (0.5 WTE) and one administration assistant (0.5 WTE).
- There was a team of staff that specialised in education and wellbeing awareness, based at Brook West Bromwich. This team consisted of one (WTE) regional lead, one coordinator (0.8 WTE), six (4.5 WTE) specialists and one (0.8 WTE) assistance specialist.
- Brook West Bromwich and Brook Tipton did not use bank or agency staff to cover sickness or annual leave within this team.
- A doctor was available within the Brook organisation for remote support or when a patient's GP could not be contacted. The doctor was only available for advice and guidance and did not attend the clinic.

Major incident awareness and training

- Staff could not tell us about contingency plans in the event of a serious incident, such as the clinic being broken into at night or theft of medications. They were unsure who would be responsible in the event of a serious incident that was out of normal opening times.

Community health (sexual health services)

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

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

Evidence based care and treatment

- Brook Tipton, as a satellite clinic, participated in collecting data for the sexual and reproductive health activity data set (SRHAD). This was added to the results from the other clinic in Sandwell.
- Staff were knowledgeable about national guidelines such as the Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Obstetricians and Gynaecologists (RCOG), the British Association of Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA). Staff could access the information supplied by these governing bodies on the internet.

Patient outcomes

- Brook Tipton participated in audits with the other two clinics, both arranged by the organisation or external organisations. Audits completed in 2015/16 included implant fitting and removal, sexually transmitted infection testing, infection control and emergency contraception. We saw that the three Brook clinics were 100% compliant for chlamydia screening test results notifications and chlamydia treatment against the national target of 95%.
- We reviewed results of the Sandwell and Dudley Brook young people's sexually transmitted infection audit and found that 38 young people had received positive screening for gonorrhoea and chlamydia in 2015/16. Of these the most common age range for positive screening was 16 and 22 years and the most common gender was male.
- The Brook termination of pregnancy audit was launched in March 2016. Anonymous data was captured on a web form and completed to understand the data around unwanted pregnancy across Brook services. The audit

showed that not all young women had been screened for a sexually transmitted infection or offered a robust method of contraception. Staff had been informed the need of a better outcome for young women attending the clinics.

- The purpose of the Brook Termination of pregnancy Audit was to understand the extent and management of unwanted pregnancy across Brook services. The relevant audit standards were taken from Chapter nine of the 2011 Royal College of Obstetrics & Gynaecology (RCOG) 'The care of women requesting induced termination of pregnancy. Seventeen services collected data from 609 clients for the termination of pregnancy audit.

Multi-disciplinary working and coordinated care pathways.

- We saw good multidisciplinary team working between staff at Brook Tipton and other Brook clinics.
- Reception staff supported clinical staff at the Tipton clinic. We saw the reception staff communicating with both nurses and patients to establish rapport, before discussing any procedures.
- As a satellite clinic, Brook Tipton was closely linked to the two other Brook clinics within the region and shared all policies and procedures. The working relationship between staff at all three was good.
- Staff told us referrals to counselling and other services were carried out mainly through the West Bromwich clinic because of the limited availability at Tipton. The education and wellbeing team worked closely with the local authority and supported schools and colleges.

Access to information

- Counsellor services were available across the three Brook sites. Patients could access the service at the West Bromwich clinic, which was the base, or sessions could be arranged at other locations.
- Staff carried out an assessment which was recorded in patient care records. If assessments identified vulnerabilities, staff may refer to a specialist services.
- A young person did not have to book appointments and could attend the clinic at any time, although some appointments could be arranged in advance.
- Patients in the waiting area told us that the staff gave them information about the clinic and that they were comfortable in asking the staff questions.

Community health (sexual health services)

- Brook Tipton was open three days a week from 6pm until 8.30pm on a Tuesday and Thursday and 11am until 2pm on a Wednesday.
- Staff recorded the time when a patient attended the clinic and booked in. This enabled a system to be maintained to prioritise attendance, if a young person was under the age of 16, they could be made a priority to be seen.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We saw that staff sought verbal consent before treatment and explained the procedures to the young person before each treatment. Staff noted this on the care summary and as part of the patient record.
- We saw two patient records, as a sample, whilst the young person was in clinic and both were completed with the consent noted and dated by the nurse.
- Staff could access the policy and procedures on consent through the internet. Staff knew how to use the Fraser guidelines and Gillick competence. .
- Fraser guidelines refer to a legal case, which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent.
- The Gillick competence is used to determine whether a child (16 years or younger) is able to consent to medical treatment without the need for parental permission or knowledge.
- There was no mental capacity act (MCA) specific training available to staff as part of the mandatory training programme. We did not see any evidence of bespoke training for staff in the MCA.

Are community health (sexual health services) caring?

Compassionate care, respect, dignity & empathy

- We saw staff dealing with sensitive subjects using compassion and understanding, which allowed young people to communicate in an appropriate way.
- We heard staff talking to patients on the telephone in a confident and sensitive way, offering good advice, or signposting them to other services.
- We spoke with two young people using the service that were complimentary about the staff and the service provided by the clinic at Tipton.

- Inspectors saw nurses dealing with young people that were upset and emotional about their circumstances, with great skill and compassion.
- We saw that the care given was patient centred, with staff going the extra mile to make sure the patient was comfortable with the procedures and the environment. For example, a patient was visibly upset and nervous about their appointment and staff took them to a quieter room to reassure them.
- Nurses explained the procedures and sought consent before proceeding.
- One young person told us that the nurses were kind and considerate towards them, which made them feel relaxed about coming to the clinic.

Understanding and involvement of patients and those close to them

- We saw staff dealing with patients in a compassionate way, explaining procedures in a way young people could understand. Patients were given the time to discuss and make decisions around their care and treatment. Patients could access the organisations 'Ask Brook' service online for information about the services. There were a number of frequently asked questions available to help patients make decisions and this was available at any time through the Brook website.
- Patients could also give feedback about the clinic using comments books or by leaving comments on the website.

Emotional support

- Patients told us that staff were kind and helpful and explained information clearly.
- We saw staff talking to patients and encouraging them to make decisions about their care, whilst supporting them emotionally.
- Staff were dedicated to supporting young people that attended the clinic. There was a consistent approach by all staff, which created a positive environment at the clinic.
- Staff told us they were passionate about their work with young people and this was part of the whole ethos of the service staff provided at Brook Tipton.

Are community health (sexual health services) responsive to people's needs?

Community health (sexual health services)

(for example, to feedback?)

Planning and delivering services which meet people's needs

- The clinic was open three days a week from 6pm until 8.30pm on a Tuesday and Thursday and 11am until 2pm on a Wednesday and young people could attend without an appointment. Staff could arrange appointments at other Brook clinics in the area if young people requested, as they were open on other days of the week.
- Reception staff asked a series of questions to ensure that an appropriate member of staff saw the young person. They were then given a number in order to be called to see someone and maintain privacy by not calling their name.
- The clinic had links to local schools and advertised the service throughout the area and staff could arrange to deliver awareness sessions at several locations. The team based at the Brook West Bromwich clinic did this. Information could be accessed through the Brook website, which provided up to date information and advice.
- In the reception area, we saw contact details available for interpreting services for patients that did not speak English as a first language. Staff told us they did not use this very often but they knew when and how to access the service.
- There were several different leaflets available to patients; however, these were only available in English and not in any other languages.
- Brook Tipton had access to registered counsellors who were able to provide support to those young people requiring it. Staff could make appointments for the counsellor to visit the clinic at Brook Tipton.
- Staff told us they would make counsellor appointments if a patient received a positive blood test for a blood borne infection.
- Staff could access the equal opportunities policy through the internet and they understood all of the related policies.
- All clinic rooms and reception areas had disabled access allowing for wheelchair use.

Equality and diversity

- We saw a copy of the corporate equality and diversity policy at the clinic and staff could access information about key principles for promoting equal opportunities through the internet.
- Staff described the process in reception if a person required any extra support. For example, if a patient had difficulty mobilising they would assist them to the clinic room and back.
- Access for wheelchair users was good and facilities available within the clinic.

Learning from complaints and concerns

- The reception area displayed leaflets that explained how to make a complaint. A comments book was available for patients to complete anonymously.
- Young people were able to make a complaint to a staff member directly or ask to see the manager. They could also complete a form in writing or online using the Brook website.
- Staff told us they knew how to help a young person to make a complaint and which procedures to follow.
- Patients gave good feedback about the services provided at the clinic. Comments included "the nurse was brilliant" and often named individual staff members. We saw only one negative comment that referred to a young person having a lengthy wait for their appointment.
- There were no formal complaints at Brook Tipton in the period between January 2016 and September 2016.

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 an education and well-being coordinator 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

Community health (sexual health services)

proper persons checks ensure leaders meet certain requirements such as if they are of good character and if they have the qualifications, skills, experience and competencies to successfully carry out the role.

- We saw evidence that Disclosure and Barring Service (DBS) checks were completed prior to commencing employment. DBS checks provide employers with relevant information such as if the applicant had any previous criminal convictions. Such check support employers to make safer recruitment decisions and prevent unsuitable people working with vulnerable groups of people.
- The manager could access clinical support remotely from the nearest person located in north-west of the country. This made face-to-face meetings more difficult to arrange and to coordinate clinical supervision.
- All staff told us that there had been many management changes over the previous 12 months and that communication had been poor with some staff not understanding the new management structure.
- Staff 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 run out expired and that no one had ownership of the training log.
- Brook's vision statement was not visible to staff or patients at the Brook Tipton clinic. There were no posters or documentation on the walls or for the staff to access when requested. Staff told us that this was being developed following the changes in management.
- Staff told us that the registered manager, who was also the clinical lead, was supportive and approachable. Although at times difficult to locate as they were often travelling between three locations.
- 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.

Governance, risk management and quality measurement

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

Community health (sexual health services)

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).

- Managers demonstrated the system for recording training and appraisals however, this process was difficult to navigate because the information was divided between two processes. This led to managers not being confident in notifying when staff needed training.
- Staff told us the computer system was unreliable and that this should be a priority for the organisation to fix. The computer at Brook Tipton was linked to the main system at the Brook Dudley clinic and we saw that this was out-of-date and had a history of malfunction.
- Some facility management risks had not been identified by the service due to the building being shared with other organisations. Staff were unsure who was responsible for events such as emergency repair after a break in.
- Staff told us that the managers at Brook West Bromwich managed risk because Brook Tipton was a satellite clinic and its small size did not warrant its own local risk register.
- Staff knew the process for reporting incidents but told us there were very few incidents that occurred at the Brook Tipton clinic.

Service vision and strategy

- Managers told us that the vision and strategy were due for updating and that the current one available was from 2012. The vision was displayed on the internet as; 'Brooks' vision was of a society that values all children, young people, and their developing sexuality. We want all children and young people to be supported to develop the self-confidence, skills and understanding they need to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being. Staff could not describe the corporate vision and values.

Culture within this service

- Staff were positive about working with young people and one member of staff told us that they knew the good reputation of the service, from when they were young.
- Staff demonstrated good teamwork and shared the same passions for the service. We were told that the

clinic had a family type atmosphere and everyone supported each other. There was a consistent approach by all staff, which created the positive environment at the clinic.

- We saw there was a disconnect between the managers across the sites and this was raised as a concern by other staff. One staff member we spoke to told us the manager needed more support and that they could not do everything alone.
- Staff were dedicated to supporting young people that attended the clinic.

Public and staff engagement

- Young people were able to fill in comment cards or a comments book when they visited the service.
- We saw survey results, which showed 80% of young people, said they would recommend Brook services.
- The 2016 staff survey results showed that 94% of staff across the Brook organisation, who completed the survey, said they knew what their roles and responsibilities were.
- Staff consistently told us the clinical manager was approachable, visible in the department and had provided support and guidance whenever needed.
- Staff held focus groups for young people on a quarterly basis, offering the chance for them to contribute to the development of the service
- The staff survey carried out by Brook in January 2016, showed 213 out of 219 staff (97%) said they would recommend Brook as a service and 82.6% (181) of staff would recommend Brook as an employer. Young people visiting the service during September 2016 were asked if they would recommend Brook to their friends; 80% of young people who responded agreed with this statement.

Innovation, improvement and sustainability

- There was a team of education and well-being staff based at the Brook West Bromwich clinic and available in all areas. They provided education and training to health care professionals and staff in schools, to increase awareness around young peoples' sexual health.
- Staff completed audits as part of a national programme; however, there was very little data visible at the clinic and no evidence that any learning had taken place. Staff told us audits were completed but results were not always available to them.

Community health (sexual health services)

- Managers informed us the areas that required improvement included staffing, the IT system and safeguarding documentation.
- The clinic participated in collecting data for the sexual and reproductive health activity data set (SRHAD) and submitted with the data from the Brook West Bromwich and Brook Dudley clinics.
- CQC received Brook improvement documentation dated 2016/17. The main priorities included a review of

clinical record keeping, the introduction of an interactive digital contact sheet to improve partner notification and all women having their implant removed because of irregular bleeding being tested for a sexually transmitted infection before it was removed. Brooks clinical audit programme-identified areas of improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

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

- Review the contingency plans if a break-in should occur at the site. This should include cooperation from other agencies using the facility
- Review the arrangements for general repair and upkeep of the facilities, again with the cooperation from others using the building.
- Review procedures for learning and communicating with all staff following incidents, audits and complaints.
- Ensure audit results are communicated to all staff and are supported with an action plan, review date and person responsible.
- Ensure any local risks are clearly identified and have a documented timeframe for review.
- Ensure the backlog of patient records is scanned onto the new database within an agreed period.

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
Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The provider was not assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. This is because: The provider could not demonstrate that clinical staff had received an annual infection control update in the last 12 months despite undertaking Chlamydia screening as part of their role.

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

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Family planning services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

This is because:

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