# Brook Dudley

## Quality Report

1 Castle Street
Dudley
West Midlands
DY1 1LA
Tel: 01384 239001
Website: www.brook.org.uk

Date of inspection visit: 5 September 2015
Date of publication: 14/11/2019

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

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Brook Dudley is operated by Brook Young People. The service operates on a hub and spoke model which means there is a main clinic in Dudley town centre and six spoke clinics in local colleges and centres.

The service provides 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 does not carry out termination of pregnancy at the service. We inspected the main clinic in Dudley and the head office in Tipton.

We inspected this service using our comprehensive inspection methodology. We carried out this short notice announced inspection on 5 September 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

**Services we rate**

Our rating of this service was **Good** overall.

- The service had enough staff to care for children and young people (CYP) and keep them safe. Staff had training in key skills, understood how to protect CYP from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to CYP, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of CYP, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated CYP with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to CYP.
- The service planned care to meet the needs of local people, took account of CYP's individual needs, and made it easy for people to give feedback. Young people could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.Staff felt respected, supported and valued. They were focused on the needs of CYP receiving care. Staff were clear about their roles and accountabilities. The service engaged well with CYP and the community to plan and manage services and all staff were committed to improving services continually.

We found the following areas that required improvement:

- Clinical incidents recorded on the incident log were not categorised regarding the level of risk.
- The service recorded waiting times but were not monitoring them to make improvements.
- The service did not develop action plans from recommendations from audits or monitor them for improvement throughout the year.

# Summary of findings

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

**Heidi Smoult**

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Community health (sexual health services)** | Good  | We rated this service as good because it was safe, effective, caring and responsive and well led. |

# Summary of findings

## Contents

Good

# Brook Dudley

**Services we looked at**

Community health (sexual health services)

# Summary of this inspection

## Background to Brook Dudley

Brook Dudley is operated by Brook Young People. The service relocated in 2018. It is based in Dudley, West Midlands. The service primarily serves the communities of the West Midlands.

The service has had a registered manager in post since registration. We last inspected this service in 2016 where they were issued with three requirement notices. At the short notice announced inspection on 5 September 2019 we found these were now met.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

## Information about Brook Dudley

The service provides community sexual health services to children and young people under the age of 25 and is registered to provide the following regulated activities:

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

During the inspection, we visited the main clinic in Dudley. We spoke with five staff including registered nurses, clinic support staff, reception staff, and the manager. We spoke with two young people. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in October 2016 which found that the service was not meeting all standards of quality and safety it was inspected against.

Activity (1 August 2018 to 14 September 2019)

- In the reporting period August 2018 to September 2019 the service saw 1205 young people under the age of 18 and 1837 aged 18 to 25. All care was NHS funded.

The service employed two registered nurses, four clinic support staff and two receptionists, as well as having its own bank staff.

Track record on safety

- Zero never events
- Ten clinical incidents (ungraded)
- Zero serious injuries

Zero complaints

A voluntary sector counselling service operated at the Dudley clinic

**Services provided under service level agreement:**

- Clinical and non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Pathology and histology (contract with commissioners)

# 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?

Good

**Are services safe?**

Our rating of safe was **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect young people, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- Staff completed and updated risk assessments for each young person and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

However,

- Incidents recorded on the incident log were not categorised into level of risk.

### Are services effective?

Good

Our rating of effective was **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of young people in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit young people. They supported each other to provide good care and communicated effectively with other agencies.

# Summary of this inspection

- Staff supported young people to make informed decisions about their care and treatment. They knew how to support young people who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- The service did not develop action plans from recommendations from audits or monitor them for improvement throughout the year.

## Are services caring?

Good

Our rating of caring was **Good** because:

- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children and young people to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children and young people to understand their condition and make decisions about their care and treatment.

## Are services responsive?

Good

Our rating of responsive was **Good** because:

- The service planned and provided care in a way that met the needs of local young people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and young people's needs and preferences. Staff made reasonable adjustments to help young people access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.

However,

- The service recorded waiting times but were not monitoring them to make improvements.

## Are services well-led?

Good

Our rating of well-led was **Good** because:

# Summary of this inspection

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for young people and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Community health (sexual health services) | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Good

# Community health (sexual health services)

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

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

Good

Our rating of safe was **good**.

**Mandatory training**

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff were given protected time to complete online and face-to-face training.
- Mandatory training included: basic life support, anaphylaxis record-keeping, conflict, infection prevent and control training and safeguarding. Records showed that 100% of staff had completed this training.
- The administration staff monitored training records and prompted staff to attend training if going out of date.
- Staff were aware of their responsibilities and knowledgeable within their role.

**Safeguarding**

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so**. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- At the previous inspection, not all clinical staff were trained to level 3 in safeguarding children and young people. All staff were now trained to level 3 in adult and children safeguarding.
- A safeguarding policy was accessible to staff on the intranet. This included information on female genital mutilation and child sexual exploitation. Staff we spoke with knew how to access the safeguarding policies.
- Staff we spoke with were knowledgeable about safeguarding processes and procedures. All staff were trained to level 3 in safeguarding children and adults. They were aware that the manager was the safeguarding lead and discussed any safeguarding concerns with them.
- Staff received group safeguarding supervision sessions four times a year with the safeguarding lead.
- Safeguarding contact numbers were visible on a poster in the reception area. Forty-nine safeguarding referrals were made between September 2018 and August 2019.
- There had been no local safeguarding serious case reviews in the previous 12 months. However, the manager explained that the safeguarding lead for the Brook organisation shared any learning from serious case reviews both locally and nationally.
- Staff attended the Female Genital Mutilation working group in Dudley to share best practice.
- There were processes in place to appropriately refer victims of sexual assault. Young people were

supported with referrals to Women's Aid and counselling for support. Staff respected young people's wishes if they did not want to report incidents to the police.

- There was an alert system for staff on electronic patient records if a child or young person had any historic safeguarding or child sexual exploitation risk.

**Cleanliness, infection control and hygiene**

- **The service controlled infection risk well.** Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- All clinical and non-clinical areas were visibly clean.
- There were enough hand washing facilities available to staff. We saw that staff regularly used hand cleansing gel and washed their hands. Staff adhered to 'bare below the elbow' guidelines.
- Personal protective equipment such as aprons and gloves were readily available, and we saw staff used them.
- The December 2018 infection control audit results were 100% for environment, kitchen area, disposal of waste, personal protective equipment, specimen handling, and preventing needlestick injuries. They gained 100% for spillage and contamination with bodily fluids for staff who had opted to have the hepatitis B vaccine. Management respected staff who chose to opt out of receiving the vaccine. We discussed with the management whether they had done a risk assessment for the individual who had opted out. They confirmed they had not done this as the member of staff was not involved in invasive procedures. They agreed that they would perform a risk assessment as the individual was being trained to do invasive procedures in the future.
- At the previous inspection staff did not receive refresher courses in infection control. Staff now received this as part of their annual mandatory training.

**Environment and equipment**

- **The design, maintenance and use of facilities, premises and equipment kept people safe.** Staff managed clinical waste well.
- Clinical waste was segregated from domestic waste and sharps boxes were appropriately assembled, dated and used by staff. The service had a contract with an external contractor to remove clinical and non-clinical waste.
- There was one clinical room on the ground floor and second floor and an assessment room on the ground floor which provided private assessment areas. The clinical room on the second floor was currently not in use as there had been dry rot. This had been reported and was being treated by the building owner.
- Young people had access to a waiting area with a television, pool table and music while waiting to be seen. The waiting area was visible to staff in the reception area.
- The service had contracts with external providers for maintenance of all medical equipment and electrical safety testing. We saw equipment had stickers with the date they were tested and dates for next testing. These were in date.

**Assessing and responding to patient risk**

- **Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.
- All staff had a call button to notify other staff if they required assistance if children and young people became acutely unwell.
- Staff were trained in basic life support and had access to oxygen and some emergency drugs such as adrenaline and atropine within the clinical rooms. Staff told us they would call 999 in case of an emergency.
- Staff conducted a comprehensive assessment including medical and social histories of all young people who visited the clinic. This included risk assessments to determine risks to young people from sexually transmitted infections and any safeguarding risks.

**Staffing**

- **The service had enough nursing and support staff with the right qualifications, skills, training and**

**experience to keep patients safe from avoidable harm and to provide the right care and treatment.** Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

- The Brook Dudley staff team included a registered manager (qualified nurse), two qualified nurses, four clinic support staff and two administrative staff.
- The manager told us that staffing was at full complement with no vacancies. The service did not use agency staff. There was one nurse in their own nurse bank who was used infrequently (five shifts between May - June 2019).
- Staffing levels were sufficient on the day of inspection. Staff saw all young people following a few minutes wait.

**Records**

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- All patient records were electronic, accessible via password protected computers. When staff visited outreach clinics, they had access to records via their laptops.
- We reviewed four young person's records and found them to be signed, dated and contained comprehensive, relevant information.

**Medicines**

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- Medication was stored securely in locked cabinets at the main office in Tipton. The treatment room at the Dudley clinic also contained a locked medicine cabinet. Staff maintained a log of all medicines used during each clinic session to ensure stock levels were maintained. Staff reviewed stock sheets weekly. The 'outreach case' contained a pouch with emergency drugs and contraceptives. Staff signed out the pouch and contraceptives from the medicine cabinet at Tipton prior to each outreach clinic and then signed back in any unused medicines and the emergency pouch following each outreach clinic.
- Staff had access to information and guidance on the safe management of medicines within policies and procedures on their intranet.
- Staff provided young people with emergency contraception such as the morning after pill, and contraceptive patches, injections and implants.
- Patient group directions (PGDs) provide a legal framework, which allows registered health professionals to supply and/or administer specified medications to predefine group of patients without them having to see a doctor. We reviewed a PGD for contraceptive injections and found this to be in date and signed by the appropriate people (head of nursing, clinical lead and pharmacist). All PGDs were also reviewed by an external partner. Signatures of staff who could administer medicines under the PGDs were kept in their personnel files.

**Incident reporting, learning and improvement**

- **The service managed patient safety incidents well.** Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- There were no reported 'never events' or serious incidents requiring investigation in the last 12 months (September 2018 to August 2019). 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 have happened for an incident to be a never event.
- Staff had guidance on the reporting of incidents within a policy on their intranet. Staff were aware of their responsibilities to be open and honest with patients in relation to the duty of candour.

Good

# Community health (sexual health services)

- Staff told us they were encouraged to report incidents which were recorded on the electronic reporting system. Learning from incidents were discussed at weekly staff meetings. The manager gave us an example of an incident where a staff member's car was broken into and the 'outreach case' containing medicines and syringes was stolen. Immediate actions taken was that the outreach case should not be stored in the boot of a car but stocked prior to each clinic and unused stock returned to the locked cabinet at head office immediately after the clinic.
- The service maintained an incident log with actions taken to prevent future incidents. There were 19 incidents recorded, 10 of which were clinical incidents. Clinical incidents were not categorised into level of risk for example no harm, low harm, moderate harm. There were no identified themes within the log.
- The head of nursing at Brook Young People informed the manager of any safety alerts which the manager then notified their team of by email.

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

(for example, treatment is effective)

Good

Our rating of effective was **good.**

**Evidence-based care and treatment**

- **The service provided care and treatment based on national guidance and evidence-based practice**. Staff protected the rights of patients in their care.
- Brook Dudley based their policies, procedures and clinical guidelines on best practice recommendations and standards such as those provided by the National Institute for Health and Care Excellence (NICE), the British HIV Association (BHIVA), the British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Health Care (FSRH).
- Brook Young People disseminated new guidelines via nurse manager meetings. These were then discussed with staff at their team meetings.
- Staff were encouraged to become members of FSRH so that they were kept up-to-date of new guidelines and best practice.

**Patient outcomes**

- **Staff monitored the effectiveness of care and treatment**. They used the findings to make improvements and achieved good outcomes for patients.
- The service submitted quarterly reports to their commissioners on the number of positive pregnancies, how many young people requested pills and how many were administered, the number of contraceptive injections administered, and the number of implants fitted. They also submitted data on the number of positive results for chlamydia and how many people were treated and the number of emergency contraception administered.
- The service was assessed against the National Chlamydia Screening Programme key performance indicators and achieved the following results:
- screening activity, not achieving (commissioners aware of unrealistic target)
- Partner notification, target 60%, outcome 67%
- results management, target 90%, outcome 100%
- treatment of positive results, target 89%, outcome 100%
- number of attendances, target 310 to 445, outcome 761

- The service was achieving all the targets except for the screening activity. This was on their risk register and commissioners were aware of the unrealistic targets and planning to change them.
- Brook Dudley contributed local audit data to national Brook Young People audits on implants, emergency contraception, sexually transmitted infections (STIs) and termination of pregnancy. The manager explained that they were sent a report on their local services and recommendations for example all implant patients must have STI test prior to removal and in relation to emergency contraception all young people must be offered an intrauterine device (IUD) as the first recommendation. The manager said these recommendations were built into their business plans

and discussed with staff. However, there were no local action plans formed to monitor improvements in these recommendations throughout the year. The manager acknowledged this was a gap as they could not tell if improvements had been made until the following year's audit results.

**Competent staff**

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All new staff were given an induction with a probation period of three months. Staff were supernumerary initially depending on their previous experience. The manager monitored and signed off staff competencies within the three- month period.
- Staff told us that they had regular catch ups with their manager and an annual appraisal where the work plan and their progress was discussed. Staff felt well supported and said there was an 'open door policy' to discuss any concerns with their manager.
- All staff had received an appraisal in the previous year.
- The manager encouraged staff to attend relevant conferences on sexual health to keep up-to-date with best practice.
- The manager told us they did ad hoc observations of staff to ensure they were competent in their practice.

**Multidisciplinary working and coordinated care pathways**

- **All those responsible for delivering care worked together as a team to benefit patients.** They supported each other to provide good care and communicated effectively with other agencies.
- Staff made referrals to the genito-urinary medicine department at the local NHS trust for young people with more complex cases that they were unable to treat.
- For more vulnerable young people, for example those with two sexually transmitted infections, staff could make referrals to the sexual health outreach nurses who were able to do more one-to-one work.
- If staff needed to refer a young person to children and adolescent mental health services (CAMHS), they liaised with GPs and school nurses.

**Health promotion**

- **Staff gave children and young people practical support and advice to lead healthier lives.**
- If staff identified other risk factors during their assessment of young people, such as smoking or being overweight, they directed young people to other support organisations such as smoking cessation services and healthy eating programs.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- **Staff supported children and young people to make informed decisions about their care and treatment.** They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff were aware of and used the Fraser assessment (Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment). They used the assessment to determine young people under 16's level of understanding prior to supplying contraception to them. Staff explained how they assessed all young people's level of understanding and ensured they were fully informed prior to gaining consent for treatment.
- At the previous inspection staff had not received training on the Mental Capacity Act 2005. This training was now incorporated into the safeguarding training which all staff had completed.
- We observed a nurse obtaining consent from a young person to leave voicemails or texts on their mobile phone in relation to obtaining results.

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

Good

Our rating of caring was **good.**

**Compassionate care**

Good

# Community health (sexual health services)

- **Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- We observed during consultations that staff were friendly and supportive and created a relaxed environment.
- Staff introduced themselves and had a good rapport with young people.
- Staff allocated young people with a number on arrival, this ensured they received a confidential service when called in from the waiting room.
- Young people told us that their privacy and confidentiality was always maintained, and staff ensured the clinical/assessment room doors were always closed prior to consultation.

**Emotional support**

- **Staff provided emotional support to children and young people to minimise their distress.** They understood their personal, cultural and religious needs.
- We observed a nurse being caring and reassuring when a young person had been subject to a sexual assault.
- Staff could refer young people to counselling which was provided at the Dudley clinic.
- Young people were encouraged to provide feedback via an electronic feedback system called, 'I want great care'. Electronic tablet devices were available in the waiting area for young people to access the system. Some of the feedback received included, "Really good service, they are always really helpful and understanding" and, "Really good – always so kind and helpful."

**Understanding and involvement of patients and those close to them**

- **Staff supported and involved children and young people to understand their condition and make decisions about their care and treatment.**
- We saw during consultations and young people told us that staff gave clear explanations in language young people could understand.
- Staff gave young people time to consider their options, ask questions and make decisions about their treatment and care.
- One young person told us, "I am happy with the service, I felt very safe and happy to talk to staff, everything was explained."

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

Good

Our rating of responsive was **good.**

**Planning and delivering services which meet people's needs**

- **The service planned and provided care in a way that met the needs of local people and the communities served**. It also worked with others in the wider system and local organisations to plan care.
- The manager explained they had a good working relationship with their commissioners and met with them quarterly to discuss service provision.
- The service held meetings with local young 'Health Champions' who were a group of young people they consulted to gain their views on the development of new services.
- Brook Dudley linked in with a network of voluntary sector groups for support and to provide training updates on sexual health.
- Staff went out to local schools and pharmacies to provide training to school nurses and pharmacists to deliver the chlamydia screening programme in the local area.

**Meeting the needs of people in vulnerable circumstances**

Good

# Community health (sexual health services)

- **The service was inclusive and took account of children and young people's individual needs and preferences**. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff had access to a translation service for children and young people whose first language was not English. This service also incorporated video links to people who used sign language to communicate with young people who were deaf.
- The downstairs clinical and assessment rooms and toilet were accessible to young people with reduced mobility or those who used a wheelchair.
- Staff explained how they had planned a meeting with education partners in September, to plan a health campaign strategy to improve access for those with learning disabilities, different cultural backgrounds, different ethnicities and religions and LGBT groups. The aim was to hold focus groups to gather feedback on what would make it easier for young people in these groups to access services.

**Access to the right care at the right time**

- **People could access the service when they needed it and received the right care in a timely way.**
- The service operated on a hub and spoke model which meant there was a main clinic in Dudley town centre and spoke clinics in local colleges and centres such as, 'The What Centre'. This meant that children and young people had access to a range of services near to where they studied or lived within the West Midlands.
- The Dudley clinic was open on Tuesdays and Thursdays between 3pm and 7 pm and on Saturdays 12pm-4pm. Outreach clinics operated on Mondays, Tuesdays and Fridays and rotated around the local colleges. Three medical outreach clinics operated at centres offering sexually transmitted infection (STI) assessment, chlamydia screening and treatment, emergency contraception and contraceptive injections, implants and pills.
- Young people under 25 could access the service and receive treatment free of charge.
- Brook Dudley offered a walk-in service where young people could self- refer and did not require an appointment. Appointments were required for some procedures such as implant insertion/ removal or insertion of an intrauterine device (IUD). Staff aimed to do four procedures per clinic. This meant that young people may have had to wait up to a week for implant insertion/removal. Monthly clinics were held for insertion of IUDs.
- Staff prioritised young people who required emergency contraception to ensure they were seen within the effective contraception treatment times.
- Staff informed the receptionist if there were delays in clinics. Young people would then be offered the option of returning to the service later that day or booking an appointment for another clinic day.
- Staff told us that waiting times were variable depending on how many young people turned up on the day. Waiting times from arrival to being seen were recorded but were not monitored or audited to make improvements.
- On the day of inspection, young people were seen promptly with minimal waiting times.
- Young people had access to an online booking system to book appointments at a time suitable to them.
- Young people over the age of 16 were able to book telephone consultations for assessment and history taking. They could then book an appointment for treatment if required.

**Learning from complaints and concerns**

- **It was easy for people to give feedback and raise concerns about care received**. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Posters were displayed in the waiting area on how to make a complaint and provide feedback. However, the young people we spoke with were unsure how to make a complaint.
- The service had received no complaints in the last 12 months between August 2018 and September 2019.

Good

# Community health (sexual health services)

- Staff said they received occasional verbal concerns about waiting times. They had responded to this by offering flexibility around appointments and enabling young people to return to the clinic at a later time during busy periods.

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

Good

Our rating of well-led was **good.**

### Leadership of services

- **Leaders had the integrity, skills and abilities to run the service.** They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The manager had the necessary skills and knowledge to manage the service. They had eight years clinical experience within the NHS and seven years managing the service. They had attended a leadership development programme and recently obtained the Postgraduate Medical Education Teaching Qualification.
- Staff said there was an open- door policy to the manager who was always available for support and guidance.
- The manager received support from the head of operations (their manager) and the head of nursing at Brook Young People who they met with regularly.
- The service encouraged staff development and over the past year had trained a newly qualified nurse who had progressed to the next grade.

### Service vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.** The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Both the manager and staff had a clear vision to expand the outreach model and ensure the service was more inclusive and accessible to LGBT groups, black and ethnic minorities (BME) and young people with disabilities.

### Culture within the service

- **Staff felt respected, supported and valued**. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, young people and staff could raise concerns without fear.
- There was a positive culture within the service where staff worked well together and supported each other.
- Staff described an open and transparent culture where they were encouraged to report and learn from incidents. Staff understood and were aware of their responsibilities under the duty of candour. 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 of certain notifiable safety incidents and provide reasonable support to that person.
- Staff felt valued and felt well supported by the manager.

### Governance, risk management and quality measurement

- **Leaders operated effective governance processes, throughout the service and with partner organisations**.
- Staff at all levels were clear about their roles and accountabilities. They had regular opportunities to meet, discuss and learn from the performance of the service. Minutes of weekly staff meetings confirmed this.

Good

# Community health (sexual health services)

- Leaders and teams used systems to manage performance effectively. Staff said they had regular supervisions with their manager and that their annual appraisal was a useful process.
- They identified and escalated relevant risks and issues and identified actions to reduce their impact. There was a risk register with clear actions to reduce the risks. The risk register was monitored at weekly team meetings and discussed with the head of operations quarterly. We saw evidence of this within the team meeting minutes.
- They had plans to cope with unexpected events. The service had a business continuity plan. The manager explained if the electricity failed they would be able to continue with the clinics and use paper records.
- The manager submitted a quarterly quality report to the director of operations which was cascaded to the board of Brook Young People. The quarterly reports contained information on risks, incidents, complaints, key performance indicators for the commissioners and safeguarding referrals.
- The service ensured that all staff had enhanced adult and children's Disclosure and Barring Service (DBS) checks 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.

**Public and staff engagement**

- **Leaders and staff actively and openly engaged with children and young people, staff and equality groups to plan and manage services.** They collaborated with partner organisations to help improve services for children and young people.
- Staff encouraged young people to feedback in person or via telephone or online on the 'I want great care' system. The service had previously received verbal feedback about long waiting times. They had responded to this by providing flexibility to come back later, booking for a specific appointment and providing telephone consultations.
- The service had analysed feedback received from the, 'I want great care' electronic feedback system between 1 September 2018 to 31 May 2019 with the following results:

  dignity and respect: 4.93/5

  involvement: 4.93/5

  information: 4.83/5

  staff: 4.96/5

  cleanliness: 4.95/5
- Staff were encouraged to feedback improvements to practice at their staff meetings. The electronic patient record was changed and improved as a result of staff feedback.

**Innovation, improvement and sustainability**

- **All staff were committed to continually learning and improving services**. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.
- The service was continually looking for ways to engage with young people in their own environments and attended local community events. For example, they had planned to attend a student gathering at a local shopping centre to provide advice, information and chlamydia testing kits.
- There were plans to engage with LGBT groups to gain their feedback about how to make the service more accessible to them.
- The service also had plans to attend local bars, clubs and evening venues to promote consent and being safe within sexual practice.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure all clinical incidents recorded on the incident log are categorised into level of risk.
- The provider should consider monitoring waiting times to make improvements.
- The provider should ensure that action plans are developed from recommendations from audits and that they are monitored for improvement throughout the year.