Brook Young People

Brook Blackburn

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This is the first time we have rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- 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 patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients 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 patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for most treatments.
- Leaders ran services well using reliable information systems. Staff were supported 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 patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Patients sometimes had to wait several weeks to have a coil fitted.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health (sexual health services)	Good 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Brook Blackburn

Brook Blackburn provides an integrated sexual health service (level 3) to people of all ages. This includes contraception, pregnancy testing and help with pregnancy choices, assessment and treatment of sexually transmitted infections, HIV support, and information and advice about sexual health and wellbeing. The service also provides psychosexual counselling, and counselling for 13-24 year olds. Brook Blackburn also provides outreach services which includes to schools and refuges, as well as to people who are homeless, use drugs and alcohol, or sell sex.

Brook Blackburn is commissioned by the borough council to provide level 3 sexual health services to the people of Blackburn and Darwen. The Integrated Care Board (ICB) commissions the counselling service for 13-24 year olds. The service is based in the centre of Blackburn.

Brook Blackburn is provided by Brook Young People and was registered in 2013. Brook Young People is a registered charity, and provides services across the country. Most of its services provide sexual healthcare for younger people. Brook Blackburn started providing an all-age service in April 2021.

The service is registered to provide the regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures; and family planning. The service has a registered manager, who is also the registered manager of Brook Burnley. The management team and some other staff work across both services.

The service has been inspected once in 2017 but was not rated. Following the 2017 inspection we issued the provider with a requirement notice under regulation 13 (safeguarding) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the current inspection we found that the provider was now compliant with this regulation.

This was an unannounced comprehensive inspection. As Brook Blackburn and Brook Burnley share some staff including the management team, both inspections were carried out concurrently across both sites.

How we carried out this inspection

This was an unannounced comprehensive inspection.

Before the inspection visit we reviewed information that we held about the service.

During the inspection visit the inspection team:

- visited the service and looked at the quality of the environment
- collected 35 comment cards from patients using the service
- spoke with 9 staff who worked in the service including managers
- reviewed 19 care and treatment records of patients and other care related documents
- received feedback from the commissioner of the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The provider should ensure that patients have prompt access to treatment such as having a coil fitted.
- The provider should consider how they ensure that information is not missed in the care records when multiple templates are used.
- The provider should ensure that all staff have received training in learning disability and autism.

Our findings

Overview of ratings

Our ratings for this location are:

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

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

We rated safe as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. It included a range of topics such as responding to emergencies, safeguarding adults and children, and equality and diversity. It was provided through a mix of online and face to face learning.

From July 2022 all health and social care providers were required to ensure that their staff received training about learning disability and autism. The government was developing a preferred training package, which was not available at the time of this inspection. Staff had not completed specific training about learning disability and autism in line with this package (called Oliver McGowan training). However, nursing staff completed a learning disability module as part of their sexual health training under the Faculty of Sexual and Reproductive Healthcare (FSRH).

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were able to access online training through the provider's intranet.

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.

Staff received training specific for their role on how to recognise and report abuse. All staff had completed level 3 or level 4 safeguarding training. Safeguarding concerns were discussed within the service, and staff attended a quarterly safeguarding supervision session. Managers also attended a safeguarding lead supervision group which focused on policy and the management of safeguarding.

Good

Community health (sexual health services)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were discussed within the service and referrals made to the local authority or safeguarding team. Both clinical and reception staff were experienced at identifying potential safeguarding concerns. Staff had a readily available list of contact details of local services. This included for people experiencing mental health problems, domestic violence and modern slavery. Staff were aware of the potential risks of female genital mutilation (FGM) and child sexual exploitation (CSE) and the action to take in response to these risks.

Staff followed safe procedures for children and young people using the service. Brook Blackburn provided an all-age service. Young people could attend at any time, but there were some sessions specifically set aside for them.

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.

The service was clean and had suitable furnishings which were also clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff carried out weekly cleaning audits.

Staff followed infection control principles including the use of personal protective equipment (PPE). During the COVID-19 pandemic the service had implemented additional infection prevention and control measures in accordance with national guidance. This included making the service appointment-only.

Staff cleaned equipment after patient contact. They followed clear written procedures and checklists for cleaning clinical areas and equipment.

The service had specific procedures and a dedicated PPE trolley to use with people suspected of having monkeypox.

Environment and equipment

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

The service was based in a three-storey building. It had a light and airy waiting area, and suitably equipped rooms for staff to see patients. The building did not have a lift, but there were accessible rooms on the ground floor.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out routine safety checks of medical equipment and devices that were used in the service.

Staff disposed of clinical waste safely. Staff followed clear processes for the disposal of clinical waste. Single use equipment was disposed of correctly. The service had suitable waste containers, and a contract with a registered waste disposal company for their safe removal.

Staff ensured that routine checks, servicing and maintenance was carried out. This included fire safety, utilities, heating and electric equipment, and legionella testing. The was monitored at local and provider level. Staff carried out a monthly audit, and any problems that were identified had been addressed.

Good

Community health (sexual health services)

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.

Staff completed risk assessments for each patient and reviewed this when necessary. Staff knew about and dealt with any specific risk issues. When patients contacted the service, reception staff asked key questions, in order to triage and prioritise when and who they would be seen by. There was a clear process for staff to follow which included flags for prioritising higher risk patients. For example, this may include people aged under 16 or people with a learning disability. There were emergency appointments set aside each day to support this. There was clear criteria for whether patients would be seen by a nurse or a healthcare assistant.

Staff carried out detailed assessments of each patient, which followed prompts in the online records system. The prompts reflected national guidelines, and were tailored to the presentation and needs of the patient.

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with others, for example the patient's GP, with the patient's consent. The provider had a process to anonymously inform a patient's previous sexual partners that they may have/have been exposed to a sexually transmitted infection (STI).

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix.

The service had no vacancies for nurses or healthcare assistants. The service used regular bank staff to cover gaps in staffing. Managers made sure all bank staff had a full induction and understood the service. The clinical manager/lead was the only person trained to fit coils (intrauterine devices/systems or IUDs/IUSs). When she was unavailable no coils could be fitted. The service was due to train more staff in this procedure.

The number of nurses and healthcare assistants did not always match the planned numbers on a shift. This was due to variable rates of staff sickness. During the COVID-19 pandemic there had been periods of staff sickness which had impacted on the service. At the time of our inspection, staff sickness had resulted in clinics being cancelled. Patients had been prioritised, and were appropriately offered alternative appointments, or signposted to Brook Blackburn's online service. Patients could request contraception and sexually transmitted infection (STI) testing online.

The service had low turnover rates. Brook had started providing the all-age service in April 2021. This involved some staff from the previous provider (an NHS trust) being transferred over to Brook. During the transition period there was some turnover of staff – from both the former NHS staff and existing Brook staff who had worked in the under 25's service. This had now settled, and turnover was low.

Medical staffing

The service did not have a doctor. The provider (Brook) had a clinical director, who staff contacted if they needed medical advice. The service had a non-medical prescriber, and medicines were administered under a patient group direction. This was signed off by the clinical director, and was implemented by staff in accordance with legal requirements.

Good

Community health (sexual health services)

Records

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

Patient notes were comprehensive and all staff could access them easily. They contained multiple templates that prompted staff to ask questions depending on the presentation and needs of the patient. Patient information was generally recorded well. However, as some prompts were duplicated across templates (for example, asking about substance misuse) – this may be recorded in one area of the care record but not in another. Staff were aware of this, but there was the potential that information could be missed.

Records were stored securely. All patient records were online.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were administered under patient group directions (PGD), and by a non-medical prescriber. PGDs are written instructions that allow nurses to supply and administer medicines to a pre-defined group of patients, without them needing to be seen by a prescriber. Staff had access to the PGDs, which were implemented in accordance with legal requirements. The PGDs were routinely audited and peer reviewed.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. Staff reviewed a patient's medicines at each appointment, and this was documented in the online care record.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored correctly and securely. Staff monitored room and medicines fridge temperatures, A member of staff led on the ordering and monitoring of stock, with oversight from a nurse. Medicines were available in the event of a medical emergency, and these were checked regularly.

Incidents

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 patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff reported incidents online, and these were reviewed and logged by local managers. A quarterly report was submitted to the provider and to commissioners. The service had low levels of incidents. Over the last year this had included medicines errors, reporting errors, staffing, and IT (information technology) problems.

Good

Community health (sexual health services)

Staff understood the duty of candour. They were open and transparent, and gave patients a full explanation if and when things went wrong. When clinical incidents had been discovered, the patient had been contacted quickly, informed of the mistake and remedial action taken.

Managers investigated incidents. Managers debriefed and supported staff after any serious incident. Staff met to discuss the feedback and look at improvements to patient care. Changes had been made as a result of feedback, which included improving guidance for staff and monitoring of information to prevent any gaps being missed.

Are Community health (sexual health services) effective?

Good

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had care pathways or guidance for staff to follow for all different types of assessment and treatment for patients attending the service. This was incorporated into templates in the online care records, which staff used and documented. The care pathways followed national guidance which included from the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH), the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE).

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a programme of repeated audits to check improvement over time. Information was shared with commissioners of the service, and was monitored against the expected outcomes. This included infection control, emergency contraception, implants, and sexually transmitted infection treatment.

The service completed national reporting to GUMCAD (Genitourinary Medicine Clinic Activity Dataset) and SRHAD (Sexual and Reproductive Health Activity Dataset). Information was monitored quarterly, and an annual summary had been completed over the first year since the service began providing an all-age service in April 2021. This has also been impacted by the limitations on services implemented during the COVID pandemic, including staffing difficulties. The provision of digital services had had a positive impact, and the service was overperforming in this area.

Managers identified any themes or trends. For example, reporting for one month showed a sudden increase in the number of patients testing positive for syphilis. Staff worked with commissioners to understand any underlying reasons for this, and to consider how future reoccurrence could be prevented.

Competent staff

Good

Community health (sexual health services)

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. This included a detailed plan and competencies for nurses and healthcare assistants. Managers made sure staff received any specialist training for their role. Healthcare assistants had a detailed induction/training programme that covered the necessary skills needed to perform their role. Nursing staff were required to have specialist sexual health training to provide services. The service provided this training programme to nurses in line with the Faculty of Sexual and Reproductive Healthcare (FSRH) standards.

Managers supported staff to develop through yearly constructive appraisals of their work. All staff had had an annual appraisal. Brook had an overarching workplan, which fed into individual workplans throughout the organisation. Within this staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers supported staff to develop through regular, constructive clinical supervision of their work. All staff had quarterly supervision, and quarterly safeguarding supervision. Qualified counsellors, within the psychosexual counselling and the 13-24 year olds counselling service, received management supervision within the service, and their own external clinical supervision. The counselling service had contracts with volunteers from several different training providers. They had a 3-way supervision process between the volunteer, their supervisor in the training institution, and Brook's qualified counsellor.

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

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

The service was provided by nurses and healthcare assistants. Staff had access to medical advice when required.

Staff did not routinely share information with a patient's GP, and would only do so with the patient's consent.

The 13-24 year old counselling service and the psychosexual counselling service were both managed by experienced counsellors. Information from counselling sessions was not routinely shared, but patients were often referred to the counselling services by other Brook staff, and patients could be signposted to other services.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. Brook's main website provided a comprehensive range of information about sexual health and the services provided. This included

Good

Community health (sexual health services)

contraception, sexually transmitted infections, and HIV (human immunodeficiency virus). Brook Blackburn provided a range of outreach services to promote sexual health. This included visiting services in the local area such as schools, refuges, and hostels. The service provided an online service for accessing assessment and treatment. A scheme had also been established to distribute condoms.

Staff assessed each patient's health at every appointment, and provided support for any individual needs to live a healthier lifestyle. The care records included prompts, against which staff documented the discussions they had had with patients, and any advice or services they offered. The service offered PREP (pre-exposure prophylaxis) to people who may be at risk of exposure to HIV.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood Gillick Competence and Fraser Guidelines and supported people aged under 16 who wished to make decisions about their treatment. Staff understood the relevant consent and decision-making requirements of legislation and guidance, and they knew who to contact for advice. All staff had training about capacity and consent as part of their induction. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If they were unclear that a person was able to make an informed decision for themselves, they knew who to contact for advice. Information was available for patients to support them to make a decision.

Staff clearly recorded consent in the patients' records. The care records included prompts to ensure that the necessary information was provided, and to record the patient's decision.

Are Community health (sexual health services) caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We received 35 comment cards for the service following our inspection. All of these were positive, with no negative feedback at all. Patients commented on the cleanliness of the environment and the level of care they received.

Patients told us things such as:

Good

Community health (sexual health services)

“All the staff had a smile on their face”

“Staff were all really friendly, I would definitely come back”

“The staff were compassionate and kept things confidential”

“The experience I have had in the past year was exceptional”

Staff followed policy to keep patient care and treatment confidential. No information was shared with other services, even the patient’s GP if they did not wish for it to be shared. In the clinics the windows were covered with privacy screens and there were curtains to maintain patients’ privacy and dignity. Staff knocked on doors before entering.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Test results were sent via a text messaging service, which was agreed with patients at their test appointment. However, staff also carried out a follow up phone call to anyone who had not booked an appointment following a positive test result. This call was to encourage appointment booking but also offered emotional support around the results and the next steps in treatment.

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. An example of this was work around female genital mutilation and the training staff had received to recognise this and support patients when required

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. The local population in Blackburn was diverse, with communities from Pakistan, Bangladesh, Poland and more recently Ukraine. We observed reception staff speaking clearly on the telephone and ensuring they were understood before ending the call. The service had a member of staff who was able to speak several languages. This was helpful if patients attended a first appointment and needed some support before the need for an interpreter was identified. Staff did not allow family members to interpret for patients, and an interpreter was booked when needed and there were no complaints about this service.

Good

Community health (sexual health services)

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Staff supported patients to make informed decisions about their care.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients gave feedback in several ways including through online review sites, and reviews on the "I want great care" website where the service had received five stars from over 40 reviews. The only negative feedback given (as a small part of a positive review), was about waiting times for some appointments and the cleanliness of the toilets on one review.

Are Community health (sexual health services) responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Brook Blackburn was commissioned to provide a level 3 all-age sexual health service across Blackburn and Darwen. It also provided a psychosexual counselling service for adults, and a counselling service for 13-24 year olds.

Managers planned and organised services so they met the changing needs of the local population. The main service was based in the centre of Blackburn. However, there was also online access to sexual health services, and outreach services that went into the wider community. Staff worked with other organisations to increase access to sexual health services. This included working in or with services that provided services to children and young people (including schools and community centres), to asylum seekers and refugees, to hostels and people who are homeless, to women's refuges, and to people who sell sex.

The service also had links with a local domestic violence shelter that worked with people from ethnic minority groups. They provided outreach to this service to ensure those patients were given sexual health advice and treatment when needed.

The service worked flexibly to meet the needs of the community it served. This included late night opening and weekend opening. Appointments for younger people were, where possible made around the same time to avoid adults and young people mixing in the waiting area. There was a specific clinic for younger people on two days each week.

Staff were working to reduce barriers to the service by people from the Muslim community, including those who identified as LGBT+.

Managers monitored and took action to minimise missed appointments. Prior to the COVID-19 pandemic the service had provided a walk-in service, but this had changed to appointment only. Managers ensured that patients who did not attend appointments were contacted.

Good

Community health (sexual health services)

Meeting people's individual needs

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

Patients could contact the service online or by telephone. Staff triaged patients, which included asking them if they needed any additional support to access the service. This may include physical access to the building, language and communication support, or a longer appointment.

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

Facilities and premises were appropriate for the services being delivered. The main building was owned by Brook and in the centre of Blackburn. It was over three floors and had no lift. However, treatment rooms and toilets on the ground floor were accessible by someone using a wheelchair or with limited mobility. The counselling rooms were on the first floor. However, the counselling and psychosexual counselling service held some sessions elsewhere, on sites that were fully accessible.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed. Patients had access to an online service for accessing sexual health services including contraception, sexually transmitted infection (STI) assessment and treatment, and booking appointments. This has been effective in increasing access to the service and reducing waiting times. All patients who contacted the service directly were triaged by reception staff, who directed patients to the online service if this was appropriate, or made them an appointment (with either a nurse or a healthcare assistant) based on their needs and level of risk. The service held same-day emergency appointments for high vulnerability people which included those aged under 16 years.

All tests were sent to an external laboratory. They were collected on the same day, and results were usually returned within 24-48 hours. Patients received a text (with their prior agreement) to say the result was ready, with a link to the result and what action they should take next, including a follow up appointment if necessary.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. There had been cancellations due to staff sickness. Patients were contacted and encouraged to use the online service, or alternative appointments were arranged.

The service had one nurse who was able to fit coils (intrauterine devices/systems or IUD/IUS). The waiting list for coil fitting was approximately 8 weeks. The service was in the process of training more staff to deliver this service.

Good

Community health (sexual health services)

The psychosexual counselling service for adults had a target of offering an appointment to people within 12 weeks of referral, which it had met so far this year (from April to September 2022). The counselling service for 13-24 year olds had a waiting list of 18 people at the time of our inspection. The current waiting time to start counselling ranged from 3 to 16 weeks. Longer waiting times were usually due to patients needing to be seen at specific times, such as after school.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service received low numbers of formal complaints, but these were investigated and responded to in accordance with the service's policy. Managers monitored feedback from patients through their own online feedback service 'I want great care', and through other online review sites. They encouraged patients to raise their complaints directly with the service.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. Managers told us that patients had raised concerns about the length of time they waited for appointments, and how long it took them to get through to the service on the phone. Negative feedback about waiting for appointments had reduced since the online service had been established. In response to telephone waiting times, the service had introduced a counting system so that people were aware of their progress through the queue.

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

Good

We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Staff were positive about the management team, and found them supportive. There had been some long term absence, which had now ended, and the management team overall had increased. There were three managers, including the clinical lead, who all worked across both Brook Blackburn and Brook Burnley. The clinical lead was also a non-medical prescriber, and worked directly with patients. Managers had access to the information and support they needed to carry out their roles. Managers attended regular meetings with managers from other services within Brook Young People.

The national executive team had recently changed, and they had visited the service to introduce themselves to staff.

Vision and Strategy

Good

Community health (sexual health services)

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.

The service was commissioned by the local authority to provide level 3 sexual health services, that were identified as needed for the local population. This included a strategy for improving access to services and outcomes for all people, including those who services need to do additional work to contact and support. This included outreach services to under 18s, people who sell sex, and people from the Muslim community which includes those who identify as LGBT+.

The service was commissioned by the NHS to provide counselling services to people aged 13-24. This was general counselling (not sexual health specific) and part of the provision of primary mental health services to younger people.

Culture

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

Staff were positive about the team they worked with, and felt supported by other staff and their managers. The service had previously been provided by the NHS. This ended in April 2021 when Brook took over. This had been a difficult time for staff, due to the setting up of a new service and some staff transferring over from the NHS to Brook. However, staff felt this had been managed and were generally positive about the service. Staff felt able to speak out in the service and raise any concerns. The service provided opportunities for development and we saw staff had been supported to take part in training and skills development. The provider had its first national wellbeing conference planned, which staff were encouraged to attend.

Governance

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

The provider had a clear governance process across the organisation. Policies were arranged under the 'six pillars' of protecting people; managing resources; managing people; engaging stakeholders; managing health, safety and risk; and ensuring quality and clinical outcomes. Within each of these areas there were overarching policies, supported by more detailed policies for local areas, and supporting procedures for applying this in practice.

The provider had a clinical governance structure, which included a set of standards that were applied across the organisation. Brook Blackburn and Brook Burnley shared the same management team, so management meetings and information reviews were carried out together. These included staffing, health and safety, safeguarding, compliments and complaints, and digital issues that were discussed separately for each site; and counselling services, risk registers and finance. Minutes from these meetings included a list of actions, which were followed up at subsequent meetings.

Management of risk, issues and performance

Good

Community health (sexual health services)

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

Managers had access to information that supported them to manage the service. For example, they were able to access information about the types of interventions that were carried out, and demographic information (such as age, gender, ethnicity) about patients receiving this. The psychosexual counselling service and the 13-24 year old counselling service maintained and produced their own performance information. Managers submitted performance information to the commissioners of the service. The service was generally meeting its key performance indicators, and was performing above expectations in the online service.

Managers maintained a risk register. This rated the level of risk, and any mitigation to manage this.

The provider has systems for managing the health and safety of the service and the people who worked in and used it. This included regular monitoring, checks and maintenance. The provider had business continuity plans, which included the action to take in the event of an emergency at Brook Blackburn. For example, if there was high unexpected staff absence or a power failure.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed in easily accessible formats, to understand performance and make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service's care record system supported the information the service used to monitor performance. This was collated into monthly and quarterly reports. Managers routinely reviewed this information through local and corporate clinical governance meetings. Information was submitted to the commissioners of the service. If any standards had not been met, a rationale was provided with any mitigation and plans to address this.

The service completed national reporting to GUMCAD (Genitourinary Medicine Clinic Activity Dataset) and SRHAD (Sexual and Reproductive Health Activity Dataset).

Engagement

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

Staff worked with other organisations to increase access to sexual health services. This included working in or with services that provided services to children and young people (including schools and community centres), to asylum seekers and refugees, to hostels and people who are homeless, to women's refuges, and to people who sell sex. Staff were working to reduce barriers to the service by people from the Muslim community, including those who identified as LGBT+. Managers engaged with local safeguarding teams, which included being part of MACE (multi-agency child exploitation) meetings.

Good

Community health (sexual health services)

Managers met quarterly with the commissioners of the service, and provided regular reports and information.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Nursing staff had access to an in-house training programme, to develop their specialist contraception and sexual health (CaSH) knowledge, which followed the Faculty of Sexual and Reproductive Healthcare (FSRH) learning criteria. A member of staff was undertaking a post-graduate study of sexual health promotion for people in the Muslim community, particularly those who identified as LGBT+.