

Brook Euston







Quality Report

92-94 Chalton Street
London NW1 1HJ
Tel: 0207 3878700
Website: www.brook.org.uk

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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

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	

Overall summary

Services we rate

This service had not been previously rated. We rated it as **Good** overall. 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.

We rated Brook Euston as **Good** because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect young people

from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, 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 children and young people, advised

Summary of findings

them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available six days a week.

- Staff treated children and young people with compassion and kindness, respecting their privacy and dignity, and valuing them as individuals. There was a strong visible person-centred culture and children and young people were empowered as partners in their care, practically and emotionally. Feedback from children and young people was consistently positive. Children and young people benefitted from being cared for by staff who showed discretion and sensitivity. Brook Euston employed two counsellors, and young people could be referred or self-refer to the counselling for various issues including pregnancy and termination of pregnancy advice, depression, mental and emotional health issues, low self-esteem, self-harm, risky behaviours and relationship and family difficulties.
- Children and young people were involved in shaping a number of projects and products with Brook in the last year. They produced frequently asked questions for the Brook website, and the 'welcome to Brook' digital tool. This triaged young people in the waiting room and prioritised the most vulnerable. Over 200 young people were consulted to inform the Brook 2020-2023 strategy.
- Brook provided children and young people with valuable educational online resources to make informed and positive choices about their lives. They also provided training and educational aids for teachers, other professionals and parents/carers of children and young people.

- The service planned care to meet the needs of local people, took account of young people's individual needs, and made it easy for people to give feedback.
- 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 children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Despite the team's regular requests to do so, external contractors cleaning the clinic daily were not keeping clear records of all areas cleaned to ensure appropriate infection control.
- Nursing staff and clinical education and wellbeing support workers did not always have regular management supervision, and a number of systems in place for monitoring staff mandatory training compliance made it difficult to confirm that all staff were up to date.
- Staff were not formally auditing waiting times of children and young people attending the clinic, in order to work with partners to ensure they could meet the capacity and demand.
- There were some gaps in fire alarm testing to ensure that fire safety systems functioned safely.
- There had been a number of recent IT outages which had an impact on the number of people seen in clinic.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Brook Euston	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Overview of ratings	12
Outstanding practice	31
Areas for improvement	31

Good 

Brook Euston

Services we looked at

Community health (sexual health services)

Summary of this inspection

Background to Brook Euston

Brook Euston is part of a larger organisation, Brook Young People, which provides several services across London including clinical services, counselling, education and training for young people and professionals and condom distribution schemes.

Brook Euston provides confidential sexual health services, support and advice to young people under the age of 25 and is recognised as a level 2 contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and HIV for England 2001 set out what services should provide at each recognised level. As a level 2 CASH service Brook Euston provides contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and counselling. Young people presenting with some sexually transmitted infections are referred to level 3 CASH services in London for treatment.

Brook Euston provides clinics six days a week from Mondays to Saturdays. The service is jointly commissioned by the London Borough of Camden and London Borough of Islington to provide young people's sexual health services for both boroughs. Brook Euston is

commissioned alongside The Brandon Centre and Homerton University Hospital NHS Foundation Trust as the Camden and Islington Young People's Sexual Health Network (CAMISH) for both London Boroughs.

Brook's Education Team led on targeted outreach. They provided early interventions for vulnerable young people and those considered most at risk of poor sexual health, unplanned pregnancy or sexual exploitation. The service worked with young people referred to them by the youth offending service for sessions on healthy relationships, consent, sex and the law and access to services. Brook also coordinated the provision of Sex and Relationship Education (SRE) on behalf of the CAMISH network. They and oversaw and delivered related subjects in secondary schools and alternative provisions. Brook provided a sex and relationship education and training programme to young people and professionals engaged in working with young people.

The service is registered to provide the following regulated activities:

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

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor nurse that specialised in contraception and sexual health services for young people.

Why we carried out this inspection

We carried out a short-notice announced inspection of Brook Euston as part of our programme of comprehensive inspections of independent health services.

Summary of this inspection

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location. We notified the service of the inspection 48 working hours prior to the visit in line with our methodology.

As part of the inspection, the inspection team:

- visited the clinic, looked at the quality of the environment and observed staff interacting with young people

- spoke with six young people who were using the service
- spoke with six staff including two nurses, a clinical education and wellbeing support worker, a senior administrator, a receptionist and a counsellor
- spoke with the service manager and the registered manager
- reviewed four staff supervision records
- looked at 16 care and treatment records
- carried out a specific check of the medicines management
- looked at a range of policies, procedures and other documents relating to the running of the service
- collected 12 children and young people's CQC feedback cards from a comments box left at the service over one week.

What people who use the service say

We spoke with six young people and received feedback through our comment cards from 12 children and young people. All the feedback we received was overwhelmingly positive. All six young people we spoke with confirmed that staff were caring, professional, respectful, patient and knowledgeable about sexual health. They described

staff as being friendly, non-judgmental and making them feel safe. Feedback from the comment cards was very positive. Comments included 'staff were amazing', 'got the right care and treatment', 'would definitely use the service again', 'difficult appointment but staff made me feel very comfortable.'

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?

This service had not previously been rated. We rated it as **Good** because:

Good



- The service had enough staff to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children and 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 design, maintenance and use of facilities, premises and equipment kept people safe and staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff kept detailed records of people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents. When things went wrong, staff apologised and gave people honest information and suitable support.
- The service used monitoring results well to improve safety.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

However:

- External cleaning contractors did not keep clear records of all areas cleaned.
- There were some gaps in fire alarm testing which should be carried out every week to ensure that they function safely. Staff took steps to ensure that this activity would be covered for future absences of the person responsible.

Summary of this inspection

- There had been a number of recent IT outages which had an impact on the number of people seen in clinic, due to the extra time taken to complete paper records.

Are services effective?

This service had not previously been rated. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- All those responsible for delivering care worked together as a team to benefit children and young people. They supported each other to provide good care and communicated effectively with other agencies.
- Staff promoted the health of children and young people attending the service.
- Staff supported children and young people to make informed decisions about their care and treatment.
- Staff assessed and monitored people during and after insertion of an intrauterine device.
- The service made sure staff were competent for their roles.
- Managers appraised staff work performance and offered them opportunities for further learning and development and reflective practice sessions with them to provide support and development.

However:

- Managers did not always provide all nursing staff and clinical education and wellbeing support workers with regular management supervision.

Good



Are services caring?

This service had not previously been rated. We rated it as **Good** because:

- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and valued them as individuals. There was a strong visible person-centred culture. Staff worked in partnership with people and were encouraged to do so by service leaders. Feedback from children and young people was consistently positive.

Good



Summary of this inspection

- Staff were highly motivated and inspired to provide emotional support to patients, families and carers to minimise their distress and promote their dignity. Staff clearly recognised the stigma attached with accessing their services and supported children and young people emotionally.
- Staff supported, involved and empowered patients, families and carers to understand their condition and make decisions about their own care and treatment. They provided children and young people with valuable educational online resources to make informed and positive choices about their lives. They also provided training and educational aids for teachers, other professionals and parents/carers of children and young people.
- Children and young people were involved in service decisions, projects and products. They contributed to the frequently asked questions on the Brook website, and the 'Welcome to Brook' digital triage tool.
- Staff considered children and young people's privacy and dignity in public areas. Children and young people used a picture board to point to what service they required, and background music was played in the waiting room to prevent young people in reception from being overheard.
- Brook Euston employed two counsellors, and young people could be referred or self-refer to the counsellors. Young people accessed counselling for various issues including termination of pregnancy support, pregnancy advice, depression, mental and emotional health issues, low self-esteem, self-harm, risky behaviours and relationship and family difficulties.

Are services responsive?

This service had not previously been rated. We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and young people's individual needs and preferences. Staff coordinated care with other services and providers.
- The service met the needs of children and young people in vulnerable circumstances.
- Children and young people could access services which provided the right care at the right time. The service saw children and young people up to the age of 25, which ensured that there was consistent support during the transition period into adulthood.

Good



Summary of this inspection

- 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 people in the investigation of their complaint.

However:

- Staff did not monitor waiting times of children and young people attending the clinic to ensure they could meet the capacity and demand.
- Staff did not monitor whether children and young people returned to the service when they had not been seen due to short staffing or IT issues.

Are services well-led?

This service had not previously been rated. We rated it as **Good** because:

- 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 children, young people, their families 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.
- Staff said they felt respected, supported and valued. They were focused on the needs of children and young people 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.
- 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 teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and had plans to cope with unexpected events.
- The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Good



Summary of this inspection

- The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- 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 children and young people.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and development of staff.

However:

- A number of systems in place for monitoring staff mandatory training compliance made it difficult to confirm that all staff were up to date.

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

Community health (sexual health services)

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

Are community health (sexual health services) safe?

Good 

This domain was not previously rated. We rated it as **good**.

Mandatory training

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

Staff confirmed they had undertaken mandatory training and they were up-to-date with this. Mandatory training consisted of face-to-face training in safeguarding and basic life support, and online training in other subjects including fire safety, health and safety, information governance, record keeping, and infection control training. Staff training records we viewed confirmed that all staff were up-to-date with all mandatory training. However, due to a number of different systems in place to record training compliance, this was not easy to confirm. For example, safeguarding training was recorded on a different system from the majority of other mandatory training.

Managers checked on compliance with mandatory training during staff supervision and the annual appraisal process. The registered manager maintained a training record that identified the training staff had attended and the date it was completed. Locum or bank staff were required to provide evidence of mandatory training compliance.

Safeguarding

Staff understood how to protect children and 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.

Staff received training in both safeguarding adults and children (to level 3). Staff were aware of indicators of child sexual exploitation (CSE) and female genital mutilation (FGM) and knew how to respond to concerns about CSE and FGM. Staff were able to access level 3 safeguarding training run by the local authority safeguarding teams. All clinical staff received six-weekly group safeguarding supervision.

Brook Euston was part of the Camden and Islington Young Peoples Sexual Health Network (CAMISH). As part of the CAMISH network commissioning, Brook's Education Team led on targeted outreach. led on targeted outreach which provided early interventions with vulnerable young people including those at risk of sexual exploitation. Additionally, to mitigate against future safeguarding situations Brook Euston led on the delivery of Sex and Relationship Education to local schools on behalf of the CAMISH network.

Brook Euston used a sexual behaviours traffic light tool to categorise the sexual behaviours of young people according to their policy and to help the nurses make decisions about the safeguarding aspects of their young clients. This tool helped staff in identifying behaviour grouped to green, amber and red according to risk. This

Community health (sexual health services)

tool was used across the CAMISH network and ensured that professionals across different agencies could use the same criteria when making decisions or identifying risks to protect children and young people.

All staff we spoke with demonstrated an effective understanding of their responsibilities in relation to safeguarding children, young people and adults in vulnerable circumstances and were confident to make safeguarding referrals. Where children were subject to safeguarding procedures staff placed an alert on the care and treatment record of the individual.

Staff described how they supported children and young people to stay safe, for example by talking about safety on social media, and sharing pictures online or with others.

Staff told us that they would discuss any concerns with the lead nurse on duty, record their actions, and follow the safeguarding escalation route. The Brook six step safeguarding procedure included emailing the manager and lead nurse, contacting social services when necessary, and keeping in touch with the young person during the process. They gave examples of when they had made safeguarding alerts, including a recent incident when police involvement was needed. Staff worked effectively and in partnership with other agencies such as social services and the police when making safeguarding referrals. A folder held in reception contained the contact numbers of safeguarding personnel who could be called when urgent concerns were raised during or out of office hours, or if the safeguarding lead was not available.

The organisation provided staff with detailed and comprehensive safeguarding and confidentiality policies. The Brook national safeguarding committee met every three months and reviewed safeguarding issues reported from around the country. The committee ensured effective systems, processes and improvement in Brook's safeguarding policy practices. They provided scrutiny, challenge and support to staff and provide assurance to the board of trustees. Information was cascaded from the safeguarding committee to the operational manager and Brook Euston staff regarding relevant changes in policy nationally. Staff also received information through the clinical newsletter and managers meeting. Staff undertook quarterly safeguarding audits. The most recent audit had identified the need for more consistency in recording, which had been shared with the staff team.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children and young people, themselves and others from infection and managed clinical waste well. Staff kept equipment and the premises visibly clean. However external cleaning contractors did not keep appropriate cleaning records.

Children and young people were provided with care in a clean and hygienic environment. All areas we inspected were visibly clean, had good furnishings and were well-maintained. Staff kept records of when equipment was cleaned as appropriate. Staff from an external contractor cleaned the premises daily. However, they had not been completing records of each area cleaned as required by the service. We observed minutes of a meeting with the contractor in November 2019 at which this issue had been raised by the manager at Brook Euston. Managers raised this again following our inspection, to ensure that there were clear records of all areas cleaned.

Staff followed infection control procedures to keep children and young people safe. All staff had undertaken infection control training. Examination couches and other equipment were cleaned in between appointments. Disposable gloves, aprons and sanitising liquid gel were available in all clinic rooms. Liquid gel was available in the entrance area and waiting room. Hand washing posters were displayed above sink areas, and the registered manager undertook random handwashing checks on staff members.

Clinical waste was collected by an external company who collected all used sharps and clinical waste. Sharps bins were assembled correctly and were not overfilled and they were labelled with the date of opening. Clinical specimens such as bloods and swabs were sent to an external laboratory.

Environment and equipment

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

Community health (sexual health services)

Equipment for undertaking physical health monitoring was available, calibrated and checked regularly. All staff were trained in their use and they had access to emergency equipment including oxygen and emergency drugs in the event of an emergency.

Repairs and maintenance of the building were carried out routinely and when required by an external agency. The service had recently been redecorated, and an area providing more privacy had been created which could be used when needed in the reception area.

Weekly and monthly health and safety checks of the clinic rooms were carried out and any action required was recorded. We found up-to-date records of portable appliance testing, and legionella checks on the water outlets. Each clinic room and the reception area had a wall-mounted emergency alarm that staff could access. These were checked weekly to ensure the alarm system was working. A call alarm was available in the accessible toilet. The counsellor had access to a portable alarm when sessions were taking place, and staff were clear about how to respond to alarms.

Staff were clear about the action to take in the event of the fire alarms sounding. All staff had fire safety training and seven staff were trained as fire marshals. Fire safety equipment was serviced and alarm checks were carried out regularly, including fire drills. We found some gaps in records of recent alarm checks over the past month (with checks taking place in two out of four weeks). Staff explained that this was due to the responsible person being on leave and had put steps in place to ensure that there would be cover for future absences of the person responsible.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The service had robust risk management arrangements in place. On arrival to the clinic children and young people completed a registration form. They were asked to indicate which service they required through the use of a picture board so that people in the waiting room would not overhear. Treatments available included emergency contraception, condoms, pregnancy testing, infection testing and treatment.

Each registration form was triaged by reception staff to ensure that the young person saw the most appropriate healthcare professional. Reception staff alerted healthcare professionals to any particular risk factors such as young age so that these children were seen as a priority.

Staff spoke about how they managed risk, for example any intra uterine device (IUD) fittings and removals were through booked appointments with the registered nurse only.

We looked at 16 care and treatment records. These detailed the various risks that staff assessed as part of their comprehensive assessment. For example, staff spoke to young people about sexual risks, safeguarding, domestic violence and substance misuse. All the young people we spoke with confirmed they were involved in discussing their risk assessment. Staff took detailed medical, sexual and social histories on the first visit. These were updated after each visit enabling staff to understand risks and give a clear, accurate and current picture of safety.

The staff used a comprehensive Brook client core record assessment form for each client. There were different client core record assessment forms for young people under 18 years of age and over 18 years of age. Both had been designed to draw out potential safeguarding issues and included prompts that enabled the contraceptive and sexual health (CASH) nurses to investigate the physical, mental and emotional health of clients using the service. There was also a section for children and young people who were sexually active under the age of 13. The design of the proforma helped staff to understand healthy sexual development and distinguish this from harmful behaviour. The decisions made, actions taken, and staff involved were clearly recorded on the template. The records we examined showed that these sections had been fully completed. The 'spotting the signs' proforma for clients younger than 18 years of age also contained a comprehensive section which allowed staff to ascertain if a client had capacity in terms of Fraser and Gillick competence. Fraser competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. Gillick competence is a term used in health

Community health (sexual health services)

care environments to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Brook Euston had a system in place for notifying partners of young people who tested positive following sexually transmitted infections testing. Staff sent the sexually transmitted infections notification to partners advising them to go for testing while maintaining confidentiality of the young person tested. This system helped prevent further transmission of sexual health disease and enabled partners to access treatment.

Staffing

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

There were 14 substantive staff members employed at Brook Euston. This included two senior and three Contraception and Sexual Health (CASH) registered nurses, two Clinical Education and Wellbeing Support workers (CEWS), two receptionists, an administrator and two counsellors. Staff reported that there were usually enough staff on duty, but it could be difficult when there was only one nurse on duty. However, this is what they were commissioned for on some days.

At the time of the inspection there was a vacancy for 2.5 nursing hours and 2 hours receptionist position on Saturdays. The service had plans in place to fill these vacancies. These vacancies did not affect delivery of the service during the week. However, over the six-month period prior to the inspection four Saturday clinics out of 27 had been cancelled due to short staffing.

Recruitment to vacancies had been undertaken to address issues of short staffing. Between 1 January to 31 December 2019 staff turnover was 43% (six staff). In the three months to the 1 December 2019, 17 shifts were not filled. No agency staff had been used within the last six months, and the service had a dedicated bank of staff that they could call on as and when needed to fill shifts. The bank staff received the same standard of training as permanent staff.

Management noted that it could be difficult to recruit CASH nurses (as this involved leaving the NHS terms and conditions). They had recently recruited a new registered nurse to be trained as a CASH nurse in-house.

Records

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

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

Records were all electronic, with paper back up records as a contingency, should systems fail which were later uploaded to the system. We reviewed 16 sets of electronic records and two assessments being transferred to the IT system. Records included initial triage, risk assessments, consideration of Gillick competence, consent management, issues raised and action plans in response. Records were maintained of multidisciplinary working, for example, with the police or support services.

The system was designed to ensure data protection as far as possible, for example, staff were required to click to uncover any young person's address.

We saw evidence that young people's medical, sexual and family history were assessed by staff during clinic, including client demographics. We found evidence that consent had been obtained in each patient's electronic record. Staff recorded if contraceptives or other treatment had not been provided and the reasons for this.

Medicines

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

Dispensing medicines at Brook Euston was underwritten by the use of Patient Group Directives (PGDs). These permit the supply of prescription-only medicines to specific groups of patients, without individual prescriptions. As required, registered nurses using PGDs had been trained to to supply and administer the

Community health (sexual health services)

medicines by following the PGDs. We inspected a sample of 10 PGDs and all were in date and signed off for use in the clinical domain by the members of the review panel who had formulated them.

Nurses using PGDs can only do so legally if they have signed the PGD they intend to use to confirm that they have understood their use. We examined the PGD file for a CASH nurse working at Brook Euston during the inspection and saw that each PGD had been authorised for use by that particular nurse. The Brook PGDs were reviewed annually. We saw that all PGDs were still in date.

Brook provided staff with guidance and information on the safe management of medicines within their policies and procedures which were available on the organisation's intranet. Brook had robust policies and guidance on PGDs and medicines used across each clinic. Staff were aware of additional information which was available to them on the website of the Faculty of Sexual and Reproductive Health (FSRH). Staff were advised of updates to the FSRH guidelines by the head of nursing. Staff we spoke with told us that the online service provided by the FSRH was helpful to them.

Medicines were stored securely in a clinic room in locked cupboards and a locked thermo-regulated cooler. The fridge and room temperatures were recorded daily to ensure the medicines remained stored at a safe temperature. We selected a random sample of drugs from each shelf in the fridge and found all were in date. Anaphylaxis emergency medicine was available in a locked cupboard and there was an emergency grab bag containing a cylinder of oxygen and masks. Spillage kits were also available as appropriate.

A nurse cleaned the clinic room thoroughly at least weekly and checked stock for expiry dates. They scanned and retained all records for three years. One of the senior nurse specialists for the clinic oversaw medicines management at the service.

Incident reporting, learning and improvement

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and

generally shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support.

Brook Euston reported no serious incidents within the last 12 months. They had a folder available for staff with a wide range of emergency contacts should they be needed. The service had a major incident plan in the event of a local catastrophe. Staff told us about one incident which had resulted in police involvement, and for which staff had worked well to ensure the safety of all young people at the service.

All staff knew which incidents to report and how to report them. For example, an incident form had been completed following a recent IT failure. However, minutes of a recent managers meeting noted that staff were not always completing incident forms to report that the computer system had failed, and staff were encouraged to do so on every occasion.

Staff told us that they received emails about lessons learned from incidents across the provider, and this was also covered in the Brook newsletter. Staff told us that they always ensured that young people had access to a pen and paper in the waiting area to communicate. This was following a recent incident in which police involvement was needed. There had been a number of IT issues, particularly in July and August 2019, and the service had contingencies of paper records that could be used in these circumstances. It was hoped that a recent upgrade to the computer system at Brook Euston would improve the reliability of IT systems at the service. Staff sometimes closed clinics early to ensure that all paperwork was completed and stored appropriately due to IT issues.

Safety performance

The service used monitoring results well to improve safety.

Data was collected and submitted through national reporting systems. The service completed the required data submissions to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). GUMCAD is the mandatory surveillance system for sexually transmitted infections in England. Data was also submitted through the Sexual and Reproductive Health Activity Data Set (SRHAD)

Community health (sexual health services)

collection. This provides a source of contraceptive and sexual health data nationally and showed the service provided children and young people with appropriate sexual health screening, care and treatment.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Good 

This domain was not previously rated. We rated it as **good**.

Evidence-based care and treatment

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

Brook Euston participated in a 'You're Welcome' audit and was accredited as fully compliant to these Department of Health 'Quality criteria for young people friendly health services.' The service was also compliant with the Public Health England strategic action plan for health promotion for sexual and reproductive health and HIV, providing a range of sexual health services.

Contraception services included accurate information about the full range of contraception, including reversible long-acting methods of contraception, free condoms with information and guidance on correct use, and emergency hormonal contraception. The service also provided pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support. Referral for NHS-funded abortion services was available, as well as referral for antenatal care.

The service provided a wide range of testing and treatment for sexually transmitted infection (STI) or if not available on-site, clear, integrated care pathways for seamless referral to other services or clinicians. This included testing for chlamydia, and the option of a finger prick HIV test. They operated a confidential partner notification system to ensure others who might be at risk were informed without delay. Since the summer of 2019, young people could use the Sexual Health London 'test and go pack' for home testing, to avoid waiting at the clinic.

Staff at the service ensured that young people were offered appropriate information and advice to help them develop their ability to make safe and fully informed choices. This included advice to help them develop the confidence and skills to delay early sexual experiences and to develop the resilience to resist peer pressure. They provided appropriate, easy-to-understand information on a wide range of sexual health issues, including contraception, STIs, relationships, and sexuality. They made it clear to young people that prescriptions for contraception are free of charge.

All staff received training, clinical supervision and appraisal to ensure that they were confident and had the right skill set to talk to young people about sexual health. Staff described the complete range of contraceptive options, promoted positive sexual health, and provided information about prevention of pregnancy and minimizing the risk of STIs.

Staff were clear about what they could and could not do to help young people with sexual health issues and had clarity about eligibility criteria. For example on the day of the inspection, the nurse on duty was unable to provide coil implantation, and this information was clarified in a meeting prior to the clinic opening.

The service was able to recognise and respond to different sexual health needs such as those relating to gender (including female genital mutilation), sexual orientation, ethnicity and age.

The Brook organisation based their clinical guidelines and policies and procedures on national good practice recommendations and standards such as those provided by The National Institute for Health and Care Excellence (NICE) guidelines, British Association for Sexual Health and HIV (BASHH) and the FSRH.

We saw evidence from the minutes of meetings, clinical newsletters and emails to staff which demonstrated the service guidelines, policies and procedures were reviewed and amended when necessary to reflect updates in national guidelines.

Pain relief

Staff assessed and monitored people during and after insertion of an intrauterine device.

Community health (sexual health services)

Young people were provided with information before attending the clinic for insertion of an intrauterine device, which included advice on pain relief to take before their appointment. The information was also provided through Brook Young People's website.

Patient outcomes

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

Brook Euston participated in local audits within the Camden and Islington Young People's Sexual Health Network (CAMISH), worked towards key performance indicators, in addition to provider-wide audits undertaken quarterly by Brook. Audits completed in 2019 included implant fitting and removal, sexually transmitted infections (STI) testing, abortion, infection control and emergency contraception. Some audit results were not available by location, and therefore relate to national data and findings.

We found that the results from each audit were shared with staff at team meetings. For example, findings from the national implant audit in 2019 indicated a need for improvement in recording advice given about bleeding pattern changes. The abortion audit from 2019 indicated that all patients should be offered an STI screen and contacted three weeks after an abortion referral (with staff making at least three contact attempts). We discussed the implementation of the recommendations in the Brook national audits with staff at Brook Euston and we were assured that the recommendations had been implemented.

A quarterly under 18s safeguarding risk assessment audit was undertaken, and in addition, staff at the clinic peer reviewed five sets of notes for quality every quarter.

Brook Euston collected data on the type of intervention young people attended the clinic for. The data for October to December 2019 showed the majority of interventions for young people were; condom provision (396), hormonal contraception (384), hormonal emergency contraception (108), information and advice only (82), contraceptive depo injection (41) and implant

contraception (41). STI testing included chlamydia (460), gonorrhoea (457), syphilis (156) and HIV serology (154). Brook Euston also reported that 100% of clients received their result notification.

Competent staff

The service made sure staff were competent for their roles.

Managers appraised staff work performance and held supervision meetings with them to provide support and development. However, there were some gaps in management supervision sessions for staff.

All staff had an annual appraisal which was a two-way process to plan future training and development needs. Nurse revalidation was in place which ensured that each nurse was up-to-date and fit to practice and able to provide a safe level of care.

All staff we spoke with had regular supervision sessions and felt well supported by their line managers, but two noted that management supervision sessions could be sporadic. Further discussion with managers indicated that safeguarding supervision was provided approximately every six weeks. This was used as a reflective practice and records were not kept of the content. In addition, managers aimed to give staff management supervision sessions on a quarterly basis. When we looked at supervision records, we found that four staff members had received three management supervision sessions each year. This appeared to be partly a result of the large number of staff supervised by the registered manager. We saw evidence that the service manager had discussed this and was reviewing these arrangements with the registered manager, to see if this could be made more manageable.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed an induction programme, which included mandatory and role-specific training, and competences in key areas. There were records of staff performance reviews following their initial probationary period demonstrating that they had met the required competences and looked at areas for further development.

Community health (sexual health services)

Brook Young People provided training and development for staff to ensure children and young people received their care and treatment from staff with the right skills and knowledge. Staff told us that they could access specialist training.

All staff we spoke with confirmed there were opportunities, support and time to undertake training and professional development to cover the scope of their work. They described a high standard of training provided, and strong team work.

Training records indicated that staff had received a range of relevant training for their roles including contraception and sexual health HIV/STI updates, mentorship, and PGD training for registered nurses. Nurses and clinical education and wellbeing support workers (CEWS) undertook recent training in domestic violence, female genital mutilation, and traffic light risk assessments. The counsellors had training in substance misuse, young people and suicide, and self-harm. Brook staff could access information and training on the Faculty of Sexual and Reproductive Healthcare (FSRH) website which is a faculty of the Royal College of Obstetricians and Gynaecologists. Registered nurses were supported to undertake the diploma qualification with the FSRH.

Brook had a sexual health competency pack for their CEWS and band 5 CASH nurses in training. Competencies included sexual health, health and wellbeing. The core skills covered areas including communication, safeguarding, and brief intervention (making every contact count). The sexual health competency assessed staff skills on infection control, pregnancy testing, screening and taking blood pressure and body mass index. CEWS were trained in pregnancy testing and chlamydia screening, so that they could undertake these tests without young people having to wait to see a CASH nurse.

The counselling staff completed diplomas in counselling and were accredited by a professional body such as the British Association for Counselling and Psychotherapy (BACP). Counselling staff attended regular supervision and counselling support meetings.

Brook Euston staff were updated through the clinical bulletin and the newsletter. Brook Euston held a quarterly staff meeting and training sessions for all staff to attend as appropriate to their role. The staff meetings often

included a teaching session by a member of staff on any clinical topic or practice. Staff could also access additional training through the CAMISH network. For example, training in young people and pornography, and young people and relationships.

Multidisciplinary working and coordinated care pathways

All those responsible for delivering care worked together as a team to benefit children and young people. They supported each other to provide good care and communicated effectively with other agencies.

Staff working in all roles at Brook Euston told us that there were good working relationships at Brook Euston. They were proud of the multidisciplinary and multi-agency team working they experienced within the team. They could access clinical help support and advice from their colleagues when needed. They described the nurse-led team as very supportive and had opportunities to upskill in particular areas such as implant training.

Staff were well trained, appropriately experienced and aware of areas they were not yet able to treat. For example, one nurse advised that they were awaiting training on herpes, warts and gonorrhoea, and would refer people with these conditions to a colleague until they had this training.

Each member of staff we spoke with told us that the service and other staff were client focused, accessible, approachable and willing to help to ensure that young people received the right care and treatment. They were aware of the organisation's whistleblowing procedures and said they felt able to raise suggestions and concerns with their colleagues if needed.

Staff were also proud of the multidisciplinary working within the CAMISH network. Records indicated that Brook Euston worked effectively within the CAMISH network and had access to professionals including a learning disability lead, Camden young people's drug and alcohol service, and domestic and sexual violence advisors. Through the CAMISH meeting Brook Euston and other professionals shared information, contact details and ran teaching sessions for staff to keep their skills updated.

Brook provided educational outreach services to local schools through the provider's education team.

Community health (sexual health services)

Brook Euston worked with young people in delivering care and services to them. Young people were part of the Brook board of trustees.

Health promotion

Staff promoted the health of children and young people attending the service.

We found a wide range of health promotion information in the waiting area, clinic rooms and bathroom. Children and young people could also access information on the provider's website in relation to mental health, alcohol abuse, smoking, substance misuse, sexually transmitted infections, abuse, domestic violence and healthy weights. Where appropriate staff referred children and young people to the in-house counselling service.

Staff worked in line with the strategic action plan of Public Health England, Health promotion for sexual and reproductive health and HIV: 2016-19. They encouraged young people over the age of 18 to do self-screening for sexually transmitted infections, following a risk assessment and explanation of what was involved.

Young people were involved in shaping the Brook's Sex Ed diaries podcast. The podcast was designed to provide digestible and reliable information about relationship and sexual education policy, research, practice and resources for teachers. They were also involved in the 'Let's talk period project,' run by the Brook London education team to provide education and support around menstruation.

Consent and the Mental Capacity Act.

Staff supported children and young people to make informed decisions about their care and treatment.

Staff obtained consent from children and young people before carrying out any treatment. All staff we spoke with were clear about their responsibilities in relation to Gillick competency and the Fraser guidelines. Staff were provided with a policy and procedure regarding consent, detailing Fraser Guidelines (for prescribing contraceptives to under 16 year olds without parental consent); and Gillick competence (used to determine whether a child of 16 years or younger is able to consent to their own medical treatment without parental permission or knowledge.)

Staff completed a Fraser assessment at the first visit of a young person under 16 to the clinic and reviewed the Fraser assessment at each subsequent visit. We saw this process had been completed and reviewed appropriately in the care records we inspected. Details recorded included whether the young person understood the health professional's advice, had agreed to inform their parents, would begin to have unprotected sex without advice, and be likely to suffer physical or mental harm as a result. Where needed, a best interests' decision was recorded without parental consent, if the young person was deemed 'Fraser competent.'

All the young people we spoke with confirmed they were asked for their consent prior to any treatment being carried out or making any referrals to outside agencies, for example where people were referred for a termination of pregnancy. Care and treatment records detailed the type of consent given whether this was verbal or written. We saw written evidence of where young people gave their consent for staff to contact them via phone and/or text.

Staff understood the Mental Capacity Act and were able to describe the appropriate steps to take if they had reason to question if a young person (aged 16 or over) had the mental capacity to make a decision about their health and care. Staff were updated on the Mental Capacity Act through teaching sessions to ensure their competency.

Are community health (sexual health services) caring?

Good 

This domain was not previously rated. We rated it as **good**.

Compassionate care

Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and valued them as individuals. There was a strong person-centred culture, and feedback from children and young people was consistently positive about staff interactions.

Community health (sexual health services)

Young people were at the heart of the service and staff delivered person-centred care with empathy and tailored their approach to people's individual needs. We spoke with six young people and received feedback through our comment cards from 12 children and young people. All the feedback we received was overwhelmingly positive. All six young people we spoke with confirmed that staff were caring, professional, respectful, patient and knowledgeable about sexual health. They described staff as being friendly, non-judgmental and making them feel safe. Feedback from the comment cards was very positive. Comments included 'staff were amazing', 'got the right care and treatment', 'would definitely use the service again', 'difficult appointment but staff made me feel very comfortable.'

Children and young people appreciated being cared for by staff who showed discretion and sensitivity. Reception staff were very discrete and children and young people used a picture board to point to what service they required. They also gave each person a card with information about all the services available for them to consider during their wait for an initial consultation. Shortly before the inspection, a new partially enclosed space had been created for young people wanting to speak with reception staff in more privacy. A radio in the waiting room, with a choice of music also helped prevent young people in reception from being overheard. The receptionist explained how many people were in front of young people waiting to be seen when they asked about waiting times. Clinicians called young people by their first names to promote their privacy.

All young people said that staff were non-judgemental in their approach and attitude. Staff showed kindness and understanding when talking to and about young people. We observed young people being greeted in a friendly manner by staff and being told how long they would have to wait before being seen in the clinic.

Consideration of people's privacy and dignity was consistently embedded in everything that staff did. For example, the service's electronic record system protected people's confidentiality by only revealing the person's home address if specifically uncovered.

Young people we spoke with confirmed that at the beginning of the appointment staff went through the Brook confidentiality statement and were asked whether they had any questions. They told us that an important

reason they used the service at Brook Euston was that it protected their confidentiality and anonymity at all times. Also, they felt comfortable to speak to staff about their concerns and questions.

Children and young people benefitted from unhurried care, which put them at ease. Overwhelmingly the feedback we received was that staff took time to explain procedures and test results.

Chaperoning was available for all young people attending the clinics. Another clinician working in the clinic often provided this service.

Staff closed clinic room doors during consultations and there were no conversations about children and young people in corridors. Each consulting room door was closed, and staff used screens appropriately during intimate examinations.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. Staff clearly recognised the stigma attached with accessing their services and supported children and young people emotionally. They recognised people's emotional and social needs as being as important as their physical needs.

Staff had a clear understanding of the impact young people's care, treatment or condition might have on their wellbeing. They told us they often identified additional emotional needs when young people came to the clinic for sexual health issues during the initial consultation. Staff gave us examples of supporting young people emotionally following sexually transmitted infections testing, and on occasions when a young person disclosed past abusive relationships or disturbing experiences, or psychological issues were identified.

Staff spent significant time with young people in relation to their emotional needs and said that they were encouraged to do so by service leaders. Brook Euston employed two counsellors to whom clinicians could refer young people. Young people could also self-refer to the counsellors. Staff referred young people to external services for emotional well-being when required. Young people accessed counselling for various issues including

Community health (sexual health services)

termination of pregnancy support, pregnancy advice, depression, mental and emotional health issues, low self-esteem, self-harm, risky behaviours and relationship and family difficulties.

It was clear from care records that staff recognised and respected people's holistic needs. They carried out a comprehensive assessment, considering children and young people's personal, cultural, social and religious needs.

There were links with the local child and adolescent mental health service (CAMHS) and other external groups who supported young people with mental health issues.

Staff told us a quiet clinic room would be made available for supporting clients who were in distress or upset, for example a young person who was upset after receiving a test result.

Understanding and involvement of children and young people 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. They empowered children and young people as partners in their care, practically and emotionally.

Staff communicated with children and young people in a way that they could understand and gave them the information needed to manage their care and treatment. All children and young people confirmed that staff took their time and explained treatment, processes and procedures to them clearly.

Some young people were not aware that their HIV result would be available immediately when they were tested. Staff ensured they explained this to them and gave them the option of going home to think about it before conducting the test. Staff gave people written information in addition to verbal information about their care and treatment, to help them make an informed decision. Young people told us that staff checked their understanding of the advice, treatment and contraception given to them.

Staff empowered people using the service to have a voice and realise their potential. Young people were involved in shaping a number of projects and products with Brook in the last year. They contributed to the young people's

sexual health services tender for another area, were involved in shaping the 'vagina and vulvas project,' producing frequently asked questions for the Brook website, and the 'welcome to Brook' digital tool, to more efficiently triage young people in the waiting room, prioritising the most vulnerable. Over 200 young people were consulted with to inform the Brook 2020-2023 strategy. Young people were also involved in producing the video for the Brook website and designing posters for the service.

At the time of the inspection a CAMISH survey was being conducted at Brook Euston to gather feedback about the service. Young people were also encouraged to complete an 'I want great care' survey on a tablet in the service reception after being seen. The results of the organisation's survey on customer satisfaction, 'I want great care,' were very positive, with 89.6% likely to recommend Brook Euston over a one-year period to 21 January 2020. A group of service users through the CAMISH network conducted a mystery shopping exercise in August 2019 as part of a quality review of the service, with positive feedback provided.

Young people were able to attend Brook Euston with friends or relatives if they wished but were seen alone initially for a safeguarding risk assessment. Young people's preferences for sharing information with their partner, family members and/or carers were established, respected and reviewed throughout their care. Records showed that clinicians asked young people if they had good relationships with their partner and family or carer, whether they knew they were attending Brook and if they were able to discuss the reasons for attending with them.

Brook provided children and young people with valuable educational online resources to make informed and positive choices about their lives. They also provided training and educational aids for teachers, other professionals and parents/carers of children and young people.

Community health (sexual health services)

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

Good 

This domain was not previously rated. We rated it as **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.

Brook Euston was commissioned by the Camden and Islington local authorities in April 2015 to provide sexual health services for young people under the age of 25 in both boroughs through the Camden and Islington Young People's Sexual Health network (CAMISH). Brook's Education Team led on targeted outreach. They were commissioned to lead on targeted outreach, coordinate the provision of sex and relationship education, and provide early interventions with vulnerable young people and those at risk of poor sexual health, unplanned pregnancy or sexual exploitation. The service worked with commissioners, social services, local sexual health clinics and the other providers in the CAMISH network to plan the service delivery and meet the needs of young people in Camden and Islington.

Brook Euston provided a service to approximately 1000 young people each quarter, and supported 1200 children and young people in the last quarter. They provided 24 clinics each month and were achieving targets for condom distribution.

The service was easy to access for local people and was based very close to two main railway stations, one of which operates cross channel services, and a university which had a large cohort of young undergraduate students.

The website gave all information related to opening times and signposted visitors to a range of interactive information services where detailed information on sexual health and other related aspects could be found.

There was a service via the Brook website where frequently asked questions could be viewed. If the frequently asked questions did not adequately answer the young person's specific query, they could send their own question to 'Ask Brook'. This service was available seven days a week 24 hours a day.

The clinic provided a drop-in service which operated from 12.15pm to 6pm Monday to Friday and 12pm to 2pm on Saturdays. Appointments were only available for counselling and intrauterine device (IUD) fittings. Brook Euston staff told us that if young people required services they did not provide, such as testing for herpes or cystitis, they would signpost them to the relevant services.

Brook Euston worked closely with the providers of a local level 3 sexual health service enabling them to access advice and support for young people who required additional services, including testing and management of men who have sex with men, management of syphilis and bloodborne viruses, and specialist HIV treatment and care. Staff also referred clients to nearby local sexual health services or other Brook London locations when the clinic was busy, or a client came towards the clinic closing time and might not be seen.

Brook Euston had a template for clinicians to complete when referring a client to other professionals such as a GP. With young people's permission staff informed their GP of when antibiotics or other treatment had been provided.

Brook Euston had links to the local youth offending team through the CAMISH network and a local organisation who worked with young people who were homeless. This provided additional support to these young people to access the service.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of children and young people's individual needs and preferences. They coordinated care with other services and providers.

The service worked with the CAMISH network and other services to provide care to hard to reach groups including under 18s, male clients, young offenders, people with disabilities and homeless people.

Community health (sexual health services)

Staff had access to a policy and procedure which set out key principles for promoting equal opportunities and valuing diversity across the service. The Brook equality and diversity policy aimed to build a workforce that was reflective of the client base within diverse communities. However, managers acknowledged that the Brook Euston staff were not representative of the diverse section of their population and clients who attended the clinic. Since the previous inspection a male CEWS worker had been recruited. In order to appeal to more children under the age of 18, staff had designated one weekday clinic from 3pm for this age group only. Staff were also looking at the possibility of providing a particular time exclusively for young men to be seen.

Brook aimed to eliminate discrimination and promote equality, and treat everyone with fairness, dignity and respect. Young people told us they were happy with the service and care they received at Brook Euston. They said staff treated them with respect, and they had not experienced discrimination. There was disabled access for wheelchair users.

Staff had access to a telephone interpretation service if needed. Brook Euston also had access to a website for staff to print out leaflets in another language for young people whose first language was not English.

The Brook Euston website was compliant to the standards of the 'You're Welcome' criteria relating to client access. This included support for disabled young people and services for marginalized and socially excluded young people such as looked after children.

The reception was separated from the waiting room so that those waiting were not able to observe other young people as they booked in. The care environment was warm and welcoming to clients, with furnishings and music in the waiting area creating a calm and non-clinical feel to the environment. The doors to the consulting and treatment rooms within the clinic all had secure doors with clear indications if they were in use. The windows in the consulting rooms were closed and this ensured that young people felt safe and that their dignity and privacy was respected.

Urgent counselling slots were kept available for children or young people in distress, so that they could be seen without delay.

Access to the right care at the right time

Children and young people could access services which provided the right care at the right time. Most children and young people could access the service when they needed it and received the right care. However, at times children and young people experienced long waits to be seen or could not be seen due to capacity.

Young people we spoke with and who completed comment cards said they sometimes had to wait a long time to be seen. Staff were very aware of the issue of long waiting times and had discussed ways in which they could improve on young people's experience at their most recent staff meeting. They had introduced an under 18's only clinic on one day each week and were looking to implement young people being able to book online appointments. They also planned to introduce more forms and information gathering in the waiting area and encourage further online testing for young people over 18. They were also looking at the possibility of providing young people with larger supplies of contraception. However, there was no audit on the waiting times at the time of the inspection, although this information was available. Without collecting this information, it would be difficult to know how successful these interventions were in improving waiting times.

Reception staff recorded the time they booked each young person in, which enabled staff to know the order young people arrived, so they could be seen in turn. The exception to this was if a young person under the age of 16 attended the clinic. They were given priority to be seen due to their potential vulnerability. The clinic operated a walk-in service which did not require the young person to have a booked appointment.

We were told that sometimes clients had to be turned away because the clinic was too full. However, in these situations clients were signposted to nearby facilities. During the period of October to December 2019, data provided by the service showed that 147 young people had not received a service and were turned away. During this period 49 clinics had a limit placed on them due to having only 1 nurse (sometimes due to the way the service was commissioned). There were 28 young people who walked out or said it was too long to wait, and 15 arrived too close to closing to be seen that day. The service provided details of all 'turnaways' to the

Community health (sexual health services)

commissioners on a quarterly basis, and commissioners monitored the situation. There were no systems in place to check on whether young people who had not been seen returned to the clinic on another occasion.

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 and investigated them.

Brook Euston had complaint leaflets available in the waiting room informing clients of how to make a complaint. There was also an online complaint form that young people could use. Young people told us they knew how to make a complaint should they want to.

No complaints had been received in 2019. Previously Brook Euston had made changes to their sexually transmitted infections (STI) screening process as a result of a complaint and offered STI testing for young people up until their 25th birthday.

Complaints received by Brook Euston were reviewed by the manager and when required escalated to the complaints and clinical governance meeting. If necessary, following this meeting the complaint was further escalated to the organisation's board meeting. This ensured the organisation had an overview of the complaints received nationally and were aware of actions taken in response to the complaints.

Information on how to make a complaint was provided on the service website and could be obtained from the clinic at reception.

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

Good 

This domain was not previously rated. We rated it as **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 nurse manager of Brook Euston also managed the other two London Brook services and reported to the service manager. We found that the leaders of the service had the skills, knowledge, and experience for the role.

Fit and proper person checks were carried out by the Brook organisation for trustees and directors prior to their appointment. These included Disclosure and Barring Service checks, obtaining a previous history (to ensure they had not experienced bankruptcy or been previously removed from the trusteeship of a charity) and that the applicant had no conflicts of interests. The trustees were supported through induction, training courses, away days, workshops and visits to other charities carrying out similar work.

The board had overall governance responsibility for the organisation and delegated authority through the chief executive to the executive and management teams, within a clear written scheme of delegation. The board of trustees were appointed through membership election or appointed by the board. Two places on the board of trustees were reserved for young people.

The Brook head of nursing provided guidance and support to staff. Staff were positive in their comments about the approachability and supportiveness of Brook's senior leadership team. Staff told us that managers were accessible and visible in the clinic and provided support and guidance whenever needed. They said that they felt listened to by management and were treated fairly when raising an issue with the management team.

Over the last year the management team had altered staffs working hours in order to retain staff.

Staff described good cascading of information across the organisation and attended an annual Brook staff conference which said was stimulating and informative.

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

Community health (sexual health services)

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.

Nationally, the Brook vision was valuing children, young people and their developing sexuality. Their aim was for all children and young people to be supported to develop the self-confidence, skills and understanding they needed to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being. We saw this demonstrated when we observed staff undertaking their work and through our discussions with them. Staff we spoke with told us that they were passionate about the Brook's work and were committed to delivering excellence in care to young people seeking sexual health advice.

The Brook values were created with staff involvement during a national conference for all staff. Staff embedded them in their everyday practice including in promoting confidentiality, choice, education and involvement.

Brook involved young people in their work. They included them in their board of trustees, developed the complaint policies and materials, and designed their website. The involvement of young people in their work was also one of the eight Brook strategic goals.

Brook had a national mission statement, which reflected the vision and values of the organisation. Their mission was to ensure that children and young people had access to high quality, free and confidential sexual health services, as well as education and support that enables them to make informed, active choices about their personal and sexual relationships so they can enjoy their sexuality without harm.

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 provided opportunities for career development. The service had an open culture, where patients, their families and staff could raise concerns without fear.

Staff consistently told us that Brook Euston was a friendly and supportive environment to work in, and their

colleagues were approachable and helpful. Staff said that they were proud to work within an organisation where the service was focused on supporting young people and involving them in their work.

Brook Euston had a culture which promoted staff learning. Managers were committed to providing protected time for staff to attend meetings and training. Staff told us they valued the opportunity to meet with their colleagues to reflect and share best practice, which they said improved their knowledge and skills.

Staff told us that Brook Euston had a culture that promoted staff to voice their concerns. Managers confirmed that staff were confident to speak up, and able to raise concerns.

All staff we spoke with told us they felt valued, respected and supported by their colleagues. They said they had not experienced any discrimination from colleagues or managers. The team won Brook outstanding team of the year 2018/19.

Regional workshops were held in October 2019 to give Brook staff an opportunity to contribute to the new organisational strategy. The Brook Staff conference was also held in October 2019. During the digital workshops, staff proposed a range of digital tools to enhance Brook's service provision. The most popular solutions were: pre-clinic assessments, self-assessments, virtual consultations and online chat.

Staff CAMISH network meetings were held on a quarterly basis, giving staff an opportunity to work across the network to meet and catch up on developments in their individual services as well as providing training updates.

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.

Staff told us they had a strong governance structure and were aware of the different members' responsibilities. They felt the Brook governance structure was robust and well managed. All staff had easy access to the organisation's policies through the Brook staff intranet.

Community health (sexual health services)

We reviewed policies and procedures on the duty of candour, notifications to CQC, incident reporting and learning, risk management and clinical emergencies, and safeguarding, all of which had last been reviewed in May 2019.

At a national level the clinical advisory group and committee was responsible for the governance of quality, safety, and patient experience and complaints. The group provided clinical direction and support with the aim of ensuring continuous improvement in the quality of clinical services delivered to young people by Brook. The national clinical advisory committee reviewed risks and if necessary, they identified local issues and risks were put onto the national risk register. Brook strategic risks were discussed at the organisation's quarterly board meetings and actions were cascaded throughout the organisation via regional managers.

At a local level Brook Euston was part of the Camden and Islington Young People's Sexual Health (CAMISH) Clinical Governance Steering Group. This group was responsible for improving consistency and service development across all three partner organisations which included Brook Euston. The group aimed to ensure equal services were offered to young people regardless of their point of access, that protocols were shared and adapted where necessary and that there were good referral pathways between network providers, into and out of the network. The group developed referral pathways between CAMISH services and external healthcare providers, including level 3 genito-urinary and contraception services, termination of pregnancy and antenatal services. Brook Euston provided information on their services and impact to their commissioners, reported progress against delivery outcomes and attended quarterly meetings.

The Brook safeguarding advisory committee provided national governance on safeguarding. The deputy chief executive and nurse safeguarding lead provided the Brook operational oversight. The Safeguarding Advisory Committee ensured effective systems, processes and ongoing improvement in Brook's safeguarding policy and procedures and advised on effective arrangements for implementation, training and review. It provided scrutiny, challenge and support to staff and assurance to the board.

The Brook London and South East managers met frequently to review and monitor services and

performance. We saw evidence from the meeting minutes that this meeting took place regularly and the Brook Euston managers attended. The group reviewed issues like staffing and recruitment, incident reporting, complaints, sexually transmitted infections screening, medicine management, safeguarding, training, budget, risk register, audits, tenders and safeguarding. They also looked at the results of the most recent 'I want great care' surveys.

Brook Euston held quarterly staff team meetings, and at the most recent meeting in December 2019 staff had looked at ways of reducing waiting times for young people at the service. Other issues discussed included infection control training, health and safety, safeguarding, record keeping, blood borne viruses risk assessments, the results management pathway, a CAMISH update, and audits. Information was also disseminated to staff through the clinical newsletter and London clinical bulletin.

Staff training records we viewed confirmed that all staff were up-to-date with all mandatory training. However, due to a number of different systems in place to record training compliance, this was not easy to confirm. For example, safeguarding training was recorded on a different system from the majority of other mandatory training courses.

Managers told us that the main challenges faced by the service were staff recruitment and addressing waiting times for young people to be seen. The clinic had been redecorated shortly before the inspection, with some unused furniture removed, and a new more private space had been created in the reception area.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and had plans to cope with unexpected events.

Brook had a risk assessment for staff lone working and managing challenging behaviour and violence and aggression from young people attending the clinic. Staff were aware of these policies and knew where to access them. Staff told us if they felt there was a risk of violence or challenging behaviour by a young person during the clinic, they would call the police. Where possible and if safe to do so, staff would advise all other young people in

Community health (sexual health services)

the clinic and give them the opportunity to leave prior to the police visiting. Staff told us they had not had any client that presented with challenging behaviours and violence and there were panic alarms to use if needed.

There was a London and South East risk register for the Brook clinics which contained risks identified by each registered manager from the local risk assessments completed. Risks listed included nurse vacancies, IT failures, medical results errors, aggression from clients, building issues, and the retender process in Jan 2020. The risk register helped staff to identify and reduce or eliminate risks and was reviewed regularly at the management and clinical committee meetings. Management completed a service quality and risk assessment regularly. This included all significant incidents and risks identified at the service level. The Brook national head of nursing reviewed the document and all risks were assessed and rated using the RAG system. This was based on the red, amber and green colours used in traffic light systems with red being the most serious risk. We saw that London and local south east register had three red, three amber and one green risk on the risk register.

There was a policy in place for risk management of clinical emergencies. We noted that risk assessment and health and safety were discussed during staff supervision and at team meetings. Brook Euston had a business continuity plan including issues such as the impact from IT failure, changes of supplier, failure of utilities such as electricity, fire, loss or theft of confidential information, the service not meeting the needs of young people and significant absence of key and front-line members of staff. The continuity plan had actions in place for staff to refer to in the event of the impact of any of these risks.

Information management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff were provided with guidance to follow to ensure patient information remained safe and secure when sharing information with others. For example, when sending information to children and young people's GPs

or sharing information with another provider. Additional policies and procedures were available to staff regarding their code of conduct, confidentiality and data protection.

The information relating to children and young people was stored securely on an electronic system, uploaded to a secure data base and accessed by staff through password protected computers. This meant that staff were able to review previous episodes of care and treatment provided to each patient as well as access previous or current test results. The system was designed with data protection in mind. For example, staff were required to click to uncover any young person's home address.

During IT outages staff reverted to using paper records, which were destroyed once the IT system enabled them to be scanned and saved. Staff told us the IT system was not always reliable and they had needed to resort to paper records on several occasions. They had up-to-date formats of all the assessment forms needed. However, this took extended periods of time, which delayed the clinics at times, and meant they had to stop seeing patients earlier in the day to complete all paperwork in time. The organisation was aware of this issue and it had been highlighted on the risk register. It was hoped that a recent upgrade of software would improve the situation.

Engagement

Leaders and staff actively and openly engaged with children and young people and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.

The service sought feedback from young people attending through the promotion of "I want great care" surveys. These were available in paper form or electronically through use of an electronic tablet while at the clinic. Young people could also complete the form on line at home. The results of the organisation's survey on customer satisfaction, 'I want great care,' were very positive, with 89.6% likely to recommend Brook Euston over a one-year period to 21 January 2020.

Brook consulted with young people on their strategic business decisions on an ongoing basis through a

Community health (sexual health services)

meaningful partnership. A newsletter was made available to young people on their website and leaflets. The Brook newsletters detailed ways in which young people were already or could get involved.

Brook Euston provided an education programme and targeted work with young people on an individual or group basis through their outreach team around topics such as; abortion, decisions and dilemmas, body image and self-esteem, condoms and contraception, exploitation and abuse, healthy relationships, sexual consent and the law, and sexting.

Brook Euston participated in the recruitment of the network young people's participation coordinator through the CAMISH network. They consulted young people to develop the CAMISH network name and logo. Brook Euston participated in the mystery shopping by young people through the CAMISH network to get the views of young people on the quality of the service in August 2019.

Brook Euston provided training for external professionals through the CAMISH network. For example; regarding the use of a sexual behaviours traffic light tool to assist professionals identify and understand sexual behaviours, sexual pleasure, abortion, sexual exploitation and other topics.

Brook Euston complied with the Department of Health 'You're Welcome' standards when planning local participation groups for young people to become involved with. 'You're Welcome', is the Department of Health's quality criteria for young people friendly health services.

Brook carried out an annual staff survey. The results of the 2018 staff survey indicated that 82% of staff agreed that they enjoyed working for Brook, 72% reported a good work life balance, and 92% were committed to Brook's values. Although 98% were aware of the whistleblowing procedure, only 60% were confident to use the procedure to raise issues. The organisation produced an action plan to address issues raised. Actions included further understanding responses about

confidence in management decisions, reviewing the performance management system, and undertaking a training needs analysis. The results were not available on each Brook clinic or region, and the results of the 2019 survey were expected shortly after the inspection. At the staff conference in October 2019, staff had the opportunity to feedback on the organisation's future plans including long term strategic planning and improving client experiences.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and development of staff.

Staff were encouraged and supported to be innovative in their working practices to develop the services provided. For example, staff had suggested ways to improve waiting times for young people using the service and provided a protected time for young people under the age of 18. They had also created a more private area in reception.

Staff were encouraged to develop and expand their skills and knowledge by undertaking additional training courses including completing a nationally recognised sexual health nursing diploma course. Registered nurses were encouraged to complete training and competencies so that they were able to insert intrauterine devices.

Brook Euston listened to feedback from young people and provided ways for young people to engage with the organisation. Brook developed training toolkits on abortion education and pregnancy decision-making support for teenagers. They had a number of free digital learning courses, and other free resources available on their website.

Staff used an interactive digital contact sheet for partner notifications. The system allowed young people with a sexually transmitted infection diagnosis to send an anonymous text message to their sexual partner advising them to get checked. The partner then received a unique code which they could present to the clinic.

Outstanding practice and areas for improvement

Outstanding practice

Children and young people were involved in shaping a number of projects and products with Brook in the last year. They contributed to the young people's sexual health services tender for another area and shaped the 'vagina and vulvas project.' They produced frequently asked questions for the Brook website, and created the 'welcome to Brook' digital tool to more efficiently triage young people in the waiting room. This prioritised the most vulnerable. Over 200 young people were consulted for the Brook 2020-2023 strategy. Young people were also involved in producing the video for the Brook website and designing posters for the service.

Children and young people appreciated being cared for by staff who showed discretion and sensitivity. For

example; they used a picture board to point to what service they required and were given a card with information about all the services available when waiting for their initial consultation. A radio in the waiting room, with a choice of music also helped prevent young people in reception from being overheard.

Brook Euston employed two counsellors to whom clinicians could refer young people. Young people could also self-refer to the counsellors. Young people accessed counselling for various issues including termination of pregnancy support, pregnancy advice, depression, mental and emotional health issues, low self-esteem, self-harm, risky behaviours and relationship and family difficulties.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that clear records are kept of all areas of the clinic cleaned by contractors each day, to ensure appropriate infection control.
- The provider should continue to monitor and review staffing levels to ensure that Saturday clinics are not cancelled, and monitor and reduce the number of children and young people who are not seen due to staffing or IT issues.
- The provider should ensure that fire alarm tests are carried out every week.
- The provider should ensure that all nursing staff and clinical education and wellbeing support workers receive more regular management supervision in addition to the group safeguarding supervision provided.
- The provider should monitor waiting times of children and young people attending the clinic and work with partners to ensure they can meet the capacity and demand.
- The provider should continue to monitor the current IT issues and make improvements where needed.
- The provider should consider integrating systems to monitor staff mandatory training compliance, to ensure that no mandatory areas are missed.