Brook Bristol

Quality Report

Brook Bristol,
3rd floor, The Station,
Silver Street,
Bristol
BS1 2PY
Tel:01179 290090
Website:www.brook.org.uk

Date of inspection visit: 25 – 26 April 2016
Date of publication: 26/08/2016

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

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection of Brook Bristol as part of our programme of comprehensive inspections of independent health services between 25 and 26 April 2016.

Brook Bristol is part of a national organisation for young people under the age of 25. Brook Bristol is a level 2 contraception and sexual health service (CASH) and provided contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and counselling services.

We found young people were provided with a safe, effective, caring, responsive, and well led service. Our key findings were as follows:

- The service ensured up to date care and treatment was delivered to young people and based upon national guidelines. The service participated in and used the outcomes from local and national audits to develop and implement care and treatment pathways for young people.
- Staff worked well together as part of a multidisciplinary team to coordinate and deliver patient's care and treatment effectively. Staff were committed to working collaboratively with external organisations in order to deliver joined up care for young people.
- Consent practices and records were actively monitored and reviewed to ensure young people were involved in making decisions about their care and treatment in line with relevant legislation.
- The privacy, dignity and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Young people were treated as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.
- Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.
- Young people were protected from avoidable harm. Safeguarding of children and young people was managed proactively and effectively by staff trained to recognise early signs of abuse.
- Openness and transparency about safety was encouraged.
- Confidential and personal information was stored securely at all times.
- The service was planned and delivered in a range of locations and at suitable times, to ensure the service was convenient and accessible to the local population.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service. Staff felt respected and valued by their colleagues, their managers and the national organisation.

We saw examples of outstanding practice:

- We found staff consistently put young people at the heart of their work and ensured the service was delivered in a way that was focussed on the needs of young people. Staff consistently said they were proud to work for Brook Bristol due to the focus that was put on the young people who attended the service.

Summary of findings

- Staff were kind, caring and showed understanding and empathy at all times to young people who attended the service.
- Staff were non-judgemental in their views, practices and approach when providing a service. the feedback from young people regarding the staff and the service was overwhelmingly positive.
- The systems for ensuring young people were safeguarded from a range of areas such as abuse, child sex exploitation, domestic violence and female genital mutilation were robust and consistently followed.
- There was a culture of Brook Bristol being a learning organisation with mangers committed to providing protected time to staff each week for training and meeting with colleagues. Staff valued this opportunity to meet with their colleagues to reflect and share best practice.
- A system of peer review had been introduced which enabled staff to critically analyse their colleagues performance and raise standards while sharing learning.

However, there were also areas of practice where the service needs to make improvements.

Importantly, the organisation should:

- Ensure contracts that were in place for calibration of equipment be carried out correctly. This is so that equipment is reliable and provides accurate measurements.
- Ensure that where information is duplicated in electronic and paper records it is done in a manner to reduce the risk of misinterpretation of young people's medical and social information.
- Ensure that staff were up to date with their mandatory annual training. Staff should be provided with appropriate clinical training appropriate for their role.
- Ensure that clinical waste is disposed of promptly and appropriately.
- Ensure that all staff were safe and had access to summon help in an emergency if required. Systems should be in place to ensure environments where staff were asked to work did not provide a risk to them.
- Ensure that written documentation, displayed within the department, is updated regularly to provide staff with up to date guidance and information.
- Review the system for young people attending the clinic to ensure there are no avoidable delays affecting the care and treatment required by young people.
- Ensure that young people are provided with appropriate information to be able to make a complaint should they need to.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Brook Bristol is part of the larger organisation Brook Young People and provides confidential sexual health services, support and advice to young people under the age of 25. Brook Bristol is registered to provide care and treatment under the following regulated activities: diagnostic and screening services, family planning and treatment of disease, disorder or injury.

Summary of findings

During the inspection, we reviewed documentation such as care and treatment records. We spoke with young people attending the clinics and staff working at the service to seek their views of the service.

We found:

- The service ensured up to date care and treatment was delivered to young people and based upon national guidelines. The service participated in and used the outcomes from local and national audits to develop and implement care and treatment pathways for young people.
- Staff worked well together as part of a multidisciplinary team to coordinate and deliver patient's care and treatment effectively. Staff were committed to working collaboratively with external organisations in order to deliver joined up care for young people.
- Consent practices and records were actively monitored and reviewed to ensure young people were involved in making decisions about their care and treatment in line with relevant legislation.
- The privacy, dignity and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Young people were treated as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.

  Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.
- Young people were protected from avoidable harm. Safeguarding of children and young people was managed proactively and effectively by staff trained to recognise early signs of abuse.
- Openness and transparency about safety was encouraged.
- Confidential and personal information was stored securely at all times.
- The service was planned and delivered in a range of locations and at suitable times, to ensure the service was convenient and accessible to the local population.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service. Staff felt respected and valued by their colleagues, their managers and the national organisation.

However:

- The record keeping did not consistently ensure staff would see accurate information about the young person when looking at their records due to two systems of recording being in operation.
- There were some risks identified to staff when lone working.
- Not all young people were aware of how to make a complaint.
- At times young people experienced a delay in waiting times prior to seeing a clinician.
- Not all staff were up to date with their mandatory training.
- Not all of the clinical waste had not been disposed of promptly and appropriately.
- Policies and procedures had been printed from the intranet. This ran the risk of staff following guidance which was out of date. For example, the infection control policy and procedure which had been printed and displayed in the department was not the updated version..

Summary of findings

Contents

Brook Bristol

Services we looked at
Community health (sexual health services).

Summary of this inspection

Background to Brook Bristol

Brook Bristol has provided confidential sexual health services, support and advice to young people under the age of 25 for the past 45 years.

Brook Bristol 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 service Brook Bristol provided contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and counselling. Young people presenting with sexually transmitted infections were referred to an alternative level 3 CASH service in Bristol for treatment.

Brook Bristol provided a sex and relationship education and training programme to young people and professionals engaged in working with young people.

Support, guidance and advice was provided to young people who were transitioning to adult services for their ongoing care and treatment.

The service operated from a main clinic in Bristol City centre and outreach support was provided within 13 schools around Bristol and South Gloucestershire. Staff included registered nurses, youth workers, sexual health doctor and counsellors.

The service provided clinics six days a week on Mondays to Saturdays in the main clinic and weekly drop in clinics at schools and colleges around the area.

During 2014 to 2015, there was a total of 12,650 contacts with young people in the central and outreach clinics. 8,635 young people attended the main clinic and 7,015 the outreach clinics.

The main clinic provided a service to 11,446 young people who attended, some more than once, of which 990 were from South Gloucestershire and 304 from North Somerset.

27 members of staff such as nurses, youth workers, doctors, reception and information workers, counsellors and managers delivered the service.

Our inspection team

Our inspection team was led by:

Team Leader: Melanie Hutton, Inspector with the Care Quality Commission

The team included a second CQC inspector and a sexual health specialist nurse.

Why we carried out this inspection

We inspected this service as part of our programme of planned comprehensive independent health inspections.

How we carried out this inspection

During our inspection, we visited the main clinic at The Station in Bristol city centre. We also visited outreach clinics in three schools in the area.

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?

Summary of this inspection

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

To get answers to these questions we seek information in a number of ways. Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 25 and 26 April 2015. During the visit we spoke with a range of staff who worked within the service, such as nurses, youth workers, receptionists and managers. We talked with young people who used the service. We observed how young people were cared for. We reviewed care and treatment records of people who used the services.

Information about Brook Bristol

The service operated from a main clinic in Bristol City centre and outreach support was provided within 13 schools around Bristol and South Gloucestershire. Staff included registered nurses, youth workers, sexual health doctor and counsellors.

The service provided clinics six days a week on Mondays to Saturdays in the main clinic and weekly drop in clinics at schools and colleges around the area.

During 2014 to 2015, there was a total of 12,650 contacts with young people in the central and outreach clinics. 8,635 young people attended the main clinic and 7,015 the outreach clinics.

The main clinic provided a service to 11,446 young people who attended, some more than once, of which 990 were from South Gloucestershire and 304 from North Somerset.

Twenty seven members of staff such as nurses, youth workers, doctors, reception and information workers, counsellors and managers delivered the service.

What people who use the service say

Brook Bristol carried out a number of surveys to seek the views of young people who used the service. The findings were generally positive and young people we spoke with were very complimentary about the service.

Four young people took part in a 'mystery shopping' review of clinics between August and October 2014. The aim was for them to score the clinics on a number of criteria including accessibility, friendliness of staff, waiting room, confidentiality and their consultation. Overall, the young people scored the clinic 8.75 out of 10 based on a number of criteria looked at.

Focus groups and events were organised for young people to attend. The week before our inspection a theatre company had performed a play which focused on sexual health and 40 young people had attended from local schools. Following the play workshops were run using the play as a platform for discussion. Positive feedback had been received with other schools who had heard about the day requesting another planned day so their pupils could attend.

Brook Bristol carried out surveys of young people attending the clinic that were similar to the national Friends and Family Tests. During a two week period in March 2016 50% of young people who attended clinics during the time period responded to the survey with 99% of respondents providing positive feedback. For example, in that Brook had helped them during their visit with 100% stating they would recommend the service to a friend. A similar survey was carried out in May 2015 to which there were 205 respondents aged between 13 to 24. The overall response was that young people were very happy in all aspects of the service.

A survey had been carried out of the Brook outreach services between July to October 2015. There were 68 young people aged 13 to 17,from eight schools, who

Summary of this inspection

responded. All said they were happy with the nurse or youth worker they saw although one person said they were disappointed with the way they were spoken to. All respondents said they experienced confidentiality and were happy with the service they were provided with. The survey asked the young people to comment on how they thought Brook could improve the drop in session. Only one person had a suggestion of improvement. This was regarding the location of the clinic, the others all left positive comments about the service.

The service listened to the feedback young people gave. For example, there were a number of available appointments for each clinic. This had been implemented following feedback.

Client feedback had been sought regarding a proposal to lower the age of young people who can access the services of Brook. There were 145 young people who responded to this service during the time period January to March 2015. All respondents consistently said they did not wish the qualifying age to be lowered due to the quality and convenience of the service provided.

Young people we spoke with were highly and overwhelmingly complementary of the service provided. We received specific comments which included the following: “It’s a really good service, super confidential and they always make you feel at ease. X [member of staff] is a very nice woman. They always make sure you can see the right person at the right time and always act in your best interests”, “they [the staff] always make sure you understand and ask me if I understand. If not they tell me in a simpler but detailed way”, “you can text or ring them and they get back to you quickly”, “they don’t talk to you like you are a kid but explain things. I can tell them anything” and “they are really good listeners. X [member of staff] is the person that has open arms for everyone and I like her. She is easy to communicate with and will answer questions”.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Detailed findings from this inspection

Notes

There are no ratings for this inspection as we do not currently rate community independent health sexual health services.

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Brook Bristol is part of the larger organisation Brook Young People and provides confidential sexual health services, support and advice to young people under the age of 25. Brook Bristol is registered to provide care and treatment under the following regulated activities: diagnostic and screening services, family planning and treatment of disease, disorder or injury.

Brook Bristol has provided confidential sexual health services, support and advice to young people under the age of 25 for the past 45 years.

Brook Bristol 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 service Brook Bristol provided contraception, emergency contraception, condom distribution, screening for infections, pregnancy testing, termination of pregnancy referrals and counselling. Young people presenting with sexually transmitted infections were referred to an alternative level 3 CASH service in Bristol for treatment.

Brook Bristol provided a sex and relationship education and training programme to young people and professionals engaged in working with young people.

Support, guidance and advice was provided to young people who were transitioning to adult services for their ongoing care and treatment.

The service operated from a main clinic in Bristol City centre and outreach support was provided within 13 schools around Bristol and South Gloucestershire. Staff included registered nurses, youth workers, sexual health doctor and counsellors.

The service provided clinics six days a week on Mondays to Saturdays in the main clinic and weekly drop in clinics at schools and colleges around the area.

During 2014 to 2015, there was a total of 12,650 contacts with young people in the central and outreach clinics. 8,635 young people attended the main clinic and 7,015 the outreach clinics.

The main clinic provided a service to 11,446 young people who attended, some more than once, of which 990 were from South Gloucestershire and 304 from North Somerset.

27 members of staff such as nurses, youth workers, doctors, reception and information workers, counsellors and managers delivered the service.

Community health (sexual health services)

Summary of findings

During the inspection, we reviewed documentation such as care and treatment records. We spoke with young people attending the clinics and staff working at the service to seek their views of the service.

We evidenced:

- The service ensured up to date care and treatment was delivered to young people and based upon national guidelines. The service participated in and used the outcomes from local and national audits to develop and implement care and treatment pathways for young people.
- Staff worked well together as part of a multidisciplinary team to coordinate and deliver patient's care and treatment effectively. Staff were committed to working collaboratively with external organisations in order to deliver joined up care for young people.
- Consent practices and records were actively monitored and reviewed to ensure young people were involved in making decisions about their care and treatment in line with relevant legislation.
- The privacy, dignity and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Young people were treated as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.
- Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.
- Young people were protected from avoidable harm. Safeguarding of children and young people was managed proactively and effectively by staff trained to recognise early signs of abuse.
- Openness and transparency about safety was encouraged.
- Confidential and personal information was stored securely at all times.
- The service was planned and delivered in a range of locations and at suitable times, to ensure the service was convenient and accessible to the local population.
- The facilities and premises were suitable for the delivery and effectiveness of the service.
- There was a proactive approach to understanding the needs of different groups of young people and to deliver services in a way which supported them and demonstrated equality.
- The local leadership shaped the culture through effective engagement with staff and young people who used the service. Staff felt respected and valued by their colleagues, their managers and the national organisation.

However:

- The record keeping did not consistently ensure staff would see accurate information about the young person when looking at their records due to two systems of recording being in operation.
- There were some risks identified to staff when lone working.
- Not all young people were aware of how to make a complaint.
- At times young people experienced a delay in waiting times prior to seeing a clinician.
- Not all staff were up to date with their mandatory training.
- Not all of the clinical waste had not been disposed of promptly and appropriately.
- Policies and procedures were printed from the intranet. This ran the risk of staff following guidance which was out of date. For example, the infection control policy and procedure which had been printed and displayed in the department was not the updated version.

Community health (sexual health services)

Are community health (sexual health services) safe?

Detailed findings

Incident reporting, learning and improvement

- Brook had a national policy and procedure which guided staff on the reporting of any incidents or concerns and was available on the organisations intranet system.
- The staff survey carried out in 2015 identified that 94% of staff felt able and safe to report incidents and concerns. From the survey 71% of staff commented that if mistakes had been made Brook treated them in a fair way, 74% of staff said the reporting of mistakes was treated confidentially and that action was taken to ensure the mistakes were not repeated. Sixty-five per-cent of staff said feedback was provided about changes made in response to reported mistakes.
- Staff we spoke with said incidents and events were discussed at team meetings in an open and honest manner. This meant they could discuss how the incident was handled and how others would have dealt with it thus ensuring learning happened.
- Staff stated they were encouraged to report incidents at Brook Bristol and there was always someone senior to discuss concerns with.
- Five incidents were reported at Brook Bristol from January to March 2016. Two of these related to information governance, neither of which compromised the personal and confidential information of young people. Two incidents occurred regarding medicines management, both of which resulted in additional guidance for staff. One incident of violence and aggression had occurred between two young people which resulted in changes in practice for reception staff
- Incidents were reported and recorded on a paper system, which was reviewed and acted upon by the registered manager. Following the review, the incident was graded according to severity and logged onto the organisation's electronic incident reporting system. The incidents were all reviewed in the local clinical governance meetings and escalated to senior managers and governance committees within the organisation if deemed necessary. The review process for clinical incidents included involvement of a manager from an external organisation who provided sexual health services.
- The outcomes following any incident were discussed and if necessary an action plan put into place to reduce the risk of the incident reoccurring.
- We saw evidence that feedback had been provided to staff. This was achieved in a variety of ways such as inclusion in the clinical newsletter which was sent out by email, at team meetings or in one to one sessions with staff.

Duty of Candour

- The organisation provided guidance to staff regarding duty of candour within a policy and procedure, which was accessible on the intranet. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014. The duty of candour legislation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and/or the patient suffers harm or could suffer harm which falls into defined thresholds. Staff we spoke with were knowledgeable about the duty of candour legislation. Managers we spoke with were clear that duty of candour was considered following reported incidents and a record made on the incident log as to whether the process was followed.
- We saw evidence that the service had been open and honest with one young person when the correct clinical procedure had not been followed. The young person had been informed, given an explanation and an apology made. The patient had not suffered harm.

Safeguarding

- There was a national safeguarding committee within the Brook organisation, which met regularly and reviewed safeguarding issues reported from around the country. Information was cascaded from the safeguarding committee to Brook Bristol regarding relevant changes in policy nationally and within the organisation.

Community health (sexual health services)

- The organisation provided safeguarding policies and procedures for staff to refer to which were available on the intranet, staff were aware of how to access this document.
- The staff survey conducted in 2015 found that of the 34 members of staff from the south west who responded, all were confident that Brook only shared confidential information about young people when there were serious concerns about their safety and that they were confident in working to the Brook protecting young people policy and procedures.
- Staff we spoke with demonstrated a knowledge, understanding and awareness of the safeguarding of children and young people.They were passionate about this aspect of their work, two members of staff told us this aspect of their work was their priority and they were proud how Brook Bristol protected young people. We were provided with examples of action which had been taken in response to the identification of suspected safeguarding issues within the service.
- Staff were provided with training regarding recognising and safeguarding young people and children against abuse, female genital mutilation (FGM) and child sex exploitation (CSE). The registered manager provided us with a training matrix, which identified that out of the 27 staff, 19 had completed CSE training, 24 had completed Brook safeguarding training and an additional 15 had accessed external safeguarding training. The board meeting minutes from November 2015 identified there was a requirement for all staff who had contact with young people to complete level 3 safeguarding training. Staff we spoke with confirmed this was the level to which they were trained, but the training matrix did not consistently evidence the level of training achieved.
- Staff confirmed that as well as internal safeguarding training they had access to external training and that Brook Bristol supported them to attend this.
- Staff had access to detailed information and guidance regarding the action they were required to take if they suspected young people were at risk from CSE, FGM, domestic violence, online abuse or radicalisation.
- FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. The organisation had updated their policy and procedure following the amendment of the Female Genital Mutilation Act 2003 which was amended by the Serious Crime Act in 2015. Records in place showed that appropriate referral had been made where FGM had been identified in young women attending the clinics. A pre-consultation questionnaire completed by young people in the waiting room requested specific information, which would alert staff to the possible or actual risk of harm from FGM. The organisation was keeping up to date with the ongoing national debate regarding the inclusion of genital piercing or tattooing within the formal FGM reporting. Referrals were made to appropriate external organisations who provided support to women and young people who have experienced or were at risk from FGM.
- Child sexual exploitation (CSE) involves under-18s in exploitative situations, contexts and relationships. This can involve the young person (or another person) receiving something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in exchange for the young person performing sexual activities or having sexual activities performed on them. Staff we spoke with were knowledgeable regarding their responsibilities in protecting young people against CSE. The Brook client care records prompted staff to gather specific information which would alert them to CSE taking place. The Brook board meeting minutes from November 2015 showed there had been concern that CSE had not been reported appropriately and additional guidance had been provided regarding the categorisation of CSE to ensure all cases were captured.Staff had an awareness of the additional vulnerability of young people with learning disabilities. Training had been provided to staff which included the need to be mindful when completing assessments as statistics have shown that young people living with a learning disability are three times more like to be affected by CSE. We saw evidence of the liaison between Brook Bristol and a national children's charity regarding CSE.
- The assessment and client care records used within Brook Bristol provided prompts for staff to gather detailed information which provided alerts to any potential safeguarding issues. The detail was increased for young people under the age of 16. The

safeguarding proforma in use detailed specific concerns and risk factors to be aware of when considering the safety of young people. This included children and young people who were sexually active under the age of 13, CSE and FGM. Brooks traffic light tool 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.

- Staff were made aware of the guidance from external organisations specialising in handling disclosures, and the protocol for appropriate referral for young people seen within clinics who disclosed historical abuse.
- Where young people disclosed abuse which had occurred over a year before the disclosure, appropriate reports or referrals were made according to the age of the young person.
- The organisation was aware of their duties to report with the ongoing Goddard inquiry. The Goddard enquiry is a national independent inquiry into child sexual abuse which will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales.
- Consenting to sex was explored in detail with young people and concerns were identified as being discussed within the organisation and reported to the appropriate external agencies when necessary.
- There was an awareness regarding the safeguarding against forced marriage and links and referrals had been made to a national charity specialising in supporting women in these circumstances.
- There were partnership agreements in place with schools regarding the protection of young people they saw at the outreach clinics. We saw documentation regarding one young person, which showed joint and multidisciplinary working with the school about the identified concerns.
- The organisation had a child protection lead worker who staff were able to refer to for additional support and guidance. Brook Bristol carried out a survey in 2015 for nurses and youth workers. All respondents stated they always had access to talk to someone about a safeguarding issue.

Medicines

- Staff were provided with guidance and information on the safe management of medicines within policies and procedures which were available on the organisation's intranet. 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. For example, there had been a recent change in the quick start contraception method and staff confirmed they had been made aware of this.
- A copy of the policy and procedure was available in paper form in the clinical room and to staff at outreach clinics , with signatures of staff recorded to demonstrate they had read the document. The policy and procedure referenced procedures relating to prescribing procedures, Brook Patient Group Directives (PGDs), the authorisation process for PGDs, PGD manager assurance statement, medicines stock control, transporting medicines to clinical outreach and safe storage of the medicines when not in clinic.
- A (PGD) is a written instruction for the supply and/or administration of medicines to of who may not be individually identified before presentation for treatment. This enables nurses to provide medicines to the young people attending clinics. The Brook PGDs had been reviewed annually.
- Medicines were obtained from either a local community pharmacy or the acute NHS trust pharmacy. Staff requested a standing order of medicines every two weeks, but were able to order additional medicines when required. The order was faxinated to the pharmacy which ensured a record was maintained of all medicines stocked in the clinic.
- A stock check took place once a month and records were maintained when this was carried out.
- Medicines required for use in the outreach clinic were logged out by the nurse running the clinic. Medicines not used were returned to the main store and logged back into the record. This provided an auditable record of the medicines. Staff transported the medicines to and from the outreach clinics in a lockable box to ensure their security.

- The medicines stored at the main clinic were secured in a locked clinical room. Concerns had been raised regarding the hot temperatures of the clinical room in the summer so a lockable fridge had been installed which kept the medicines at the manufacturers recommended temperatures. The fridge temperatures were recorded daily to ensure the medicines remained at a safe temperature.
- Anaphylaxis emergency medicine was available in a tamper evident easy access box at the clinic. Nurses also took an emergency box which contained anaphylaxis medicine with them to the outreach clinics.
- The electronic patient records identified any medicines administered or provided to the young person together with a record of the batch numbers of the medicines. This enabled staff to track any medicines if they were required to do so.

Environment and equipment

- Repairs and maintenance of the building were carried out routinely and when required by the landlord. Staff reported a good response when an emergency repair was required. For example, when the lift had broken and when a toilet was leaking. Such repairs were arranged to be carried out in the mornings prior to the clinic opening to ensure the confidentiality of the young people and reduce the interruption of the clinics.
- Weekly and monthly health and safety checks of the clinic rooms were carried out and any action required was recorded.
- Water checks for legionella were carried out to ensure young people, staff and visitors to the service were not at risk.
- Portable appliance testing was carried out annually to ensure the electrical equipment was safe to use. Stickers were placed on equipment once tested and we noted this had been carried out within the last year.
- The fire alarm was checked weekly to ensure all alarms and the alarm panel were functioning correctly. Regular fire drills took place for staff, with the last recorded drill in December 2015.
- Staff confirmed they were aware of the procedures to follow should the fire alarm sound. There had been a number of false alarms with the alarm being set of by users of other parts of the building. We were told that when the alarm sounded the clinic was always evacuated until the all clear was given.
- Brook had contracts in place for servicing and calibration of equipment. We saw the scales had been serviced and calibrated two weeks prior to our inspection. However, when we tested four separate sets of scales located within clinic rooms a difference of seven kilograms (one stone) was noted between the sets of scales. For example, the four readings were 58kg, 62kg, 63kg and 64kg. One member of staff appeared to have a realisation of this but the management team had not been informed of this discrepancy. There were low risks associated to this for young people. However, the registered manager agreed the situation was not satisfactory and gave us assurances this would be addressed immediately.

Quality of records

- Brook Bristol currently recorded information in two systems of patient records. There was an organisational plan for all Brook services to use only electronic client records but we were told the current electronic system could not record all of the information required. This had caused the need for a paper record system to also be in use.
- We saw that staff recorded information on the paper records when in the outreach clinics and then transposed the information to the electronic record. This added additional time and also ran the risk of error in not all information being recorded or recorded inaccurately. Staff commented they often used flexi time when returning to the main clinic or time at home completing the records.
- Records were kept securely at all times to ensure the confidentiality of young people who accessed the service. When not in use, paper records were stored in a locked room in the main clinic and locked cupboards at outreach clinics. If records were transported from the main clinics to outreach sites staff used locked bags or boxes to ensure the security of the records.

Community health (sexual health services)

- An assessment record known as the Brook Client Core Record was completed during the young person's first visit to the clinic. The assessment was reviewed on each subsequent visit and updated as necessary. The template provided staff with prompts to gather detailed information regarding the client's history and lifestyle. Separate and more detailed records were completed for young people under the age of 18 to ensure their safety.
- A pre consultation questionnaire was provided for young people to complete whilst waiting to see a clinician. This requested information regarding their medical and social history. This information was not consistently reflected on the electronic records. For example, we did not see evidence that showed the sexual history of young people attending the clinic was recorded on the electronic records.
- We reviewed ten sets of patient records both paper and electronic. We found that the content did not accurately duplicate the patient information. For example, not all of the information contained in the paper records had been recorded on the electronic record. This could provide confusion and cause the risk of error when providing care and treatment if the clinician did not have access to both record systems. For example, when in an outreach clinic.
- When a young person attended the clinic, the reception staff obtained basic details from them and then ensured their notes were available for the clinicians. The records were stored in the reception area and collected by the clinician when calling the young person into the clinical room. Once the clinician had concluded the visit the notes were returned to the reception desk. Prior to refiling the notes the reception staff checked the notes were securely fastened together and any actions required from the clinic visit logged. For example, following up on swabs which had been taken. The notes were then refiled. During the clinics we observed, we saw that the reception staff ensured notes were not left unattended and regularly returned small numbers of notes to the filing room. We never saw more than four sets at reception during an open clinic and these had been in line of sight of staff at all times

Cleanliness, infection control and hygiene

- Staff were provided with a policy and procedure regarding the action they had to take regarding the control of infection. Information and guidance included the use of personal protective equipment such as gloves and aprons, cleaning spillages and the Control of Substances Hazardous to Health (COSHH). The recorded date on the policy and procedure showed this was had been due for review in 2015.
- Staff were provided with training regarding the control of infection. The training matrix showed that 10 out of the 27 staff were not up to date with this annual training. The provider informed us following the inspection that the training matrix was incorrect. This was because out of the 10 staff we had identified as not being up to date with their training, one had left the organisation and one had completed the training but the matrix had not been updated to reflect this. A further two members of staff were non clinical and were not required to completed infection control training. This meant that there were six members of staff who had not completed the training regarding the control of infection, although the provider further added all clinical staff had received an annual update.
- Staff we spoke with were knowledgeable about infection control procedures including spillage and clinical waste. Staff who ran clinics at the outreach services had access to a biological hazard spill kit and appropriate clinical waste bags.
- All of the clinical areas had cleaning schedules located in the room to ensure staff were aware of how to clean equipment and rooms. We saw these were signed by staff once the cleaning and checks had been carried out. Alcohol wipes were used between each client to clean equipment such as the couch or blood pressure monitor.
- Handwashing and sanitising facilities were in place in each clinic room in the main clinic and nearby in outreach clinics.
- Sharps bins were in use within clinics to ensure the safe disposal of sharp instruments such as needles. We observed there was a full bin which was dated as being closed in November 2015 stored in an area that was used for labelling specimens and testing urine. It was not clear why this had not been removed as part of the clinical waste management.

Community health (sexual health services)

- Brook Bristol had completed the Brook national infection control audit and the outcome had exceeded the organisation's target of 85% at 97%, across eight standards assessed. The areas audited were hand hygiene, environment, kitchen, waste disposal, spillage/contamination, protective equipment, prevention of injury and specimen handling.

Mandatory training

- The organisation required each member of staff to attend mandatory training which included fire safety training, manual handling, safeguarding, basic life support and infection control. Training was completed using an on line system or face to face during the weekly staff meeting.
- A training matrix was maintained which identified the training staff had attended and the date it was completed. All staff were up to date with safeguarding training which was provided by the organisation and additional training was also accessed through an external organisation. The training matrix we were provided with showed that some members of staff were required to update aspects of their mandatory training. For example, we saw there were six out of 21 members of staff who needed to update their basic life support training as they had not attended an update since 2013.The organisation provided further information following the inspection to state that the matrix did not identify five out of the six members of staff had their jobs reclassified from clinical to education. The organisation did not require them to complete an annual update in their new role and one member of staff had left the organisation. Not all staff, as previously stated had completed infection control training. Two members of staff had not updated the manual handling training since 2010. The manager informed us future training was planned to take place in the weekly team meeting / training meetings.
- The weekly staff meeting provided opportunities for staff to complete their mandatory training some of which was delivered through an on line electronic system. Additional role specific training was also arranged to take place during this protected staff meeting time.

Assessing and responding to patient risk

- Staff had access to emergency equipment within the main clinic which contained oxygen and a face mask should a young person become acutely unwell at the clinic.
- There was written evidence to show this equipment was checked each week to ensure it was ready to use in an emergency.
- Staff who worked in the outreach clinics would access the emergency equipment held at the school.
- During each clinic staff had access to emergency medicine such as adrenaline for use in the event of an anaphylaxis reaction.
- All staff were required to complete basic life support training each year as part of the mandatory training programme. The training matrix showed that 21 staff had completed this training but six were due to update their training. Four of these members of staff last completed training in 2013. The organisation provided further information following the inspection to state that the matrix did not identify five members of staff had their jobs reclassified from clinical to education. the organisation did not require them to complete an annual update and one member of staff had left the organisation.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use.
- Reception staff were immediately made aware of any individual risk factors when booking young people into the clinic. For example, if the individual had a history of violence and aggression at the service or when visiting services that used in other parts of the building. The electronic system also highlighted young people under the age of 16 when booking them into the clinic.
- Detailed medical and social histories were taken on the first visit of a young person to the clinic and these were updated at each visit. This quickly enabled staff to highlight any risk areas.

Staffing levels and caseload

- There were 31 members of substantive staff employed at Brook Bristol. The staff team was made up of nurses, doctors, youth workers, reception and information workers and managers.

Community health (sexual health services)

- Three members of staff had left the service in the last 12 months which equated to 9.6% staff turnover. There were three vacancies at the time of our inspection. These included one doctor post and two education facilitators. The interviews for the doctor post were due to be held the week after our inspection.
- The service did not use agency or bank staff, with the exception of reception staff. There had recently been four bank receptionists appointed to cover for holiday or sickness.
- We were provided with a survey which the organisation had used to seek the views of the staff. The survey we were provided with was not dated but the registered manager told us this was completed in June or July 2015. The survey asked staff their view to the following statement "I always feel in control and relaxed about the number of clients waiting for me to provide a service to them". Three of the nurse responders stated that this usually happened and 3 that it may or may not happen. For the reception and information workers the response to the same question showed that five out of six members of staff who completed the survey all felt in control or relaxed about numbers of young people waiting to see them. Four youth workers completed the survey with three commenting they felt in control or relaxed about the number of young people waiting to see them while one was non-committal.
- As a result of the staff survey and feedback from young people, the planned numbers of staff on duty had been amended. The duty rota reflected that additional numbers of staff worked at periods it was known that clinics were busier. For example on Monday's clinic and mid-afternoon clinics. We observed that additional staff were working during busier times, as shown on the duty rota.
- A written procedure was in place for staff to follow when they required sick leave. A separate procedure had been developed if the sick leave was over a Saturday morning clinic. This procedure included the action to take dependent on the role of the member of staff. Actions ranged from no action to closing the clinic.

Managing anticipated risks

- The main clinic had a panic alarm system installed in all of the clinic rooms, which sounded in reception. The reception staff we spoke with were confident that all staff were trained in how to respond when the alarm sounded.
- There was no panic alarm at the reception desk should an incident occur there. The reception staff we spoke with said this was because it would ring at reception only and therefore not summon help. Following an incident involving aggression towards a member of staff at reception, a radio had been provided to staff which linked with the onsite manager for the whole building. Staff also commented they had access to a telephone and could summon help from other staff on duty or the police. They had assessed the risk as low as there were generally two reception staff on duty. However, on three occasions during our inspection we observed the reception staff at the desk alone. There were always two reception staff on duty but at times we saw one receptionist leave the reception area to collect notes which were stored in a locked room away from the reception. We also saw reception staff left the area to visit staff in other areas. Whilst the time away from reception was for a short period this meant that a member of staff was alone in reception with no support should there be an episode of violence and/or aggression from people visiting the clinic.
- Staff who ran outreach clinics in schools and colleges did not have access to systems to summon help in an emergency. All staff we spoke with said they would shout to nearby colleagues, school staff members or use their mobile telephone to summon help. However, this may not always be practicable in an emergency.
- A procedure and practice was in place when staff members needed to take sick leave from outreach clinics or Saturday clinics. The procedure advised staff to ring a central telephone number. The other staff member attending the outreach clinic or Saturday clinic was informed promptly to ensure staff were not lone working if they did not feel safe to do this. If no other person could be found to cover the sickness and the member of staff felt unsafe to run the clinic alone, the clinic would be cancelled. Staff stated it was rare for cover not to be arranged and had seldom worked alone at an outreach clinic.

Community health (sexual health services)

- Policies and procedures were available for staff on how to manage violence at work and lone working. Staff spoken with were aware of these policies and knew where to access them.
- The violence and aggression policy and procedure advised staff of when they were required to inform the police of a violent incident. If the police were required to be called all other young people were advised whenever possible. This provided young people with the opportunity to leave the waiting area prior to the police visiting.
- There were a number of young people who were barred from the building by other youth groups. This was because they had experienced challenging behaviour from the young person's when attending their organisations or youth groups. This behaviour included aggression, fighting and the use of drugs on the premises. Staff at Brook Bristol were aware of who these people were from collaborative working with other organisations in the building and had guidance on the action to take should they attend the clinic.
- The lone working policy identified the need to ensure site risk assessments were in place which considered risks to lone workers and that these risk assessments are reviewed periodically. We did not see risk assessments had been carried out for the outreach clinics. We were told the school staff worked in close proximity and that the schools carried out risk assessments for their premises.
- A weekly health and safety checklist was completed and this included the testing of fire prevention equipment, electrical safety, general environment checks and first aid systems and equipment. From January to March 2016 it was recorded there was no notice displayed to advise staff and visitors to the service of nominated first aiders and the location of the first aid box. Earlier checklists identified these had been in place up until December 2015. This was an error in recording and the required information was displayed within the service.
- The registered manager conducted a monthly health and safety assessment report which was based on reviews of health and safety weekly checklists, fire issues, accidents, incidents, risk assessments, training for staff and monthly water quality tests. Where issues were identified, a record of the action taken to address the situation was maintained.

Major incident awareness and training

- Brook Bristol had a business continuity plan in use which had been last updated in October 2014. This may not have been up to date with current service needs. The plan included issues such as impact from IT failure, failure of utilities such as electric, fire, loss or theft of confidential information, service not meeting the needs of young people and change in commissioners which would affect young people who attended Brook. The continuity plan had actions in place for staff to refer to in the event of the impact of any of these risks.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Evidence based care and treatment

- Staff working at the service were knowledgeable about guidelines and recommendations provided by the British HIV Association (BHIVA), the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG). Staff were able to access these on the internet at the main clinic.
- 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 Clinical Excellence (NICE) guidelines, BASHH and the FSRH.
- We saw evidence during the inspection, including 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. For example, the February 2016 clinical newsletter provided information to staff on the required use of safety needles and a drug safety

update from the Medicines and Health Care Products Regulatory Agency (MHRA). This ensured staff were practicing based on relevant national recommendations for safe practice.

Pain relief

- Simple analgesia such as paracetamol and ibuprofenwas held in stock for young people who may require this when attending the clinic for certain procedures. We were told staff did not administer analgesia frequently as young people were advised to self-administer this prior to their planned appointment.

Nutrition and hydration

- Young people attending the clinic had access to cold drinking water in the waiting area.

Technology and telemedicine

- Information was easily available on the organisation's website for young people to access regarding the services provided, sexual health and contraception and other relevant organisations. For example, a link to the BASHH website was provided with an explanation of the services BASHH provide.
- Young people were able to obtain a response to specific questions by using the organisations 'Ask Brook' service. This service provided an avenue for asking questions via the website, texting specific questions and getting a direct response and advice.
- 'Ask Brook' provides a service giving sexual health information, support and signposting for anyone under 25 anywhere in the UK. This service was available on weekdays from 9am to 3pm. There was also a service where frequently asked questions could be viewed and if not specific a question could be sent to Ask Brook. This service was available seven days a week 24 hours a day.Brook Bristol provided young people with free Wi-Fi at the main clinic. The waiting room had notices with provided information on specific websites to access to gain information on sexual health and contraception.
- Outcomes of tests were provided to young people by text if they had consented to this.
- A reminder of the young person's appointment was sent by text at a time agreed with the reception staff. This reminder might be sent one, two or seven days before their appointment.
- A 'contraception chooser' tool was available on the Brook website to enable young people to research the best method of contraception for them.

Patient outcomes

- Brook Bristol participated in local audits and those arranged by the organisation or external organisations nationally. Audits completed in 2015 included implant fitting and removal, sexually transmitted infection testing, infection control and emergency contraception.
- The Brook abortion audit was completed to understand the numbers and management of unwanted pregnancy across Brook services. The audit showed that staff had not followed the guidelines when providing care and treatment to young pregnant women. This was because not all young women had been screened for a sexually transmitted infection or that they were offered and commenced a robust method of contraception. Staffhad been informed of the need for these changes and once implemented would provide a better outcome for young women attending the clinics. We discussed the implementation of these recommendations with the registered manager. We were provided with assurances that the recommendations had been highlighted to all staff and that these had been implemented. The abortion audit was due to be carried out in July 2016 when comparisons would be made to the audit findings from 2015.
- An annual audit had been undertaken on the use of long acting reversible contraception (LARC) within the organisation. LARC methods included implants and intrauterine devices or system (IUD/S). The audits showed a positive outcome for young people in that the use of LARC had increased by 225% since the 2012/13 audit when compared with the audit completed during 2015 to 2016.
- We reviewed the emergency contraception audit report dated 2015. Recommendations shared with staff had included that all young people should be offered the Cu-IUD and that this was documented in

the young people's medical records. The Cu-IUD is a copper intrauterine device and a type of long-acting reversible contraception. Other recording measures had been recommended as a result of the audit. These included; that staff consistently recorded the date of the women's menstrual cycle, all staff who recorded within paper notes needed to obtain a stamp with their name and role, a record be made of the risk assessment carried out and if necessary that consent had been sought for the testing of any sexually transmitted illness.

Competent staff

- All staff were provided with an annual appraisal which was a two way process to plan future training and/or development needs. Records showed these were up to date with the exception of three out of the 27 staff who had not completed the appraisal process in the last 12 months. This was because one had been on a training course, one had been on maternity leave and one was a new member of staff.
- The service maintained records of the revalidation of the doctor employed at the clinic. The records evidenced the doctor had completed their revalidation in the past year. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice in their chosen field and able to provide a good level of care.
- Registered nurses are required to comply with a new three yearly revalidation process from April 2016. Brook had provided training to all nurses regarding the requirements for this. Further information was available to nurses on the Brook intranet together with feedback from nurses who had already completed the process.
- Brook Bristol held a weekly staff meeting and training sessions for all staff to attend as appropriate to their role. Recent training topics had included; patient group directives, working with young people living with a learning disability, basic life support, oral sex and sexually transmitted infection risks and safeguarding updates. The weekly staff training / meetings provided an opportunity for the organisation to update staff with new guidelines or changed guidelines.
- Staff we spoke with were positive about these sessions and said they found them informative and helpful. In the 2015 staff survey, staff were asked if they gained something positive from the weekly training sessions. Six nurses had responded and said they usually gained something positive from the training sessions. Three out of four youth workers said they always did, with one finding they usually did. Out of five reception staff, three said the usually or always did while two were neutral about the sessions.
- Youth workers had been provided with clinical training such as carrying out pregnancy tests, chlamydia screening tests and provision of condoms to young people. This was in order to provide a seamless and efficient service to young people who visited the youth workers, negating the need to refer them to a clinician at another clinic. The training had been provided by the nurse manger or doctor and the youth workers competency assessed prior to being able to conduct the tests.
- Brook Bristol had developed a tailored training programme regarding recognising and managing the high risk of child sex exploitation in young people living with a learning disability. This training had been provided to all Brook staff and to a number of local organisations who worked with young people with a learning disability.
- All staff were required to achieve a number of competencies which were specific to their role. These were achieved by attending internal and/or external training and working on a one to one basis with experienced colleagues.
- The organisation required the nursing staff to complete Sexually Transmitted Infections Foundation (STIF) training. The STIF Competency Programme is a nationally recognised training and assessment qualification in sexual health developed and administered by the British Association of Sexual Health and HIV (BASHH) through its educational arm, the Sexually Transmitted Infections Foundation. It is a modular competency-based training and assessment package for non-specialist and specialist healthcare professionals requiring skills development to manage people with sexually transmitted infections. There were three levels of training; fundamental, intermediate and advanced. Staff at Brook Bristol

completed the intermediate level. Although there was no legal requirement to complete this training, the advanced level was for nurses who were providing a level 2 sexual health service which we were informed Brook Bristol was. Youth workers were often employed with professional qualifications such as teaching or social work. Additional training was tailored to suit their needs and they were supported by a named line manager.

- Supervision or one to one sessions were provided every two to three months for all staff. These increased in frequency if necessary. For example, if a member of staff required performance monitoring of their practice. Group supervision and peer support took place at the weekly team meetings.
- Staff worked in both outreach and the main clinic to build and maintain their skills and competencies. This ensured staff were able to work in both areas in times of holiday and sickness to ensure the continuity of the clinics.

Multi-disciplinary working and coordinated care pathways

- Staff were proud of the multidisciplinary team working they experienced within Brook Bristol. Staff we spoke with said they felt listened to by their colleagues and supported one another. Staff commented they would be able to raise suggestions and concerns with their colleagues if necessary.
- External organisations provided support to young people regarding mental capacity advocacy. Referrals were made by Brook Bristol when necessary.
- We observed that the outreach workers worked collaboratively with the senior inclusion and safeguarding manager at one outreach clinic. Records and discussions evidenced that if the school had concerns regarding students relationships or sexual health these were referred to Brook Bristol for advice, guidance and support.
- We saw Brook Bristol worked with schools where referrals to external agencies were required. For example, where there were safeguarding concerns.
- Liaison had taken place between two schools and Brook Bristol regarding a vulnerable young person who had changed schools. This ensured relevant staff were aware of key information and the young person was safeguarded and continued support was in place for them.
- A professional from an external organisation supported the school staff and Brook nurses and youth workers each outreach clinic. They ensured the clinic ran smoothly and that young people were orderly and did not wait for long periods of time, which would result in the young people becoming restless and noisy. We were told they also ensured young people were not intimidated by large groups already waiting. We were provided with one example where one young person had arrived at the clinic but quickly left without being seen. This had been followed up by the member of staff and another time arranged for them to attend.

Referral, transfer, discharge and transition

- Templates were available for clinicians to complete when referring a client to their GP. For example, when young people reached the age of 25 they were no longer able to access the services of Brook Bristol. With the permission of the young person Brook Bristol informed their GP of when antibiotics or other treatment had been provided.
- Referral forms were available for staff to complete when a young person required further care and treatment. For example for termination of pregnancy or to a psychosexual clinic. The templates provided prompts and space for relevant information to be completed and faxed. This ensured staff gathered the required information for the external provider.
- Links had been made by Brook Bristol to the local youth offending team and a local organisation who worked with young people who were rough sleeping. This provided additional support to these young people to access the service.
- Brook Bristol worked closely with the local providers of a level 3 sexual health service in the city. This enabled them to access advice and support for young people who required additional services.

Community health (sexual health services)

- Joint work had been undertaken with the local child and adolescent mental health service (CAMHs) to support young people with mental health issues. We saw evidence that referrals of young people were made between the services.

Access to information

- Paper records and medical notes were stored at the main clinic and also at the outreach clinics. This meant staff had access to the medical records for each patient when they attended clinic.
- At the main clinic staff had access to electronic patient records which provided an additional record of the care, treatment and medical and social history of the patient.
- The electronic system alerted staff to known risks from individuals attending the clinic. For example, if a young person had previously demonstrated violence and aggression towards staff or other young people attending the clinic.

Consent

- We observed and were told by staff and young people that verbal consent was obtained prior to the delivery of care and treatment.
- Written consent was obtained prior to referring a young person to an external agency for ongoing treatment. For example, psychosexual counselling or termination of pregnancy.
- Young people we spoke with commented that they were given a lot of information regarding their care and treatment and were able to make an informed decision about their treatment.
- Staff were provided with a policy and procedure regarding consent, the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish 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.
- A Fraser assessment was completed at the first visit to the service by a young person under 16 and reviewed at each subsequent visit. We saw this process had been completed and reviewed appropriately for the ten sets of notes we inspected.
- Staff had been sensitive in their response when they had received a complaint from a parent regarding the fitting of an implant for their daughter without their knowledge. The Fraser guidelines had been followed.
- Staff were aware of and had made referrals to external advocacy services. They used these for young people who attended clinic with limited capacity to make decisions and did not have friends or relatives to support them.
- Referrals had been made in the past to independent mental health advocates (IMHAs) for young people who did not have friends or relatives to support them
- Brook Bristol had delivered a specifically tailored session on consent and pornography to a local school who had identified an issue within a particular year group of young people.

Are community health (sexual health services) caring?

Compassionate care

- Young people were treated with respect and their privacy and dignity was respected at all times.
- Young people we spoke with said the reception staff were friendly and welcoming and that the clinicians treated them with respect, did not make them feel judged and were kind. Specific comments made included “I can talk to them about anything I couldn’t tell my Mum and I know they [the staff] won’t judge me”, “they are really good listeners” and “X [particular member of staff] has open arms for everyone to talk to and I like her. She is easy to communicate with and will answer all questions and is really cool.”
- Staff said and young people confirmed that staff demonstrated an encouraging, sensitive and supportive attitude toward people who use the service. One young person told us staff, “they [the staff] always act in your best interests.”

Community health (sexual health services)

- We observed staff showed empathy and understanding when talking to and about young people.
- Young people we spoke with had the utmost trust in the confidentiality of the service.
- The main clinic was located on the top floor of a multi use building. Young people we spoke with said it was good that it was not obvious which service they were visiting in the building which promoted their privacy.
- The waiting room in the main clinic was arranged so that young people sat in smaller groups within a larger room which enhanced their feeling of privacy. A radio played a popular radio station with young people which meant conversations taking place at reception could not be overheard in the waiting room. The reception was slightly aside and occluded from the waiting room so that those waiting did not watch young people at reception. Chairs were placed in reception, slightly away from the desk, for young people waiting to book in.
- Receptionists used a printed sheet which enabled young people to identify reasons for attending the clinic. This prevented them having to verbalise the reason for their visit and risk others hearing. The sheets were easy read with pictures to help identify reasons for attending.
- Young people were called from the waiting room by clinicians who used their first names only to promote their privacy.
- The doors to the consulting and treatment rooms at the main clinic all locked and the windows to the rooms were occluded. This ensured young people felt safe that their dignity and privacy was respected.
- Staff at the outreach clinics were mindful to ensure people's privacy and dignity was always respected. The doors used for consultations at outreach clinics did not lock but there were no intimate procedures undertaken at these clinics. The staff ensured doors were closed to protect the young person's privacy and that conversations between staff and young people could not be heard outside the room.
- Chaperoning was available for all young people attending the clinics. Another clinician working in the clinic provided this service. Five young people we spoke with did not know about chaperoning but confirmed no intimate examination had been performed and that they had not needed a chaperone. Other young people we spoke with had been offered a chaperone but they did not require this.
- The Brook client satisfaction survey undertaken in May 2015 identified that 91% of the respondents were very happy with way they were spoken with and 93% very happy with the service they received.

Understanding and involvement of patients and those close to them

- Young people consistently reported staff communicated with them in a way that enabled them to understand their care, treatment and condition. For example, young people we spoke told us:
- "they [the staff] always make sure to ask, do you understand and if you don't they tell you in a simpler but detailed way",
- "They [the staff] are easy to understand and you feel fine about asking questions",
- "They [the staff] talk to you and you feel comfortable. They don't talk to you like you're a kid, which is different to your own doctor, and you can tell them anything"
- "If you haven't understood, you can ask for more detail and they will break it down until you understand, and they understand a lot."
- Young people were able to attend the clinic with friends or relatives if they wished. We frequently saw young people taking their friends into the consulting room with them. Young people told us this helped them feel confident and they could discuss the information provided with their friend after they left the clinic.
- Brook Bristol were involved in educating young people and providing information to them. We saw they did this in innovative and young people friendly ways. For example, Brook had arranged a theatre show about health relationships and associated workshops to young people from a number of local schools. We saw positive feedback had been received from the young people who had attended the day.

Community health (sexual health services)

- We observed a number of consultations and saw the staff checked the understanding of the young person. We considered there had been good engagement with the young person and that safe sex advice had been given.

Emotional support

- Brook employed a registered counsellor to whom clinicians could refer young people. They maintained separate records for the young people who saw them.
- Staff referred young people to external advocacy services when required.
- Youth workers carried out work on a one to one basis or with small groups of young people as part of their outreach work for young people who had anxieties or concerns. Less formal support and conversations took place with young people while they were waiting to be seen by a clinician at the outreach services.
- Liaison had taken place with school staff, with the young person's permission, for the young person to attend the clinic earlier than other young people. This was in response to anxieties expressed by the young person.
- Youth workers received training regarding emotional issues and the support they could offer to young people.
- Referrals had been made for young people to an external organisation for prevention and early intervention sex and relationships service.
- There were strong links with the local child and adolescent mental health service (CAMHS) and other external groups who supported young people with mental health issues. Records showed referrals made to this service. Staff also were able to discuss the action they would take to support young people who arrived at clinic with acute mental health issues. We were provided with specific examples of when more emergency action had been taken to ensure young people were supported promptly and appropriately.

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

Planning and delivering services which meet people's needs

- The service was based on a hub and spoke model which meant there was a main clinic in Bristol city centre, with 13 outreach clinics held in a number of schools and colleges to enable access for young people. Youth workers and nurses attended the outreach clinics to provide support, guidance and contraceptive care and advice. The outreach clinics were advertised on posters in the main clinic, notices in the schools and colleges and during school assemblies.
- The clinics at the main site in Bristol city centre provided a drop in service. Young people had commented they would prefer the availability of drop in appointments. As a result Brook Bristol had arranged for a number of appointments to be available each day. This showed the service was developed in response to the young people's needs and wishes.
- 'Ask Brook' provided a telephone service giving sexual health information, support and signposting for anyone under 25 anywhere in the UK. This service was available on weekdays from 9am to 3pm. There was also a separate service where frequently asked questions could be viewed. If the frequently asked questions did 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 reception staff assisted young people attending the clinic for a self testing kit for Chlamydia and free condoms. This reduced their waiting time as they did not need to book in to see a clinician.
- Staffing shifts had been reviewed and there were now more staff on duty at the busier times to reduce the waiting times experienced by young people.
- An electronic booking in system was in place so that reception staff could track the young person in the

clinic at all times. This enabled the reception staff to monitor the waiting times of each young person and ensured they were seen by the appropriate clinician within a reasonable time frame and not missed.

- Staff referred to the young people by a number identifiable on the clinic list when communicating with colleagues during a clinic. This ensured there was no risk to the young person's confidentiality if the staff were overheard. For example, clinicians speaking with reception staff about specific tests or paperwork required.
- The telephone calls to the clinic for booking appointments or queries were answered by reception staff. If the reception staff were busy, the telephone diverted to answer phone. We saw the receptionists checked for messages regularly during the clinic and returned the calls as soon as possible. The reception staff advised young people of the nearest appointment available and where and when they could attend walk in clinics without an appointment.
- Staff told us they could offer additional services as a level 2 contraceptive and sexual health service. For example, the testing and treatment of sexually transmitted illness such as gonorrhoea. However, the commissioners of the service had identified within the contract that this was carried out at the local level 3 service.

Equality and diversity

- Staff had access to a policy and procedure which set out key principles for promoting equal opportunities and valuing diversity across the service.
- We saw that young people under the age of 16 were prioritised for care and treatment which was to the detriment of other young people waiting. There was a notice in the waiting room which clearly advised of this practice. The registered manager told us this was due to the vulnerability of young people under the age of 16.
- There was disabled access to the main clinic via a lift from the ground floor.
- Staff had access to a language line which provided a telephone interpretation service with more than 170 languages available. There was a poster available for young people whose first language was not English. This provided a written statement of the availability of interpretation services in thirty different languages. This ensured young people were able to identify their preferred language and be provided with an appropriate interpreter.

Meeting the needs of people in vulnerable circumstances

- Brook Bristol had, until March 2016, a member of staff employed to support young people living with a learning disability when attending the clinics. They also had provided guidance and support regarding sex and relationships to professionals and parents caring for young people with a learning disability. However, we were told that this project was no longer viable since the funding had ceased. Learning from the project had been cascaded to staff who felt informed and able to support young people with a learning disability.
- Staff had received training and guidance regarding the communication difficulties some young people living with learning disability experienced and all staff had an awareness of basic sign language.
- Brook Bristol had a counselling service and young people could self-refer to this service or the clinicians could discuss the benefits with the young person and make a referral.
- Young people under the age of 16 were prioritised and seen promptly by the appropriate clinician. Notices in the waiting room informed those waiting that this would happen.
- External professionals referred young people to the clinic. We observed a telephone conversation between a school nurse and the reception staff. Due to the concerns raised by the school nurse, the young person was provided with an urgent appointment for the same day and the appropriate clinician informed they would be attending.
- There was a specialist nurse for children who attended the clinic when they were under the age of 16. We saw the reception staff also identified young people under the age of 16 when they booked into a clinic and if

possible alerted the specialist nurse to their presence. During our inspection, we saw the specialist nurse was allocated young people who were under 16 years old in their clinic.

- An assessment of client vulnerabilities was completed at each visit and recorded within the client care records. Young people completed an initial information sheet and the clinician carried out a full assessment, which identified specific vulnerabilities. For example, learning disability, safeguarding issues and the age of the young person. Referrals were made to specialist services if necessary.
- Brook Bristol offered a reactive point of care HIV test. A reactive point-of-care HIV test is a testing technology that allows people to be tested for HIV and know their HIV status during the same visit. Staff were provided with guidance on the care and treatment of young people attending for this service and a checklist had been developed to prompt staff. The service did not provide treatment and ongoing care for HIV but staff had information on how and to which service to refer the young person. Opportunity was provided to the young person to ask questions, a ring back service was available for them to telephone and speak about any concerns once they had had time to consider their HIV status and a leaflet was provided to them regarding HIV care and treatment.
- Brook Bristol were able to provide pregnancy advice and/or pregnancy options information for young women who attended clinic for a pregnancy test or knowingly pregnant. Between January to December 2015, 95 young women were provided with advice and options and 14 referrals made to external providers for termination of pregnancy.

Access to the right care at the right time

- Brook Bristol was located in the city centre providing easy access to young people who attended the clinic by both public transport and when using their own car.
- The clinic was open six days a week from Monday through to Saturday. It was open each day from midday until 7pm during which time a nurse was always available.
- Reception staff recorded the time they booked a young person onto system by entering them into a time slot on the electronic clinic list. This enabled clinicians 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 as they were given priority due to their perceived vulnerability. The receptionist identified on the clinic list if the young person required to see a specific clinician. This was to ensure the nurse had the correct competencies to meet the young person's needs.
- School and college clinics were provided across the area to enable young people easy access to the service.
- The clinics were mainly walk in clinics which did not require the young person to have a booked appointment.
- Following feedback to the service from young people, a number of appointments were able to be booked at each clinic. Young people or other professionals, such as school nurses, rang the clinic to book an appointment. We also saw that staff running outreach clinics booked young people into the main clinic for some procedures.
- A number of young people experienced delays in seeing clinicians. Brook Bristol monitored the waiting times of young people attending the clinic from the data entered onto the electronic system by the reception staff and clinicians. An audit of the data from April 2015 to March 2016 showed that 5,459 young people had attended the main clinic site and that the average waiting time to see a clinician was 35 minutes. The average time spent with a clinician was 26 minutes. During our inspection, we found six young people had waited over one hour.
- We received feedback from one young person who had arrived at the clinic at 11.55am and waited for 1 hour 20 minutes before they saw the clinician. They said they had planned to arrive at the opening time of 12 noon as they knew the clinic got busy but there were already four young people in the waiting room.They said they only needed a repeat of their contraception and had spent approximately five minutes with the clinician. They appeared resigned to this as they said this was their experience whenever

they came to the clinic. However, they added the convenience of the clinic outweighed going to see their GP.The Brook Bristol client survey from May 2015 identified that one young person had commented, "I think there should be a fast track service for people who come in to get repeat contraception. I waited an hour and a half and was seen for a total of 7 mins". Another young person we spoke with had waited one hour and another one hour 30 minutes. It was interesting that despite these young people experiencing delays in seeing a clinician the reception staff did not consider the clinic particularly busy on that day.

- In 2014 to 2015, collected data showed that 431 young people had not received a service due to the busyness of the clinic they had attended. This had reduced from previous years. For example during 2013 to 2014, over 1000 young people had been turned away as the clinic had been too busy. As a result, a protocol had been developed, to ensure that whenever possible those most vulnerable and in need of the service were not turned away. Reception staff followed guidelines which led them to assess if the young person would not be at risk if signposted elsewhere. Reception staff clearly stated that young people in pain or distress, showing signs of safeguarding issues or requiring emergency contraception would not be turned away. However, other staff and the protocol identified that a young person who required emergency contraception would not always be seen as consideration would be given to their age, vulnerability and the timescale since unprotected sexual intercourse took place.
- Young people who chose not to wait to see a clinician after they had been booked in were followed up by staff if they were assessed as being vulnerable. This could be due to their age, for example if they were under 18 or if there was an identified safeguarding issue flagged on the system against their name.
- When the clinic was busy the reception staff booked the young person's name into a time slot and gave them a time to return later in the clinic. The clinic was in the centre of the city and we saw young people leave to visit the shops and then return at the appropriate time. The waiting room provided access to free Wi-Fi and magazines if young people wished to sit and wait. One young person we spoke with had not noticed the magazines, as they were placed unobtrusively in a rack by the door, until they walked past them to their appointment.
- A triage system had been put in place in the main clinic so that when the clinic was busy young people were not turned away if they required care and treatment urgently. We observed the reception staff followed the written procedure and turned young people away without always involving a clinician. We observed that one young person who had attended the clinic for contraception was informed there would not be time for them to be seen as the clinic was busy. They were provided with alternatives for obtaining their contraception. The receptionist did not consult with the clinician and the clinic eventually finished fifteen minutes early. This meant the young person could have been seen and provided with their contraception. Another young person arrived at the clinic and was advised by the receptionist that the clinic was busy and there was a possibility they would not be able to be seen. The young person was given the option to wait to see if the clinic waiting time reduced. However, after 40 minutes the receptionist advised them to leave and return on another day. They did not discuss this with the clinician, who may have realised they would have had time to see the young person.
- The outreach clinics were run at times to correspond with the school timetable and opened at lunch or break times. Occasionally young people could been seen during the lesson time with the agreement of the school.
- A youth worker at the outreach clinics triaged young people to ascertain if they needed or wished to see the youth worker, the nurse or both. This reduced the waiting time for young people and ensured they were able to access the right care.
- An information leaflet was available and given to young people who requested the fitting of an implant. The fitting of implants has to take place at the correct time in a young woman's menstrual cycle. This process was also explained verbally to the young person during their initial appointment.

Learning from complaints and concerns

Community health (sexual health services)

- There were leaflets available in the waiting room and corridors regarding how to make a complaint. Five young people we spoke with said they did not know how to make a complaint but all would feel confident to speak to the receptionist on their way out of the clinic if they were unhappy about anything. They told us they had not noticed the leaflets regarding making a complaint within the waiting room.
- We were provided with a complaints log, which showed four complaints had been received by the service. The log identified that none of the complaints had been upheld. However, this was at odds as there were identified actions for the service to take following their investigation into the complaint.
- Complaints received by Brook Bristol Board were reviewed by the manager and escalated to the complaints and clinical governance meeting. If necessary following this meeting the complaint was 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.

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

Service vision and strategy

- Brooks' national service 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. Staff demonstrated this through their work and discussions with us.
- The organisation had held a national conference for all staff, which had focused around the creating of the values. This enabled staff to be part of the decision making process of choosing the organisations values.
- The organisation had a mission statement, which reflected the vision and values of the organisation. One member of staff had the mission statement saved on their mobile telephone and told us that as a staff member they were fully signed up to it and believed it to be completely accurate for the organisation.
- The local commissioners had advised there would be a review of commissions in 2017 and a successful tender application would be required to secure the future funding of the service.

Governance, risk management and quality measurement

- There were a number of policies and procedures for staff to refer to regarding managing risks and health and safety. These included; templates for weekly and monthly health and safety checks, reporting accidents and incidents, undertaking and recording risk assessments, managing violence at work and lone working.
- The policies and procedures referred to the Health and Safety at work Act regulations 1999 which mandated that organisations must undertake risk assessments which were appropriate and relevant. The guidance identified that risk assessments relevant to Brook services were: fire, premises health and safety audit, display screen assessments, the use of COSHH, risk from injury of sharps, the use of personal protective equipment and lone working.
- Local risk assessments were completed by the registered manager, which identified how staff were to reduce or eliminate the risk. We were told these were reviewed as part of the two weekly management and clinical committee meetings. However these were not reviewed regularly and kept up to date.
- There was a risk assessment for staff regarding managing challenging behaviour and violence and aggression from young people attending the clinic. This risk assessment had last been updated in 2014. Since that date two significant incidents had occurred which had resulted in additional safety measures being put into place which were not reflected on the risk assessment. Refresher training had been arranged for all staff to support them should they experience violence and aggression at work. The lone working risk assessment had not been updated since June 2014. Staff said it was rare that they worked alone in the clinics. However, throughout our discussions with staff and observations made during the inspection we noted that reception staff were frequently alone at the desk for short periods of time. The counselling service provided a one to one support service for young

people. At times, in outreach clinics, staff worked in insolation from others as the clinic room was away from the main school building in one school and in another the nurse and youth worker were placed in different areas. Staff confirmed there were no written protocols between Brook Bristol and the school to ensure that school staff remained in the vicinity of a lone worker during a clinic. The risk assessment regarding personal protective equipment had not been updated since January 2014.

- Risk assessments regarding the consumption of hot drinks in the reception area and staff undertaking home visits had both been reviewed within the last year to identify updated practice guidelines that had been implemented. These provided clear guidance for staff on how to reduce the risk from these aspects of their work.
- The manager of Brook Bristol completed a service quality and risk assessment online document every three months. This included all significant incidents and risks identified at the service level. The head of nursing reviewed the document and all risks were assessed and rated using the RAG system. This is based on the red, amber and green colours used in traffic light systems with red being the most serious risk.
- The local, quarterly clinical governance meeting reviewed risks and ensured all present agreed on the RAG rating prior to referring to the national clinical advisory committee.The nurse manager for the local level 3 service joined this meeting to give their perspective and support.
- The national clinical advisory committee reviewed risks and if necessary the identified issues and risks were put onto national risk register. At the time of our inspection there were no specific references to Brook Bristol on the national strategic risk register.
- Strategic risks were discussed at the organisation's monthly board meetings and any actions from this meeting cascaded throughout the organisation through the regional and registered managers. The minutes of the board meetings reflected these discussions.
- The re-tendering of Brook contracts which could result in loss of, or reduction in funding had been reinstated as a national risk in 2015 and remained rated as red.
- A national risk had been identified regarding the appropriateness of the safeguarding of vulnerable young people and had been added to the register in 2012. Ongoing action and monitoring of the risk had reduced the perceived risk to be rated as low/green. Brook Bristol staff we spoke with were aware of this identified risk.
- In 2012 the register identified a risk that the Brook organisation would be unable to deliver services in a way that would meet young people's needs, protect confidentiality due to inadequate technology systems. Action had been taken and the risk had been reduced from red to amber. The risk remained on the risk register but it was not clear how this was being addressed.
- < > or Practical Quality Assurance System for Small Organisations is a performance evaluation system and quality mark for charitable organisations in the UK. Evaluations used a system of peer review between small charities based on 12 quality measures. The organisations target was for all services to meet Level 2 which Brook Bristol had achieved.

  Brook Bristol provided information regarding its service to the finance committee. This committee ensured that Brook managed its finances and risks effectively and efficiently in support of its charitable objectives. It provided assurance that Brook met its statutory and other obligations under the Companies and Charities Acts, its Articles of Association and other relevant frameworks.
- 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 provided assurance to the Board. The safeguarding committee produced a quarterly report, which highlighted trends in incidents to the local safeguarding board. Information was also cascaded to staff to ensure they

were aware of changes in reporting procedures for safeguarding issues. For example, the required reporting procedures of known female genital mutilation in young people under the age of 18.

- We saw the accident book had been completed appropriately and reports stored in a way which respected the confidentiality of the person who sustained the accident.Appropriate incident reports were completed when necessary.

Leadership of this service

- Leaders of the organisation had the skills, knowledge, experience and integrity they needed on appointment. Fit and proper person checks were carried out by the organisation for trustees and directors prior to their appointment. These included Disclosure and Barring Service (DBS) 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 DBS check provides information on previous criminal convictions and assists employers in ensuring suitable people work within the organisation.
- 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 and statement of internal controls. The board of trustees met formally at least four times per year and had four governance sub-committees.
- The Clinical Advisory 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 Group oversaw the development, monitoring and implementation of clinical governance and quality improvement plans.
- The head of nursing for the organisation was located in the Brook Bristol office and provided guidance and support to staff. Staff were positive in their comments about the approachability and supportiveness of the head of nursing.
- The registered manager was a clinician who had worked at Brook Bristol for a number of years. Staff consistently commented the manager was approachable, visible in the department and had provided support and guidance whenever needed.
- Six nurses and four youth workers completed the Brook Bristol staff survey in 2015 and said they always or usually were listened to and were treated appropriately when raising an issue with the management team. Five reception and information workers completed the survey with three saying they were always or usually listened to, one said they may or may not be listened to and one did not usually feel listened to.

Culture within this service

- Staff consistently said the service was a friendly and supportive environment to work within and that all staff were approachable and helpful.
- Staff were clear that the focus within the service was on the young person and they were proud to work within the service supporting young people. We were told Brook Bristol was a good organisation to work for where staff had opportunities to help young people where they didn't feel able to talk to other adults. Two members of staff we spoke with had previously had other professional careers working with young people but said working at Brook enabled them to better help and support young people.
- There was a culture of Brook Bristol being a learning organisation with mangers committed to providing protected time to staff each week for training and meeting with colleagues. Staff valued this opportunity to meet with their colleagues to reflect and share best practice.
- Thirty -two out of 34 members of staff who completed the 2015 staff survey said they were proud to work at Brook Bristol.
- Staff who completed the survey said they were able to report incidents and/or mistakes and felt these was treated confidentially.
- The survey completed by the nurses in 2015 identified that the nursing team valued and supported each other

Community health (sexual health services)

Public engagement

- Brook developed a participation newsletter which was made available to young people and the general public. The newsletters detailed ways on how young people were and could get involved. A youth led campaign regarding breaking down barriers around sexuality was available on the internet and also was seen in schools across Bristol. A social media campaign regarding self-esteem had been launched and was underway at the time of our inspection.
- Four young people took part in a 'mystery shopping' review of clinics between August and October 2014. The aim was for them to score the clinics on a number of criteria including accessibility, friendliness of staff, waiting room, confidentiality and their consultation. Overall, the young people scored the clinic 8.75 out of 10. The feedback received the following issues; a lack of colour and boring environment, full name called out and the waiting time. Since this survey, Brook Bristol had addressed all these issues. One additional comment was that there needed to be additional drinks available as water was "boring" and more up to date magazines. There were a number of recent magazines available in the waiting room but only water. One young person told us during our inspection they had not noticed the magazines as they had been tidied away in racks.
- Focus groups and events were organised for young people to attend. The week before our inspection, a theatre company had performed a play, which focused on sexual health, and 40 young people had attended from local schools. Following the play, workshops were ran using the play as a platform for discussion. Positive feedback had been received with other schools who had heard about the day requesting another planned day so their pupils could attend.
- Brook Bristol provided an education programme to local young people with workshops 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. The workshops took 50 minutes for each with half or full day sessions offered. A domestic abuse intervention course, which was run over 10 weeks, was available and had been run for a number of young people aged between 13 and 18.
- Brook Bristol provided training for external professionals. 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.
- Feedback and evaluation forms were used after educational sessions. These were collated and used to inform and develop the training material for the next session. The surveys were designed to be young person friendly and to the point. Results from the surveys were mainly positive.
- During a two week period in March 2016 a simple survey similar to the national Friends and Family test was carried out at Brook Bristol. Out of the young people who attended clinics during the time period, 50% completed a survey and 99% of respondents said that Brook had helped them during their visit with 100% stating they would recommend the service to a friend.
- A similar survey was carried out in May 2015 to which there were 205 respondents aged between 13 to 24. The overall response was that young people were very happy in all aspects of the service.
- A survey was carried out of the Brook outreach services between July to October 2015. There were 68 young people aged 13 to 17,from eight schools, who responded. All said they were happy with the nurse or youth worker they saw although one person said they were disappointed with the way they were spoken to. All respondents said they experienced confidentiality and were happy with the service they were provided with. The survey asked the young people to comment on how they thought Brook could improve the drop in session. Only one person had a suggestion of improvement. This was regarding the location of the clinic, the others all left positive comments about the service.

- The service listened to the feedback received from young people. For example, there were a number of available appointments for each clinic. This had been implemented following feedback.
- Brook Bristol complied with the Department of Health 'You're Welcome' when planning local participation groups for young people to become involved with. **You're Welcome'Department of Health'shealth**For example, the local Lesbian, Gay, Bisexual and Transgender worker and education manager advertised in the clinic for young people to join a group to influence services available to this group of people.
- Client feedback had been sought regarding a proposal to lower the age of young people who could access the services of Brook.There were 145 young people who responded to this service during the time period January to March 2015. All respondents consistently said they did not wish the qualifying age to be lowered due to the quality and convenience of the service provided.

Staff engagement

- A national staff survey was carried out by Brook. In 2015 there were 219 responses to the national staff survey. The survey asked a series of 32 questions about working at Brook and the outcome of staff views were generally positive. When asked about clear objectives and goals for their role 88% of staff said they agreed or strongly agreed these were in place and 98% of staff said they were trusted to do their job. Staff agreed that Brooks top priority is the support of young people and that the organisation acted on concerns raised by young people with 90% of staff agreeing and strongly agreeing this was the case.
- The Brook board meeting in November 2015 identified a concern that one in eight staff had said that support and supervision wasn't available to them. Due to the concerns this raised the Board commented within the minutes of the meeting they would like to investigate and understand this comment better. They added the Board would like to know and be able to understand this. The concern was added to the strategic risk register whilst a review was taking place.
- Staff attended weekly meetings. These were a mixture of joint and single professional team meetings where information was shared and escalated as necessary. The minutes from the meetings showed that safeguarding concerns, complaints and actions arising from these discussions were discussed
- A clinical newsletter was emailed to all clinical nurse managers each month following the national clinical governance committee. This provided information to staff to share learning from incidents and updates from national organisations to ensure all staff were up to date with best practice recommendations.For example, the Faculty of Sexual and Reproductive Health (FSRH) provided recommendations regarding emergency contraception use.

Innovation, improvement and sustainability

- Brook Bristol listened to feedback from young people and provided ways in which young people could engage with the organisation. For example, the décor of the waiting room at the main clinic was changed following feedback. The service had introduced a system to enable appointments to be booked as young people had highlighted this as an area for improvement.
- There were issues within Brook regarding the IT systems. Brook Bristol had developed a continuity business plan to be followed should the IT system fail completely.
- A peer review tool had been developed. This initially started through managers undertaking observations of staff during their clinics. Staff peer reviewed each other's practice and considered this provided an opportunity for reflection, challenge and discussion together with shared learning and knowledge. We were told this was due to be rolled out as a national tool to be used across all services.
- A national improvement plan for Brook services was in place for the period 2015 to 2016. Brook Bristol management staff were aware of this plan. The plan identified a number of areas for improvement such as a national single clinical record, upgrade of clinical IT systems and development of client information leaflets.

Community health (sexual health services)

- Training toolkits were being developed to support the implementation of Brook procedures. The most recent toolkit being worked on was an infection control training pack.
- The clinical newsletter shared anonymised case studies which had been provided by staff from different branches of Brook. This was to share good practice and encourage learning from each other.

Outstanding practice and areas for improvement

Outstanding practice

- We found staff consistently put young people at the heart of their work and ensured the service was delivered in a way that was focussed on the needs of young people. Staff consistently said they were proud to work for Brook Bristol due to the focus that was put on the young people who attended the service.
- Staff were kind, caring and showed understanding and empathy at all times to young people who attended the service.
- Staff were non-judgemental in their views, practices and approach when providing a service. the feedback from young people regarding the staff and the service was overwhelmingly positive.
- The systems for ensuring young people were safeguarded from a range of areas such as abuse, child sex exploitation, domestic violence and female genital mutilation were robust and consistently followed.
- There was a culture of Brook Bristol being a learning organisation with mangers committed to providing protected time to staff each week for training and meeting with colleagues. Staff valued this opportunity to meet with their colleagues to reflect and share best practice.
- A system of peer review had been introduced which enabled staff to critically analyse their colleagues performance and raise standards while sharing learning.

Areas for improvement

Action the provider SHOULD take to improve

- Ensure contracts that were in place for calibration of equipment be carried out correctly. This is so that equipment is reliable and provides accurate measurements.
- Ensure that where information is duplicated in electronic and paper records it is done in a manner to reduce the risk of misinterpretation of young people's medical and social information.
- Ensure that staff were up to date with their mandatory annual training. Staff should be provided with appropriate clinical training appropriate for their role.
- Ensure that clinical waste is disposed of promptly and appropriately.
- Ensure that action is taken in response to the staff survey so that there are systems in place so that staff felt in control about the numbers of young people waiting to see them.
- Ensure that all staff were safe and had access to summon help in an emergency if required. Systems should be in place to ensure environments where staff were asked to work did not provide a risk to them.
- Ensure that documentation is updated regularly to provide staff with up to date guidance and information.
- Review the system for young people attending the clinic to ensure there are no avoidable delays affecting the care and treatment required by young people.
- Ensure that young people are provided with appropriate information to be able to make a complaint should they need to.