Brook Young People

Brook Brixton

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Brook Brixton provides confidential sexual health services, support and advice to young people under the age of 21 and up to 25 for those with additional needs. It is recognised as a level 2 contraception and sexual health service (CASH). It works to meet the needs of local communities, in conjunction with other services when required.

This service had not yet been inspected or rated. We rated it as good because:

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	This service had not previously been inspected or rated. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Brook Brixton

Brook Brixton is part of a larger organisation, Brook Young People, which provides several services across London including clinical services, counselling, education and training for young people and professionals and condom distribution schemes. The service is jointly funded by the London Borough of Lambeth.

Brook Brixton provides confidential sexual health services, support, and advice to young people under the age of 25 and is recognised as a level 2 contraception and sexual health service (CASH). As a level 2 service, Brook Brixton provides contraception, emergency contraception (EC), screening for infections, pregnancy testing, and termination of pregnancy referrals.

The service operates an outreach service for young people up to age 21 (or 25 with special education needs) with a staff base in Brixton. The service provided an outreach clinic on Wednesday afternoons at a local medical centre.

Brook Brixton provides an outreach clinical services programme which operates on a drop-in basis and is hosted by a support worker and / or a nurse. In addition to the services listed above they also provide sex and relationship information and treatment for sexually transmitted infections (STI) when the nurse is present.

Young people can order free STI home test kits and access the 'come correct' free condom scheme.

Brook Brixton also provides wellbeing support and a sex and relationship education-training programme for local schools. In addition, the service provides support, guidance, and advice to young people who are transitioning to adult services for their ongoing sexual health and contraceptive needs. Locations include local colleges, youth centres, a pharmacy and a youth offending service and the service operated Monday to Friday.

There were nine permanent members of staff, including the nurse manager, service manager, senior administrator and receptionists. There were two vacant posts, a clinical nurse specialist that the service was hoping to recruit to and a CASH nurse (which was filled with long term bank nurse at the time of our inspection visit). All nurses and client support workers (CSW) were employed as a pool of staff and worked at other locations across London.

Brook Brixton had a Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide the following regulated activities

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

Our inspection team

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

Summary of this inspection

What people who use the service say

We spoke to three young people and reviewed feedback to the provider. All the feedback was overwhelmingly positive. All the young people we spoke with confirmed that staff were caring, professional, knowledgeable about sexual health and respectful. They described staff as non-judgmental and said they felt safe at appointments.

Feedback collected through the provider indicated young people felt comfortable using the service and would return; comments included, 'made me feel at ease' and 'I was a bit anxious before coming here, but the staff were really nice and friendly and made me feel very comfortable'.

How we carried out this inspection

We carried out a short-notice announced inspection of this service as part of our comprehensive inspections of independent health services.
To get understand the experiences of people who use services we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

As part of the inspection, the inspection team:

- Visited the clinic, looked at the quality of the environment and observed staff interacting with young people
- Spoke with three young people who were using the service
- Spoke with nine staff including a receptionist, CASH nurse in training, CASH nurse, clinical nurse specialist and service manager.
- Spoke with the registered manager
- Observed the daily handover meeting
- Observed an outreach session at a local supported housing service
- Observed an appointment with a young person
- Looked at nine care and treatment records
- Carried out a specific check of medicines management
- Looked at a range of policies, procedures and other documents relating to the service.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

Are Community health services for children, young people and families safe?

Good

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

Mandatory training

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

Staff confirmed that they had undertaken mandatory training and that they were up-to-date with this. Mandatory training was comprehensive and met the needs of children, young people and staff. The training consisted of face-to-face training in safeguarding and basic life support, and online training in other subjects including health and safety, information governance and infection control.

When we inspected another Brook service in London in 2020, we told the provider they should consider an integrated system to monitor staff training compliance. At this inspection, we found that Brook had implemented a training system as part of the provider's online human resources (HR) platform. This notified staff and managers when mandatory training modules required to be updated with continual reminders sent until the module was completed. Staff training records we viewed confirmed that staff were up-to-date with all mandatory training.

Managers also checked compliance with mandatory training during staff supervision and appraisal. Training records were kept for all staff and included mandatory training and additional professional development, as well as confirmation they had completed their induction. Locum or bank staff were required to provide evidence of mandatory training compliance.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There was a robust safeguarding system in place, which was supported by a comprehensive policy framework. Staff had been trained to recognise safeguarding concerns. Staff were aware of indicators of child sexual exploitation (CSE) and female genital mutilation (FGM) and knew how to respond to keep young people safe.

Community health services for children, young people and families

Good

Staff said if they had any concerns, they would discuss with the lead nurse on duty in line with the provider's safeguarding escalation route which included a rota of senior managers who were on call to provide support and advice. This included discussions with the lead nurse, contacting social services where appropriate, keeping in touch with the young person involved during the process and recording their actions on the care and treatment record.

All staff had safeguarding training to level one and two. New digital training modules had been developed during COVID-19 to ensure mandatory requirements continued to be met. All service user facing staff were required to complete an accredited online level 3 course before they were able to have contact with young people. This training also included live online case study sections which staff told us they found useful.

All senior staff were able to access level 4 decision-making training to support the decision-making process. Managers on the safeguarding escalation team had completed the accredited level 5 safeguarding children, young people, and adults training.

The provider had an up-to-date policy for protecting young people. This was in line with up-to-date safeguarding guidelines which included guidance set out in the Children and Social Work Act 2017 and safeguarding measures during COVID-19. The policy included details of a six-step procedure which included identifying and assessing harm, seeking further advice, taking appropriate actions, documenting decisions and monitoring and supporting.

All staff we spoke to demonstrated a good understanding of their responsibilities in relation to safeguarding children and young people in vulnerable circumstances and demonstrated confidence in making safeguarding referrals. Where children were subject to safeguarding procedures an alert was placed on the care and treatment record of the individual.

Staff worked effectively and in partnership with other agencies such as social services and the police when making safeguarding referrals. A folder contained the safeguarding escalation protocol including contact details for managers when urgent concerns were raised during or out of office hours, or if the safeguarding lead was not available. We observed a copy of this folder at the medical centre where staff saw young people.

The organisation provided staff with detailed and comprehensive safeguarding and confidentiality policies. The Brook national safeguarding committee met every three months and reviewed safeguarding issues reported from around the country. The committee ensured effective systems and processes were in place, and constantly sought to improve Brook's safeguarding policy and practice. They provided scrutiny, challenge and support to staff and assurance to the board of trustees. Information was cascaded from the safeguarding committee to the operational manager and staff regarding relevant changes in policy nationally. Staff also received information through the clinical newsletter and managers meeting.

Staff undertook quarterly safeguarding audits. The most recent audit had identified that all records reviewed had completed recording accurately and in line with the provider's record keeping policy. Areas of good practice and auditor reflections were recorded and shared with staff in team meetings.

The provider published a national annual safeguarding report for all stakeholders. The most recent report detailed changes made to safeguarding practice, including adding additional primary reasons of concern to the safeguarding proforma, such as a positive pregnancy test result in young people under the age of 18.

Community health services for children, young people and families

Good

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Young people were no longer seen on the premises which was used as office space for staff only. The service operated satellite clinics out of a nearby medical centre which operated according to their own policies and procedures.

Equipment was single use and disposable.

Staff received training regarding the control of infection at their induction. Training included, infection control, hand hygiene, safe use of disposable sharps, management of body fluid and other fluid spillages, management of occupational exposure to blood borne viruses, hepatitis B immunisation and the safe disposal of waste.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Environment and equipment

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

The Brook Brixton staff base was managed by a private landlord who was responsible for the maintenance, upkeep and cleaning of the building.

There was clinical waste disposal at the medical centre Brook staff accessed. Staff had access to clinical waste bags to dispose of clinical waste when doing outreach work which could then be disposed of at their other south London Brook site.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks.

The service had robust risk management procedures in place. The first contact with children and young people was done by phone and a registration form was completed. This meant new contacts were triaged by administration staff to ensure that the young person saw the most appropriate healthcare professional depending on their request. Reception staff alerted healthcare professionals to any particular risk factors such as young age so that these people were a priority.

Staff held a daily safety huddle over video call to discuss the day's appointments and any risk issues. This had been recognised as an example of clinical excellence in the 2021/2022 Brook quality account report.

Staff spoke about how they managed risk, for example, they used the client call record to frame the discussion with young people and explore risk further, if needed. Staff told us there was always a manager available to discuss concerns with and they were able to access procedures easily via the intranet.

Staff we spoke with understood their responsibilities in relation to the mandatory reporting of FGM.

Community health services for children, young people and families

Good

We looked at nine care and treatment records and all were completed to a good standard. Records detailed the various risks that staff assessed as part of their comprehensive assessment. For example, staff spoke to young people about sexual risks and safeguarding. This included being referred to specialist services for sexual abuse and substance misuse. Staff took detailed medical, sexual and social histories on the first visit. These were updated after each visit enabling staff to understand risks and give a clear, accurate and current picture of safety.

The staff used a comprehensive Brook client core record assessment (CCR) form for each young person. There were different CCR assessment forms for young people under 18 years of age and over 18 years of age. Both had been designed to draw out potential safeguarding issues and included prompts that enabled the contraceptive and sexual health (CASH) nurses to investigate the physical, mental and emotional health of young people using the service. It included a section for children and young people who were sexually active under the age of 13.

The design of the proforma helped staff to understand healthy sexual development and distinguish this from harmful behaviour. The decisions made, actions taken, and staff involved were clearly recorded on the template. Care records we looked at showed that these sections had been fully completed.

A new service-wide 'spotting the signs' toolkit was being developed in conjunction with The British Association of Sexual Health and HIV (Human Immunodeficiency Virus) (BASHH) at the time of our inspection and Brook Brixton had been chosen as one of the locations to pilot it. 'Spotting the signs' is a national proforma to help professionals working with young people identify and assess the risk of child sexual exploitation (CSE) as a first step to making sure they get support and protection to be safe.

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

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

There were eight substantive staff members employed at Brook Brixton. Staff were shared across Brook Brixton and another Brook London service. This included the 0.8 full time equivalent (FTE) service manager, the 0.8 FTE nurse manager (who was also the registered manager), one 0.45 FTE Clinical Nurse Specialist (CNS), 1.4 FTE CASH nurse in training (CASH NIT),1.8 FTE Clinical Education and Wellbeing Support workers (CEWS), 0.5 FTE receptionist and 1.0 FTE senior administrator.

At the time of the inspection there was a vacancy for 0.6 FTE CNS and a bank nurse was covering one Contraception and Sexual Health (CASH) registered nurse post. The service had plans in place to fill the CASH post when the existing CASH NITs completed their training.

Between 1 April 2021 and 31 March 2022 staff turnover was 17%. In the three months to the 1 December 2021, 17 shifts were not filled. No agency staff had been used within the last six months, and the service used one dedicated bank nurse. The bank staff received the same standard of training as permanent staff.

Community health services for children, young people and families

Good

Managers told us CASH nurses were in short supply nationally and the recruitment of two registered nurses to be trained as CASH nurses in-house was part of their local plan to address this.

Records

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

Staff always had access to accurate and comprehensive information on children and young people in the electronic patient record system which all staff had access to.

Client core records (CCRs) were kept on an electronic case record system which required password access.

CCRs included initial triage, risk assessments, consideration of Gillick competence, consent management, issues raised and action plans in response. Records were maintained of multidisciplinary working, for example, with the police or support services. The system was designed to ensure data protection as far as possible, for example, staff were required to click further in to the system to uncover any young person's address.

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

Medicines

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

Dispensing medicines at Brook Brixton was underwritten using Patient Group Directives (PGDs). These permit the supply of prescription-only medicines to specific groups of patients, without individual prescriptions. As required, registered nurses using PGDs had been trained to supply and administer the medicines by following the PGDs. We inspected a sample of five PGDs and all were in date and signed off for use in the clinical domain by the members of the review panel who had formulated them.

Nurses using PGDs can only do so legally if they have signed the PGD they intend to use to confirm that they have understood their use.

The Brook PGDs were reviewed annually. Brook provided staff with guidance and information on the safe management of medicines within their policies and procedures which were available on the organisation's intranet. Brook had robust policies and guidance on PGDs, and medicines used across each clinic.

Staff were aware of additional information which was available to them on the Faculty of Sexual and Reproductive Healthcare (FSRH) website. Staff were advised of updates to the FSRH guidelines through staff clinical meetings. Staff we spoke with told us that the online service provided by the FSRH was helpful to them.

Prescription pads were not kept at Brook Brixton. Medicines were not stored at the Brook Brixton site as no young people were seen there. Prescribers could only prescribe from the medicines stock list which were kept at Brook's sister location, for immediate administration.

Young people were seen at a local medical centre where the Brook staff had access to two clinical rooms, which included locked medicines' cupboards as well as appropriate waste disposal systems.

Community health services for children, young people and families

Good

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Brook Brixton reported no serious incidents within the last 12 months and no incidents in the quarter prior to our inspection visit.

They had a folder available for staff with a wide range of emergency contacts should they be needed. The service had a major incident plan in place which was up to date.

Staff told us they knew which incidents to report and how to report them. For example, an incident form was recently completed when a young person was sent incorrect test results by text message. All incidents were reviewed by the service manager and, if there was learning identified, it would be discussed in the monthly team meetings. Incidents were also reviewed at the weekly clinical leadership team meeting where it was decided if an investigation was required. Incident investigation outcomes were also shared with the quality and risk subcommittee of the board of trustees and reported quarterly through the annual quality reports to the commissioners.

Staff told us that they received emails about lessons learned from incidents across the provider, and this was also covered in the Brook newsletter.

Safety performance

The service used monitoring results well to improve safety.

Data was collected and submitted through national reporting systems. The service completed the required data submissions to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). GUMCAD is the mandatory surveillance system for sexually transmitted infections in England. Data was also submitted through the Sexual and Reproductive Health Activity Data Set (SRHAD) collection. This provides a source of contraceptive and sexual health data nationally and data showed the service provided children and young people with appropriate sexual health screening, care, and treatment.

Are Community health services for children, young people and families effective?

Good

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

Evidence-based care and treatment

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

The service provided a wide range of testing and treatment for sexually transmitted infections (STI) as well as clear, integrated care pathways for seamless referral to other services or clinicians. This included testing for chlamydia, and the option of a finger prick HIV test. They operated a confidential partner notification system to ensure others who might be at risk were informed without delay.

Community health services for children, young people and families

Good

The service operated in-person satellite clinics at a local medical centre as well as at local hotels providing temporary accommodation for refugees and outreach work at a range of different places including schools, youth centres and housing associations.

We observed an education session for young women with babies impacted by homelessness at a supported housing organisation. The CNS and CASH NIT gave a presentation on sexual health and wellbeing and the young people were invited to make contact should they want to make an appointment.

Staff at Brook Brixton made sure young people were offered appropriate information and advice to help them develop their ability to make safe and fully informed choices. This included helping them develop the confidence and skills to delay early sexual experiences and to develop resilience to resist peer pressure. They provided appropriate, easy-to-understand information on a wide range of sexual health issues, including contraception, STIs, relationships, and sexuality. They made it clear to young people that contraception was free of charge. For example, one young person was given an additional appointment to discuss contraception following a negative pregnancy test.

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

Staff were clear about what they could and could not do to help young people with sexual health issues and had clarity about eligibility criteria. For example, one person who was over the age of 25 was signposted to a local service that would be able to meet their needs.

The service was able to recognise and respond to different sexual health needs such as those relating to gender (including FGM), sexual orientation, ethnicity, and age. For example, one young person with refugee status disclosed sexual abuse in their home country and was referred on to a specialist service which could provide support and advice specific to their cultural and religious needs.

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

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

Pain relief

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

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

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under relevant clinical accreditation schemes.

Community health services for children, young people and families

Good

Brook Brixton participated in local audits within the Camden and Islington Young People's Sexual Health Network (CAMISH) which is a partnership between Brook and a local acute NHS trust and worked towards key performance indicators, in addition to provider-wide audits undertaken quarterly by Brook.

Audits completed in 2021 / 2022 included implant fitting and removal, sexually transmitted infections (STI) testing, medicines stock check, infection control, safeguarding and emergency contraception. Some audit results were not available by location, and therefore related to Brook service locations across London.

We found the results from each audit were shared with staff at team meetings. For example, findings from the national implant audit in 2021 indicated women with irregular bleeding should be tested for chlamydia and gonorrhoea and removal of an implant should not be done until a STI had been ruled out. The STI audit in 2022 recommended all staff promote the use of a partner notification application to young people and that anyone testing positive should also be texted useful links to the Brook website page for chlamydia and gonorrhoea.

Brook Brixton collected data on the type of intervention young people attended the clinic for. The data for the year prior to our inspection visit showed most interventions for young people were; information and advice (262), chlamydia and gonorrhoea testing (79) pregnancy testing (44), condom provision (37), hormonal contraception (31), contraceptive depo injection (14), implant insertion (13) and emergency hormonal contraception (9).

Competent staff

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

All staff had an annual appraisal which was a two-way process to plan future training and development needs. Nurse revalidation was in place to make sure nurses were up-to-date, fit to practice and able to provide a safe level of care.

Staff told us they had regular supervision sessions and felt well supported by their line managers. Managers said safeguarding supervision was provided every six weeks. This was used as a reflective practice and records were not kept of the content. Staff told us safeguarding leads presented case studies which provided good opportunities to learn from other staff across the organisation through reflective discussions.

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

Staff told us there were opportunities, support, and time to undertake training and professional development to cover the scope of their work. They described a high standard of training and strong teamwork. For example, a receptionist was being supported to undertake their CESW training.

Training records indicated that staff had received a range of relevant training for their roles including contraception and sexual health HIV/STI updates, mentorship, and PGD training for registered nurses. Nurses and CEWS had undertaken additional training in domestic violence, FGM, and traffic light risk assessments. Brook staff could access information and training on the FSRH website which is a faculty of the Royal College of Obstetricians and Gynaecologists. Registered nurses were supported to undertake the diploma qualification with the FSRH.

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

Staff received updates through the clinical bulletin and the newsletter. Brook Brixton held a fortnightly staff meeting and training sessions for all staff to attend as appropriate to their role. These meetings regularly included a teaching session led by a member of staff on a relevant clinical topic or area of practice. Staff could also access additional training through the CAMISH network. Examples included specific training in gang related violence and children who might be at risk of abuse by other children.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit young people. They supported each other to provide good care.

Staff working in all roles at Brook Brixton told us that there were good working relationships. They were proud of the multidisciplinary and multi-agency team working within the team. They could access clinical help and support and advice from their colleagues when needed.

They described the nurse-led team as very supportive and told us they had opportunities to upskill in areas such as implant and intrauterine devices. One staff member was training to become an FSRH faculty registered trainer and had dedicated study time to do this.

Staff were well trained, appropriately experienced, and aware of areas they were not yet able to treat. For example, one CASH NIT advised that they were awaiting training on emergency contraceptives (EC) and would refer to a colleague until they had completed this competency.

Staff told us the service and other staff were client focused, accessible, approachable, and willing to help to make sure young people received the right care and treatment. They were aware of the organisation's whistleblowing procedures and said they felt able to raise suggestions and concerns with their colleagues if needed without fear of reprisals.

Staff were also proud of the multidisciplinary working within the Lambeth network. Records indicated that Brook Brixton worked effectively within the local network and they had access to other professionals, including a learning disability lead, drug and alcohol staff and domestic violence and sexual assault advisors. Brook Brixton and other professionals met regularly to share information and contact details, and for teaching sessions to keep their skills updated.

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

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

Health promotion

Staff promoted the health of young people who used the service the service.

Community health services for children, young people and families

Good

Brook Brixton consistently delivered outreach sessions with a range of local service providers with the aim of promoting positive relationships and sexual health and wellbeing. For example, we observed a session delivered to a group of young mothers who were living in supported accommodation. This session was delivered by the CNS and CASH NIT and included a quiz, question and answer session and motivational sessions on topics such as 'how do I stop having sex without condoms?' and consent and alcohol use.

The service worked closely with the local refugee population to provide outreach sexual health and wellbeing support, advice, and interventions for local vulnerable communities.

Young people attending the service were supported to make healthy decisions for themselves. For example, one young person who attended for a pregnancy test was given appropriate information and advice and contraceptives when they received a negative result.

Consent, Mental Capacity Act

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

Staff obtained consent from children and young people before carrying out any treatment. Staff we spoke to understood their responsibilities in relation to Gillick competence and the Fraser guidelines. Staff were provided with a policy and procedure regarding consent and for using Fraser Guidelines. Fraser competent is a term used to describe a child under 16 who is of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent. Gillick competence is a term used in health care environments to decide whether a child (16 years or younger) can consent to their own medical treatment, without the need for parental permission or knowledge.

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

The 'spotting the signs' proforma used to identify possible child sexual exploitation of those younger than 18 years of age contained a comprehensive section which allowed staff to assess if a young person had capacity in terms of Fraser and Gillick competence.

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

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

Are Community health services for children, young people and families caring?

Community health services for children, young people and families

Good

Good

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

Compassionate care

Staff treated young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong person-centred culture and feedback from young people was consistently positive about how they were treated by staff.

Staff were discreet and responsive when treating young people. Staff took time to interact with young people in a respectful and considerate way. We spoke with three young people and reviewed feedback gathered by the service including from young people with learning disabilities. Feedback was overwhelmingly positive about young people's experiences at Brook Brixton with staff described as amazing and the service itself as being flexible and convenient.

Young people said staff treated them well and with kindness. For example, one young person said the best thing about the service was the staff themselves and their attitude towards the young people.

Treatment was delivered at a pace that suited the young person and we observed staff taking time to ensure they understood procedures and test results.

Staff followed policy to keep care and treatment confidential by ensuring clinic room doors were closed during consultations and there were no conversations about young people outside of clinic rooms. Screens were available in the medical centre to ensure privacy when undertaking intimate examinations.

Emotional support

Staff provided emotional support to young people to minimise their distress. They took account of young people's personal, cultural and religious needs.

Staff had a good understanding of how the young people's sexual health may impact on their overall emotional wellbeing. Their consultation documentation supported open conversations with young people which meant additional needs were often identified during this process. Staff told us how young people might disclose past abuse or mental health issues and we saw evidence in care records of young people being referred to appropriate specialist support services as a result.

Staff gave young people help, emotional support and advice when they needed it and demonstrated empathy when having difficult conversations. For example, we observed a discussion with a young person who had requested a pregnancy test. Staff provided support before, during and after they had taken the test to explore the young person's views and what their options might be should the test be positive. This was done in an emotionally sensitive manner.

'I Want Great Care' (IWGC) surveys showed young people gave Brook services in London a score of 4.99 out of five on dignity. IWGC is an organisation that works with healthcare providers to listen and learn from people's experience.

Community health services for children, young people and families

Good

Staff understood and respected the personal, cultural, social, and religious needs of young people and how they may relate to care needs. Staff worked closely with partner agencies, including a range of organisations that provided specialist culturally appropriate care and support. We saw evidence of young people being referred to these organisations in some of the care records we looked at.

Staff we spoke to understood how a young person's cultural and religious background might impact their sexual health and wellbeing and took steps to ensure they had appropriate support to address their needs. For example, one young person disclosed a history of sexual abuse in their home country and was referred to a local voluntary organisation which specialised in providing trauma-informed, culturally competent services to minority communities.

Staff used non-gendered, inclusive language when delivering education and wellbeing sessions.

Nationally, Brook had introduced a regular programme of trauma-informed training and mental health awareness for all staff which had received positive feedback.

Understanding and involvement of patients and those close to them

Staff supported and involved young people to understand their condition and make decisions about their care and treatment. They empowered young people to be partners in their care, practically and emotionally.

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

Staff talked to young people in a way they could understand, using communication aids where necessary. Staff gave people written information, in addition to verbal information, about their care and treatment, to help them make an informed decision. Young people told us that staff checked their understanding of the advice, treatment and contraception given to them.

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

Young people could give feedback on the service and staff supported them to do this. Young people could scan a quick response code displayed on posters in clinic rooms and give feedback through their smart phone to complete IWGG surveys following their appointment. We observed staff encouraging young people to do this.

Brook nationally had a strong participation forum that enabled young people to get involved in the organisation's work through a range of methods such as taking part in discussion forums to improve services and providing feedback on education resources to help improve them. Young people involved in this could access specialist training and gain skills and work experience. At the time of our inspection visit the organisation was looking for young people aged 13-15 to get involved in participation forums.

Community health services for children, young people and families

Good

Brook provided children and young people with valuable educational online resources to make informed and positive choices about their lives. They also provided training and educational aids for teachers, other professionals and parents/carers of children and young people. The organisation had a positive social media presence where they shared videos on a range of subjects, including gender identity, race and sexual health and consent in relationships.

Are Community health services for children, young people and families responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. For example, Brook had completed a survey of life under lockdown in 2020 which showed 70% of young people who responded said their mental health had got worse during this period. In response, Brook was increasing its focus on mental health and wellbeing in 2022. This included regular training on mental health awareness for all staff and a review of the one-to-one support provided so it included both education and coaching support.

Facilities and premises were appropriate for the services being delivered. Brook operated an outreach service from a local medical centre where staff had the use of locked storage and two clinic rooms. Staff had a locked briefcase they could take to pop-up clinics which contained testing kits and samples, which was topped up from stock available at the staff base.

The service had systems to care for children and young people in need of additional support or specialist intervention. This included regularly updated referral pathways so that young people could access services they needed in the event Brook Brixton was unable to support them.

Managers monitored and took action to minimise missed appointments. The provider produced data on a quarterly basis which showed missed appointments had reduced significantly over the 12 months prior to the inspection visit. From July to September 2021 30% of appointments were not attended. However, from January to March 2022 only 6.7% of appointments were not attended.

Managers ensured that children, young people and their families who did not attend appointments were contacted. On the day of our inspection visit two young people did not attend and we observed staff making plans to contact them to check their wellbeing and arrange another appointment.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Community health services for children, young people and families

Good

The service worked with the local network and other services to provide care to hard to reach groups including under 18s, male clients, young offenders, people with disabilities and homeless people. This included developing pathways with a local acute NHS trust to support refugees in temporary accommodation and working with local supported housing organisations and youth clubs on an outreach basis.

Staff had access to a policy and procedure which set out key principles for promoting equal opportunities and valuing diversity across the service. The Brook equality and diversity policy aimed to build a workforce that was reflective of the client base within diverse communities.

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

There was disabled access for wheelchair users at the medical centre where Brook Brixton had a weekly outreach clinic. The doors to the consulting and treatment rooms within the clinic all had secure doors with clear indications if they were in use. The windows in the consulting rooms were closed and this ensured that young people felt safe and that their dignity and privacy was respected.

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

The Brook Brixton website was compliant with the 'You're Welcome" criteria relating to client access. This included support for disabled young people and services for marginalised and socially excluded young people, such as looked after children.

Access to the right care at the right time.

Children and young people could access services which provided the right care at the right time. Most children and young people could access the service when they needed it and received the right care.

Following our inspection of another London Brook service in 2020, we asked the provider to consider monitoring waiting times and to ensure they worked with partners to meet capacity and demand. This time we found that the provider had collected capacity and demand data which showed that of the young people turned away from Brook Brixton and another London service, 14% of young people were turned away due to high demand, no clinic or lack of available staff with required skills. The other 86% were turned away because they were not eligible due to age / address or because Brook Brixton did not provide the service they required. 100% were signposted to other suitable services.

At the start of the COVID-19 the service developed a 'digital front door' quickly so that they could respond to the pandemic and ensure young people were able to access care and treatment when they needed it. Brook Brixton worked with a local acute NHS trust and commissioners to develop this pathway. The service continued to provide counselling services over the telephone or video call via an online video consultation programme.

Brook Brixton website had a chatbot (a computer programme that simulates and processes human conversation enabling interaction with digital devices as if they were communicating with a real person) which allowed young people access help for emergency contraception.

Community health services for children, young people and families

Good

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

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

No complaints had been received in 2022. Service leaders told us staff were good at resolving complaints informally. For example, if a parent was upset at finding out their child was sexually active staff were able to provide therapeutic support and de-escalate the situation.

Complaints, when received, were reviewed by the manager, discussed at the weekly clinical leadership team meeting and, when required, escalated to the complaints and clinical governance meeting. If necessary, following this meeting, the complaint was further escalated to the organisation's quality and risk subcommittee of the board of trustees. This ensured the organisation had an overview of the complaints received nationally and were aware of actions taken in response to complaints. Information on how to make a complaint was provided on the service's website.

Are Community health services for children, young people and families well-led?

Good

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for young people and staff. They supported staff to develop their skills and take on more senior roles.

The nurse manager of Brook Brixton also managed the other two London Brook services and reported to the service manager. We found that the leaders of the service had the skills, knowledge, and experience for the role.

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

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

Community health services for children, young people and families

Good

The Brook head of nursing provided guidance and support to staff. Staff were overwhelmingly positive in their comments about the approachability and supportiveness of Brook's senior leadership team. For example, a CASH NIT told us they had felt very well supported by the safeguarding lead when they needed support to safely manage a telephone call from a young person.

Staff told us that managers were accessible and visible and provided support and guidance whenever needed. They said they felt listened to by management and were treated fairly when raising an issue with the management team.

Staff described the cascading of information across the organisation as good and felt involved and updated on the wider service across the country.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

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

The Brook values were created with staff involvement during a national conference for all staff. Staff embedded them in their everyday practice by promoting confidentiality, choice, education, and involvement. Brook involved young people in their work. They included them in their board of trustees, developing the complaint policy and materials, and in designing their website.

Brook had four main strategic aims: challenging inequality, increasing accessibility, transforming digitally and driving innovation. These strategic aims were evident during the inspection. For example, in the increase in outreach work with hard to reach, vulnerable communities and through the implementation of the digital front door during COVID.

Brook's strategic plan for 2020-2023 included their strategic goals and how they intend to achieve them. They committed themselves to working collaboratively with young people to make sure they have opportunities to share their views, influence decisions and effect change.

Culture

Staff felt respected, supported and valued. They were focused on the needs of young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where young people and staff could raise concerns without fear.

Community health services for children, young people and families

Good

Staff consistently told us that Brook Brixton was a friendly and supportive environment to work in, and their colleagues were approachable and helpful. Staff said they felt valued, respected, and supported by their colleagues. They described a no-blame culture that supported staff to raise concerns. They said they had not experienced any discrimination from colleagues or managers. Staff said they were proud to work within an organisation where the service was focused on supporting young people and involving them in the service.

Brook Brixton had a learning culture. Managers were committed to providing protected time for staff to attend meetings and training. Staff told us they valued the opportunity to meet with their colleagues to reflect and share best practice, which they said improved their knowledge and skills. All staff we spoke to said they had been encouraged to attend additional training courses and had been given dedicated study time to do so.

Governance

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

There was a clear governance structure and staff were aware of their own and managers' responsibilities. They felt the Brook governance structure was robust and well managed. All staff had easy access to the organisation's policies through the Brook staff intranet.

We reviewed a range of policies and procedures including complaints and compliments, medicine management, infection control, patient group directives and safeguarding, all of which had been reviewed and were up to date.

At a national level, the quality and assurance committee (QAC) was responsible for the governance of quality, safety, and young people's experience and complaints. The group provided clinical direction and support with the aim of ensuring continuous improvement in the quality of clinical services delivered to young people by Brook. Quarterly quality reports (QQR) were submitted by nurse and service managers to the QAC for review in addition to an annual data incident report.

The QAC managed and reviewed the national risk register. Brook's strategic risks were discussed at the organisation's quarterly board meetings and actions were cascaded throughout the organisation via regional managers.

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

The board of trustees had a quality and risk subcommittee which was attended by the London interim director of operations who provided updates and took actions back to the local team for progression.

At a local level Brook Brixton held weekly clinical leadership meetings to discuss incidents and complaints and determine if they needed investigation and, if so, who would hold responsibility for this.

Community health services for children, young people and families

Good

The Brook London managers met frequently to review and monitor services and performance. We saw evidence from the meeting minutes that this meeting took place regularly and the Brook Brixton managers attended. The meeting had a standing agenda which included staffing and recruitment, incident reporting, complaints, sexually transmitted infections screening, medicine management, safeguarding, training, budgets, risk register, audits, tenders, and safeguarding. They also looked at the results of the most recent IWGC surveys.

Brook Brixton held fortnightly clinical team meetings, and we reviewed meeting minutes from April to June 2022. Staff discussed a range of issues including clinical checklists, safeguarding audit data results, GUMCAD data, COVID guidance, young people's feedback and appraisals. Information was also disseminated to staff through the clinical newsletter and London clinical bulletin.

Brook Brixton and the other south London Brook service held joint meetings fortnightly to discuss referrals, quality and performance data and new initiatives happening locally and nationally. We saw evidence of staff being able to bring ideas for service development to these meetings for discussion.

Managers told us that the main challenge faced by the service was staff recruitment and they had taken steps to address this through the employment of two CASH NITs who would move into CASH posts once qualified.

Management of risk, issues and performance

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

Brook had a risk assessment for staff lone working and managing distressed behaviour and violence and aggression from young people. Staff were aware of these policies and knew where to access them. Staff carried personal alarms when working alone in outreach settings.

There was a London register for the Brook clinics which contained risks identified by each service from the local risk assessments completed. Risks listed included recruitment of nurses, IT issues, aggression from young people or their families, buildings issues, and COVID-19. The risk register helped staff to identify and reduce or eliminate risks and was reviewed regularly at the management and clinical committee meetings.

Management completed a service quality and risk assessment regularly. This included all significant incidents and risks identified at the service level. The Brook national head of nursing reviewed the document, and all risks were assessed and rated using the RAG system. This was based on the red, amber, and green colours used in traffic light systems with red being the most serious risk. We saw that London and local south east register had one red and three amber risks on the risk register.

There was a policy in place for risk management of clinical emergencies. Risk assessment and health and safety were discussed at team meetings. Brook Brixton had a business continuity plan which addressed potential issues, such as the impact of significant unplanned staff and manager absence due to sickness, travel disruption or severe weather, IT failure, changes of supplier, failure of utilities such as electricity, fire, loss or theft of confidential information, the service not meeting the needs of young people. The continuity plan had actions in place for staff to refer to in the event of one of these scenarios occurring.

Community health services for children, young people and families

Good

Information Management

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

Staff were provided with guidance to follow to ensure young people's information remained safe and secure when sharing information with others. For example, when sending information to children and young people's GPs or sharing information with another provider. Additional policies and procedures were available to staff regarding the code of conduct, confidentiality, and data protection.

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

During IT outages staff reverted to using paper records, which were destroyed once the IT system enabled them to be scanned and saved. Staff told us the IT system was not always reliable and they had needed to resort to paper records on several occasions. They had up-to-date paper formats of all the assessment forms needed to cope with this. However, it did take additional time away from clinical activity. The organisation was aware of this issue, and it had been highlighted on the risk register. It had been impacted by COVID-19 with staff working remotely and server capacity issues. Work was ongoing to resolve the problem at the time of our inspection visit.

Engagement

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

The service sought feedback from young people attending through the promotion of IWGC surveys. These were available in paper form or electronically through use of an electronic tablet while at the clinic. Young people could also complete the form online at home. The results of the organisation's survey on customer satisfaction, 'I want great care,' were consistently positive, with 85% giving Brook Brixton five out of five stars and another 14% giving four out of five stars for experience and recommending to a friend, over the one-year period to April 2022.

Brook consulted with young people on their strategic business decisions on an ongoing basis through a meaningful partnership. A newsletter was made available to young people on their website and as a leaflet. The Brook newsletters detailed ways in which young people were already, or could get, involved.

Brook Brixton participated in the national participation consultation which looked at the experiences of boys and men when accessing online sexual health and wellbeing services. The aim of this consultation was to learn about the barriers to accessing online sexual health services and improve services.

The national participation consultation 2021/2022 looked at how sexual health services could be more accessible for boys and young men through a series of focus groups which identified ways this could happen, including social media, gaming platforms and advertisements.

Community health services for children, young people and families

Good

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

Brook Brixton provided training for external professionals. For example, they delivered professional education sessions twice a year to foster carers. The website featured a range of resources and organisations that schools and youth clubs could access. This included a podcast for teachers to support them to deliver high-quality reproductive and sexual education; how to manage disclosures of sexual harassment or assault for professionals and a wide range of handouts on pornography, consent and a terminology guide for people working with lesbian, gay, bisexual and transgender communities.

Brook carried out an annual staff survey. The results of the 2021 had a return rate of 66%. The survey indicated that 91% of staff agreed that they enjoyed working for Brook, 83% strongly agreed or agreed they had access to the training and development they needed to do their job, 91% agreed that Brook encouraged a culture of equality and inclusion and 87% were aware of the support available to them for wellbeing and mental health. However, only 63% of staff believed their appraisal to be worthwhile but this was an improvement on the 2021 staff survey score of 60%.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff were encouraged and supported to be innovative in their working practices to develop the services provided. For example, staff provided outreach sexual health and wellbeing support to a wide range of organisations in the local community including youth centres, housing associations, schools, hotels providing temporary accommodation for refugees. They worked in partnership with local NHS trusts and voluntary organisations to develop pathways for this.

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

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

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

Brook clinical leadership team had a subdermal implant training plan to support staff achieve competence from the FSRH. Brook had also invested in a clinical development manager to develop the inhouse CASH NIT programme.

At a national level Brook had introduced staff clinical forums to support evidence-based practice and ensure consistency of care provision in addition to a non-medical prescriber's (NMP) forum that was established in 2020-2021 which provided clinical supervision and updates for NMPs.