Brook Cornwall

Quality Report

60 Station Road
Pool
Redruth
Cornwall
TR15 3QG
Tel:01209 710088
Website: www.brook.org.uk

Date of inspection visit: 24, 25 and 29 May 2017
Date of publication: 11/10/2017

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

Brook Cornwall 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 Young People was formed from previous Brook Charities which merged in 2013. This is the first inspection of Brook Cornwall since this merge took place.

Brook Cornwall 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.

We regulate independent community sexual health services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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.

We found the following areas of good practice:

- The organisation had available key performance indicators and safety performance data which, was reported to the commissioners of the service. Staff reported incidents through the organisations reporting systems and action was taken to address the issue and provide feedback to staff.
- Children and young people were protected and safeguarded against abuse by the organisation's policies, procedures, staff training and systems. Referrals and reports were made when required to external organisations to ensure the young person or child received the support required.
- The premises and equipment were clean, hygienic in appearance and maintained and serviced to ensure they were safe for use when delivering care and treatment.
- Medicines and equipment were in place to use in the event of an emergency situation. Staff were knowledgeable about when they would seek further help from the emergency services.
- Staff followed national guidelines and good practice recommendations when delivering care and treatment. Outcomes for patients was reported to the commissioners of the service every month and showed that patient outcomes were good.
- Staff were competent and knowledgeable when delivering a sexual health level two service and worked well as part of a multi-disciplinary team both within the service and with external professionals.
- The health and social care records for young people were accessible to staff when they attended the clinics which provided a history of their previous visits and any relevant information.
- Staff sought consent from children and young people prior to delivering any care or treatment.
- Young people we spoke with commented that staff were kind, helpful and welcoming. We found that staff provided a caring service to children and young people who used the service. Young people said they felt able to ask questions of the staff about their care and treatment. Information was provided to children and young people in a way that was understandable.
- Clinics were held around the county at varied times and days to enable access for children and young people. A 24 hour on line service was available for children and young people to access information regarding sexual health issues.

Summary of findings

- The organisation provided information for staff regarding equalities and diversity. All staff had access to a language translation and interpretation telephone service to support young people attending the clinics whose first language was not English.
- Brook Cornwall had a service vision and strategy. Staff demonstrated the organisational vision through their discussion with us during the inspection. A clear organisational and management structure was in place within the organisation.
- Staff felt supported in their roles by local managers and found them approachable and helpful. Systems were in place to enable the organisation to monitor the governance, risk management and quality measurements of the service provided.
- The organisation consulted with children, young people and staff to seek their views of the service delivered and provided.

However, at this inspection, we found the following areas the provider needs to improve:

- There were not consistent processes or systems in place to protect staff when they were working alone in clinics.
- Safeguarding referrals were on occasions delayed in being reported to external organisations. Detailed information was not consistently reported to the safeguarding lead within the organisation to enable a national oversight of themes and trends.
- Recommendations from audits were not monitored until the following year. Therefore it was not clear that changes in practice had taken place as a result of the audit.
- While staff were competent and experienced when carrying out procedures, there was not a consistent programme of training for all treatments. For example, carrying out reassessment checks and chaperoning. Not all staff were provided with formal supervision with their manager.
- Information for children and young people to inform them how to make a complaint was not clearly available.

Professor Edward Baker

Deputy Chief Inspector of Hospitals (Hospitals)

Summary of findings

Contents

Brook Cornwall

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

Summary of this inspection

Background to Brook Cornwall

Brook Cornwall 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 Young People was formed from previous Brook Charities which merged in 2013. This is the first inspection of Brook Cornwall since this merge took place.

Brook Cornwall 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.

We regulate independent community sexual health services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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.

Our inspection team

The inspection was led by Melanie Hutton, CQC Inspector, supported by a sexual health nurse who works as a specialist advisor for CQC.

The inspection was overseen by Mary Cridge, Head of Hospital Inspection (South West).

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 24, 25 and 29 July 2017. During the visit we spoke with people who used the service and staff. We observed how people were being cared for and reviewed care or treatment records of people who use services.

Information about Brook Cornwall

Brook Cornwall provides a confidential sexual health service, support and advice to young people under the age of 25.

Brook Cornwall is recognised as a level two contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and Human Immunodeficiency Virus (HIV) for England 2001 set out

Summary of this inspection

what services should provide at each recognised level. As a level two service Brook Cornwall provided screening and treatment for infections, pregnancy testing, and termination of pregnancy referrals, counselling contraception, emergency contraception, and condom distribution. Young people attended the service to collect condoms through the C card scheme. The C card is a national scheme that enables children and young people aged 13-24 to obtain free condoms.

While young people were able to be offered screening for HIV and syphilis, if found positive they would be referred to an alternative service for treatment.

Brook Cornwall provides a sex and relationship education and training programme to young people and professionals engaged in working with young people. Personal, social, health and economic educators (PSHE) have, in various forms, been part of the National Curriculum for schools since the year 2000. The outreach staff supported schools and colleges to deliver this education to children and young people.

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

The service operates from a main clinic in Pool, which is located on the outskirts of Camborne, Cornwall and satellite clinics were provided at Launceston, Newquay, St Ives and Torpoint. Outreach support is provided within schools and colleges in Bude and Truro. We visited the clinics at Newquay, Pool and St Ives as part of this inspection. We were unable to visit schools and colleges as they were closed due to the summer holidays.

The service provided clinics six days a week from Monday to Saturday in the main clinic and weekly drop in clinics at the schools and colleges.

Between April 2016 and April 2017 there were a total of 5,116 visits made to the clinics. The clinics in Pool received the most visits with a total of 3,191 children and young people attending. The total number of children and young people attending the satellite clinics totalled 1,925.

Twenty members of staff including nurses, youth workers, doctors, reception and information workers, counsellors and managers delivered the service. During the inspection we spoke with the head of operations for Cornwall, the nurse manager, two band six nurses, one associate specialist doctor, service administrator and four receptionists.

We also spoke with four patients, to seek their views of the service they were provided with by Brook Cornwall.

What people who use the service say

Brook Cornwall carried out a number of surveys to seek the views of young people who used the service. The findings were positive with completed surveys identifying that young people would recommend the service to friends and that they had found the service had helped them.

Young people we spoke with were very complimentary about the service. We were told the staff were friendly, kind and helpful. People were appreciative about the location and times of the clinics and the service provided.

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Brook Cornwall provides a confidential sexual health service, support and advice to young people under the age of 25.

Brook Cornwall is recognised as a level two contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and Human Immunodeficiency Virus (HIV) for England 2001 set out what services should provide at each recognised level. As a level two service Brook Cornwall provided screening and treatment for infections, pregnancy testing, and termination of pregnancy referrals, counselling contraception, emergency contraception, and condom distribution. Young people attended the service to collect condoms through the C card scheme. The C card is a national scheme that enables children and young people aged 13-24 to obtain free condoms.

While young people were able to be offered screening for HIV and syphilis, if found positive they would be referred to an alternative service for treatment.

Brook Cornwall provides a sex and relationship education and training programme to young people and professionals engaged in working with young people. Personal, social, health and economic educators (PSHE) have, in various forms, been part of the National Curriculum for schools since the year 2000. The outreach staff supported schools and colleges to deliver this education to children and young people.

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

The service operates from a main clinic in Pool, which is located on the outskirts of Camborne, Cornwall and satellite clinics were provided at Launceston, Newquay, St Ives and Torpoint. Outreach support is provided within schools and colleges in Bude and Truro. We visited the clinics at Newquay, Pool and St Ives as part of this inspection. We were unable to visit schools and colleges as they were closed due to the summer holidays.

The service provided clinics six days a week from Monday to Saturday in the main clinic and weekly drop in clinics at the schools and colleges.

Between April 2016 and April 2017 there were a total of 5,116 visits made to the clinics. The clinics in Pool received the most visits with a total of 3,191 children and young people attending. The total number of children and young people attending the satellite clinics totalled 1,925.

Twenty members of staff including nurses, youth workers, doctors, reception and information workers, counsellors and managers delivered the service. During the inspection we spoke with the head of operations for Cornwall, the nurse manager, two band six nurses, one associate specialist doctor, service administrator and four receptionists.

We also spoke with four patients, to seek their views of the service they were provided with by Brook Cornwall.

Are community health (sexual health services) safe?

Safety performance

- In the 12 months prior to this inspection CQC did not receive any statutory notifications, safeguarding concerns or reports of serious incidents or never events. Never events are serious incidents that are entirely preventable as guidance, or safety

recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

Incident reporting, learning and improvement

- Brook Young People had a national policy and procedure which informed and guided staff on the action they were required to take to report any incidents or concerns. This was available to staff on the organisation's intranet. The policy clearly defined what constituted an incident, serious incident and a near miss.
- Staff we spoke with were confident on their responsibilities for identifying and reporting incidents. A training module was available on the organisation's intranet regarding incident management. The training matrix did not identify which members of staff had completed this training.
- Staff reported incidents electronically in the main clinic and used paper records when holding clinics in other venues where there was no electronic access. The administrator updated the incident log to record all incidents and paper records were stored securely. Part of the administrator's role was to ensure that the registered or business managers were advised that the incident had occurred. The incident log showed this had happened for the reported incidents.
- The director of nursing shared information gathered from external organisations with the staff through the use of email, electronic newsletters and within staff meetings. The information included updates and notifications regarding equipment safety and medicine alerts. Feedback was provided to staff on the action taken regarding reported incidents. A monthly newsletter was provided to all staff which included learning from incidents within the organisation.
- Information was submitted to commissioners as required within the agreed contract. The service completed a quality monitoring report which outlined the incidents and action taken within a three month period.
- We reviewed the incident log and saw that the most recent reported incidents had been regarding information governance. For example, the records of a young person had been left unsecured in an office and a filing cabinet had been left unlocked. Action had been taken to reduce the risk of a reoccurrence.
- The service reported data through the NHS sexual and reproductive health activity data system (SHRAD) which came into effect in 2010. This consisted of anonymised patient level data which was submitted annually providing a rich source of contraceptive and sexual health data for a range of uses from commissioning to national reporting. Whilst the data was submitted annually, the service collated the data monthly which identified themes and trends in patients' outcomes.

Duty of Candour

- The organisation's intranet provided information within a policy and procedure regarding the duty of candour regulation and the implication for organisations.
- The operations and registered manager were responsible for identifying when the duty of candour processes were required to be followed.
- Staff were provided with information regarding their responsibilities under the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- We saw notices in staff areas within the main clinic providing information to staff on appropriate action to take should an incident require duty of candour to be applied.
- Clinical staff we spoke with were aware of the duty of candour and where to find information and guidance should they require this. There had been no incidents or complaints which had required the duty of candour process to be followed in the last year.

Safeguarding

- There was a national safeguarding committee which monitored the systems, processes and ongoing improvement in the organisation's safeguarding policy and practices.

Community health (sexual health services)

- The organisation provided staff with policies and procedures which clearly stated the processes to follow should there be any safeguarding concerns identified.
- An additional policy was accessible to staff regarding female genital mutilation (FGM) and genital piercing which advised of the reporting procedures and how to support young people who had experienced this. 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. Information was also provided within a policy to advise staff of the information to gather and action to take should they suspect child sex exploitation (CSE) when talking with a young person or child.
- Staff were provided with training regarding the safeguarding of children and young people. The level of training varied dependent on the staff role. Level one basic training was provided to all staff and informed staff on how to recognise the signs of abuse, respond to a disclosure, report concerns and record information.Level three training was provided to all staff that had face to face contact with children and young people by the Local Safeguarding Children Board (LSCB).
- The level three training was updated every three years and included additional courses such as legislation updates,
- Four members of staff had additional responsibilities to support staff and young people and were known as the safeguarding leads. They had all received level four training provided by Brook's Head of Safeguarding.
- Records showed that all staff were up to date with the appropriate training and the staff we spoke with were fully aware of safeguarding responsibilities.
- Any safeguarding concerns identified by staff were raised to one of the safeguarding leads within the service. The safeguarding lead then made a decision when to refer to the local multi-agency referral unit (MARU). All staff were provided with information on how to make a referral should the safeguarding leads not be available, for example during an evening clinic. However, staff commented that there was always a senior member of staff on call within the organisation they could refer to.
- Information on external referral was held in clinic handbooks and was also displayed at the Pool clinic for staff regarding how they accessed support and/or advice from external agencies. This included the local council safeguarding team MARU, adults safeguarding teams, the multi-agency advice team (MAAT), the honour network helpline and the early years helpline.
- During the inspection we observed pathways for two safeguarding referrals concerning two young people who attended the clinic. We noted both safeguarding concerns were escalated to the registered manager of the service by the clinicians who saw the young people. There was a delay in escalating the concerns relating to one of the young people to the local council safeguarding team and the police. This was because the staff waited the return of one young person to the clinic prior to escalating the concerns; this was despite the young person giving their permission at the initial visit to the clinic for the concerns to be escalated.
- For young people and children both under and over 18 safeguarding assessment toolkits were completed to ensure staff gathered appropriate information to be able to assess any safeguarding risks. We saw these were consistently completed and action taken when appropriate.
- Referrals were automatically made to the local MARU for any child under the age of 13 who reported being sexually active or presented with any other concerns. We reviewed the records of a number of children under 13 and saw that appropriate referrals had been made. The records had a flagging system in place to highlight previous referrals or concerns should the child returned to the clinic.
- The service maintained an electronic register which was accessible to all staff and detailed all referrals made and the action being taken to address issues. The log identified the reason for the concern, whether an internal and/or external report/referral had been made, the date reported, date followed up, actions

taken and the date of closure of the safeguarding incident. The log used a colour coding system to instantly alert staff to ongoing concerns and involvement.

- From January 2016 to July 2017 there had been 107 safeguarding templates completed out of which 22 children and young people had been escalated to the local authority and/or MARU.
- Staff were confident to challenge should a referral not be accepted. We evidenced one referral regarding a young person which had been rejected by the MARU. Staff had significant concerns for the young person's wellbeing and escalated the circumstances for the referral to external senior staff to ensure the correct processes were followed to protect the young person.
- Evidence was recorded within individual client records to show the staff liaised and discussed concerns and issues with relevant external professionals. For example, contact details for clients' social workers were recorded and information was shared with them.
- The organisation had a national safeguarding lead. From reviewing records and discussion with staff, it was not clear how or when safeguarding concerns would be escalated within the organisation. The three monthly performance monitoring reports submitted to the organisation provided detail on the number of safeguarding incidents but did not consistently include the full detail of the concerns. This did not enable the organisation to develop a national overview of risks and themes identified.

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 we spoke with were also aware of relevant and up to date information regarding medicines on external websites. For example, the Faculty of Sexual and Reproductive Health (FRSH). We saw that the organisation provided information to staff regarding updates in medicines through email communication.
- Nurses provided medicines to patients following guidelines detailed in the service's Patient Group Directions (PGDs). A PGD is a written instruction for the supply and/or administration of medicines for a person who may not be individually identified before presentation for treatment. This enabled nurses to provide medicines to children and young people attending clinics.
- The PGDs referred to national guidance and recommendations by the National Institute for Clinical Excellence (NICE). For example, when and how to prescribe and administer Aciclovir, Azithromycin, Ceftriaxone and Doxycycline. These medicines are used for the treatment of sexually transmitted diseases.
- The PGDs had been regularly reviewed. All changes and updates made to each PGD were documented. This provided staff with clarity on the changes, when the update had taken place and the current process they were required to follow. The development and authorisation of all PGDs included the organisation's medical director, head of nursing and the pharmacist/ medicines manager lead. This ensured that the information was current and in line with national legislation and/or guidance.
- All staff had to achieve competency prior to prescribing medicines following the PGDs. The service evidenced that the registered nurses were all able to provide care and treatment within the scope of the PGDs.
- Staff provided children and young people with verbal and written information on how to take medicines supplied to them.
- Anaphylaxis emergency medicine was available in each clinic. Registered nurses were required to complete an annual training session on the treatment of anaphylaxis. Anaphylaxis is a severe and potentially life-threatening allergic reaction to a trigger such as medicine.
- Medicines were obtained from a local community pharmacy. An audit trail was in place so that the service was able to identify all medicines ordered, delivered and stored. The medicines were delivered to the main clinic in Pool, checked and signed in, and placed into secure storage. Records evidenced when medicines were taken to satellite clinics such as Newquay, Launceston and Torpoint.

- Secure storage facilities for medicines were available in each clinic. The staff who transported the medicines to the satellite clinics carried them in locked cases to ensure their safety and security.
- Medicines which required cool storage were kept in locked fridges. The temperatures were monitored to ensure the medicines were kept at the temperature recommended by the manufacturers so that they remained safe and effective for use.
- A stock take of all medicines in each clinic was completed every three months and records were maintained when this was carried out.

Environment and equipment

- Risk assessments had been carried out on the premises where the service held clinics. This was to ensure the environment was safe for staff and people attending the clinics.
- We saw action had been taken to address any identified risks regarding the environment. For example, the steps to access the St Ives clinic had been identified as a risk as they were steep and at times the lighting was poor.Yellow paint had been applied to the edges of the steps to make them more prominent. There had also been work carried out to reduce the risk of electrical socket overload in the reception at the Pool clinic.
- An external contractor carried out servicing, maintenance and calibration of equipment used within the clinics. For example, the scales and blood pressure machines. Certificates were held which identified this had been carried out within the last 12 months.
- Equipment used in the satellite clinics belonged to Brook and were returned by staff to the Pool clinic for calibration and maintenance and servicing.
- The electrical hardwiring in the Pool clinic had been checked in 2015. The associated report identified that the electrician had found some aspects of the wiring unsatisfactory and had made a number of recommendations. We observed that some of the recommendations made had been addressed and staff informed us the electrician had returned and completed this work. However, there was no recheck certificate available to evidence this. Therefore we had no assurance it had been carried out.
- Portable appliance testing had been carried out in January 2017 to ensure the equipment was safe to use. The appliances were labelled to show that a retest was due in January 2018.
- We saw records were available to show that a full health and safety audit of all premises had been completed in 2015. Staff told us that the organisation was in the process of compiling central checklist for branches to complete. They had been informed these would be ready for use during 2017.
- Water checks for Legionella were carried out each week to ensure young people, staff and visitors to the service were not at risk. An external contractor had checked the complete system at the Pool clinic in December 2016 and provided documentation to show the system was safe to use at that time.
- The security alarm had been tested by an external company in April 2017 and documentation provided to show that it was working appropriately at that time.
- Staff who held clinics in satellite locations had access to secure storage facilities for equipment, medicine and records. Whilst the clinic areas were sometimes used by other services, the storage facilities of Brook Cornwall could only be accessed by Brook staff.

Quality of records

- The service maintained both paper and electronic records. A new electronic patient recording system had recently been installed in the Pool clinic and was due to be installed throughout the satellite clinics throughout 2017. When this was achieved the service aimed to maintain all patient records electronically.
- We reviewed ten sets of patient records and found that they were up to date, updated each time young people attended the service and provided a comprehensive history of previous and ongoing care and treatment.
- The organisation had information governance systems in place to ensure the confidentiality of people's personal records. We saw that policies and procedures

provided for staff detailed the Caldicott principle four and data protection principle seven to ensure that people's information was only shared when necessary and following appropriate legislation.

- Records were stored securely, in locked filing cabinets and password protected computers to ensure confidentiality.
- Each clinic stored records for the children and young people who used the clinic. Therefore staff had access to the records when the person attended the clinic.

Cleanliness, infection control and hygiene

- Staff were provided with information on infection control and promotion within a policy and procedure that was accessible on the intranet.
- The training matrix evidenced that infection control training was provided to staff every two years and that all staff were up to date with this training.
- The organisation had clinic waste disposal agreement in place in Pool with an external contractor. This ensured that clinical waste was disposed of safely. Staff who held clinics at the satellite clinics transported the clinical waste to Pool for disposal. This included yellow clinical waste rubbish bags and sharps containers. The organisation was in the progress of obtaining hard sealed plastic containers for the clinical waste to travel in but this had yet to be implemented.
- Infection control audits were carried out. A number of areas were audited such as hand hygiene, environment, kitchen, waste disposal, spillage, contamination, protective equipment, prevention of injury and specimen handling. No recommendations had been identified for the Pool clinic following the completion of recent audits. The Pool clinic had achieved 96% compliance in the most recent audit.
- An infection control and hygiene audit was carried out as part of an initial risk assessment when opening a new satellite clinic. There had not been any updated infection control and hygiene audits carried out since the St Ives and Newquay clinics had been started. The St Ives clinic had been in operation for eight years and was located in an older building which was only used by Brook. The Newquay clinic was in an annexe to the community hospital and used by a number of other organisations. Therefore this did not provide assurance that infection control was promoted in these satellite clinics.
- The premises we visited at Pool, Newquay and St Ives all appeared clean and hygienic and free from clutter. This enabled effective cleaning to be carried out to reduce the risk of the spread of infection.
- Staff had access to personal protective equipment such as disposable gloves and aprons at each clinic. Handwashing facilities were available in each treatment room in all of the clinics.

Mandatory training

- The organisation had a programme of mandatory training for staff. This programme included a local and organisational wide induction for all newly appointed staff. The mandatory training for all staff covered: fire safety awareness, health and safety, basic life support, moving and handling, prevention of accidents, safeguarding children and young people, first aid, conflict resolution, infection control, equality and diversity, confidentiality, waste management and domestic violence. Additional mandatory training was in place for clinicians such as anaphylaxis, Patient Group Directions and implant insertion and removal.
- Update training was completed by staff either at a one, two or three year interval. The time between updates was dependant on the training subject. The administrator maintained an electronic spreadsheet to identify training completed by each member of staff. We saw that all staff, with the exception of two people who had had an extended period of absence, were fully up to date with their training.
- Staff we spoke with were aware of the organisation's training requirements and their role in completing the training. They commented that they considered the training programme to be comprehensive.

Assessing and responding to patient risk

- Staff had access to medicines to treat anaphylaxis should this be required during a clinic.

Community health (sexual health services)

- All clinical staff were trained to provide basic life support and first aid. Further support needed would be obtained by dialling 999 for an emergency ambulance when required.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use.
- Reception staff were aware from paper and electronic records of any individual risk factors when booking children and young people into clinics. For example, histories of violence and aggression or safeguarding risk factors.
- A detailed medical and social history was taken at the first visit of a young person to the clinic. On each subsequent visit the young person was asked to identify any changes to their given history. This enabled staff to identify and highlight any risk areas.
- Children and young people attending the clinic who were pregnant were referred, if that was their wish, to an external organisation for termination of pregnancy services. The service had access to counselling services to help them make decisions regarding their pregnancy. Once the young person had been referred to the appropriate external service, Brook Cornwall did not provide a follow up service. Therefore there was a risk that the young person did not attend appointments for their ongoing care and treatment.
- Test samples and the associated results were sent and returned through the Royal Mail postal system. Staff told us this meant the results could take up to two weeks to be returned to the clinic. The nurse manager and another band six registered nurse were responsible for reviewing the returned results and contacting the individual child or young person with the outcome. The nurse manager was available most days to review the results and the band six nurse once a week. Therefore there was a risk that when the nurse manager was on leave the young person could experience a delay in receiving their results.
- Young people attending the clinic were asked their preferred method for the staff to contact them with test results. For example, text messages, telephone calls or emails. Staff told us and we observed records which evidenced that, should the staff receive no response from young people following contact to inform them of positive results, the staff would make further attempts to contact the person. There was no formal system or policy and procedure to identify how many attempts staff were required to make or action to take if no contact was made. This did not ensure consistency in the approach and risked young people not receiving the outcome of their test result.
- We reviewed ten patient records. Only three records evidenced active contact tracing for partners of young people testing positive for a sexually transmitted infection had taken place. This did not ensure that action was taken to reduce or suppress infections in the general population. We discussed this with members of staff and we were told that the level three sexual health service undertook this role apart from for young people testing positive for chlamydia. However, there was not a policy and procedure in place to guide and inform staff on when to carry out active contact tracing procedures. Contact tracing in a sexual health service is the identification and diagnosis of the sexual partners of an infected person.
- The service provided met the specification for a level two sexual health service with the local council following a merge with public health. As a level two service national guidelines identify contact tracing, partner notification and treatment would be carried out. For example, within British Association of Sexual Health and HIV (BASHH) and MEDFASH 2005 (medical foundation for HIV and sexual health) guidelines and best practice recommendations.

Staffing levels and caseload

- Brook employed 20 substantive members of staff. Their job roles included registered nurses, counsellors, associate specialist doctors, administrators and reception staff. The registered nurses were sessional nurses employed to provide care and treatment at planned clinics.
- Three members of staff had left within the 12 months prior to the inspection which had resulted in a 15% vacancy rate. At the time of our inspection the service had no staffing vacancies as new staff had been appointed and agency use had been in place to cover staff sickness.
- Between April and July 2017 seven shifts had been filled by bank or agency staff. A total of nine shifts had not been filled. This had not led to clinics being

cancelled but did result in a reduced service in that not all clinical care and treatment could be delivered. Staff were clear that should they not be able to provide the treatment required by the young person clear signposting and referral was provided to ensure the young person received appropriate care in a timely way.

Managing anticipated risks

- Formal locking up procedures were in place for each clinic. This ensured staff were protected when securing buildings and clinics and not left to lock up alone
- Fire prevention systems were in place in each clinic. Firefighting equipment was checked regularly and maintenance carried out by external companies. For example, fire alarms and fire extinguishers were maintained and records kept to evidence when this took place and any action taken to meet legal requirements. Regular fire drills were carried out for staff and records maintained to evidence staff attendance.
- Risk assessments were carried out of the premises and environment when setting up a new service. We saw that action had been taken to reduce risks of visitors to the services. For example, highly visible paint on the external steps at the clinic at St Ives to reduce the risk of slips and falls. We saw no evidence that a review had been carried out or ongoing risk assessment to ensure premises remained safe. Staff told us this had not been carried out for the premises in St Ives or Newquay.
- Risk assessments were in place to reduce the risk of injury to staff, young people and visitors attending the clinics. These included risks from portable electric equipment, injury from needles and sharps, lone working, storage of notes, fire evacuation and working at height such as when using ladders. All of the risk assessments were up to date as the documents identified they had been reviewed in April 2017
- Information was available for staff on the use and control of substances hazardous to health (COSHH) and from the Royal College of Nursing regarding safety when using sharps and needles.

Major incident awareness and training

- The organisation had a business continuity plan in place. This included information for staff on the action to take to ensure environmental and external factors did not impact on the running of the service. For example, during periods of staff sickness, severe weather or IT failure.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Evidence based care and treatment

- Staff we spoke with were familiar with the guidelines and best practice recommendations from the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH). Access to information provided by these organisations was available to staff on the internet.
- Information for staff regarding the treatment of anaphylaxis was displayed on the wall. This complied with the recommended anaphylaxis treatment provided by the Resuscitation Council UK.
- Policies, procedures and clinical guidelines referenced national good practice recommendations and standards. For example, those provided by The National Institute for Clinical Excellence (NICE) guidelines, BASHH and FSRH.
- The policies and procedures were updated to reflect changes in national guidelines. Staff were advised of such changes through the organisation's intranet, newsletter or by email. For example, the newsletter published in June 2017 highlighted a change and provided a link to the FSRH clinical guidance on quick starting contraception.

Pain relief

- No oral pain relief was provided at the clinics.
- All young people requesting the insertion of an intrauterine device (coil or IUD) were required to attend an initial assessment appointment. Information was provided regarding taking pain relief prior to their appointment for the insertion of the coil or IUD.

- Local anaesthetic was used prior to the insertion of a contraceptive implant. A contraceptive implant is a small flexible rod placed just under the sin in the upper arm and works for up to three years. Staff followed the appropriate Patient Group Direction (PGD) when administering the local anaesthetic.

Patient outcomes

- Brook Cornwall participated in the national audits arranged by the organisation. Audits ongoing during 2017-2018 included abortion referral, emergency contraception, subdermal implant fitting and removal, infection control and sexually transmitted infection testing (STI) and treating.
- The audit programme was available to all staff on the organisation's intranet and was led by the medical director.
- The time period for gathering of information for the implant audit had been extended. This was continuing during our inspection. A recommendation from the previous year identified that all young people should be tested for an STI if presenting with bleeding and requesting the removal of an implant. The audit was reviewing 40 patient records to monitor if this had been followed.
- At the end of the audit data collection period recommendations from the findings were published and disseminated to all staff. Staff received this information through email communication or within clinical meetings, team or individual meetings with managers.
- There was no system of reviewing progress made towards meeting the recommendations detailed in the findings until the audit was repeated the following year. This did not ensure that staff were following the actions implemented to improve patient outcomes.
- The service reported data through the NHS sexual and reproductive health activity data system (SHRAD) which came into effect in 2010. This consisted of anonymised patient level data which was submitted annually providing a rich source of contraceptive and sexual health data for a range of uses from commissioning to national reporting. Whilst the data was submitted annually, the service collated the data monthly which identified themes and trends in patient's outcomes.
- Staff were unable to provide data which showed how many young people attended their clinic and required referral to other services or professionals. For example, referral to the level three sexual health service. At the time of our inspection Brook Cornwall were not able to offer an appointment for the insertion of an intrauterine device for the purposes of contraception for at least two weeks. If a young person required this method of contraception they were signposted to the level three service.

Competent staff

- All staff were provided with an annual appraisal which was a two way process to plan future training and/or development needs. Paper and electronic records showed all annual appraisals were up to date. We reviewed the records for one member of staff who had recently completed their appraisal and saw that the information recorded was detailed. The staff member had identified a training need and a plan was in place to achieve additional training, skills and competence.
- During 2016 all nurses moved across to the Brook-wide sexual health nurse job description. This identified additional training needs to ensure that all band six nurses could fit and remove implants. Additional training was provided to ensure that nurses had the opportunity to develop their skills and competency regarding fitting implants. The doctor working within the service was required to mentor, observe and then sign the nurse as competent to fit implants following in service training.
- The electronic training matrix recorded and evidenced the additional competencies nursing staff had completed to enable them to provide care and treatment for young people attending the clinics. For example, the insertion of implants.
- It was planned to develop the skills and competencies of the registered nurses to enable them to fit Intra uterine devices (IUD). Currently IUDs were fitted by doctors. IUD fitting pre assessments were carried out

by nurses following a set proforma to ensure all required information was obtained from and shared with the young person. Nursing staff had not been provided with training to carry out the pre assessment.

- The British Association for Sexual Health and HIV (BASHH) provided a sexually transmitted infection foundation education programme (STIF) for nurses working within sexual health clinics. Brook Cornwall supported staff to complete the STIF nationally recognised sexual health training and assessment programme. Two members of staff were booked to complete a STIF update course in October 2017.
- The service obtained evidence from the registered nurses of their training and competencies completed with other providers. The training matrix and personnel files maintained a record of this information. The registered nurses were all part time and most worked for other providers. The registered manager stated that if they were unable to provide evidence of their qualifications Brook Cornwall would require them to repeat training. This ensured staff were competent and skilled to carry out their role.
- Staff were not provided with formal supervision although this was required within the contingency and business plan. Supervision is the term used to describe a line manager and a member of staff meeting on a regular basis to discuss their work plan, priorities and objectives. Staff we spoke with described a process of informal supervision as they all said they saw the registered manager regularly, before and during clinics, and that they were able to approach them at any time to discuss any issues.
- Staff personnel records evidenced that all nurses working within the Cornwall service were registered with the Nursing and Midwifery Council and doctors with the General Medical Council.
- Arrangements were in place to ensure doctors working within the service had revalidated their registration. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by the provider and the General Medical Council.
- Nurses could access support and information was available on Brooks' intranet to assist them with their ongoing revalidation process. Revalidation for nurses is the method by which they renew their registration, and is built on post registration education and practice.The purpose of revalidation is to improve public protection by making sure that the nurse remains fit to practice. A toolkit of resources was available for nurses to access regarding preparing for their revalidation. Nurse mangers had been provided with a template to enable them to log the revalidation dates of all their nursing staff and track their progress. The training matrix provided evidence that one nurse had completed their revalidation during 2016. The registered manager was aware of the requirements of revalidation and prepared to provide support to nurses if required.
- Brook Young People recognised that all clients should be able to have a chaperone present when undergoing a consultation, examination or procedure. A training presentation had been developed for nurse managers to deliver to appropriate staff to ensure they were able to chaperone young people effectively. Staff we spoke with had not completed this training and the training matrix did not identify it was part of the training programme.

Multi-disciplinary working and coordinated care pathways

- Staff worked as part of a multi-disciplinary team within Brook Cornwall. Staff felt listened to by their colleague and supported one another.
- We saw evidence that Brook Cornwall worked with schools where referrals to external agencies were required. For example when there had been safeguarding concerns.
- Paper and electronic medical records identified referrals had been made to external organisations for additional services. For example, Brook Cornwall worked closely with the level three sexual health service at the local acute NHS trust by having telephone discussions as well as written referrals for young people who were referred to the service.

Community health (sexual health services)

- A pathway for young people who required a termination of pregnancy service was in place and records showed this was followed appropriately. Written information was provided to the young person regarding the pathway.
- The service had links with the local sexual assault referral centre and referred or signposted young people appropriately should they disclose a sexual assault during their attendance at clinic.

Referral, transfer, discharge and transition

- Templates were in place for staff to complete when referring young people to their GP for further or ongoing treatment.
- Information was shared with GPs when young people reached the age of 25, when their consent was obtained. Brook Cornwall did not provide a service to people over the age of 25 which meant their care and treatment would be provided from another service.
- Brook Cornwall worked closely with the level three sexual health service in the acute trust. This enabled them to access advice and refer young people who required additional services. For example, young people with positive HIV or syphilis results were contacted by and had access to the level three service for results and ongoing treatment if required.

Access to information

- The organisation was in the process of transferring to an electronic patient record system. This system was not accessible in all clinics. For example, the Newquay clinic used paper records.
- The records provided detailed records of the medical and social history of the young person and enabled staff to review information from previous visits.
- All paper records were filed securely and were accessible to staff at each clinic when a young person attended.
- Policies and procedures were reviewed annually and available to staff on the intranet. Some policies were printed but the provider tried to keep this to a minimum to ensure the most up to date was in use.

Consent

- Verbal consent was sought by staff prior to any care or treatment being provided. Paper and electronic records referenced the consent and agreement given by the young person.
- Young people we spoke with said they were given a lot of information regarding their care and treatment and were able to make decisions based on this information.
- Staff were provided with a policy and procedure regarding consent. The Gillick competency identifies children and young people under the age of 16 with the capacity to consent to their own treatment. Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents' consent.
- Staff we spoke with were knowledgeable about the principles of the Gillick and Fraser guidelines. Should a child or young person be assessed as not having capacity to consent to their own treatment an appropriate adult would be sought to support the young person. The organisation had access to external advocacy services. Staff we spoke with were unable to provide an example of when this had been required due to a young person not demonstrating capacity.
- Staff told us that if children and young people attended the clinic with a family member or friend they were always asked if they wished to see the clinician alone. This enabled the young person or child to speak freely if they wished. If the family member or friend attended the consultation, consent was sought from the child or young person and not the adult or accompanying person.

Are community health (sexual health services) caring?

Compassionate care

- Staff treated children and young people with kindness and showed empathy towards them. We saw young people were welcomed to the clinics, greeted warmly and treated with respect.

Community health (sexual health services)

- Within our discussions with staff they were consistently respectful and showed sensitivity and understanding of the social situations and health needs of the children and young people attending the service.
- Confidentiality was maintained at the Pool and St Ives clinics when booking young people in at reception. The waiting rooms were in a separate area and music played to help relax the young people and help prevent conversations being overheard. However, at the St Ives clinic the waiting area and reception were in the same room which meant at times confidentiality could be compromised. To reduce this risk young people were asked to complete a written form providing personal details so that this information was not spoken and overheard. A screen was in position to provide some privacy for people at reception from the view of the waiting area.
- Young people we spoke with stated that the staff were all kind, welcoming and approachable. One young person told us they liked coming to the clinic and that the staff always put them at ease.
- A number of clinics were nurse led and staffed by one nurse and one receptionist. This limited the availability of a member of staff to provide a chaperone service. Receptionists we spoke with said they had not been asked to chaperone and were not aware that this service was routinely offered to young people attending the clinic. However, young people were enabled to bring a friend or family member for support to their clinic appointment. Nurses did not generally provide intimate examinations or services which would need a chaperone; these services were provided by a doctor. There was a nurse present during clinics at which a doctor was providing care and treatment who would be able to chaperone for a young person if required.

Understanding and involvement of patients and those close to them

- Information was obtained from young people at each visit of their preferred method for contacting them in the future. For example, mobile phone calls, text messages or emails. Information was also provided to the young person on how to make contact with the service in the future should they need to do so.
- Information was available to young people attending the clinics in the form of leaflets and access to the organisation's website. One young person we spoke with said the nurse they had seen had provided them with a leaflet and also explained it to them. Another person said the staff member had shown them the information they needed on the website at a previous visit and explained their care and treatment in a way they could understand.
- Four young people we spoke with said they were able to ask questions and were provided with relevant and understandable information. One added "I can always ask silly questions, they never mind".
- Young people were welcomed into the clinic and enabled to bring a family member or friend to their appointment for support should they wish to do so. With the permission of the young person explanations were provided to those present at the appointment to explain the care and treatment provided or required.

Emotional support

- Staff provided emotional support to children and young people during their appointment when needed. We noted during our inspection that one young person spent over an hour with the clinician as they were discussing sensitive issues which they required additional support for. Staff told us that should a child or young person be distressed or require extra support the time would be spent with them to meet their needs.
- Brook Cornwall liaised with a local advocacy provider organisation to ensure people who required support had access to this service.
- The service provided a counselling service. Referrals were made for young people attending clinics who required additional support. For example, young people who were pregnant and considering a termination.
- Children and young people had access to the organisation's counselling service when required.

Community health (sexual health services)

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

Planning and delivering services which meet people's needs

- Brook Cornwall was located in Pool which is on the outskirts of Camborne. There were clinics held each day Monday to Thursday and on Saturday morning. The clinic times varied between morning, afternoon and evening to enable flexibility for people to access the service.
- Further clinics were provided in other areas of Cornwall. There were two clinics each week on a Wednesday afternoon and Saturday morning in Newquay. One afternoon clinic was held each week in Launceston, one in Torpoint and one in St Ives.
- Clinics were provided each week during term time in Bude and Truro colleges to enable young people easy access to the service.
- Brook Young People had developed an online and telephone service giving sexual health information, support and signposting to meet the needs of people under 25 anywhere in the UK.
- Reception staff managed the telephone booking line and we observed they provided information about the availability and location of clinics to meet the young person's needs.
- Young people we spoke with were satisfied with the location and times of the clinics.
- The managers met with the commissioners on a regular basis during which the development and planning of the service was discussed. We did not see written evidence from these meetings to show any issues discussed at the meeting.

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.
- There was no disabled access to the clinic in St Ives. Staff told us that if this was required the young person would be signposted or referred to another Brook clinic, their GP or to the level three service at the local acute trust.
- Leaflets regarding specific care and treatment were available in different languages for staff to use to help young people understand.
- All staff had access to a telephone translation and interpretation service. Staff we spoke with were aware of how to obtain this service. One member of staff was able to share their experience of using this for a young person for whom English was their second language.

Meeting the needs of people in vulnerable circumstances

- Brook Cornwall had a counselling service to which young people could be referred should they need this service.
- Staff had made appropriate links with professionals within other organisations to refer patients or seek additional support. For example, the children and adolescent mental health services (CAMHS) within the local acute trust.
- The service assessed each child or young person when attending clinics. If the clinic was unable to meet individual specialised needs the person was signposted or referred to an appropriate service. We were provided with an example by staff in that the examination couches would not facilitate the care of bariatric clients and therefore a referral would be made to the local acute NHS trust.

Access to the right care at the right time

- At the time of our inspection there had been no monitoring or auditing of the length of time children and young people waited for an appointment. There had been no monitoring or auditing of the length of time children and young people waited following arrival at a clinic to see the clinician. We were told that the recently installed electronic records and booking system would be able to provide this information in time.
- Young people we spoke with said they did not wait long to see a clinician when arriving at the clinics. This

included both walk in clinics and when appointments had been made. One person who had been attending the Newquay clinic for several years said the longest they had ever waited was 20 minutes which was "perfectly acceptable".

- Additional comments from young people we spoke with told us "I had to wait a week for an appointment with the doctor but this was ok for me", "nurse's appointment you only have to wait a day or walk in" and "I had to wait two days to see the Doctor". All agreed that they felt the appointment system and walk in clinics worked well for them.
- Nurses were not trained to insert intrauterine devices. All registered nurses carried out pre assessments for young people requiring this service. At the time of our inspection the next available appointment with a doctor was two weeks.
- Children and young people had access to a national telephone information service. The service was available on weekdays from 9am to 3pm. There was also a separate service called 'Ask Brook'. This was a digital service which provided an online tool which provided information and answers to frequently asked questions.

Learning from complaints and concerns

- The service had not received any complaints in the 12 months prior to the inspection.
- The registered manger and operations manager had responsibility for investigating complaints. They were able to seek support from the director of nursing and other senior staff within the organisation if and when required.
- We did not observe that there was any information available to children and young people attending the clinic on how to make a complaint. The waiting room at the Pool clinic advised young people on a poster to speak to the registered manager if they had a concern but did not detail the process to follow.
- Complaints leaflets were available from the reception staff but this information was not shared with young people attending the clinic.
- Information was available on the organisation's website on how to make a complaint.
- Patients we spoke with were not aware of the organisation's complaints procedure but all said they while they had had no reason to complain, they would be able and happy to speak to a nurse or reception if they had a problem.

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 these values through their work and discussions with us.
- The organisation had a mission statement, which reflected the vision and values of the organisation.
- Information regarding the strategic plan for 2017-20 was circulated to staff by email.
- Brook Young People developed a strategic plan which applied to all locations nationally. Staff were informed of this strategic plan through the organisation's email communication system.
- The 2017 staff survey found that 68% of staff said they were aware of Brook's three year strategic plan, 94% of staff said they were committed to Brook's aims and 98% were aware of Brooks' values.

Leadership of this service

- 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 local management teams, within a 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 head of nursing for the organisation was located in the Brook Bristol office and provided guidance and support to staff.
- The Brook Cornwall service was managed by the registered manager who was an experienced sexual health nurse. There was also an operations manager in post who had responsibility for the business operation. Staff were clear regarding the divided roles and responsibilities of the managers of the service.
- Senior staff we spoke with had been provided with leadership and management training approximately eight years ago but had not been made aware of provided with the opportunity to develop their management and leadership skills and knowledge since then. This meant that for senior staff there had been little development or updating of training.
- Staff were positive regarding the leadership they received in the Brook Cornwall service. We were told that the registered manager was very approachable, friendly and helpful.
- The 2017 staff survey found that 87.3% of staff who responded felt that their line manager listened to their suggestions, 82% thought that their manager promoted an atmosphere of team work and enabled them to perform at their best.

Governance, risk management and quality measurement

- Brook Cornwall is part of the national organisation Brook Young People. The organisation's board took overall governance responsibility for the organisation and delegated authority within a clear written scheme of delegation.
- The board of trustees met formally four times per year and received information from governance sub committees.A national Clinical Advisory Group was responsible for the governance of quality, safety and patient experience and complaints. The safeguarding advisory committee provided national governance with operational oversight from the deputy chief executive officer and the nurse lead for safeguarding. A corporate governance policy and procedure was in place and available to staff on the organisation's intranet.
- The organisation delegated authority from the board to sub committees to monitor and manage areas of the business. A clear scheme of delegation was in place for staff to access and understand how the service was monitored and information escalated to the board of trustees.
- Quarterly operational meetings were attended by the deputy chief executive officer and operations managers from local services. Minutes from these meetings evidenced that the meeting was an opportunity to share challenges and what was going well across the services. This enabled learning to be shared across the organisation.
- Registered managers were required to attend two national clinical meetings each year. We were told that at these meetings information regarding clinical updates and changes in practice were discussed. This enabled the organisation to share information across the services and for managers to cascade information to their staff teams.
- A monthly management meeting took place in Brook Cornwall following a set agenda. The topics discussed included the business continuity plan, the risk register, reported incidents and any clinical issues or updates. Minutes were recorded and available of these meetings. We saw from the minutes of the July 2017 meeting that the impact of the newly installed electronic patient record system was discussed and actions recorded to promote the smooth installation into the community clinics.
- Staff meetings were planned in the Brook Cornwall service. However, it was noted that at times staff did not attend due to commitments of other work. The minutes were available from these meetings and emailed to all staff.
- Staff records were maintained nationally in the human resources department with local services having access to the recruitment information of the staff member.We reviewed the personnel records for four members of staff. We evidenced that all four identified

a disclosure and barring service (DBS) check, references and evidence of the right to work in the UK had all been obtained prior to the person commencing work.

- Information was provided to the commissioners regarding the number of young people attending the clinics and the reasons for their attendance. The information was provided within quality monitoring reports every three months.
- Brook used a nationally recognised quality assurance system to assess the efficiency and effectiveness of activities. The aim of this was to drive continuous improvement. self-assessment tool built on twelve quality areas had been supplemented with six Brook standards specific to a young people's sexual health service, including a clinical governance standard. Brook Cornwall had previously performed well when completing the self-assessment tool, the quality monitoring process was currently on hold as the system was being reviewed.
- The national clinical advisory group met four times a year to assure the board of trustees that clinical governance structures were operating effectively. Feedback from this meeting was cascaded to the Brook Cornwall service via the director of nursing at the operations meeting.
- Brook's risk finance and assurance board subcommittee owned and oversaw Brook's risk management policy and process. The aim of this committee was to ensure effective management of risk and the successful delivery of Brook's objectives.
- The organisation had a national risk register which was compiled from local risk registers. BrookCornwall submitted the organisation's national risk register to us prior to the inspection. The risks were rated using a red, amber and green code, with red being the highest risk. There were three 'red' risks which related to financial and IT pressures. Staff did not have access to the national risk register.
- Brook Cornwall maintained a local risk register which identified a number of risks such as staff sickness and issues with premises. Management staff were the only people who had access to the risk register. This meant staff did not consistently have information on the action to take to reduce the risk from identified issues.
- Brook Young People published an annual Quality Account. This provided information to the public and staff regarding the quality of services offered. The Quality Account looked back over the past year reviewing the progress made and set goals for improving the service for the next year.
- The 2016/17 Quality Account identified improvements had been made developing and implementing clinical records, both paper and electronic. The clinical IT system had been upgraded to improve the information stored following a young person's visit to a clinic. There had also been a review and implementation of patient information regarding aspects of care and treatment. For example, regarding subdermal implants used for the purpose of contraception. The implant is a small flexible rod that is inserted under the skin and
- Plans for improvement within 2016/17 included improving the care and treatment provided to women with an implant and assisting them to be able to keep them in for the recommended length of time, the introduction of an interactive digital contact sheet to improve partner notification and development of tools to review the clinical record keeping in a systematic way. We found staff were knowledgeable and following the recommended care and treatment pathway for women with an implant. However, there was no clear process within the service to evidence that partner notification was conducted in a systematic and consistent way.

Culture within this service

- Findings from the 2017 staff survey found that 82% of staff felt that their line manager promoted an atmosphere of team work and 60% of staff rated Brook as a good or excellent place to work. Of the staff who responded to the survey, 69% were satisfied or extremely satisfied working for Brook.
- Staff we spoke with were proud to work for Brook and said it was a good organisation to work for. One member of staff added they were proud of the way that children and young people were always at the centre of the service.
- Staff told us they were able to raise suggestions and concerns within the service and felt listened to by the operations and registered managers.

Community health (sexual health services)

- In the main clinic at Pool there were panic alarms situated in each clinic room. However, there was no alarm situated in the reception area. This put the reception staff at risk when working alone in the area. The clinic rooms were located at a distance from reception and staff may not have been able to summon help when required.
- There had been no drills or formalised plan of the action to take if the panic alarm sounded in the building. This put staff at risk of inappropriate action being taken in an emergency.
- The Newquay clinic had a panic alarm in reception which was linked to the local police. There were no panic alarms in the clinic rooms. Staff working in Newquay had not had sight of a policy or procedure or had a discussion or drill regarding the system.
- The clinic held in St Ives was in an older style building with the clinical rooms upstairs and the waiting room and reception downstairs. There were no panic alarms for staff to summon assistance. Staff commented they would shout to raise alarm to their colleagues. However, this did not ensure the safety of staff when working alone with young people.

Public engagement

- The service sought the views of people who used the service by the provision of surveys. Between 6 and 9 September 2016 people were asked whether they would recommend Brook Cornwall to a friend. There were a total of 132 surveys completed which equated to 90% of attendances during this time period.All of the people stated they would recommend Brook.
- Between 27 February to 12 March, 48% of all people attending the clinics responded to a survey asking if Brook helped them during their visit. Each person agreed they had been helped.
- Two counter measure surveys were undertaken during 2015/16 over a period of two weeks. Each young person attending a clinic was given a counter and asked to place them in collecting boxes marked yes or no in response to a closed question. When asked if they would recommend Brook to a friend all of the 63% of young people responding said yes. Out of the 71% of young people who responded to the question 'Did Brook help you today', all said yes.
- There were no specific patient participation groups held in Cornwall. Patient participation groups are a way of seeking the views of a representative group of young people.

Staff engagement

- 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 external organisations to ensure all staff were up to date with best practice recommendations.
- Operational meetings took place every three months which provided an opportunity for sharing national information and feedback from the organisation which management staff of each service attended. The content of these meetings was minuted and staff were provided with information through the email system.
- A monthly staff newsletter was sent to all staff from Brook Young People. This served as an information sharing system and enabled staff the opportunity to contribute to this. Included in the newsletters we observed were clinical updates, news and updates from within Brook and outcomes from the audit programme.
- Brook Young People carried out a national survey each year to seek the views of the staff working in the organisation. The 2017 survey had been carried out in March 2017 and a summary was provided to us after the inspection. A total of 211 staff had responded to the survey which was 54% of the workforce. The outcome from the survey was not broken down into regions and covered the organisation as a whole. The majority of staff made positive comments about working for Brook and further detail around the survey is covered in relevant sections of this report.
- Brook Young People had a national intranet system to which all staff were given access. The system provided important update information on the initial front page when logging in. For example, we saw information regarding safeguarding, the emergency rota, IT support and NMC revalidation was shared on the intranet.

Innovation, improvement and sustainability

Community health (sexual health services)

- The commissioners routinely reviewed commissioned services and this process was in operation during our inspection. This enabled the contracted service to be reviewed and developed prior to agreeing a new contract.
- The premises at St Ives belonged to the local council who planned to sell the building. This meant that Brook Cornwall had been given notice and were looking for different premises to hold the weekly clinic. This had not been a successful search and the future of the clinic was uncertain at the time or our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that systems are in place to promote the safety of staff when they are working alone. For example, when staff are separated in a building during a clinic.
- The provider must ensure that clear information is available to young people on how to make a complaint about the service.

Action the provider SHOULD take to improve

- The provider should ensure that prompt referrals are made to the local safeguarding team and other organisations following disclosures of abuse, particularly when other young people or children could be at risk.
- The provider should ensure that detailed information be submitted to the national safeguarding lead to enable the organisation to maintain an oversight of themes and risks identified.
- The provider should ensure that evidence is consistently available to demonstrate checks and maintenance has been carried out of equipment and services.
- The provider should ensure that suitable containers are made available for staff to transport clinical waste in between clinics.
- The provider should ensure that staff are confident and knowledgeable on the action to take should an incident occur which causes the panic alarm system to be used.
- The provider should ensure that staff are provided with clear guidance or information on partner notification, contact tracing and the process to follow when advising young people of their results.
- The provider should ensure that a system is in place to identify and monitor that staff are implementing changes in practice following the annual audit programme.
- The provider should ensure that information and guidance is available for staff regarding carrying out pre assessment checks prior to the fitting of an IUD.
- The provider should ensure that a programme of planned supervision is carried out for all staff.
- The provider should ensure that information and/or training is available for staff who may be required to act as a chaperone for young people attending the clinic. Information should be made available to young people to ensure they are aware they can ask for a chaperone to support them during their appointment.
- The provider should ensure that there is a planned programme of training / update training for managers and local leaders in the organisation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17: Good governance 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part 17(2)(b) Assess monitor and mitigate the risk relating the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Staff often worked in separate parts of the building during clinics. This meant that should an issue arise a member of staff may be isolated and not be able to communicate with their colleague. Panic alarms were not in place in reception at all clinics.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16: Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

16(2) the registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other person in relation to the carrying on of the regulated activity.

The provider had not ensured full information and guidance about how to complain was available or accessible to everyone who used the service.