Brook Young People

1-1062858476

Brook Southwark

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-1062858476	Brook Southwark	Brook Southwark	SW17 3PY

This report describes our judgement of the quality of care provided within this core service by Brook Southwark. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Brook Southwark and these are brought together to inform our overall judgement of Brook Southwark

Summary of findings

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Overall summary

Brook Southwark is part of Brook Young People, which provides sexual health services, support, and advice to young people under the age of 25. Brook Southwark (Brook

Young People) is the registered provider for Brook Southwark. The service is jointly funded by the London Borough of Lambeth and the London Borough of Southwark.

They provide the following services:

- Caring for adults under 65 years of age;
- Caring for children up to 18 years of age;

They provide the following regulated activities:

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

As part of the inspection, we spoke with young people attending clinics, spoke with staff working at the service, and viewed documentation of client care and treatment records.

Our findings are as follows:

- The service had strong safeguarding systems in place to protect children and young adults. Staff were able to identify and report safeguarding concerns quickly and there was good collaborate working with local support services to ensure children and young adults received the right care. Care and treatment was based on national guidelines and the service participated in national and local audits, using outcomes to improve the quality of their service. Staff supported each other in making safeguarding decisions and took individual responsibility for the safeguarding referrals that they made.
- The service placed the safety and wellbeing of patients at the forefront of all its activities. Safety arrangements supported the delivery of services in a way which minimised risks to the safety of patients. This included training of staff, staffing levels, incident reporting and investigation processes, as well as medicines optimisation. In addition, equipment and the environment was managed safely and in accordance with infection prevention and control practices.
- Medicines were managed well and good patient group directives were in place.
- Records were clear, accurate and up-to-date. They were securely stored to protect patient confidentiality.
- Staff had a clear understanding of consent and applied Gillick and Fraser guidelines appropriately for service users under the age of 16.
- Clinic times were designed to serve the needs of the greatest number of young people.
- There was a text queue system to address service user concerns regarding waiting times.
- Young people were proactively involved in the service, including at Board level, and at a local level through consultations, for example as to the décor of the waiting room.

We saw examples of outstanding practice:

- Safeguarding knowledge and practice at the service was outstanding. In the way that staff ensured that relevant safeguarding information was obtained from service users, and was acted on appropriately and the way thatthe leadership ensured staff were supported in doing so.

However:

- Staffing issues meant that over the reporting period approximately 25% of clinics had been cancelled. Of those, the majority of cancelled clinics were on Saturdays. We were told that the clinic was open in the afternoons as this was the time most convenient for young people to attend, with the majority attending on their way home from school, college or work.

Summary of findings

Background to the service

Brook Southwark provides confidential sexual health services, support and advice to young people under the age of 25.

Brook Southwark is recognised as a level 2 contraception and sexual health service (CASH). The Department of Health's National Strategy for Sexual Health and HIV for England 2001 set out what services should provide at each recognised level. As a level 2 service Brook Southwark provides planned contraception, emergency contraception, and condom distribution. They also provide screening and treatment for sexually transmitted infections, pregnancy testing, termination of pregnancy referrals and counselling.

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

The service also provides support, guidance and advice to young people who are transitioning to adult services for their ongoing sexual health and contraceptive needs.

The service operates from a clinic near to Elephant and Castle, and has clinic services operating four days a week on Monday, Tuesday, Thursday and Saturday. The clinic is open from 1pm to 6pm on weekdays and 1pm to 4pm on Saturdays.

There were six permanent staff members, including the nurse manager, manager and receptionists. All of the nurses and clinical support workers (CSW)s were employed on a locum basis from a pool of staff.

Our inspection team

Our inspection team was led by:

Team Leader: Andrew Brown, Care Quality Commission

The team included CQC inspectors and a specialist paediatric nurse.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

During our inspection, we visited the clinic city centre.

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?

To get answers to these questions we seek information in a number of ways. Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 5 and 6 December 2016. During the visit we spoke with a range of staff who worked within the service, such as nurses, CSWs, receptionists

Summary of findings

and managers. We also talked with young people who used the service. We observed how young people were cared for. We reviewed care and treatment records of people who used the services.

What people who use the provider say

- "I prefer coming here than going to my own GP. Staff are respectful and polite and made me feel at ease."
- One patient told us that they "liked the way in which the receptionist explained how the process worked, especially the option to have information sent to another address and not the "family home."
- One comment card stated that "nurses spend time with you and actually listen".

Good practice

Safeguarding knowledge and practice at the service was excellent. In the way that staff ensured that relevant safeguarding information was obtained from service users, and was acted on appropriately and the way that the leadership ensured staff were supported in doing so.

Brook Young People

Brook Southwark

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

The safety of young people accessing the service was a priority for all staff:

- Safeguarding was well embedded in the service. There were proformas for patients both under and over the age of 18. These included questions to gather detailed information to assess safeguarding concerns.
- Staff supported each other in making safeguarding decisions and took individual responsibility for the safeguarding referrals that they made.
- The service placed the safety and wellbeing of patients at the forefront of all its activities. Safety arrangements supported the delivery of services in a way which minimised risks to the safety of patients. This included training of staff, staffing levels, incident reporting and investigation processes,as well as medicines optimisation. In addition, equipment and the environment was managed safely and in accordance with infection prevention and control practices.
- Records were accurate, detailed and securely stored.

Detailed findings

Incident reporting, learning and improvement

- Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. There were no never events in the reporting period.
- There were no serious incidents in the reporting period.
- Brook had a national policy and procedure, which guided staff on the reporting of any incidents or concerns and was available on the organisation's intranet system.
- Staff we spoke with said incidents and events were discussed at team meetings in an open and honest manner. This meant they could discuss how the incident was handled and how others would have dealt with it thus ensuring learning happened.
- Staff stated they were encouraged to report incidents and there was always someone senior to discuss concerns with.
- We were shown how incidents were reported and recorded on a paper system, which was reviewed and acted upon by the registered manager. Following the review, the incident was graded according to severity and logged onto the organisation's electronic incident

reporting system. The incidents were all reviewed in the local clinical governance meetings and escalated to senior managers and governance committees within the organisation if deemed necessary. The review process for clinical incidents included involvement of a manager from an external organisation who provided sexual health services. We saw the minutes of the national Brook board, at which incidents from across the country had been discussed.

- The outcomes following any incident were discussed and if necessary an action plan put into place to reduce the risk of the incident reoccurring.
- We saw evidence that feedback had been provided to staff. This was achieved in a variety of ways such as inclusion in the clinical newsletter which was sent out by email, at team meetings or in one to one sessions with staff.

Duty of Candour

- The duty of candour (DOC) legislation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and/or the patient suffers harm or could suffer harm which falls into defined thresholds. Staff had received training in the DOC and there was a DOC policy and procedure, which was accessible on the intranet. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014.
- Staff we spoke with demonstrated a clear understanding DOC legislation. Managers we spoke with were clear that DOC was considered following reported incidents and a record made on the incident log as to whether the process was followed.

Cleanliness, infection control and hygiene

- During our inspection one of the sharps disposal bins in one of the treatment rooms had not been dated or signed. We drew this to the attention of the service manager who assured us it would be rectified. All of the other sharps disposal bins were appropriately signed and dated.
- There was an organisation-wide policy on infection prevention and control. Information and guidance included the use of personal protective equipment such as gloves and aprons, cleaning spillages and the Control of Substances Hazardous to Health (COSHH).
- Staff we spoke with were knowledgeable about infection control procedures including spillage and clinical waste.
- All of the clinical areas had cleaning schedules located in the room. We saw these had been signed by staff once the cleaning and checks had been carried out. Alcohol wipes were used between each client to clean equipment for example blood pressure monitors.
- There were handwashing facilities and sanitiser in each clinic room.
- Brook Southwark submitted to the Brook national infection control audit in December 2015. Brook Southwark scored 95% compliance, above the 85% required by Brook.

Environment and equipment

- At the time of our inspection, Brook's contract with Southwark and Lambeth Boroughs was undergoing re-tendering and the clinic was planning to move out of the building.We observed the physical environment appeared to be clean and clutter free.
- All rooms we visited had the appropriate equipment available. There was a basic life support portable bag containing oxygen and masks this was stored in the consulting room. The equipment was checked weekly and details were logged by staff.
- Safety appliance testing was carried out annually to ensure the electrical equipment was safe to use. Stickers were placed on equipment once tested and we noted this had been carried out within the last year.
- Staff confirmed they were aware of the procedures to follow should the fire alarm sound. We were told that when the alarm sounded the clinic was always evacuated until the all clear was given.

Safeguarding

- There was a national safeguarding committee within the organisation, which met regularly and reviewed safeguarding issues reported from around the country.

Are services safe?

Information was cascaded from the safeguarding committee to Brook Southwark regarding relevant changes in policy nationally and within the organisation.

- The registered nurse manager was the named safeguarding lead
- The organisation provided safeguarding policies and procedures for staff to refer to, which were available on the intranet, staff were aware of how to access this document.
- The assessment and client core records used within Brook Southwark provided prompts for staff to gather detailed information which provided alerts to any potential safeguarding issues. The detail was increased for young people under the age of 18. The safeguarding proforma detailed specific concerns and risk factors relating to the safety of young people. This included children and young people who were sexually active under the age of 13, child sexual exploitation (CSE), and female genital mutilation (FGM). Brook's traffic light tool helped staff to understand healthy sexual development and distinguish this from harmful behaviour. We observed the decisions made, actions taken and staff involved were clearly recorded on the template.
- Where concerns were highlighted through the use of the safeguarding proformas, staff took the opportunity to discuss the issue with a colleague, to determine whether to make a safeguarding referral and the best course of action to take. At the reception there was a contact book for safeguarding teams in the boroughs of Lambeth and Southwark, in the greater London area and nationally.
- All of the staff we spoke with demonstrated an in-depth knowledge, understanding and awareness of the safeguarding of children and young people.They were passionate about this aspect of their work. Staff told us this aspect of their work was their priority and they were proud of how Brook Southwark protected and supported young people. We were provided with numerous examples of action which had been taken in response to the identification of suspected safeguarding issues within the service.
- All staff received safeguarding training provided by Brook to Levels 1 and 2 for adults and children. This was confirmed in the training matrix. All client-facing staff were encouraged to undertake addition Level 3 safeguarding training provided by outside providers and were supported in doing so. We were told that 87.9% of staff at the clinic had undertaken Level 3 safeguarding training. There were training sessions planned to bring this up to 100%. In addition, there was a local safeguarding lead, who had completed Level 4 safeguarding training, who was available at all times for staff to consult with regarding safeguarding issues. There was also a national safeguarding lead oncall who is available to consult with staff out of hours and on weekends regarding safeguarding issues.
- Staff were provided with training which reflected the most recent guidance stated in the intercollegiate document: Safeguarding Children and Young People: Roles and competences for health care staff. This included recognising and safeguarding young people and children against abuse, female genital mutilation (FGM) and child sex exploitation (CSE).
- Staff confirmed that as well as internal safeguarding training they had access to external training and that Brook Southwark supported them to attend this. In particular, training provided by the London Borough of Camden.
- Staff were provided with detailed information and guidance regarding the action they were required to take if they suspected young people were at risk from CSE, FGM, domestic violence, online abuse or radicalisation. The latter reflects guidance related to the governments 'PREVENT' response to the terrorist threat in the UK.
- < > (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. The organisation had updated their policy and procedure following the amendment of the Female Genital Mutilation Act 2003, which was amended by the Serious Crime Act in 2015. A registration form completed by young people in the waiting room requested specific information, which would alert staff to the possible or actual risk of harm from FGM. The organisation was keeping up to date with the ongoing national debate regarding the inclusion of genital piercing or tattooing within the formal FGM

reporting. Referrals were made to appropriate external organisations who provided support to women and young people who have experienced or were at risk from FGM.
A number of staff that we spoke with told us that they had undertaken a specific course concerning gang-related sexual abuse and exploitation. They told us that that this was an issue locally and that they had made a number of safeguarding referrals relating to this issue.

- Staff had received training relating to forced marriage and Brook had established links with a national charity specialising in supporting women in these circumstances.
- Child sexual exploitation (CSE) involves under-18s in exploitative situations, contexts and relationships. This can involve the young person (or another person) receiving something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in exchange for the young person performing sexual activities or having sexual activities performed on them. Staff we spoke with were knowledgeable regarding their responsibilities in protecting young people against CSE. The Brook client core records prompted staff to gather specific information which would alert them to CSE taking place. Staff had an awareness of the additional vulnerability of young people with learning disabilities. Training had been provided to staff, which included the need to be mindful when completing assessments as statistics have shown young people living with a learning disability are three times more like to be affected by CSE.
- If young people disclosed historic sexual abuse, having occurred over a year ago, staff made referrals to police and social services according to the age of the person at the time of the alleged abuse.
- During consultations, the issueof consent to sex was discussed with young people. Where there were concerns about a young person having not consented to sex, or lacking an understanding of consent, relevant safeguarding procedures were followed and referrals made.
- Staff had access to guidance from external organisations specialising in handling disclosures, and a protocol for appropriate referral for young people seen within clinics who disclosed historical abuse. They told us that they had good working relationships with local safeguarding teams and the Metropolitan Police.
- Brook has a national child protection lead worker who staff were able to refer to for additional support and guidance.

Medicines

- The provider did not prescribe, administer or store any controlled drugs.
- Policies and procedures provided guidance on medicines management which were available on the organisation's intranet. Staff were aware of additional information available to them on the website of the Faculty of Sexual and Reproductive Health (FSRH). Staff were advised of updates to the FSRH guidelines by the Head of Nursing.
- The medications policies referenced procedures relating to prescribing procedures, Brook Patient Group Directives (PGDs), the authorisation process for PGDs, and PGD manager assurance statement. They also included, medicines stock control, transporting medicines to clinical outreach and safe storage of the medicines when not in clinic.
- Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. We found the service were following the National Institute for Health and Care Excellence (NICE) guidelines for their PGD.
- To qualify as prescribers nurses must have taken a Nursing and Midwifery Council (NMC) accredited prescribing course and recorded their qualification to the NMC register. Nurses completed an approval to practice form with evidence to demonstrate their qualification and proof of prescribing. We saw evidence this had been followed and was in order during our inspection.
- We viewed a random sample of PGD guidelines and procedures. The PGDs were developed from Pan London PGDs and reviewed by NHS Southwark CCG Medicines Management Committee and approved by the London Borough of Southwark. The PGDs were comprehensive and were only used by registered nurses

who have been named and signed for by the organisation. We inspected the signatory sheets for the following PGDs: supply of progestogen, ulipristal acetate, combined transdermal patch, combined vaginal ring, and etonogestral subdermal implant. All PGDs were in date and had been signed by the nurse and manager. There were PGDs for each type of medication.

- Medicines were obtained from either a local community pharmacy or the acute NHS trust pharmacy. There was a standing order of medicines, but staff were able to order additional medicines when required. The order was sent to the pharmacy, which ensured a record was maintained of all medicines stocked in the clinic.
- A medication stock check took place once a month and records were maintained when this was carried out. The medicines which we looked at were all in date.
- Medicines were secured in locked lockers within clinical rooms. There was also a lockable medication cooler for medications which required storage below a certain temperature and a lockable fridge for the Contraceptive Vaginal Ring. Temperatures were recorded daily to ensure the medicines remained at a safe temperature. We saw the fridge temperature log book, this was up to date. Medicines within the fridge were in date.
- Emergency allergy medicines in the form of anaphylaxis treatment was available in a bag secured with a coded seal. This bag was regularly checked and signed for.
- The electronic patient records identified any medicines administered or provided to the young person together with a record of the batch numbers of the medicines. This enabled staff to track any medicines if they were required to do so.

Quality of records

- Brook Southwark recorded information in two systems of patient records. There was an organisational plan for all Brook services to use only electronic client records but we were told the current electronic system could not record all of the information required. This had caused the need for a paper record system to also be used.
- Records were kept securely at all times to ensure the confidentiality of young people who accessed the service. When not in use, paper records were stored in a shelving unit behind the reception desk, which was manned at all times. At the end of clinics, the sheving unit was locked.
- An assessment record known as the Brook Client Core Record was completed during the young person's first visit to the clinic. The assessment was reviewed on each subsequent visit and updated as necessary. The template provided staff with prompts to gather detailed information regarding the client's history and lifestyle. Separate and more detailed records were completed for young people under the age of 18 to ensure their safety.
- A registration form was provided for patients to complete whilst waiting to see a clinician.
- We reviewed six sets of patient records. Records had been appropriately and fully completed and signed.
- When a young person attended the clinic, the reception staff obtained basic details from them and then ensured their notes were available for the clinicians. Reception staff also asked young people for details such as their age, sex, gender identity and sexuality. This was done confidentially by patients completing a form, or pointing to a diagram in sight of the reception staff on the counter. Such information would then be entered in code onto the folder containing the young person's records to ensure that this information was not available to unauthorised people in the event of their seeing the records. The records were stored in the reception area and collected by the clinician when calling the young person into the clinical room. Once the clinician had concluded the visit, the notes were returned to the reception desk.
- Prior to refiling the notes the reception staff checked the notes were securely fastened together and any actions required from the clinic visit logged. For example, following up on swabs which had been taken. The notes were then refiled.
- During the clinics we observed, staff were diligent in ensuring notes were not left unattended and regularly returned small numbers of notes to the filing cabinet. We never saw more than four sets at reception during an open clinic and these had been in line of sight of staff at all times.

Mandatory training

Are services safe?

- The provider required each member of staff to attend mandatory training, which included fire safety training, manual handling, safeguarding, basic life support and infection control. Training was completed using an on line system or face to face during the monthly staff meeting.
- Mandatory training records were held across all three of the Brook locations in London (Southwark, Brixton and Euston). The training records indicated that 100% of required staff had completed Safeguarding Levels 1 and 2, manual handling, record keeping, patient group directive (PGD) fire evacuation, health and safety and infection control. Safeguarding Level 3 training was at an 89% completion rate; basic life support at 94% completion rate and Anaphalaxis at 93%. Where the training rate was not at 100%, staff had been booked onto a course in December 2016.
- Staff told us that they were given time to undertake mandatory and additional training within working hours.

Assessing and responding to patient risk

- Staff had access to emergency equipment within the clinic which contained oxygen and a face mask should a patient become acutely unwell.
- There was written evidence to show this equipment was checked each week to ensure it was ready to use in an emergency.
- During each clinic staff had access to emergency medicine such as adrenaline for use in the event of an anaphylaxis reaction.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use.
- Reception staff were immediately made aware of any individual risk factors when booking young people into the clinic. For example, if the individual had a history of violence and aggression at the service or when visiting services that used in other parts of the building. The electronic system also highlighted young people under the age of 13 when booking them into the clinic.
- Detailed medical and social histories were taken on the first visit of a young person to the clinic and these were updated at each visit. This enabled staff to undertake a risk assessment as to the possible side effects of various medication and forms of contraception.
- Where a patient needed to be admitted to an acute unit, this would be done via ambulance.

Staffing levels and caseload

- There were six members of substantive staff employed at Brook Southwark. The rest of the team were made up of locum staff drawn from a regular pool, this included contraception and sexual health (CASH) nurses, CSWs and receptionists.
- We were told that due to insufficient staffing levels the clinic frequently had to close on one of the four days a week that it was scheduled to be open, meaning that the clinic was regularly running at only 75% capacity.
- The duty rota we reviewed reflected that additional numbers of staff worked at periods when it was known that clinics would be busier. The rota also allowed a free slot for the counsellor, for service users to drop-in or for immediate referral by one of the nursing staff following a consultation. This slot was usually in the mid-afternoon, to reflect the increased demand on the service at that time by young people travelling home from school.

Managing anticipated risks

- There was a panic alarm in all of the clinic rooms, which sounded in reception. The reception staff we spoke with were confident that all staff were trained in how to respond when the alarm sounded.
- The reception staff we spoke with told us that they had received training in dispute resolution and they felt safe and confident to deal with all service users accessing the clinic.
- There was a panic alarm button at the reception desk. Staff also had access to a telephone and could summon help from other staff on duty or the police. They had assessed the risk as low as there were generally two staff at reception at any time.

Are services safe?

- Policies and procedures were available for staff on how to manage violence at work. Staff we spoke with were aware of these policies and said that they felt confident to de-escalate aggressive and potentially violent situations.
- The violence and aggression policy and procedure advised staff of when they were required to inform the police of a violent incident. If the police were called all other clients were advised whenever possible, to allow them to leave the clinic.

Major incident awareness and training

- There was a business continuity plan which included issues such as impact from IT failure, failure of utilities such as electric, fire or the loss or theft of confidential information.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

- All care was provided based on best evidence and practice.
- There were competent staff and an atmosphere of continuous learning and professional development.
- The service made innovative use of technology to provide an effective service.

Detailed findings

Evidence based care and treatment

- Brook policies and procedures were based on national guidelines and recommendations provided by the British HIV Association (BHIVA), the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute for Clinical Excellence (NICE).
- All policies were available to staff on the intranet.
- We saw evidence during the inspection, including minutes of meetings, clinical newsletters and emails to staff which demonstrated that reviews of and amendments to the service guidelines, policies and procedures were shared with all staff.

Pain relief

- Pain relief medication was held in stock for young people who may require this when attending the clinic for certain procedures. We were told staff did not administer pain relief frequently as young people were advised to self-administer this prior to their planned appointment, for example for the insertion of an intrauterine contraceptive.

Nutrition and hydration

- Drinking water was provided in the waiting area.

Patient outcomes

- Brook Southwark participated in local audits and those arranged by the organisation or external organisations nationally. Audits completed in 2016 included abortion referral, implant fitting and removal, both carried out across all Brook services by nurse managers, nurses and CSWs. We were told that results management and record keeping audits were carried out monthly by the nurse manager.
- The Brook abortion audit 2016 was completed to understand the extent and management of unwanted pregnancy across Brook services. The audit showed that not all young women (40%) had been screened for a sexually transmitted infection. The audit also showed a 2% improvement nationally in staff estimating the length of gestation, but a 13% decline in young women knowing the time of their appointment with the abortion provider at the initial referral stage. The number of women contacted three weeks following their referral remained low at 25%. As a result of this audit, an action plan had been developed to address these issues.

Competent staff

- All staff underwent an annual appraisal of their performance. Records showed that 50% of staff had had their appraisal in the last 12 months. The 50% of staff who had not had their appraisal in this period had been employed less than 12 months.
- The service maintained records of the revalidation of the doctor employed at the clinic.
- Registered nurses are required to comply with a three yearly revalidation process by the Nursing and Midwifery Council (NMC). Brook had provided training to all nurses regarding the requirements for this. Further information was available to nurses on the Brook intranet together with feedback from nurses who had already completed the process.
- Brook Southwark held a quarterly team meeting and training sessions for all staff to attend as appropriate to their role. The quarterly meetings provided an opportunity for the organisation to update staff with new guidelines or changed guidelines.
- Staff we spoke with were positive about these sessions and said they found them informative and helpful.

Are services effective?

- CSWs had been given clinical training such as carrying out pregnancy tests, chlamydia and gonorrhoea screening tests and provision of condoms to young people. This was in order to provide a seamless and efficient service to young people who visited the CSWs, negating the need to refer them to a clinician at another clinic. The training had been provided by the nurse manger or doctor and the CSWs competency assessed prior to being able to conduct the tests.
- All staff were required to achieve a number of competencies which were specific to their role. These were achieved by attending internal and/or external training and working on a one to one basis with experienced colleagues.
- One of the CASH nurses we spoke with was undergoing training to fit Inter-Uterine Devices (IUD). This had been funded by Brook, and she said that she was being fully supported in this training. Where the doctor had an appointment to fit an IUD she would be invited to attend and observe.
- One of the CSWs we spoke with was a qualified paediatric nurse. However, she had elected to work as a CSW at Brook Southwark, whilst undergoing training to become a CASH nurse. She said that she was being highly supported throughout her training programmed. We were told this training programme had been introduced by Brook to mitigate against the national shortage of CASH nurses.
- One of the receptionists we spoke with was due to undertake training to become a CSW.
- Staff all recognised the importance of acting only within their competencies, and the competencies of their specific roles within Brook, regardless of their skills and competencies gained whilst working elsewhere, unless these were specifically recognised and signed off by Brook.
- Supervision or one to one sessions were provided every two to three months for all staff. These increased in frequency if necessary. For example, if a member of staff required performance monitoring of their practice. In addition, group supervision and peer support took place at the weekly team meetings.

Multidisciplinary working and co-ordinated care pathways

- Staff were proud of the multidisciplinary team working they experienced within Brook Southwark. Staff we spoke with said they felt listened to by their colleagues and supported one another. Staff commented they would be able to raise suggestions and concerns with their colleagues if necessary.
- Clinical staff told us they often referred patients to the in-house counselling service. The counselling service offered up to 12 counselling sessions to service users. We were told that many service users would visit a clinician whilst attending their scheduled counselling appointment.

Referral, transfer, discharge and transition

- Reception staff told us that when patients expressed frustration or concern about waiting times, they were directed to the NHS sexual health clinic nearby.
- Templates were available for clinicians to complete when referring a client to their GP. For example, when young people reached the age of 25 they were no longer able to access the services of Brook Southwark. Where necessary, due to an underlying health condition and with the permission of the young person Brook Southwark informed their GP of when antibiotics or other treatment had been provided, staff were clear that this could only be done with the patient's consent.
- Referral forms were available for staff to complete when a young person required further care and treatment. For example for termination of pregnancy or to a psychosexual clinic. The templates provided prompts and space for relevant information. This ensured staff gathered the required information for the external provider.
- Informal links had been made by Brook Southwark to the local youth offending team and a local organisation who worked with young people who were rough sleeping. This provided additional support to these young people to access the service.
- Joint work had been undertaken with the local child and adolescent mental health service (CAMHs) to support young people with mental health issues. We saw evidence that referrals of young people were made between the services.

Access to information

Are services effective?

- Paper records and medical notes were securely stored behind the reception desk. This meant staff had access to the records for each patient when they attended the clinic.
- At the main clinic staff had access to electronic patient records which provided an additional record of the care, treatment and medical and social history of the patient.
- The electronic system alerted staff to known risks from individuals attending the clinic. For example, if a young person had previously demonstrated violence and aggression towards staff or other young people attending the clinic.
- Staff had easy access to information such as polices, procedures and guidance.

Consent

- We were told by staff and young people that verbal consent was obtained prior to the delivery of care and treatment. This was recorded in their medical records.
- Written consent was obtained prior to referring a young person to an external agency for ongoing treatment. For example, psychosexual counselling or termination of pregnancy. We saw examples of this in patient records.
- Young people commented that they were given a lot of information regarding their care and treatment and were able to make an informed decision about their treatment.
- Staff were provided with a policy and procedure regarding consent, the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge.
- A Fraser assessment was completed at the first visit to the service by a young person under 16 and reviewed at each subsequent visit. We saw this process had been completed and reviewed appropriately for the notes we inspected.
- Staff were aware of and had made referrals to external advocacy services. They used these for young people who attended clinic with limited capacity to make decisions and did not have friends or relatives to support them.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

- The privacy, dignity and confidentiality of young people attending the service was protected and staff treated them respectfully at all times.
- Young people were treated as individuals and there was a strong visible young person centred culture within the service.
- The feedback from young people who used the service and stakeholders was consistently positive.
- Young people gave clear examples, which demonstrated the value they placed upon the service and how staff supported them.

Detailed findings

Compassionate care

- Young people were treated with respect and their privacy and dignity was respected at all times. One patient commented on a CQC comment card, dated December 2016 that "I prefer coming here than going to my own GP. Staff are respectful and polite and made me feel at ease."
- Young people we spoke with said the reception staff were friendly and welcoming. One patient told us that they "liked the way in which the receptionist explained how the process worked, especially the option to have information sent to another address and not the "family home."
- Staff said and patients confirmed that staff demonstrated an encouraging, sensitive and supportive attitude toward people who use the service. One comment card stated that "nurses spend time with you and actually listen".
- We observed staff speaking to young people with respect and empathy. Further, staff we spoke with demonstrated a genuine care for service users.
- Young people we spoke with had the utmost trust in the confidentiality of the service. Overwhelmingly they told us that the confidentiality of the service was its best feature.
- Receptionists used a printed sheet which enabled young people to identify reasons for attending the clinic. This prevented them having to verbalise the reason for their visit and risk others hearing. The sheets were easy read with pictures to help identify reasons for attending.
- On registration at the clinic, young people were given a choice of how they would like to be called from the waiting area; they can be called by ticket number of first name to promote their privacy.
- Chaperoning was available for all young people attending the clinics. Another clinician working in the clinic provided this service. Very occasionally, a receptionist would be required to provide this service if there was no clinician available.
- We were told the waiting room had been decorated in consultation with young people. There was a radio in the reception area, placed so that service users could select the station. The sound of the radio meant conversations taking place at reception could not be overheard in the waiting room.
- The clinic provided feedback cards for service users, which could be posted into a sealed box. In the reporting period, 85% of comments were positive, 15% were negative. All of the negative comments related to waiting times.

Understanding and involvement of patients and those close to them

- Service users told us that staff communicated with them in a way that enabled them to understand their care, treatment and condition. For example, one of the comment cards stated: "efficient, concise, full of information, polite and discreet staff".
- Three of the patients we spoke to told us that they valued information provided by booklets, posters and the staff.
- Young people were able to attend the clinic with friends or relatives. Following our inspection, we were told that patients were always seen alone for the completion of the initial assessment and the Client Core Record, following which friends or relatives could join them in the consulting room at the discretion of the clinician.

Are services caring?

Emotional support

- There were a number of registered counsellors to whom clinicians could refer young people. They maintained separate records for the young people who saw them.
- Staff referred young people to external advocacy services when required, for example if they had co-morbidities such as drug or alcohol misuse.
- Staff received training regarding emotional issues and the support they could offer to young people.
- Staff told us that referrals had been made for young people to an external organisation for prevention and early intervention sex and relationships service. However, following our inspection, the management clarified that Brook Southwark did not refer young people to external organisations for prevention and early intervention sex and relationship service., although it did refer clients aged 12 and under to social services if they disclose sexual activity.
- There were strong links with the local child and adolescent mental health service (CAMHS) and other external groups who supported young people with mental health issues. Records showed referrals made to this service. Staff also were able to discuss the action they would take to support young people who arrived at clinic with acute mental health issues. We were provided with specific examples of when more emergency action had been taken to ensure young people were supported promptly and appropriately.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

- Service provision was designed around the needs of young people.
- All policies were reviewed by young people on the national board to ensure that they were user-friendly and comprehensible.
- The service prioritised the needs of younger and more vulnerable patients through its triaged queuing system.

However,

- Due to staff shortages, the clinic was only open 75% of its scheduled hours.

Detailed findings

Planning and delivering services which meet people's needs

- The service was located close to Elephant and Castle Station on a discreet side street.
- The clinic operated a drop-in system for the majority of appointments. This allowed young people the opportunity to walk in to the clinic at a time most convenient to them. However, IUD fittings were arranged by prior appointment as were follow up counselling appointments.
- The Brook website advised that 'Ask Brook' provided an online service giving sexual health information, support and signposting for anyone under 25 anywhere in the UK. This service was available on weekdays from 9am to 3pm. There was a separate service where frequently asked questions could be viewed. If the frequently asked questions did answer the young person's specific query, they could send their own question to 'Ask Brook'. This service was available seven days a week 24 hours a day. However, following our inspection we were informed that this service had not existed since September 2016. The service was advertised on the website as of March 2017.
- There was an electronic system which allowed reception staff to monitor the waiting times. Staff told us that at particularly busy times, some patients were unable to be seen. They said that on such occasions, patients would be told when they arrived at reception that it may not be possible for them to be seen. Patients at risk of not being seen were signposted to other nearby sexual health providers, including the NHS sexual health clinic around the corner.
- Staff referred to the young people by a number identifiable on the clinic list when communicating with colleagues during a clinic. This ensured there was no risk to the young person's confidentiality if the staff were overheard. For example, clinicians speaking with reception staff about specific tests or paperwork required.
- Reception staff answered telephone calls. If staff were busy there was an answer phone which was checked regularly during the clinic and returned the calls as soon as possible.
- Reception staff could provide free condoms to young people visiting the service.
- Senior staff described a positive, communicative working relationship with commissioners.

Equality and diversity

- During our discussions with staff, they demonstrated a clear understanding of equality and diversity.
- Young people under the age of 16 were prioritised for care and treatment which was potentially to the detriment of older service users. However, there were posters in reception explaining this and we observed reception staff explaining the policy to older service users at the time of their arrival, in case younger, higher priority service users arrived.
- There was disabled access to the clinic.
- Staff had access to a language line a telephone interpretation service with more than 170 languages available. Staff we spoke with were aware of how to use language line and said that they had done so. A counsellor who we spoke with explained that translation was not available for counselling services due to the prohibitive cost, but said that they could refer young people to counselling services in other languages.

Are services responsive to people's needs?

- The Brook website provided advice and help on homophobic, biphobic and transphobic bullying and the support services young people could contact. There was information on support for transitioning young people. There was information on a person's sexuality and helplines a young person could contact if they felt they were being bullied or needed advice.
- There was an organisation-wide policy and procedure, which set out key principles for promoting equal opportunities and valuing diversity across the service.

Meeting the needs of people in vulnerable circumstances

- Staff received training and guidance regarding the communication difficulties some young people living with learning disability experienced.
- Brook Southwark had a counselling service and young people could self-refer to this service or the clinicians could discuss the benefits with the young person and make a referral.
- Reception staff also identified young people under the age of 16 when they booked into a clinic and prioritised their appointments.
- An assessment of patient vulnerabilities was completed at each visit and recorded within the client core records. Young people completed an initial information sheet and the clinician carried out a full assessment, which identified specific vulnerabilities. For example, learning disability, safeguarding issues and the age of the young person. Referrals were made to specialist services if necessary.
- Brook Southwark offered a point of care HIV test. A point-of-care HIV test is a testing technology that allows people to be tested for HIV and know their HIV status in under a minute. Staff were provided with guidance on the care and treatment of young people attending for this service and a checklist had been developed to prompt staff. The service did not provide treatment and ongoing care for HIV but staff had information on how and to which service to refer the young person. Opportunity was provided to the young person to ask questions, a ring back service was available for them to telephone and speak about any concerns once they had had time to consider their HIV status and a leaflet was provided to them regarding HIV care and treatment.
- Brook Southwark were able to provide pregnancy advice and/or pregnancy options information for young women who attended clinic for a pregnancy test or knowingly pregnant.
- The service had links to local and national charities and services to support patients with drug or alcohol dependency, mental health, homelessness or other issues.
- We were told that when a young person attended the clinic they had the option to speak to the receptionist in private.

Access to the right care at the right time

- The clinic was open afternoons four days a week, including Saturdays. There was always a nurse available whilst the clinic was open. However, due to staffing issues, over the reporting period 25% of clinics had been cancelled. Of those, the majority of cancelled clinics were on Saturdays. We were told that the clinic was open in the afternoons as this was the time most convenient for young people to attend, with the majority attending on their way home from school, college or work.
- Reception staff recorded the time they booked a young person onto system by entering them into a time slot on the electronic clinic list. This enabled clinicians to know the order young people arrived so they could be seen in turn. The exception to this was if a young person under the age of 16 attended the clinic as they were given priority. The receptionist identified on the clinic list if the young person required to see a specific clinician. This was to ensure the nurse had the correct competencies to meet the young person's needs.
- The clinics were drop-ins which did not require the young person to have a booked appointment.
- A number of young people experienced delays in seeing clinicians. Brook Southwark monitored the waiting times of young people attending the clinic from the data entered onto the electronic system by the reception staff and clinicians. Senior staff were aware of this issue and told us that the primary concern patients raised about the service was the waiting time. They said that

whilst they had made efforts to reduce the impact of the waiting time, for example by the use of the text queuing system, this was a symptom of the high level of patients accessing the service.

- A triage system had been put in place so that when the clinic was busy young people were not turned away if they required care and treatment urgently.

Learning from complaints and concerns

- There were leaflets available in the waiting room and corridors regarding how to make a complaint. There was also a comments box for patients.
- There had been two complaints in the reporting period. The log identified that none of the complaints had been upheld. One of the complaints related to a patient being informed that they could not be treated as the treatment required was outside of the PGD. An explanation was given to the patient. The other complaint related to medication risks and side-effects. The complaint was investigated but not upheld.
- Complaints were reviewed by the manager and escalated to the complaints and clinical governance meeting. If necessary following this meeting the complaint was escalated to the organisation's board meeting. This ensured the organisation had an overview of the complaints received nationally and were aware of actions taken in response to the complaints.

Technology and telemedicine

- Information was available on the organisation's website regarding the services provided, sexual health and contraception and other relevant organisations. For example, a link to the BASHH website was provided with an explanation of the services BASHH provide. All of the information on the website had been proof-read by young people working with Brook nationally, to ensure that it was accessible and meaningful to a young audience.
- A 'contraception chooser' tool was available on the Brook website to enable young people to research the best method of contraception for them.
- There were posters which provided information on specific websites to access to gain information on sexual health and contraception.
- Outcomes of tests could be provided to young people by text if they had consented to this.
- The service had introduced a new electronic queuing system which allowed patients to check in at reception and then leave the clinic, receiving texts updating them as to their position in the queue and a text ten minutes before their appointment. We observed the system in operation. Reception staff said that the system had reduced the number of patients in the waiting room.
- Where a patient had an advanced appointment, for example for fitting an IUD, they could receive a text message in advance of their appointment reminding them that it was due.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

- The service benefitted from strong leadership, both nationally and locally.
- The values of the service were well embedded across the organisation, and staff told us that they felt engaged, supported and involved.

Detailed findings

Service vision and strategy

- Brook's national vision was valuing children, young people and their developing sexuality. Their aim was for all children and young people to be supported to develop the self-confidence, skills and understanding they needed to enjoy and take responsibility for their sexual lives, sexual health and emotional well-being. Staff demonstrated this through their work and in discussions with us.
- Brook also had national values, these were: Confidentiality, education, sexuality, choice, involvement and diversity. Staff we spoke to were aware of these values and told us that they sought to embody them. A number of staff told us that they had specifically chosen to work for Brook because of those values
- The vision and values had been created at a national conference at which all Brook staff attended.
- At the time of our inspection, the service was due to undergo a re-tendering process with Lambeth and Southwark councils. The location was due to close. The service was intending, however, to offer services through new, innovative means, for example via a mobile service. Staff said that they had been kept informed about the re-tendering process and consulted about future innovations.

Governance, risk management and quality measurement

- There were a number of policies and procedures for staff to refer to regarding managing risks and health and safety. These included; templates for weekly and monthly health and safety checks, reporting accidents and incidents, undertaking and recording risk assessments, managing violence at work and lone working. All of the policies were available on one page on the intranet. The policy page could be searched for specific issues. We reviewed a number of policies, all of them had been reviewed within their review dates.
- We were told that the majorityl of Brook's national policies had been written to be accessible and understandable to young people.
- The national clinical advisory committee reviewed risks for inclusion on the national risk register. The re-tendering of Brook contracts which could result in loss of, or reduction in funding was listed as a national risk, rated high. At the time of our inspection, Brook Southwark was due to undergo re-tendering.
- Strategic risks were discussed at the organisation's quarterly board meetings and any actions from this meeting cascaded throughout the organisation. The minutes of the board meetings reflected these discussions.
- Brook Southwark provided information regarding its service to the finance committee. This committee ensured that Brook managed its finances and risks effectively and efficiently in support of its charitable objectives. It provided assurance that Brook met its statutory and other obligations under the Companies and Charities Acts, its Articles of Association and other relevant frameworks.
- The national Safeguarding Advisory Committee ensured effective systems, processes and ongoing improvement in Brook's safeguarding policy and procedures. It also provided scrutiny, challenge and support to staff, and assurance to the Board.

Leadership of this service

- The registered manager was a nurse who had worked at Brook Southwark for a number of years. Staff consistently commented the manager was approachable, visible and supportive.

Are services well-led?

- Staff said that they felt confident to raise concerns with their immediate manager, the service manager or nationally.
- Nationally, the Board had overall governance responsibility for the organisation nationally and delegated authority through the chief executive to the executive and management teams. There was a clear written scheme of delegation. The board of trustees met formally at least four times per year and had four governance sub-committees.
- Leaders of the organisation had the skills, knowledge, experience and integrity they needed on appointment. Fit and proper person checks were carried out for trustees and directors prior to appointment, including Disclosure and Barring Service (DBS) checks, bankcruptcy and conflict of interest checks.

Culture within this service

- There was a positive culture throughout the service. All staff we spoke with described a positive working environment. A number of staff told us that they had chosen to work at Brook Southwark as they wanted to work with vulnerable young people and supported Brook's value and vision.
- Staff spoke of excellent team working and a supportive local and national leadership.
- Staff told us that there were monthly meetings where staff could discuss safeguarding and other issues from the point of view of their own personal wellbeing. Staff we spoke with said this was invaluable in helping relieve stress. However, following the inspection the management informed us that formal safeguarding supervision meetings were only held quarterly.
- Some staff expressed concerns about the re-tendering that the service was due to undergo. However, they told us that they felt confident that this would be well managed, and that changes would be communicated to them.

Public engagement

- There was a national Brook newsletter for young people and the wider public. The newsletter included details of forthcoming Brook events, and the way in which people could get involved with the charity.

Staff engagement

- Staff were proud to work for Brook and, specifically for Brook Southwark. They fully engaged with Brook's commitment to supporting young people. They told us that they felt engaged with the service. They felt able help young people where they didn't feel able to talk to other adults.
- Staff were encouraged to engage with Brook's national campaigns and fundraising, and a number of staff we spoke to told us that they had done so. They described Brook as a dynamic and innovative employer. One of the nurses was the director of her own charity, providing midwifery services in Uganda. She said that Brook had been fully supportive of this venture and had allowed her time to develop it.
- One of the trainee Contraceptive and Sexual Health (CASH) nurses that we spoke to told us that she was a qualified children's nurse. She told us that she had taken a role with brook Southwark at a lower banding in order to train as a CASH nurse, and in order to work for the organisation.
- Other staff that we spoke to explained that they had specifically sought out employment with Brook, as they shared its vision and felt that it was a positive place to work.

Innovation, improvement and sustainability

- The service had introduced a text queuing system, allowing patients to leave the waiting room whilst awaiting the appointment.
- The local management team told us they were working on developing innovative proposals for the service in advance of the re-tender.