

# HMP Altcourse

## Inspection report

Higher Lane  
Fazackerly  
Liverpool  
L9 7LH  
Tel: 01515222056

Date of inspection visit: 14 December 2022  
Date of publication: 25/01/2023

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

## Ratings

### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focused inspection of healthcare services provided by G4S Health Services (UK) Limited (G4S) at HMP Altcourse to follow up on the requirement notice issued after our last inspection in November 2021. At the last inspection, we found the quality of healthcare provided by G4S at this location required improvement. We issued a requirement notice in relation to Regulation 12, Safe Care and Treatment and Regulation 18, Staffing.

The purpose of this focused inspection was to determine if the healthcare services provided by G4S were meeting the legal requirements and regulations of the requirement notice; under Section 60 of the Health and Social Care Act 2008 and that patients were receiving safe care and treatment.

At this inspection we found the required improvements had been made and the provider was meeting the regulations.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection we found:

- The service provided safe care. The service had enough nursing and support staff to keep patients safe. Staff had completed and kept up to date with most of their mandatory training. The service had reduced its vacancy rates.
- Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date.
- Staff took part in clinical audits to improve patient safety and outcomes. Managers used results from audits to make improvements.
- Managers supported staff through regular, constructive appraisals of their work and clinical supervision.
- Patients did not experience delays in receiving a mental health assessment.
- Governance processes operated effectively at team level and performance and risk were adequately managed.

However;

- Managers did not analyse data sufficiently in relation to the temporary workforce; this meant the provider and managers did not have clear oversight of the demands of the primary care and primary care mental health service.

The areas where the provider SHOULD make improvements:

- Managers should ensure staff continue to complete all required mandatory training.
- Managers should ensure all in possession medicine risk assessments are reviewed in line with the provider's policy.
- Managers should consider how they record and analyse data in relation to the temporary workforce; to inform service delivery and maintain oversight.

## Our inspection team

This inspection was carried out by two CQC health and justice inspectors.

### How we carried out this inspection

Before this inspection we reviewed information that we held about the service including notifications and action plan updates.

During the inspection visit, the inspection team spoke with:

- Head of healthcare and operations director
- Eleven other staff members including; practice manager, mental health lead, nurses, healthcare assistants and pharmacy staff
- A number of patients
- Observed the administration of medicines and attended one meeting.

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Service action plan
- Standard operating procedures
- Medicines management data and meeting minutes
- Mental health service data
- Staffing data; including rotas, training, annual appraisal and clinical supervision
- Audit data
- Governance and contract meeting minutes.

## Background to HMP Altcourse

Located in Liverpool, HMP Altcourse is a category B local prison serving courts in the Merseyside and Cheshire regions. HMP Altcourse is a privately run prison; operated by G4S and accommodates approximately 1150 adult male prisoners.

Health services at HMP Altcourse are commissioned by NHS England & Improvement. The contract for the provision of healthcare services is held by G4S. G4S is registered with CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Our previous comprehensive inspection was conducted jointly with HM Inspectorate of Prisons (HMIP) in November 2021 and published on the HMIP website on 18 February 2022.

Report on an unannounced inspection of HMP Altcourse by HM Chief Inspector of Prisons 1-2 and 8-12 November 2021 ([justiceinspectorates.gov.uk](https://www.justiceinspectorates.gov.uk))

We found breaches of Regulation 12, Safe Care and Treatment and Regulation 18, Staffing.

# Are services safe?

## Safe Staffing

**The service had enough nursing staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

At our last inspection we found significant staffing shortages within the primary care mental health team (PCMHT), this challenged leaders and staffs' abilities to meet patients' needs.

At this inspection we found leaders had made changes to adequately resource the service. The team manager had successfully recruited into the 3 remaining full-time nursing vacancies; this meant the team will be fully staffed by February 2023.

In the interim, the team manager has taken a proactive approach to effectively staff the team across seven days. To ensure the safe delivery of primary mental health care, the team manager now utilises up to 6 regular bank and agency nurses daily, this safeguards the minimum number of 3 nurses required each day for PCMHT and facilitates the cross deployment of up to 3 staff into the primary care team (PCT). In the 6 months prior to this inspection the provider used an average of 4000 bank and agency hours each month to safely deliver the health service. However, the provider was unable to differentiate the hours used by the PCMHT and PCT. Managers discussed workforce and recruitment regularly; locally within the integrated clinical governance meeting and at the provider contract meeting with partners. Staffing challenges remain on the risk register.

Team managers from PCT and PCMHT met daily to discuss staff allocations for the following day; this was to ensure managers could forecast and meet the needs of each team safely. Staff from the PCMHT told us they recognised there had been a reduction in the frequency of cross deployment into the PCT and this had improved their experience as a member of staff and the service offer. This included having time to effectively manage their caseloads and develop care pathways; in particular for learning disability and autism.

Overall mandatory training compliance was 92%; including immediate and basic life support, infection control, clinical governance and level 1 and level 2 safeguarding for children and adults. However; level 3 safeguarding compliance required improvement at 60% and 61% respectively.

## Medicines management

**The service used systems and processes to safely administer and record medicines.**

At our last inspection we found there was no proper and safe management of medicines. We observed staff secondary dispensing medicines (When medication is removed from the container in which it was received from the pharmacy and put into a different one prior to administration) on Melling wing, nurses were "potting up" medicines and delivering door-to-door.

At our last inspection controlled drug registers were inaccurate and were not signed or witnessed appropriately. Staff did not review patient in possession medicine risk assessments (IPRA) in line with the provider's policy. Staff did not use the correct equipment to accurately measure small doses of methadone liquid.

# Are services safe?

Following our previous inspection managers took immediate action to stop the practice of secondary dispensing and the unsafe administration of medicines. During staff meetings managers reminded staff of the processes for safely administering medicines. In addition, staff completed medicines competency training, this included online learning, a self-declaration of competency and electronic links to up to date information in local procedures and provider policies. We reviewed some medicines related policies, these were in date and had been reviewed by the provider.

At this inspection we found staff safely managed the administration of medicines; including on Melling wing. During this inspection we did not observe staff secondary dispensing any medicines. Staff followed systems and processes to administer medicines and completed medicines records accurately and kept them up to date.

We sampled several controlled drug books and found records to be accurate, with the appropriate signatures in place. We found only 2 entries across the service where there were omissions in witness signatures. The pharmacy team had issued clear guidance to staff in relation to the legal requirements for schedule 2, 3 and 4 medicines. This information was on display in each treatment room and acted as a visual prompt for staff regarding signatures required for each type of medicine. To strengthen the governance arrangements regarding controlled drugs, the pharmacy team, alongside senior nurses from PCT completed regular audits of controlled drug registers across the prison, this ensured improvements in practice had been maintained and were embedded.

At this inspection we reviewed 11 patient IPRA documents, 8 IPRA's indicated patients could have their medicines in their possession and 3 were not in possession. All 11 IPRA's were completed accurately and indicated an initial risk score. Where required, staff had reviewed and updated IPRA's; this included changes to in possession medicines in response to increased risk. Pharmacy staff acknowledged challenges remained within the service regarding the required 6-month review of all IPRA's; however, leaders were sighted on this and were working towards addressing this.

At the previous inspection in November 2021, we identified that staff did not use the correct equipment to measure small amounts of methadone liquid. At this inspection we found the service had increased access to equipment for measuring methadone liquid in 3 clinical areas. The only area that did not have access to this equipment was on Melling wing; however only 8 patients were prescribed methadone on this wing during this inspection.

# Are services effective?

## Skilled Staff to Deliver Care

**Managers made sure they had staff with the range of skills needed to provide quality care. They supported staff with appraisals and supervision.**

At our last inspection we found only 40% of staff had received an annual appraisal of their performance prior to the inspection in November 2021.

At this inspection we found managers ensured staff received appropriate support, training and annual appraisal. In the 12 months prior to this inspection, 92% of eligible staff had received appraisal of their performance. Most staff received regular clinical supervision.

Staff we spoke with from the PCMHT were positive about the support they received from managers and peers. Staff told us managers had an open-door policy and were accessible when support and advice was needed. Staff had confidence in the support they received and valued this.

## Best Practice in Treatment and Care

**The PCMHT manager regularly completed audit activity to maintain oversight of quality and performance of the team.**

At this inspection we reviewed a range of audits completed within the PCMHT. The team manager regularly completed audits of the team's waiting lists and provided weekly updates to the head of healthcare. Additional monthly audits of care plans, ACCT reviews, crisis interventions and record keeping were completed.

Managers shared the outcomes of audit activity at the integrated clinical governance meeting, this maintained oversight of the performance and risks associated with the PCMHT.

# Are services responsive to people's needs?

## Access

### **Patients received appropriate assessment of their mental health and this was in line with national guidance.**

At our last inspection we found that patients experienced delays in receiving a mental health assessment within 48 hours of referral. Twenty-six patients were overdue their assessment, 8 patients had waited over 6 days and 1 patient had waited for over 2 weeks.

At this inspection we found managers had taken effective action to address the service's response to requests for mental health assessments. Managers acknowledged that demands of medicines administration within the wider health service had historically impacted on the ability of the PCMHT to undertake their work.

Commitment by managers to improve capacity within the PCMHT has ensured patients do not experience a delay in receiving a mental health assessment. Managers have introduced a daily meeting to discuss referrals into the mental health service. Representatives from both primary and secondary mental health services attended and discussed each referral. During this inspection we observed a daily meeting and staff identified which service would be best placed to follow up on each referral. This meeting assured the provider patients' needs were reviewed quickly and oversight maintained of waiting lists.

We reviewed waiting lists for urgent and routine mental health assessments and all 31 patients requiring urgent assessment of their mental health between 05 December 2022 and 11 December 2022 were seen within 48 hours of referral, as per national guidance.

Staff used a separate waiting list for patients requiring a routine assessment of their mental health. At the time of this inspection there were 36 patients on the waiting list. National guidance indicates patients within prison should receive a routine assessment of their mental health within 5 working days. The longest wait we identified was 8 days for one patient; although staff had attempted to see this patient twice, and the remaining 30 patients were still within the 5-day timeframe for assessment.

We sampled a number of patient care records of those patients waiting for a routine assessment of their mental health. It was clear from the referral notes; some of the 36 patients on the waiting list required a review of their mental health, rather than a full assessment. The PCMHT manager acknowledged the service still had work to do on managing the waiting lists, this included a more effective triage process. Staff we spoke with confirmed this would benefit their work and improve the service.

# Are services well-led?

## Good Governance

**Governance processes operated effectively at team level and performance and risk were adequately managed. This improved patient safety and service delivery.**

At the previous inspection we identified significant shortfalls in staffing across the health service and the impact this was having on the primary care mental health service.

At this inspection we found staffing remained a challenge across the wider health service and there is a reliance on a temporary workforce to maintain the delivery of a safe and responsive service. Most managers worked proactively to ensure enough numbers of staff were available each day; although this mostly safeguarded the work of the PCMHT; the constant focus on rotas added additional pressure to some managers and suggests an ongoing fragility within the wider health service. Managers did not record when resources from PCMHT were used to support the PCT in medicine administration; this meant there was no clear oversight of the extent of cross deployment between the PCMHT and PCT.

However, we found the impact of staffing challenges on the PCMHT had reduced and staff successfully provided appropriate and timely mental health assessments. In addition, recruitment to the PCMHT has been successful.

At our last inspection we found there was no proper and safe management of medicines.

At this inspection we found managers had made changes to the service to ensure the safe and proper administration of medicines and had oversight of medicines management processes. The introduction of regular audits of controlled drugs and medicines competency training has had a positive effect on patient safety. This meant managers were assured of the impact and quality of the changes made to service delivery.