# City Health Care Partnership CIC - HMP Humber

## Inspection report

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

# Overall summary

We carried out an announced focused inspection of healthcare services provided by City Health Care Partnership CIC (CHCP) at HMP Humber on 10 December 2019. We last inspected the service in March 2019 when we judged that City Health Care Partnership CIC was in breach of CQC regulations. We issued a Requirement Notice on 24 May 2019 in relation to Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The purpose of this inspection was to determine if the healthcare services provided City Health Care Partnership CIC were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

We do not currently rate services provided in prisons.

At this inspection we found:

- The provider had implemented additional governance and quality assurance measures to ensure that patient care was appropriately monitored.
- There was effective partnership working with the prison to continually improve and develop health care services for patients.
- Managers had successfully recruited a range of new staff and had worked with CHCP community services to provide a variety of training and development opportunities, available to all staff.
- Staff were well supported with weekly team supervision sessions and regular managerial supervision.
- No alternative to methadone for treatment of substance misuse and dependency was yet available, however discussions with prison management and NHS England commissioners were ongoing as to how this could be facilitated.
- Improvements had been made to the oversight of medicines including a new system for compliance checks and regular audits to ensure that patient group directions were appropriately signed and authorised.

The areas where the provider should make improvements are:

- Clinical coding should be effectively embedded to improve data quality and monitoring of patient care.

## Our inspection team

The inspection was conducted by two CQC health and justice inspectors.

Before this inspection we reviewed the action plan submitted by CHCP to demonstrate how they would

achieve compliance, and a range of documents submitted by CHCP. We also reviewed information provided by NHS England commissioners.

Evidence we reviewed included:

- Complaints policy, processes and monitoring arrangements.
- Audits and reviews of new processes.
- Staff supervision policy and monitoring data.
- Minutes of team meetings and management meetings and shared learning.
- Service performance data.

During the inspection we spoke with the head of healthcare, senior CHCP leaders, healthcare managers and a range of healthcare staff. We also spoke with the governor of HMP Humber.

## Background to City Health Care Partnership CIC - HMP Humber

HMP Humber is a closed category C resettlement prison, located in a rural part of Humberside. The site is large, and health care services are delivered in two zones within the prison. During our visit HMP Humber was holding about 1,030 male prisoners.

Health services at HMP Humber are commissioned by NHS England. The contract for the provision of healthcare services is held by City Health Care Partnerships CIC (CHCP). CHCP is registered with CQC to provide the regulated activities of Diagnostic and screening procedures, Personal care, Surgical procedures and Treatment of disease, disorder or injury.

The report on the March 2019 focused inspection can be found on our website at:

https://www.cqc.org.uk/location/1-2076222918

This inspection report covers our findings in relation to those aspects detailed in the Requirement Notice issued to CHCP in May 2019.

# Are services safe?

We did not inspect this key question in full at this inspection. We inspected aspects mentioned in the Requirement Notice issued to CHCP in May 2019.

At our last inspection we found that there were areas of care and treatment which required improvement. These included:

- Clinical information from secondary care was not being coded into patient records.
- Patient group directions had not been signed by authorising managers.
- There was no system in place for compliance checks when patients were issued their medicines in possession.

**Information to deliver safe care and treatment**

- During this focused inspection we found that immediately after our inspection in March 2019, additional training had been provided for administrative staff around read coding and scanning information from secondary care into patient records.
- There had been staff turnover in the administration team and two members of staff were currently in their induction period. A clear induction package which included scanning and coding letters from secondary care into patient records within the prison health environment had been arranged for these staff.
- Managers had arranged for two days training on scanning and coding in community GP practices to ensure the process within the prison health service reflected community health service processes.
- Managers continued to build relationships with community mental health teams to share information and improve continuity of care for patients with mental health needs

**Safe and Appropriate use of medicines**

Managers had made improvements since our inspection in March 2019 to ensure medicines management met legal requirements.

- This included partnership working with prison managers and staff to successfully open a third treatment room for administering methadone to reduce delays and queues for patients being prescribed methadone for substance dependency. We were informed this had increased safety around administration of methadone. Discussions were under way with prison managers and NHS England commissioners as to whether another room could be converted to a treatment room.
- There remained no alternatives to methadone for substance misuse treatment available, although there was ongoing dialogue with prison management over how this could be facilitated, as it would require additional officer supervision.
- The provider had started providing harm minimisation and overdose prevention support for patients with substance misuse needs and offering naloxone (a medicine used to block the effects of opioids and reduce risk of overdose) for patients released into the community. To date, no patients had accepted this medicine.
- Managers had worked with pharmacy technicians to trial arrangements for conducting compliance checks on patients allowed to keep medicines in possession. The final process was now being written up as an operating procedure. New pharmacy technicians had been recruited and more regular compliance checks were planned.
- Patients could request to see a triage nurse every day for minor ailments.
- More than 40 patient group directions (PGDs) were available to allow nurses to administer and or supply medicines to patients without a prescription. This list was comprehensive and included over the counter medicines for common health conditions as well as prescription-only medicines, vaccinations and medicines for use in an emergency.
- There was currently no alternative policy or process to facilitate prompt access (administration or supply) to an appropriate range of over the counter medicines. The provider was reviewing medicines administration arrangements to consider introducing a homely remedies policy which would allow pharmacy technicians to administer and or supply over the counter medicines such as paracetamol for pain relief.
- We reviewed the patient group directions and the monthly audits which demonstrated managers were now authorizing them after they had been signed by clinical staff.

# Are services effective?

We did not inspect this key question in full at this inspection. We inspected aspects mentioned in the Requirement Notice issued to CHCP in May 2019.

At our last inspection we found that there were areas of care and treatment which required improvement. These included:

- Staff supervision was not happening in line with organisational policy and monitoring of supervision was insufficiently embedded.

We found that the provider had made several improvements to care and treatment during this focused inspection.

**Effective staffing**

At our inspection in March supervision was not always happening in line with CHCP policy. Monitoring arrangements were unable to demonstrate what supervision was taking place for all staff teams. This was partially due to the significant vacancies at the time. New arrangements for supervision and monitoring had been effectively embedded since the last inspection.

- The provider had undertaken considerable work around recruitment and staff development which had led to increased staffing including nurses, pharmacy technicians and senior nurses.
- Managerial and clinical supervision were now happening more frequently and in line with CHCP policy for most of staff. Monitoring arrangements identified where supervision had not taken place which allowed managers to follow up and ensure all staff were appropriately supported.
- Staff told us that they were well supported with supervision, as well as weekly team briefings where any concerns and learning from incidents were shared.
- CHCP had supported the prison team in working closely with community colleagues to develop staff, and plans were in place for existing staff to undertake placements in community services to help them refresh and improve their skills.
- Prison health staff were receiving training from community staff to help increase the breadth of service they could provide within the prison. For example, two staff were being trained in fibro scans which would allow them to offer this to patients diagnosed with Hepatitis and improve their care within the prison environment.

**Monitoring care and treatment**

- The provider had developed a range of monitoring arrangements to continuously review and improve the service. These included audits of patient group directions, patient records, emergency bags, in possession risk assessments (for patients in receipt of medicines), care plans and long-term conditions. The provider had also arranged an external audit of data quality and reporting.
- A project was underway to improve the quality of coding in patient records though this had not yet impacted significantly on performance data.

# Are services well-led?

We did not inspect this key question in full at this inspection. We inspected aspects mentioned in the Requirement Notice issued to CHCP in May 2019. During this inspection we saw evidence to show how the provider had continually improved the service and have reported on the elements which demonstrate continued improvement.

At our last inspection we found that there were areas of governance and monitoring arrangements which did not adequately identify and address risks to patients. We also found that the application of the Duty of Candour policy did not effectively support a culture of openness and transparency.

**Leadership capacity and capability**

Since our last inspection, the provider had recruited a new clinical lead for mental health and substance misuse and five new senior nurses were currently in induction. There had been regular visits by CHCP senior leaders, and the head of healthcare had given a presentation to the CHCP executive board around the complexities of delivering healthcare in the prison environment. This had led to greater integration and support for developing improvements to the service and demonstrated that leaders had the capacity and capability to effectively deliver and improve the service.

**Culture**

- The provider had updated the Duty of Candour policy and ensured that staff were given appropriate guidance and advice on using this.
- Consideration of Duty of Candour was evidenced in the incident reports we reviewed.
- Staff were clearly sighted on the requirements of the Duty of Candour policy.
- Those staff we spoke to described how well supported they were and explained how they would immediately inform and apologise to a patient if there were concerns about how the patient's care might have been incorrect in any way.

CHCP had commissioned an independent cultural survey for their prison-based staff which was taking place at the time of our visit to inform any actions deemed necessary to develop the organisational culture.

**Governance arrangements**

The evidence we reviewed demonstrated stronger governance and oversight of the service since our last inspection. These included:

- Weekly conference calls with CHCP board
- Regular reviews of action plans with support from service managers outside of the prison.
- A range of monitoring, audits and checks to ensure that processes were working effectively and safely had been introduced.
- Each team was asked to conduct reviews of their work, and the head of healthcare discussed their findings with them.

**Managing risks, issues and performance**

Healthcare managers had worked closely with CHCP leaders to develop appropriate monitoring arrangements.

The head of healthcare maintained a risk register for the service to ensure that risks were identified, escalated and mitigated as appropriate.

**Engagement with patients, the public, staff and external partners**

Managers recognised the importance of partnership working to continually develop the health care service for patients. The Governor and NHS England commissioners informed us that healthcare managers were working with them effectively to help transform the service and improve patient outcomes.

- CHCP had made changes to their substance misuse staffing arrangements to increase the numbers of staff on the recovery unit six days a week.
- The governor described how CHCP were supporting prison staff in helping men who had been drug dependent for many years make positive changes to their lives. There were now consistently 60 prisoners residing on the recovery unit, with a waiting list to join the unit. This had been achieved through partnership working with the prison.
- The governor and head of healthcare were working to gain accreditation for the recovery unit as an enabling environment.
- Three prisoners currently undertook a recovery champion role, supporting patients recovering from substance misuse and dependency. The service was planning to develop this into to a wider health-focused role.

# Are services well-led?

- Prison managers had nominated the recovery unit staff for the Team of the Year award within the Yorkshire Prisons Group.
- The healthcare team had presented information on the various aspects of health care services available at prison-wide staff meetings.

There was a strong focus on patient engagement and patient feedback was used to inform service delivery.

- Healthcare staff attended three separate monthly prison forums to involve patients in service development.
- The provider had made changes to the recovery unit activities following patient suggestions.
- An independent health council met every three months, with learning shared with CHCP, prison managers and NHS England commissioners. In this forum, prisoners met with external independent facilitators without health or prison staff present which allowed for the patient voice to influence service development.
- There had been 235 friends and family test responses received for the service between September and November 2019, of which 95% said they would be likely, or extremely likely, to recommend CHCP services to their family and friends.

Healthcare managers had also improved links with community services to support the development of the prison health care provision. For example:

- The practice manager had worked with a read coding and scanning lead for community GP practices to ensure that prison arrangements were developed in line with community services.
- Clinicians had access to community specialists for advice and could bring in specific clinicians should patient care require it. For example, HIV or diabetic specialist clinicians were accessible.
- Agreements were being set up to send established prison nurses into community services to help upskill them, so they could provide more efficient care within the prison. This included rotation to urgent care centres.
- Prison health care managers had worked with community service managers to develop rotational roles, where healthcare staff would rotate between the prison and different community services to develop skills and share learning. The first of these was currently being advertised.

**Continuous improvement and innovation**

The provider had made service development a central focus of service delivery.

- A transformation panel had been set up with monthly calls to look at the service development plan, staff wellbeing, patient engagement and medicines management.
- The panel was attended by the director of nursing, human resource, information technology and governance colleagues. This meant that all key departments were involved at the planning stage of service development and gave the local management team support and assurance.
- A number of proposals and funding requests had been submitted to NHS England commissioners. One of these included a bid to introduce tele-medicine, to increase the numbers of GP appointments by offering patients remote appointments with a GP in the community.