

# HMP Gartree

## Inspection report

Gallow Field Road  
Gartree  
Market Harborough  
Leicestershire  
LE16 7RP

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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

Between 22 and 23 January 2020 we carried out an announced focused inspection of healthcare services provided by Nottinghamshire Healthcare NHS Foundation Trust at HMP Gartree.

Nottinghamshire Healthcare NHS Foundation Trust took over healthcare services at HMP Gartree on 1 November 2018. This focused inspection was carried out to follow up on concerns identified during our last inspection in August 2018 with the previous healthcare provider, during which breaches of Regulations 12, Safe care & treatment, Regulation 17 Good governance, and Regulation 18, Staffing had been identified.

The purpose of this focused inspection was to determine if healthcare services provided by Nottinghamshire Healthcare NHS Foundation Trust were meeting the legal requirements of the above regulations under Section 60 of the Health and Social Care Act 2008, particularly in relation to the previous areas of concern.

We do not currently rate services provided in prisons.

Our key findings were as follows:

- The risks associated with in-possession medication had been identified and were in the early stages of being addressed.

- Substance misuse services had appropriate clinical oversight, and the required drug testing kits were available.
- The oversight of pharmacy services had improved, however new governance systems were in early stages of development following recent recruitment of senior pharmacy staff.
- The governance of social care was good, however record keeping did not always accurately reflect the detail of interactions with patients.
- Governance systems to assess, monitor and improve the quality and safety of the service were effective.
- Staff felt supported and had access to appropriate supervision and training for their roles.

The areas where the provider **should** make improvements are:

- Social care records reflect the care delivered to patients.
- Governance systems and processes are embedded to assess, monitor and improve the quality and safety of services.
- Systems should identify all those who miss doses of their medication and healthcare staff should ensure they are followed up.

## Our inspection team

The inspection was carried out by two health and justice inspectors, and one medicines optimisation inspector.

Before this focused inspection we reviewed a range of information that we held about the service, including action plans we had received from the provider since they started delivering services at HMP Gartree in November

2018. Following the announcement of the inspection we requested additional information from the provider, including an updated service improvement plan, which we reviewed.

During the inspection we asked the provider to share further information with us. We spoke with healthcare staff, prison staff and people who use the service, and sampled a range of records.

## Background to HMP Gartree

HMP Gartree is a high security category B lifer centre holding adult males. The prison is located in the village of Market Harborough in Leicestershire and accommodates up to 707 prisoners. The prison is operated by Her Majesty's Prison and Probation Service.

Nottinghamshire Healthcare NHS Foundation Trust is commissioned by NHS England to provide integrated

health care to patients at HMP Gartree including primary health care, mental health care, social care and clinical and psychosocial substance misuse services.

Nottinghamshire Healthcare NHS Foundation Trust is registered with CQC to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury at the location HMP Gartree.

# Are services safe?

## Monitoring risks to patients

At our last inspection we found that patients engaging with the clinical substance misuse service could not be tested for certain drugs in line with the voluntary drug testing compacts they had signed. Specifically, we found that some testing kits had not been available for several months and some patients had not received their routine tests.:

During this inspection, we found that the appropriate drug testing kits were available:

- Patients receiving clinical substance misuse interventions were tested regularly in line with drug testing compacts.
- The trust had also responded to local increases in the illicit use of Pregabalin medication and had sourced drug testing kits for this specific substance.

At our last inspection, we found that the arrangements to manage the risks associated with patients holding their medicines in-possession were inadequate. We found that:

- Staff could not confirm who was responsible for completing in-possession risk assessments.
- 100 patients prescribed in-possession medication had not had a risk assessment completed.
- Did not attend (DNA) rates for the collection of in-possession medication had not been monitored and remained high.
- There were no arrangements in place to follow up patients who did not attend to collect in-possession medication.

During this inspection we found that the arrangements to manage the risks associated with in-possession medication had been identified and were being addressed:

- 99.7% of prisoners had an in-possession risk assessment on the day we inspected. The high percentage had been consistently maintained since August 2019 and completion of the risk assessment was embedded within the reception process.

- 66% of prisoners were receiving their medicines in-possession and individual needs were assessed and medicines supplied appropriately, for example using blister packs.
- A new process was implemented in December 2019 for automatic reports to generate daily from the electronic patient record system identifying patients who had failed to collect their medication. Reports were reviewed daily by the senior pharmacy technician and actions tasked to members of the healthcare team to follow up patients.
- Patients who failed to collect critical in-possession medicines were followed up by a pharmacy technician who visited patients on the wings.

## Arrangements to deal with emergencies

At our last inspection we found that emergency bags maintained by healthcare staff were not checked and managed appropriately. We found that some items of emergency equipment were missing or were out of date. Records of checking this equipment were inaccurate, or incomplete.

During this inspection, we reviewed processes and log books for the emergency bags maintained by healthcare staff and found that:

- A member of the healthcare team was allocated to check the emergency equipment daily, and this was monitored during daily handover meetings to ensure the task had been completed and action was taken where required
- All emergency bags were being checked regularly by nursing staff and we found that all emergency bags were complete.
- Pharmacy staff monitored the process and ensured that emergency medicines were within date and suitable for use.

# Are services effective?

## Effective staffing

At our last inspection we found that staff did not receive appropriate support, training and supervision to enable them to carry out the duties they were employed to perform.

During this inspection staff told us that they felt well supported and had good access to training and supervision. We found that:

- A training needs analysis and review of staff skill mix had been carried out after the provider took over services in November 2018.
- Training was recorded for each staff member individually on the organisational intranet which managers could access at any time to monitor compliance.
- Compliance with mandatory training had improved since the last inspection and any gaps were known to managers and were being managed effectively.
- Staff told us they had received appraisals and could access training they required.
- Staff told us that they felt well supported and received regular supervision from managers.
- Supervision sessions were recorded on a local database which was overseen by the head of healthcare.

# Are services well-led?

## Seeking and acting on feedback from patients, the public and staff

At our last inspection we found that patient feedback was not sufficiently analysed or used to inform service delivery and improvement.

During this inspection we found that:

- Patient forum meetings were taking place monthly and recorded by healthcare administration staff.
- In November 2019, staff started to include a 'you said, we did' section within the minutes of the patient forum meeting to demonstrate the actions taken in response to patients' feedback.
- A new healthcare leaflet designed by patients for patients was in development as a result of patient feedback.
- Patients had requested a nicer experience when coming to the healthcare waiting room. In response, staff had started to open the reception area (which had previously been closed) within the waiting room which was well received by patients.
- Pharmacy medication times had been altered in response to concerns from patients that the times clashed with movements to work.

## Governance arrangements

At our last inspection we found that governance systems were insufficient. In particular in relation to audit, learning from adverse incidents, infection prevention and control, policy review, service oversight and risk management

During this inspection we found that governance systems were robust and enabled the trust to assess, monitor and improve the quality and safety of the service. In particular, we found that:

- An offender health audit schedule was in place and was adhered to locally. Two annual infection control audits had taken place as well as regular care plan and record audits. A controlled drugs audit had been completed in the pharmacy team in December 2019, and ongoing hand hygiene audits were in progress. Audit findings were shared during team meetings to share lessons learned. For example, the quality of care planning had been improved following a recent audit within the substance misuse team.
- Learning from incidents and complaints was shared with the healthcare team through a monthly bulletin

which was also discussed during staff handovers and monthly team meetings. For example, a medicines storage procedure was discussed and implemented in October 2019 following concerns identified across multiple offender health sites provided by the Trust.

- The risks associated with the medicines administration room on G wing had been identified in the infection control audits and as a result, the trust had worked with prison governors to identify and equip a new room for medicines administration. A plan was in place for the G wing room to close shortly after our inspection, and we saw that the new room was compliant with infection control guidelines (Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance).
- A full range of up to date healthcare policies were available on the organisational intranet which all staff were able to access. Offender health standard operating procedures were adapted for use at HMP Gartree, and a review of pharmacy procedures was scheduled with newly recruited pharmacy managers.
- There was improved oversight of the clinical substance misuse service; the manager felt well supported by offender health substance misuse managers, and links were well established with similar trust services providing peer support. Trust policies and procedures had been applied as well as additional training for the team which had led to improved case management.
- A memorandum of understanding had been agreed between the trust, the prison and the local authority outlining the pathway and responsibilities for referral, assessment and delivery of social care at HMP Gartree. Regular meetings were taking place to review referrals and pathways, and a lead had been identified within the healthcare team to oversee social care delivery.
- A service risk register was in place and was reviewed during the offender health directorate management team meetings. The risk register we reviewed reflected the risks within the service with appropriate control measures to mitigate the risk and reduce the impact on patients.

During this inspection, we found that whilst significant improvements had been made to the oversight of the pharmacy service, a number of senior pharmacy staff were newly recruited, and processes needed to be embedded. In particular we found that:

# Are services well-led?

- A part time pharmacist had been in post since August 2019 and a full-time lead pharmacy technician had been in post since September 2019. The pharmacist was still undergoing training with regards to setting up audits within the pharmacy service.
- There was an area pharmacist lead appointed in January 2020 to oversee pharmacy services at HMP Gartree.
- There were regular team meetings for pharmacy staff to share learning and express their views. A representative from the external pharmacy provider was invited to participate in these meetings.
- A Controlled Drug Audit had taken place in December 2018 and was currently being repeated during January 2020.
- A review of stock had taken place and some medicines had been rationalised, however further work was required to ensure that all medicines could be accounted for when they had been accessed out of hours.
- The process to identify patients who failed to attend for supervised doses of their medicines needed to be reviewed to ensure that all prisoners were referred for a clinical review in line with professional guidance.

At our last inspection we found that the care records for patients receiving social care were incomplete and did not provide assurance that care was being consistently provided. During this inspection, we found that the recording of social care interventions had improved, however this was not routinely monitored to ensure records evidenced care given. In particular we found that:

- Daily social care visits were added to the appointment ledger on SystmOne (the electronic patient record system) and staff confirmed if the visit had taken place by ticking a box on the system.
- Three patients were receiving social care at the time of the inspection.
- One patient's records were completed regularly to demonstrate care had been delivered in line with the patient's care plan.
- The remaining two patient's records showed that although the appointment ledger had been ticked to show that a social care visit had been conducted in line with the patient's care plan, there was not always a corresponding entry to detail what care had been provided, and any observations from the carer or comments from the patient.
- Following the inspection feedback, the service manager and area manager have made improvements to better support the quality of recording. They have conducted two audits of social care records, updated the daily staff handover to include social care recording, added the recording of care to the joint social care governance meeting with the local authority for monthly monitoring, and conducted social care record keeping training with around half of the staff team with plans in place to deliver this to remaining staff during next supervision sessions.
- The two patients with gaps in the recording of their social care did not raise any concerns about the care they received.

Appropriate action was taken in response to inspection feedback, and the provider acted quickly to address and mitigate the concerns identified regarding social care record keeping.