

HMP Wayland

Virgin Care Services Limited.

Griston
Thetford
Norfolk
IP25 6RL

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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.

Ratings

Overall summary

We carried out a focused inspection on 11 April 2018, under section 60 of the Health and Social Care Act 2008. The purpose of this inspection was to follow up on the Requirement Notice in relation to Regulation 18, Staffing, that we issued after a joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) between 26 and 30 June 2017.

We do not currently rate services provided in prisons.

This report covers our findings in relation to those aspects detailed in the Requirement Notice issued and the joint HMIP/CQC report recommendations that related to healthcare delivery.

Our Key findings were as follows:

- The provider had developed their recruitment pathway effectively to ensure that a range of suitably qualified staff were in post and several new staff had been employed.
- Staff had access to a range of appropriate training. The provider had developed a relationship with the local

NHS trust to facilitate shadowing opportunities for staff. The provider supported additional learning and qualifications to enable nurses to properly support patients with long-term conditions.

- Patients entering into the establishment were suitably assessed, referred and treated for long-term conditions.
- All patients with long-term conditions had care plans to ensure that their needs were met.
- Access to healthcare services was good. There was a suitable triage process and a range of nurse-led clinics available for patients
- The provider had developed a health promotion strategy which included a wide range of health and wellbeing services. This was yet to be implemented.

There remained areas of practice where the provider should continue to make improvements:

- To the development of new staff in post to ensure they have the necessary skills to manage long-term conditions effectively.

To fully implement the health promotion strategy and engage the prison and other care providers in this process.

Our inspection team

Our inspection team was led by a CQC health and justice inspector, accompanied by a CQC health and justice inspection manager.

Background to HMP Wayland

Her Majesty's Prison Wayland is a category C training prison and holds just over 1,000 adult male prisoners. Virgin Care Services Limited is commissioned by NHS England to provide a range of primary healthcare services to prisoners. This includes nursing, GP, clinical substance misuse services and pharmacy services. Dental services and mental health are subcontracted. The location is registered to provide the regulated activities: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

CQC inspected this location with HMIP between 26 and 30 June 2017. We found evidence that fundamental standards were not being met and a Requirement Notice was issued in relation to Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had produced an action plan outlining how they addressed the issues identified. We reviewed this alongside evidence, and the relevant recommendations made by HMIP and CQC in their joint report, as part of this focused inspection. We found that the provider had addressed the previous breach of regulations identified.

Why we carried out this inspection

We undertook a focused inspection under Section 60 of the Health and Social Care Act 2008. The purpose of the inspection was to follow up the Requirement Notice that we issued following a joint inspection with HMIP in June 2017, and to check that the provider was meeting the legal requirements and regulations associated with the Act.

The joint report published following the June 2017 inspection can be found by accessing the following website:

Summary of findings:

Are services safe?

We did not inspect the safe key question in full at this inspection. We inspected only those aspects detailed in the Requirement Notice, issued in October 2017, and the joint HMIP/CQC report recommendations that related to healthcare delivery.

- Since the last inspection, the provider had developed their recruitment pathway. There was a range of suitably qualified staff in post, including a deputy manager and lead nursing staff, and there were no vacancies at the time of this inspection. This ensured that there were adequate levels of staff trained in the management of long-term conditions to meet the needs of patients.
- Managers kept an up to date training log and supported staff to develop skills and qualifications which enabled them to support patients with complex needs.
- The provider had an up to date in-possession medication policy. Staff followed up on any missed medication that was deemed critical, which ensured patients were being offered critical medication in a timely manner.

Are services effective?

We did not inspect the effective key question in full at this inspection. We inspected only those aspects detailed in the Requirement Notice, issued in October 2017, and the joint HMIP/CQC report recommendations that related to healthcare delivery.

- Since the last inspection the provider had developed a long-term condition clinic list to enable staff to manage all patients' needs effectively. Nursing staff were holding specific clinics reviewing patients' care and treatment. This included clinics for epilepsy, diabetes, asthma and chronic Obstructive Pulmonary Disease (COPD).
- Since the previous inspection the provider had developed pathways for each long-term condition following National Institute for Care and Excellence (NICE) guidance. Staff followed a standard operating procedure so that when a medical condition was diagnosed or suspected, the patient was automatically referred to a clinic list to enable them to receive the correct care and treatment.
- The provider had developed an integrated health and wellbeing initiative, working with other services within the prison to promote health and mental health across the prison population.

- Staff we spoke with said they felt supported by management. They were positive about the leadership and felt they worked well as a team.
- The provider had developed a strategy involving the local NHS trust, to arrange for a qualified nurse to work alongside their staff to deliver epilepsy reviews and upskill staff.

Are services caring?

We did not inspect the caring key question in full at this inspection. We inspected only those aspects detailed in the Requirement Notice, issued in October 2017, and the joint HMIP/CQC report recommendations that related to healthcare delivery.

- Patients with long-term conditions had care plans to ensure they received the care and treatment that they required. Staff adapted these care plans to make them person centred. Care plans were up to date and copies given to patients, which helped inform them of their treatment.

Are services responsive?

We did not inspect the responsive key question in full at this inspection. We inspected only those aspects detailed in the Requirement Notice, issued in October 2017, and the joint HMIP/CQC report recommendations that related to the healthcare delivery.

- A qualified nurse triaged any healthcare requests daily to effectively prioritise appointments based on clinical need. Patients could also access healthcare advice by visiting the healthcare department or by asking an officer to call and ask for a nurse. This ensured patients were seen urgently if needed.
- The prison had supported healthcare staff by allocating a uniformed member of staff to assist with getting prisoners to and from healthcare, which improved access.
- A single confidential healthcare complaint system was in place. Patients had access to a Patient Advice and Liaison Service (PALS) clinic weekly. This ensured that patients were given the opportunity to be seen face to face to discuss their concerns.

Are services well-led?

We did not inspect the well led question during this focused inspection.

Are services safe?

At our previous inspection between 26 and 30 June 2017, we had concerns that the provider did not deploy sufficient numbers of suitably-qualified, competent, skilled and experienced staff in order to provide patients with long-term medical conditions an appropriate level of care. We were concerned that there were no members of staff trained in the management of specific long-term conditions. During our previous inspection we were concerned that there was no staff member allocated to ensure that patients with long-term conditions were correctly identified and registered to ensure they received the care needed. Overall, we found the level of trained staffing and the provisions of care for patients with long-term conditions had improved when we undertook a follow up inspection in April 2018.

Safe staffing

Since our last inspection the provider had recruited a range of staff using innovative recruitment arrangements to ensure there were adequate numbers of suitably skilled staff available. The deputy head of healthcare had been in post since December 2017 and a nurse practitioner had just joined the team. There was an allocated long-term condition lead nurse along with five full-time nurses each taking responsibility for supporting patients with long-term conditions. There were two full-time healthcare assistants and three GPs in post.

Following the previous inspection the provider developed an action plan that identified challenges with recruitment. In order to ensure patients with long-term conditions received appropriate care and treatment, they invested in a software programme that gave clinicians access to the latest evidence-based resources, assisted staff with diagnosis, referrals and the development of care plans. This ensured staff could support patients more effectively.

Managers kept an up to date training log, which showed that staff had completed additional training in long-term conditions. All staff had completed spirometry training, which is used to diagnose respiratory conditions. Mandatory training figures were good and included basic life support.

Managers supported staff to develop their professional qualifications and skills. The lead long-term condition nurse was due to start a university qualification. However, over 50% of staff were new and further specific training was

yet to be arranged. Most staff training in long-term conditions was self-directed or online learning, which meant training may not always meet the needs of the member of staff.

All staff had an up to date supervision record. The provider had a clear organisation supervision structure so staff could receive supervision specific to their role from their line manager. Supervision was offered monthly and group supervision was also available. We saw records where staff discussed patient safety, effective decision making, patient dignity and hospital appointments. This ensured staff were suitably supervised and given time for reflection and to develop skills relevant to patient care.

Monitoring risks to patients

During the inspection in June 2017, we found that the in-possession medication policy (some prisoners can keep medications in their possession to use when required) was out of date. The provider now had an in-possession policy that had been reviewed and was in date. The risk of patients holding their own medicines was being reviewed regularly to ensure that they could manage their medicines safely. Patients coming into reception were risk assessed and again if any circumstances had changed. Nursing staff added patients to the pharmacy list and the pharmacy team reviewed and updated the risk assessments. At the time of this focused inspection all patients had an up to date assessment. We were informed that prisoners had lockable cupboards in their cell to store medications securely.

During the previous inspection HMIP and CQC recommended that for any medicines deemed critical, staff follow up on missed or refused doses promptly. Healthcare staff now identified any patient who did not attend to collect their medicines, and any patients that were due to receive a critical medicine, including treatment for mental health conditions, was seen later that day. This meant that patients missing any critical medicines were being offered them in a timely manner.

We observed medicine administration and found that it still was not confidential. Maintaining the order in the medication queue was the responsibility of the prison. However, managers had plans to try to develop treatment rooms on each wing.

During the June 2017 inspection we recommended when prisoners received out of hours care from local GP services,

Are services safe?

their medical record should be updated immediately, to ensure that ongoing treatment or advice was acted upon. At this inspection, we found managers held daily morning briefings that included information about out of hours care, so that this could be entered in patient records. During out

of hours, the lead on-call nurse checked the prison for any urgent requests and carried out any welfare checks. Details of any out of hours care were faxed to the prison healthcare department to ensure a record of advice/visits was logged in patient records as soon as possible.

Are services effective?

At our previous inspection between 26 to 30 June 2017, we had concerns that there were no specific clinics to ensure that patients were receiving routine reviews of their prescribed medicines, or long-term medical conditions. At this inspection we found the provider was delivering a range of long-term specific clinics and were identifying patients' needs upon arrival.

Since the last inspection the provider had developed a long-term condition clinic list. Nursing staff were holding specific clinics reviewing patient care and treatment. This included epilepsy, diabetes, asthma and COPD (a more progressive lung disease). Information needed to plan and deliver care and treatment was available to relevant staff in an accessible way through the patient record system.

The service used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice).

- Performance for diabetes-related indicators was better than the national average, with 31 patients on the register, and 19 out of 20 patients having an agreed up to date care plan.
- There were 21 patients with epilepsy on the register, all having care plans.
- Performance for asthma-related indicators was better than the national average. With 114 patients on the register and 71% of those reviewed in the last 12 months compared to the national range of 45 -70%.

Managers held fortnightly multi-disciplinary meetings where long-term conditions were a part of the agenda. Information about patient outcomes was used to make improvements, such as scheduling review clinics or screening programmes. This ensured patients with long-term conditions were registered, reviewed and treated effectively.

Since the previous inspection the provider had developed pathways for each long-term condition following National Institute for Care and Excellence NICE guidance. Staff followed a standard operating procedure where, once a medical condition was diagnosed or suspected, the patient was automatically placed on a clinic list. The provider's compliance managers also checked the waiting lists and

identified any patients that did not attend appointments, giving feedback to management. This helped to ensure that all patients entering the establishment were appropriately assessed.

The lead long-term conditions nurse completed clinical audits, checking patient records, care plans, referrals and clinical results. This ensured that any patients who may have missed an appointment were followed up and that all records were accurate.

Skills, knowledge and experience

At our last inspection we identified that there were not enough suitably-qualified staff to meet patients' needs. Since then, the provider had developed a strategy involving the local trust, to arrange for an experienced and qualified nurse to work alongside their staff to deliver epilepsy reviews and upskill staff, who was due to start in the next month. The trust were also facilitating a shadowing opportunity for nursing staff to work in the local community. This integrated working was expected to assist the development and confidence of new staff in post.

Staff we spoke with said they felt supported by management. They were positive about the leadership and felt they worked well as a team. They said morale had improved since the last inspection.

Health promotion and prevention

During the last inspection we found that the health care information material was out of date and the provider did not have a health promotion strategy. Since then, the provider had developed an integrated health and wellbeing initiative working with other services within the prison. There were plans to develop a specific mental health promotion campaign, deliver NHS checks, increase the uptake of health screens, such as for Hepatitis C and Blood Borne Virus, and to recruit health care champions within the prison. These prisoner champions would offer advice and signposting into the healthcare services at HMP Wayland.

The provider's plan included health promotion activities such as delivering disease awareness and suicide prevention, bereavement, stress, alcohol and health promotion events. However, these plans were being finalised and the provider had yet to engage the prison in order to further implement the strategy.

Are services effective?

The provider had up to date information available for prisoners in reception. Healthcare staff were able to supply a range of information material around health issues, diseases, treatments and the services available. Staff

referred patients for health assessments by the GP or a clinic. This meant that all patients had access to appropriate information and were supported by healthcare upon arrival.

Are services caring?

At our previous inspection between 26 and 30 June 2017, we had concerns that patients with long-term conditions did not have care plans. Overall, we found staff had developed a specific care plan for each long-term medical condition.

Care planning

Patients with long-term conditions had care plans. Staff adapted these care plans to make them person centred. Care plans were up to date and copies given to patients, which meant patients with long-term conditions were being supported with evidence-based treatment.

Patients we spoke with said the healthcare staff were visible and treated them with respect. However, all said that there was no confidential space on the residential wings to discuss sensitive health-related issues. This was confirmed by our observation of medicines administration

Are services responsive to people's needs?

At our previous inspection between 26 and 30 June 2017, we had concerns that prisoners had to request to see healthcare staff by asking a uniformed member of staff. The healthcare complaint system was not well advertised and prisoners put in complaints on a non-confidential application. Overall, we saw improvements to how prisoners could access healthcare and the implementation of a well-advertised complaints system.

Access to treatment

A qualified nurse now triaged any healthcare appointment requests daily, which increased confidentiality. Patients could also access healthcare appointments by visiting the department in the morning or by asking an officer to call and ask for a nurse. The GP informed us that the triage arrangement was appropriate and urgent requests were seen that day. The prison had supported healthcare staff by allocating a uniformed member of staff to assist with escorting prisoners to and from the healthcare department.

At the time of this inspection there were no patients on a waiting list to see a GP, and the next appointment available was in 4 days. This meant that patients' access to appointments was timely.

Concerns and complaints

During the previous inspection HMIP and CQC recommended that a single health care complaints system should be in operation, and be well-advertised to support confidentiality. During this inspection we saw a well-advertised complaint system. The provider facilitated a Patient Advice and Liaison Service (PALS) clinic weekly. This ensured that patients were given the opportunity to be seen face to face to discuss their concerns. There were up to date confidential complaint forms available and prisoners could put a complaint in a secure box on each wing or in the healthcare department. Managers reviewed and appropriately responded to complaints. In March 2018, healthcare received 19 complaints. Managers reviewed the themes from these and fed this into a quarterly report to ensure that continuous learning drove service development

Are services well-led?

We did not inspect the well led key question at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued in June 2017.