HMP Dartmoor

Quality 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.

Key findings of this inspection

Detailed findings from this inspection

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We did not inspect the safe key question in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued in December 2017.

We found that the provider had addressed the issues of concern identified on inspection in August 2017, and was now compliant with the Requirements of the Health and Social Care Act 2008 in relation to the safe key question.

- A full pharmacy team was now in post, the lead pharmacist was visiting monthly to provide oversight of medicine management and to hold medicine review clinics. Nurses that undertook medicines tasks had received appropriate training and assessment.
- A confirmation system and use of paper prescriptions in urgent situations provided assurance that all prescriptions were promptly fulfilled.
- Appropriate Patient Group Directions (PGDs) had been created for medicines most likely to be used by nurses to meet patients' needs. This facilitated prompt and timely access in the absence of a prescriber.

Are services effective?

We did not inspect the effective key question at this inspection.

Are services caring?

We did not inspect the caring key question at this inspection.

Are services responsive to people's needs?

We did not inspect the responsive key question at this inspection.

Are services well-led?

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

We found that the provider had addressed the issues of concern identified on inspection in August 2017, and was now compliant with the Requirements of the Health and Social Care Act 2008 in relation to the well-led key question.

- Dental equipment had been repaired and serviced. A process had been implemented to help ensure future servicing took place in a timely manner.

Summary of findings

- Monthly medicine management meetings had been established. Medicine management was also a regular agenda item on the weekly healthcare staff meeting; this allowed treatment to be reviewed and best practice to be applied.
- Infection prevention and control audits were being undertaken; a lead nurse had been identified to ensure ongoing compliance,
- Routine group clinical supervision sessions had only recently been established. Owing to unforeseen events resulting in a cancellation of a supervision session, at the time of inspection only half the nursing staff had attended these.

Key findings

Areas for improvement

Action the service SHOULD take to improve
We found that the provider should undertake the following improvements:

- Ensure that all clinical staff receive regular, documented clinical supervision, in accordance with its own policy.
- Ensure that it continues to explore all options to improve the condition of the patient waiting environment, in partnership with the prison and commissioners.

Outstanding practice

The provider had recently won the national Burdett Nursing Award for its provision of end of life care in collaboration with a local hospice. This demonstrated staff supported patients to die with dignity within the prison. This was achieved with the help of trained prisoner “buddies” and regular palliative care clinics. These clinics were delivered in healthcare and through visits to the patients in their cells.

The provider had piloted nurses carrying electronic tablets onto wings, which gave them direct access to healthcare records on SystmOne from anywhere in the prison, allowing for timely recording and up-to-date patient information. As a result of the pilot at HMP Dartmoor, there are now plans to implement the scheme in the 42 prisons nationally where Care UK provides healthcare.

HMP Dartmoor

Detailed findings

Our inspection team

Our inspection team was led by:

The service was inspected by two CQC Health & Justice inspectors, who visited HMP Dartmoor on 17 and 18 July 2018. We spoke with staff, patients and associated professionals, and considered evidence including records and action plans arising from the Requirement Notices issued following the 2017 inspection.

We do not currently rate services in prison.

Background to HMP Dartmoor

HMP Dartmoor is a Category C training prison holding approximately 600 male prisoners, many of whom are serving long sentences, and including a considerable number of men aged over 50.

Care UK Health & Rehabilitation Services Limited provides a range of primary healthcare services to prisoners, comparable to those found in the wider community. This includes nursing, GP, substance misuse and pharmacy services. Dental and mental health services are subcontracted. The location is registered to provide the regulated activities: Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

Why we carried out this inspection

CQC inspected this location with Her Majesty's Inspectorate of Prisons between 21 and 24 August 2017, as part of the joint inspection of HMP Dartmoor. The report of this inspection can be found at https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2017/12/Dartmoor-Web-2017.pdf

We found evidence that fundamental standards were not being met and two Requirement Notices were issued in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We subsequently asked Care UK Health & Rehabilitation Services Limited (Care UK) to make improvements regarding these breaches.

Our key findings were as follows:

- Medicines were not always supplied as prescribed, many patients experienced delays of up to several days before receiving their medicines. This resulted in lapses of treatment for conditions including high blood pressure, high cholesterol, heart disease and asthma.
- Some arrangements to ensure that prescribing was effective and patients had timely access to treatment were not in place, including medicine use reviews, pharmacy-led clinic, medicine reconciliations, stock audits, and out-of-hours medicine arrangements.
- There was no pharmacy technician or assistant in post, and no pharmacist had visited the prison since April 2017. Nurses undertook some pharmacy duties, but did not have the expertise to help ensure all medicine management arrangements were undertaken safely.
- The provider did not help ensure that all equipment within its responsibility had been appropriately maintained so that a full and safe service could continue to be provided to patients. The autoclave sterilizer for dental use was overdue for its annual service by five months.

Detailed findings

- The provider did not effectively maintain an oversight of medicines management to help ensure patients received medicines as required in accordance with the most appropriate course of treatment for their medical conditions.
- The provider had not monitored whether clinical staff received regular, documented clinical supervision in accordance with its own policy.

How we carried out this inspection

Before this focused inspection we reviewed a range of information we held about the service, including action plans and associated documentary evidence of Care UK Health and Rehabilitation Services Limited's response to the Requirement Notices issued in December 2017.

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

Are services safe?

Our findings

Medicines Management

On inspection in July 2018, we found that a pharmacy technician and assistant were now established in post. They led on daily pharmacy duties and had oversight of medicine management arrangements, systems for medicine reconciliation and stock audits. Out of hours medicine supplies had been arranged to help ensure the medicines of new patients were reconciled promptly on their arrival at the prison. Nursing staff who undertook medicine ordering, supply and administration work as part of their role had received training and assessment to carry out this duty effectively.

The pharmacist, who was based at HMP Channings Wood, attended HMP Dartmoor monthly and held medicine review clinics for patients with long term and complex conditions. They also provided regular oversight of medicine management at the prison. An additional regional clinical pharmacist had been recruited but was awaiting security clearance. It was anticipated that they would provide additional support and cover for the pharmacist's tasks at HMP Dartmoor.

A confirmation system had been implemented to provide prompt assurance that the pharmacy at HMP Channings Wood received all faxed prescriptions from HMP Dartmoor, meaning that medicines could be sent efficiently between the prisons, and for alternative arrangements to be made if medicines needed to be sourced from elsewhere. The system was being monitored and reviewed at the weekly HMP Dartmoor healthcare team meetings. The head of healthcare was informed if any medicine was delayed for more than three days.

Paper prescription forms to collect medicines from a local community pharmacy were used in urgent situations to avoid further delays or for acute prescriptions. The use of these forms was audited to help ensure they were being used appropriately. Evidence showed that they had been rarely required owing to the improved arrangements between HMP Dartmoor and HMP Channings Wood.

A suite of appropriate patient group directions (PGD) had been put in place. This contained prescription-only medicines most likely to be used out-of-hours, and facilitated prompt and timely access to medicines required by patients in the absence of a prescriber. Before staff, which included permanent, bank and agency nurses, could administer PGDs they had to complete online training and be assessed as competent to use them. Some delays in access to appropriate e-learning meant that at the time of inspection, not all clinical staff had completed every training unit, or been assessed for all PGDs. In the meantime, medicines subject to PGDs were only administered by nurses assessed as competent, or prescribed by a GP.

A list of most commonly required non-prescription medicines, known locally as 'homely remedies', to treat minor ailments, had been drawn up, and clinical staff could only administer them after signing the homely remedy protocol.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective key question at this inspection.

Are services caring?

Our findings

We did not inspect the caring key question at this inspection

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive key question at this inspection.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

During our inspection in July 2018, we found the dental chair, autoclave and washer had been repaired and serviced. A process to help ensure dental equipment was serviced at regular intervals had been implemented by the dental subcontractor, who had committed to notify the head of healthcare when equipment servicing was due.

Monthly medicine management meetings had been commenced in November 2017. These were chaired by the lead pharmacist for Care UK Health and Rehabilitation Services Limited's Devon cluster of prisons. Relevant local clinical and medical staff attended along with the head of healthcare. These meetings enabled discussion and the review of appropriate treatment and best practice. Medicines management had also been established as a standing item at the weekly healthcare staff meeting at HMP Dartmoor to help ensure staff were aware of processes and their responsibilities.

Clinical audits had been undertaken in accordance with the provider's audit schedule to help ensure infection control measures were adhered to and the clinical areas were safe for patient treatments. An action plan had been drawn up, and was being followed. A lead nurse for infection prevention and control had been identified to help ensure compliance and to link with the provider's infection control lead. Together they maintained up to date knowledge and shared information regarding risks, outbreaks and best practice.

Although most of the concerns identified in the Requirement Notices issued in December 2017 had been addressed, we found that routine group clinical supervision sessions had only recently been established. A local operating procedure had been drawn up, additional supervisors were being trained to lead sessions, and staff had been encouraged to access supervision. However, at the time of inspection, due to unforeseen circumstance within the establishment, only half the nursing staff had attended a clinical supervision session. This meant the new supervision procedures had not been fully embedded. Plans to address this were in place.

No progress had been made to improve the patient waiting area in the healthcare centre, which was outside Care UK Health and Rehabilitation Services Limited's area of responsibility. The waiting room remained sealed off for prison security reasons, meaning that patients waited in a cramped area which did have enough seating and was also a thoroughfare. Care UK Health and Rehabilitation Services Limited and NHS England commissioners were considering options for improving the waiting environment.