

# HMP The Mount

## 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.

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# 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 domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 24 August 2015. We found that all the required improvements had been made.

- the arrangements for safe management of medicines had been reviewed and significantly improved to protect patients

### Are services effective?

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 24 August 2015. We found that all the required improvements had been made.

- A range of clinical pathways and a pain clinic had been established to promote consistently good outcomes for patients
- staff were better supporting patients to take responsibility for their prescribed medicines and to optimise their treatment
- staff were effectively supported to ensure they had the skills and knowledge to fulfil their roles and provide a service that met patients' needs

### Are services caring?

We did not inspect the caring domain at this inspection.

### Are services responsive to people's needs?

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 24 August 2015. We found that all the required improvements had been made.

- patients had consistent access to clinical interventions appropriate to their needs and those who failed to attend were followed up
- services were reviewed and developed to ensure that patients' needs were met
- patients had access to appropriate confidential complaints processes that were effectively monitored to ensure concerns were fully addressed in a timely way

# Summary of findings

## Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 24 August 2015. We found that all the required improvements had been made.

- Monitoring of safety and effectiveness had improved. Clinical leadership had strengthened
- Governance arrangements were clear and effective in ensuring the safety and quality of the healthcare service
- Patients' views were systematically gathered and used to improve the service.

# HMP The Mount

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was led by a CQC health and justice inspector who had access to remote specialist advice.

## Background to HMP The Mount

HMP The Mount is a category C training prison that holds around 1000 men. Hertfordshire Community NHS Trust provides a range of healthcare services to prisoners, comparable to those found in the wider community. This includes GP, dental, pharmacy, substance misuse and mental health services. The location is registered to provide the regulated activity, treatment of disease, disorder or injury.

CQC inspected the services in partnership with Her Majesty's Inspectorate of Prisons on 13 to 16 April 2015 and asked the provider to make improvements regarding:

- medicines management
- patient access to services
- clinical effectiveness
- patient feedback systems
- complaints management
- governance arrangements.

These constituted breaches of Regulations 12, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this focussed inspection and found they had been resolved.

## Why we carried out this inspection

We carried out an unannounced focussed inspection on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, specifically whether they had satisfied three requirement notices issued on 24 August 2015.

During this inspection we inspected the provider against four of the five questions we ask about services:

- is the service safe?
- is the service effective?
- is the service responsive to people's need?
- is the service well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

## How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service and asked other organisations to share what intelligence they could. During the inspection we spoke with staff and patients who used the service. We looked at a range of documents, including surveys, where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Medicines management

- Following our inspection on 13 to 16 April 2015 the provider had reviewed the arrangements for medicines management and made improvements, including increasing the input from a pharmacist to ensure that the improved systems were fully implemented and monitored.
- Staff worked in accordance with up to date policies and procedures and received good support from the pharmacy team, which was well established.
- Patients we spoke with at this inspection reported good access to their medicines with only occasional delays.
- Medicines were administered safely by qualified pharmacy staff, supervised by pharmacists and recorded accurately. An additional clinical room had reduced the number of patients attending at any one session. This also improved patient confidentiality and reduced the risk of staff making dispensing or administration errors.
- Revised medicines management procedures promoted the security of medicines and the protection of staff and patients. The risk assessment of patients' suitability to hold and manage their own medicines had been rationalised and strengthened. Medicines were transported around the prison securely by health staff, escorted by prison staff.
- In accordance with trust policy, the integrity of medicines and patients' safety was being better protected through clear procedures, including the routine recording of storage room temperatures and the removal of medicines where risks to their integrity were identified.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

- Improvements since our inspection on 13 to 16 April 2015 meant that patients were better supported to comply with their prescribed medicines and achieve good health outcomes. Effective processes had been introduced, including improved medicine records and a monitored procedure for following up patients who chose not to comply with their treatment. We saw examples of non-attenders being routinely reminded of their responsibilities and being referred back to the prescribing GP for clinical review.
- A range of clinical pathways had been developed to promote consistently good outcomes for patients, including access to the GP out of hours service and reception screening.

- To promote consistently effective treatment, a pain clinic, based on national guidance, had been introduced, supported by multi-disciplinary assessment of individual patients. This approach was also contributing to patients' understanding of prescribing policies and their own responsibilities for concordance.

### Effective staffing

- The arrangements to ensure that staff received consistent clinical supervision and training in line with trust policy had improved. The completion of mandatory training had been given suitable priority by the trust and staff had good access to additional clinical training. Clinical supervision was available to nursing staff and attendance was monitored. Well attended group supervision had focussed on pertinent topics and resulted in clear actions that had been implemented to improve patients' experiences.

# Are services caring?

## Our findings

We did not inspect the caring domain at this inspection.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access to services

- A detailed reception screening pathway had been introduced that ensured that patients' health needs were routinely identified and met. A sample of patient records showed that patients were placed on clinic waiting lists promptly, according to their individual health needs. Clinic waiting times were comparable to, or better than those in the wider community. Lead nurses managed these lists effectively to ensure that patients were appropriately assessed, reviewed and referred on for specialist treatment in a timely way.
- There were effective systems in place to follow up patients who failed to attend appointments and to facilitate any delayed external appointments. Monthly data about non-attendance was displayed in the waiting room to raise patients' awareness and promote compliance.
- Where demand for services had increased, the trust responded appropriately to ensure that patients could secure appointments and receive effective care and treatment. Nurse triage clinics had been audited and used to improve access, by determining which patients could receive effective screening by a healthcare assistant. Additional dental, sexual health and optician sessions had been provided to address an increase in the number of patients on waiting lists.
- Whilst dispensing and administration of medicines sessions were time-limited, pharmacy staff took a flexible approach to ensure that patients' needs were met by providing clinical and lifestyle advice or referring patients with new health problems to the appropriate clinician. The policy intended to enable patients to promptly access treatment was under review to expand the range of medicines provided. This was anticipated to ensure that patients had access to over the counter pharmacy services comparable to those in the community.

### Concerns & complaints

- The arrangements for managing patient complaints had been significantly improved. Information about complaints processes was available in a range of languages and formats, according to identified need. Complainants were informed of their options when making a complaint, based on a tiered approach. The complaints process was now confidential and separate to the prison complaints process. Only designated healthcare staff had access to patients' written complaints.
- The trust's complaints policy was in line with recognised guidance and had been localised to reflect the recently revised prison healthcare complaints arrangements. The healthcare manager was the designated person responsible for monitoring all healthcare complaints in the prison. Responses to complaints were written by senior staff who had received preparation for this task.
- All complaints were logged, which supported effective monitoring of response times and outcomes. From a sample of complaint records staff's responses were consistently prompt, courteous and addressed all the issues raised by the complainant. Planned actions taken in response to complaints had been completed. Complex complaints were managed by the healthcare manager through face to face meetings.
- Prisoners we spoke with confirmed that they understood the arrangements for making complaints, including access to Patient Advice and Liaison (PALS) and advocacy services. Complaints forms were available and complainants had access to support from peers when making a complaint. The provider had identified that the new tiered system was complex and complaints forms contained dense text, potentially not easily understood by those whose literacy was compromised. Work was underway, in consultation with patients, to address this issue.



# Are services well-led?

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

## Our findings

### Governance arrangements

- Partnership arrangements supported senior staff to monitor service quality and make improvements. Following quality assurance visits the trust and NHS commissioners made recommendations that were acted upon. Key risks were identified and reviewed, such as the relatively high clinic non-attendance rate. Actions were agreed to address such risks.
- Clinical and managerial leadership was evidently strong and staff valued support from leaders and managers. The healthcare manager attended a range of strategic meetings to provide assurance and access leadership support. Trust and local service information was cascaded to the wider staff group through team briefings and handover meetings.
- Monitoring of safety and effectiveness had improved, including staff supervision, mandatory training, patients' non-attendance at appointments, clinical audit and medicines management. The well attended medicines management committee provided policy oversight and drove improvements to service safety and effectiveness.
- An annual clinical audit programme was in place that covered key subjects, including audits of clinical services, such as referrals to nurse triage and

physiotherapy, that had led to service improvements. Prescribing audits were limited; however they were suitably prioritised to review risk areas, such as prescribing of commonly misused medicines and the effectiveness of the recently introduced pain clinic.

- Trust policies and procedures were being reviewed to better support safe and effective practice. Staff demonstrated awareness of policies and the need to work in accordance with the trust's stated intentions.

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

- The trust was using patient feedback effectively to develop the service, its systems and processes. Healthcare staff were systematically seeking the views of their patients to inform service improvement.
- A patient survey, based on the NHS 'friends and family test' had been completed, with an excellent response rate. Overall, responses were positive and individual comments were considered by healthcare staff.
- Prisoner health and wellbeing champions (HAWCs) had recently been introduced with a clearly defined remit that included health promotion activities, signposting to health services and information sharing between healthcare staff and patients. HAWCs were providing valuable feedback about health-related literature and promoting clinic attendance to drive improvement and maximise patient access to information and services.