

Redbridge Associates Limited

HMP Full Sutton

Inspection report

HMP Full Sutton
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Overall summary

We carried out a desk-based review of healthcare services provided by Redbridge Associated Limited at HMP Full Sutton in September 2020. Following a joint inspection of HMP Full Sutton with Her Majesty's Inspectorate of Prisons (HMIP) in March 2020, we found that the quality of dental care services provided at this location did not meet regulations. We issued a Requirement Notice in relation to Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this review was to determine if dental care services provided by Redbridge Associates Limited 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 prisons.

Background to HMP Full Sutton

HMP Full Sutton is a high security prison for men, holding category A and B prisoners. It is situated near York. The prisoner population is complex, including prisoners convicted of a wide range of very serious offences. Dental services at the prison are currently commissioned by NHS England (NHSE). The contract for the provision of dental care services is held by Redbridge Associates Limited, who is registered with CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury. Our last joint inspection with HMIP was in March 2020.

The joint inspection report can be found at:
<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-full-sutton-2/>

This report covers our finding in relation to those aspects detailed in the Requirement Notices issued to Redbridge Associates Limited in June 2020.

How we carried out this review.

This desk-based review was carried out by a CQC health and justice inspector in discussion with a second health and justice inspector colleague and the manager for the health and justice team. We did not visit the prison to carry out this inspection because we were able to gain sufficient assurance through the documentary evidence provided and through two video conference calls with the Registered Manager for the service. As part of the desk-based review we reviewed an action plan submitted by the provider and we requested a range of information to analyse and evaluate as part of this review. Evidence included:

- An audit of radiography undertaken 23 March 2020
- Information pertaining to staff recruitment and training records
- Patient feedback
- A complaint investigation template letter, including information of what a patient could do if they remained dissatisfied with the response.
- A copy of the complaints policy for the service.
- A clinical complaints investigation template letter

Summary of findings

- A Patients Guide to Our Practice Complaint Procedure

Additionally, two meetings were held remotely with the registered manager for the service on the 1 September and 24 September 2020 to discuss action taken and improvements made. We spoke with the head of healthcare at HMP Full Sutton and we spoke with a senior commissioning manager at NHSE.

At this desk-based review we found that:

At the time of this desk-based review the provider had submitted all requested information and evidence to demonstrate that the regulatory breach had been met.

- Patients were now advised of how to escalate a complaint if they remained dissatisfied with the response from the provider.
- Patients had access to a 'patient's complaint leaflet', that explained how they could make a complaint.

- The complaints process had been reviewed and all complaints were now reviewed by both the dental provider and the head of healthcare prior to being sent out to the complainant and all responses were sent on appropriate headed paper.
- Staff records relating to recruitment and training were monitored.
- Clinical audits are now completed and arrangements in place for this to continue a quarterly basis.
- Patient feedback is gathered and reviewed.

There were areas where the provider could make improvements. They should:

- Ensure that information requested as part of future inspections and where concerns have been raised or identified are submitted in a timely way to the Care Quality Commission.
- Staff should complete training in the Mental Capacity Act 2005 to enable them to support patients with treatment decisions.

Summary of findings

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect this key question in full during this desk-based review. We reviewed those areas identified in the Requirement Notice issued to Redbridge Associates Limited in June 2020.

At our last inspection in March 2020 we found that there were no systems or processes in place that ensured the registered person had maintained necessary records in relation to persons employed at the service. For example, records that provided assurance that all clinical staff had adequate immunity for vaccine preventable infectious diseases, records that provided assurance that staff had completed annual cardiopulmonary resuscitation (CPR), infection prevention training (IPC), mental capacity assessment training and safeguarding training were not available at the time of the March 2020 inspection.

Effective staffing

At this desk-based review we found that the provider had addressed the areas of concern we had previously identified and was now compliant with the requirements of The Health and Social Care Act 2008.

As part of the review the provider shared information with us relating to staff recruitment, which demonstrated that appropriate checks were undertaken prior to employment. For example, that staff were immunised against Hepatitis B and staff had an appropriate Disclosure and Barring Service (DBS) checks in place.

In March 2020 we were concerned that not all staff had completed training in infection prevention control (IPC), Mental Capacity Act (MCA), safeguarding and some staff were not up to date with cardiopulmonary resuscitation (CPR). As part of this desk-based review the provider shared information with us which demonstrated that all staff working at HMP Full Sutton had completed training specific to their role, except for MCA training. The provider shared with us a consent to treatment policy, which referenced patient capacity and compliance with the MCA. The provider acknowledged it was important for staff to complete this training and they had plans for staff to complete this soon.

Are services well-led?

Our findings

We did not inspect this key question in full during this desk-based review. We reviewed those areas identified in the Requirement Notice issued to Redbridge Associates Limited in June 2020.

At our last inspection in March 2020 we found that there were no systems or processes in place that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. For example, responses to complaints were not monitored, radiography and infection prevention audits were not undertaken at planned intervals and patient feedback was not gathered on the quality of the service provided.

Governance and management

At this desk-based review we found that the provider had addressed the areas of concern we had identified and was now compliant with the requirements of The Health and Social Care Act 2008.

In March 2020 we found that governance arrangements and oversight of the day to day management of the service were insufficient. We had several concerns about how complaints were managed and overall there was an absence of systems to manage and monitor responses to complaints. Responses to complaints varied in quality and the tone of some responses was inappropriate or did not fully address the complaint. Complaints and responses were not reviewed by the provider before being sent to the complainant and no advice was given to the patient on how to escalate their complaint if they remained dissatisfied with the provider's response. There was no effective system in place for recording complaints and it wasn't always clear who the author of the response was. Complaints were not recorded centrally so that an overview of numbers and outcomes to identify themes could be extracted.

Since our last inspection the provider had received no complaints about the service. However, COVID restrictions within the prison meant that the dental service had not operated for approximately five months. Consequently, we

were unable to assess the quality of complaints responses as part of this review. However, since the last inspection, the provider had worked with the primary health care lead at HMP Full Sutton to review and improve the complaints system. It was planned that all responses to dental complaints would be reviewed by the head of healthcare and the lead dentist and all responses would be sent on appropriate headed paper, so the complainant knew which organisation had responded to their complaint. Complainants were advised how to escalate a complaint if they remained dissatisfied with the response from the provider. However, while we have been assured that systems to monitor the effectiveness of the complaints system have been developed, we have been unable to fully assess the impact of these changes at this desk-based review owing to the lack of recent complaints received.

In March 2020 patient feedback was not gathered on the quality of the service provided, for the purposes of continually evaluating and improving the service. Since the last inspection the provider had developed a patient feedback form which was now given to patients following a dental appointment. Dental services recommenced at the prison in August 2020 and feedback forms had been given to patients. The provider sent us 20 patient feedback forms. Feedback on the quality of the service and their patient experience was positive. The provider undertook a review of 20 patient surveys in August 2020 and shared with us a report of the collated results. The report showed that 100% of patients reported that they were satisfied with the treatment received and 100% of patients reported that their treatment was explained to them. The provider told us that they intended to continue to undertake regular reviews of patient surveys and use the feedback to develop the service.

In March 2020 we found that radiography audits were not undertaken. As part of this desk-based review the provider sent us evidence of an audit completed on the 23 March 2020, following our inspection. The provider told us that further audits were planned and would be completed every three months. This meant that management and oversight to the service had addressed the gaps in governance we previously identified.