

# HMP High Down

## Inspection report

Highdown  
Highdown Lane  
Sutton  
SM2 5PJ  
Tel: 02032145877

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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 rating for this location	Inspected but not rated	
Are services safe?	Inspected but not rated	
Are services effective?	Inspected but not rated	
Are services well-led?	Inspected but not rated	

# Overall summary

We carried out an announced follow up inspection of healthcare services provided by Central and North West London NHS Foundation Trust (CNWL) at HMP High Down on 8 December 2022. This was in response to a focused inspection carried out in May 2022 when we found the quality of care needed improvement. We issued a Requirement Notice in relation to Regulation 17: Good governance. Systems and processes did not always ensure the maintenance and quality of care. Guidance was not always followed to ensure the effective management of patients with long-term health conditions.

The purpose of this focused inspection was to determine if the healthcare services provided by CNWL were now meeting the legal requirements of the above regulation, under Section 60 of the Health and Social Care Act 2008.

At this inspection we found the required improvements had been made and the provider was meeting the regulations. The requirement notice was lifted.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection we found:

- Systems were effective in ensuring the management of patients with long-term health conditions in line with guidance.
- Officer supervision of medicines administration was under continuous review with the prison to reduce the risk of error and diversion.
- There was effective management of the deteriorating patient.
- Staff received supervision in line with the provider's policy.

## Our inspection team

The inspection was carried out by two CQC health and justice inspectors.

### How we carried out this inspection

Before this inspection we reviewed some information that we held about the service including notifications and action plan updates. We conducted a range of interviews with staff on the day of our visit on 8 December 2022.

During the inspection we spoke with healthcare staff including the head of healthcare and consultant clinical psychologist.

We accessed patient clinical records during our onsite visit on 8 December 2022. We conducted searches of patients who had been identified as having specific long-term conditions, such as diabetes and epilepsy, and sampled several patient records.

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Staff organogram.
- Information relating to the staffing model.
- Data providing number of planned and number of actual staff on shift over each week during August, September, October and November 2022.
- Patient record audit completed in quarter 3, 2022.
- National Early Warning Signs (NEWS2) audit completed in September 2022.
- Nurse-led cancelled clinic data from April to November 2022.
- Patient returns from the emergency department or following a hospital admission.
- The provider's Did Not Attend (DNA) policy.
- A list of new prison receptions in October and November 2022.
- Staff supervision compliance data from April 2022 to November 2022.
- Clinical Quality Board meeting minutes from September to November 2022.
- Partnership Board minutes July 2022.

## Background to HMP High Down

HMP High Down is a category C training prison near Banstead in Surrey and holds approximately 1,150 convicted and remanded men. The prison is operated by His Majesty's Prison and Probation Service.

Central and North West London NHS Foundation Trust (CNWL) is the health provider at HMP High Down. The trust is registered to provide the following regulated activities at the location: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Our last CQC focused inspection was in May 2022 and was published on our website in July 2022 when we found not all fundamental standards were being met in relation to Regulation 17: Good governance. The inspection report can be found at:

<https://api.cqc.org.uk/public/v1/reports/3f701f59-4d97-4819-a106-bd01ebf1d669?20220728070105>

# Are services safe?

We did not look at all aspects of this key question during this focused inspection.

## **Systems were effective in ensuring the assessment, monitoring and management of risks to patient safety.**

During our May 2022 inspection, there was a vacancy rate of 46% in the primary care team and an increased number of vacancies in the mental health team. During this inspection, we found:

- Vacancies existed across the service however, these were largely filled by bank, agency and locum staff whilst recruitment campaigns continued in an effort to fill vacant posts.
- Challenges remained in the recruitment of B5 nurses and within the mental health and pharmacy teams that was not dissimilar to the national picture.
- The number of actual staff on shift (Bands 3-6) had significantly improved in November 2022 at 3% below minimum staffing levels compared to August 2022, when the actual staff on shift was at 23% below minimum agreed levels. Band 7/8 staff supported the rota when required.
- Leaders told us the reroll of the prison to a Category C presented opportunities to reconfigure the service, and the revised shift patterns and staff skills mix were under ongoing review to consider how best the service could meet the longer stay/older population's needs.

At the time of our last inspection, supervision was not always delivered in line with policy. During this inspection, we found:

- The provider's policy confirmed supervision should be delivered at 8 weekly intervals however, leaders told us they recommended staff received supervision on a 4-weekly basis. Staff we spoke with confirmed supervision was now more regular and that they felt supported.
- Compliance with managerial and clinical supervision was 87%. This represented improvement from our last inspection.
- A consultant clinical psychologist delivered reflective practice with staff in the primary care team in support of empowering them in making decisions about the safe delivery of care.

Before this inspection, we received information indicating that the National Early Warning Signs (NEWS2) chart was not consistently used to detect deterioration in a patient's clinical condition. (NEWS2 is a point system used to identify acutely ill patients, including those with sepsis). During our inspection we found:

- The NEWS2 chart and scoring system was now being used appropriately. Managers told us that they provided information to staff at team meetings and via notice boards in the healthcare areas around how to use NEWS2 effectively. The provider was also developing additional training for staff around how to manage deteriorating patients.
- We reviewed five records of patients who had recently attended hospital. We found that NEWS 2 scoring had been used to help identify deterioration and support decisions for transfer to hospital for additional treatment. These patients also received appropriate, regular monitoring by healthcare staff on their return to prison.
- A NEWS2 audit undertaken in November 2022 found it was completed with 73% of eligible patients and, of these, 100% of observations were completed in full. An action plan was in place to drive up performance that included managers discussing patient records with relevant staff where gaps had been identified.

## **Appropriate and safe use of medicines**

# Are services safe?

During our focused inspection in May 2022 inspection, we found some concerns within medicines management processes in that some medicines queues were disorderly and there was a high level of noise, such as on house block 6, which could present a risk of distraction. Officer observation was also inconsistent which raised the risk of diversion. It was noted however, it was the first day officers had supervised medicines administration queues following a move to the new prison regime.

During this inspection, we found improvement in that:

- Officers we spoke with explained how they worked well with healthcare staff and managed the queues effectively to reduce the risk of incidents, such as the diversion of medicines. Our observation of medicines administration on house block 4 confirmed officer supervision of the queue was effective on that day.
- The supervision of medicines administration was discussed regularly at clinical quality committee meetings, partnership board meetings, and within medicines optimisation meetings. In the November 2022 clinical quality committee minutes, it was reported that the supervision of medicines was improving, however, diversion remained a concern. The risk of diversion and arising incidents were regularly reviewed, with patients being reminded of their medicines contract and action that could be taken as a result of diversion. 'Back to the floor' days had been held with healthcare staff and officers to reinforce the importance of the need for the robust supervision of patients during medicines administration. Furthermore, the review of patients prescribed medicines had resulted in an increased number of those held by the patients as 'in possession' leading to a reduction in the number of patients requiring supervising at medicine hatches each day.
- At our May 2022 inspection, where medicines administration took place by one member of staff in an area where patients queued at two separate hatches, the administrator was required to move from one area of the room to another to administer medicines; this raised the risk of error. At this inspection, we found a second member of staff was allocated within house block 5 which reduced this risk.

# Are services effective?

During our May 2022 focused inspection, we found that the management of patients with long-term health conditions (LTC) was underdeveloped and not systematic. Seven LTC clinics were cancelled in March and April 2022 respectively. There had been no respiratory or asthma nurse-led clinic since before the coronavirus pandemic as there was not a suitably trained nurse in the team to deliver the care and treatment. Patients were booked to see the GP for an annual review of their LTC. A community diabetic nurse specialist visited the prison to review patients with diabetes, however staff told us they had not been for 'at least a month' and staff were not sure as to the reason for their absence. Furthermore, systems and processes were not effective in ensuring patients with a LTC received an annual review in line with NICE guidance; not all patients had a care plan in place; and a care plan audit was not effective in ensuring identified areas of improvement were followed through.

During this inspection we found significant improvement in that:

- A pathway review for the management of LTCs had been undertaken in response to the inspection findings.
- A standard operating procedure was introduced in September 2022 that set out the process for the management of patients with a LTC.
- The LTC register was scrutinised to identify any gaps in a patient's review or care plan.
- Systems were reviewed to ensure they effectively captured when a patient's LTC annual review/recall was required to enable them to be added to a wait list in a timely way.
- A weekly report was run of all new receptions (arrivals) at the prison to ensure they were added to the appropriate clinic waiting list.
- Staff received a refresher in the management of person-centred care planning and in the use of the available templates on the patient electronic recording system.
- The staff skills mix was reviewed and, where gaps were identified, staff received training such as asthma/ respiratory care. There was now a dedicated nurse overseeing patients with diabetes.
- There had been a reduction in the number of cancelled nurse-led clinics with a total of 4% and 2% being cancelled in October and November 2022 respectively due to the prioritisation of medicines administration tasks or to cover staff sickness. This figure included LTC clinics and staff confirmed these were prioritised whenever possible.
- Data confirmed every patient on the Quality and Outcomes Framework (QOF) register had either been reviewed or added to a waiting list for review as at 6 December 2022, and all new patients had also received a review. Every patient (100%) on the diabetes register had received a review at this date and between 60% and 73% of patients with other conditions, such as asthma and epilepsy, had received a LTC review. The remaining patients had been added to a clinic list.
- A care plan audit was completed in quarter 3, 2022 and this demonstrated that 3 out of 10 records required improvement, with 7 (70%) meeting the required standard. The action plan clearly set out the improvement required and the date for its completion.
- We reviewed 9 patients with a chronic condition including 3 on the diabetes register, 3 on the asthma register, 2 on the palliative care register, and 1 on the heart failure register and found that each patient had a care plan, with many containing detailed reviews that had been completed with the patient in line with guidance.

# Are services well-led?

## Leadership capacity and capability

At our focused inspection in May 2022, we found there was a consistent and stable leadership team. At this inspection we found:

- There continued to be a stable and consistent leadership team. Staff spoke highly of the leadership team and, whilst there had been challenges in the reshaping of the service following the reroll of the prison, staff felt supported.
- Whilst vacancies remained unfilled across the service, there was an improving picture and morale was good. The closure of the inpatient unit had enabled 3 members of night staff to move to support the team and the increase in staff numbers had contributed to a reduction in the number of cancelled nurse-led clinics.
- There was an effective system for capturing the number of unfilled shifts over a period of time to inform analysis/ planning.
- There were good working relationships with the prison that supported in the consistent oversight of areas of concern/ areas for improvement, such as in the supervision of medicine queues, and in the negotiation of an extra space for additional groups to be run by the mental health team.

## Governance arrangements

During our May 2022 inspection we found governance systems were not always effective in ensuring the management of patients with long-term health conditions was in line with national guidance and that supervision was delivered in line with the provider's policy. During this inspection we found:

- The management of patients with long-term health conditions was in line with national guidance. New systems and processes had been introduced to ensure every patient would be seen in the long-term condition clinic at least twice a year if required.
- A weekly report set out the number of cancelled clinics, the number of care plans reviewed, and the 'did not attend' rates to enable corrective action to be taken by the senior management team if required.
- The provider had invested in the delivery of staff training to upskill them to meet the needs of patients with a long-term health condition.
- Supervision compliance was in line with policy and leaders invested in the provision of reflective practice to support staff in the undertaking of their roles.