

Birmingham Community Healthcare NHS Foundation Trust

HMP Prison Winson Green

Inspection Report

HM Prison Birmingham
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Overall summary

We carried out this announced inspection on 28 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection team was led by a CQC health and justice inspector, accompanied by a second CQC health and justice inspector.

The purpose of the inspection was to follow up on a Requirement Notices that we issued following a joint inspection with Her Majesty's Inspectorate of Prisons in February 2017 and to check that the provider was meeting the legal requirements and regulations associated with the Act.

The joint inspection report can be found at:
<https://www.justiceinspectorates.gov.uk>

This focused inspection report covers our findings in relations to those aspects detailed in the Requirement Notice dated 4 July 2017. We issued two Requirement Notices under Regulations 12 and 15 of the Health and Social Care Act to the trust.

We do not currently rate services provided in prisons.

Summary of findings

The five questions we ask about services 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 Notices issued on 4 July 2017.
- Medicines were now transported in their original packaging, in a secure tamper-evident container and were appropriately labelled.
- We found all clutter had been removed from the dental decontamination area, including, stock items, Personal Protective Equipment and equipment no longer in use.
- Dental equipment was clean and maintained appropriately. The trust assured us that equipment was no longer removed from the decontamination area.
- Infection Prevention Society (IPS) infection control audits were completed on a regular basis.
- Nurses working in the Care and Separation Unit (CSU) should have access to facilities and practices that enable them to meet best practice guidance when administering medicines.

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.

HMP Prison Winson Green

Detailed findings

Background to this inspection

HMP Birmingham is a category B local prison in the Winson Green area of Birmingham and accommodates up to 1,450 adult male prisoners. The prison is operated by G4S Custodial Services and is characterised by a very high throughput, with around 500 new prisoners each month and an average stay of only six weeks.

Birmingham Community Healthcare NHS Foundation Trust is subcontracted to provide primary health care and dental services at the prison. The trust is registered to provide the regulated activities, Diagnostic and screening and Treatment of disease, is order or injury.

CQC inspected healthcare services at the prison in partnership with Her Majesty's Inspectorate of Prisons in February 2017. We found Birmingham Community Healthcare NHS Foundation Trust was in breach of the regulations and we issued a Requirement Notices. We asked the provider to make improvements and we followed up on their progress during a focused inspection on 28 February 2018.

Before our inspection we reviewed a range of information that we held about the service. 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, people who use the service and sampled a range of records.

Evidence reviewed included:

- We spoke with commissioners from NHS England
- We spoke with operational prison staff and the prison director.
- Action plan from the trust dated 2017
- NHS England Health and Justice Clinical Quality Visit HMP Birmingham – 20 September 2018

- IPS Dental Audit dated, 17 August 2017 and 26 February 2018
- IPC Annual Audit dated, 26 February 2018
- Copies of cleaning schedules

Following our inspection the trust provided further evidence, including;

- Response from trust to CQC regarding concerns re 'Dental Waiting Times at HMP Winson Green'.

During this focused inspection, we found the provider had made improvements in previously identified areas of concern since the joint inspection in February 2017.

- Our key findings were as follows:
- Medicines were now transported in their original packaging, in a secure tamper-evident container and were appropriately labelled.
- All clutter had been removed from the decontamination area, including, stock items, PPE and equipment no longer in use.
- Dental equipment was clean and maintained appropriately
- Infection Prevention Society (IPS) infection control audits were completed on a regular basis.

The areas where the provider should make improvements are:

- Nurses carrying medicines across the prison should not at the same time be expected to respond to requests for medical interventions.
- The trust should consider providing facilities for the storage of controlled drugs that are prescribed to patients located on the Care and Separation Unit (CSU).
- Nurses working in the Care and Separation Unit (CSU) should have access to facilities and practices that enable them to meet best practice guidance when administering medicines.

Are services safe?

Our findings

We did not inspection the safe key question in full at this inspection. At our previous inspection in February 2017 we were concerned that medicines were not managed safely in relation to their administration and monitoring. We also had concerns about the overall standard of cleanliness in the dental decontamination room.

Monitoring risks to patients

- At our previous inspection in February 2017 we found medicines, including controlled drugs were removed from their original packaging and transported, in nurses' pockets to patients located on various wings across the prison. These medicines were not labelled and several medicines were transported this way.
- Following our joint inspection in February 2017, the trust instructed all nursing staff, with responsibility for medicines administration that the practice of medicines being removed from their original packaging and carried on their person was to stop immediately. The trust told us this became effective from the 2 March 2017.
- During our focused inspection in February 2018, we observed that medicines were no longer transported unsafely. Medicines were transported in their original packaging, in a secure tamper-evident container and were appropriately labelled.
- During our focused inspection we observed that medicines were transported across the prison in secure tamper-evident containers, which were placed in a bag that was not securely locked. We discussed this with the trust and following our inspection they sent us a copy of a risk assessment in respect of 'carrying medicines' dated May 2017 and a risk assessment in respect of carrying controlled drugs dated 14 March 2018. Additionally the trust assured us that two types of pharmacy bags were used for this purpose and that security seals were available to fit both types. The trust and nursing staff who we spoke with during the inspection told us there had not been any medicine security incidents when transporting medicines.
- During the inspection we observed nurses with responsibility for transporting medicines sometimes responded to requests to attend wings for medical interventions. The trust told us that these calls were not emergency calls and that an identified nurse on duty had lead responsibility to respond to emergency calls. Responding to emergency and other calls whilst transporting medicines could put nurses at risk and increase the risk of errors occurring.
- Since our last inspection a lockable medicines cabinet had been fitted in a shared office space on the Care Support Unit (CSU) to store patients' medicines, though not controlled drugs. Only nursing staff held keys for the medicine cabinet. We were told that methadone continued to be manually brought from the pharmacy to CSU. The trust told us this only happened when prisoners were in their cells. There were no facilities on the CSU to store methadone in accordance with legal requirements. This meant that medicines for patients located in this area were securely stored, with the exception of controlled drugs.
- We observed that the office on CSU was too small to accommodate a medicines trolley, which would have enabled nursing staff to take medicines in the trolley to patients in their cell. Medicines for patients located on the CSU were prepared in the office area; however, there was no specific area available for staff to do this and or a sink for hand washing. We observed nurses using wipes to clean areas prior to administering medicines and using antibacterial hand gel before and after dispensing a patient's medicines at a cell door. Nurses working in the Care and Separation Unit (CSU) should have access to facilities and practices that enable them to meet best practice guidance when administering medicines.
- In February 2017 we found that medicines administration records were not signed each time after medicines were administered to patients, but were signed on mass at the end of the medicines round. We reported that this practice was unsafe and compromised professional guidance and patient safety. At the time of this focused inspection in February 2018 we found the trust had taken measures to ensure that this practice ceased. We observed that patients were given their medicines on a 'one to one' basis and records were completed following administration.
- At the previous inspection we observed that temperatures in the medication administration rooms on ward 1 and ward 2 were excessively high for safe storage. Since our last inspection we found that the trust had taken a number of measures to mitigate the risks to medicines stored in these areas. The trust now

Are services safe?

conducted full medicines reconciliation every six months to ensure the efficacy of the drugs. They ensured that stock levels in these areas was low, removing all excess stock items. All medicines were dated to show when they first arrived on the wards and the date when the medicine was first opened. Additionally a review of prescribing trends was ongoing. We were told there were plans to fit air conditioning in these areas, currently awaiting approval. In the interim staff used electric fans, which were not fully effective.

- At our previous inspection in February 2017 we found the dental decontamination room used by the trust was in a cluttered state. The decontamination room was dusty throughout with high levels of dust. Copies of cleaning schedules made available to us at the time of the inspection demonstrated that the room was not cleaned and maintained on a regular basis.
- At the time of our focused inspection in February 2018 we found all clutter had been removed from the area, including, stock items, PPE and equipment no longer in use. The overall infection prevention standard of the room was good and dust free. We reviewed cleaning schedules for the area and saw that this was regularly maintained. However the cleaning of the dental suite

was the responsibility of cleaning contractors commissioned by the prison. There was some concern about the regularity of the cleaning undertaken and the trust was in discussion with the prison about this.

- Previously we found equipment used in the decontamination process, for example, a magnifying mirror, had been taken out of the room and used by prison staff. When returned it was observed to be dusty and dirty. Equipment used for the sole purpose of decontamination must not be removed from the area and should be kept clean. At the time of our focused inspection we observed that all equipment was clean and maintained appropriately. The trust assured us that equipment was not removed from the decontamination area.
- In February 2017 we found that there was no up to date Infection Prevention Society (IPS) infection control audit. We were shown an IPS audit dated 17 April 2015. At the time of this focused inspection we found that IPS audits were completed on a regular basis. The trust had introduced integrated dental service standardised logs to the prison. These logs are used within community and hospital dental service provided by the trust. This ensured a consistent approach with regard to the day-to-day management of the dental suite.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspection 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?

Our findings

We did not inspect the well-led key question at this inspection.