

# HMP Buckley Hall

## Inspection 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.

# Overall summary

We carried out this desk based review of healthcare services provided by Greater Manchester Mental Health NHS Foundation Trust (GMMH) at HMP Buckley Hall in October 2020. We last inspected the service in July 2019 when we judged that the trust/provider was in breach of CQC regulations. We issued two Requirement Notices on 5 November 2019 in relation to Regulation 17, Good governance and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The purpose of this inspection was to determine if the healthcare services provided by GMMH 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 in prisons.

At this inspection we found:

- Staff supervision was now taking place in line with the trust policy and recorded and monitored appropriately.
- The trust conducted regular infection prevention and control audits.

- Staff checked emergency equipment and medicines daily and local managers conducted regular management checks.
- Systems to monitor medicines storage arrangements now ensured these medicines were appropriate for use.
- Managers were able to escalate local issues via the risk register and monthly clinical governance and business meetings.
- Staff reported incidents in line with the trust policy. Managers reviewed all incidents shared learning appropriately.
- Improvements had been made to the complaints management process. Response letters to patients were well written and comprehensive and contained details of how a complainant could escalate their concern if they were not satisfied with the trust's initial response.

There were areas where the trust could make further improvements. The trust should:

- Ensure that all audits or checks carried out are signed and dated.
- Ensure quality assurance processes for records management and READ coding in patient electronic records are documented appropriately.

## Our inspection team

Our inspection was carried out by a CQC health and justice inspector.

We reviewed the action plan submitted by Greater Manchester Mental Health NHS Foundation Trust (GMMH) which demonstrated how they would achieve compliance. We also reviewed a range of documents to demonstrate improvements in the care provided at HMP Buckley Hall since the last inspection. This included:

- Infection prevention control audits and action plans.
- Reception screening room cleaning check list.
- Fridge and room temperature records.
- Copies of daily checks for emergency bags and management checks.
- Emergency kit check assurance arrangements, escalation processes and management checks.

- The patient group direction for influenza vaccine administration.
- Report of incidents for the last six months.
- Policy on handling information governance and breach of patient confidentiality.
- Management and clinical supervision matrices.
- Complaints and compliments.

We also spoke with NHS England commissioners responsible for the service.

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 a telephone conference with GMMH managers.

## Background to HMP Buckley Hall

HMP Buckley Hall is a closed category C adult male training prison. The prison is located on the edge of Rochdale, Greater Manchester. Healthcare services are delivered from the main healthcare centre and wing-based medicines administration areas.

Health services at HMP Buckley Hall are commissioned by NHS England. The contract for the provision of healthcare services is held by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The trust provided the services at the time of our last inspection in July 2019. However, at that time, the healthcare services at HMP Buckley Hall were incorporated in the location registration for HMP Manchester. Subsequently, the GMMH registered HMP

Buckley Hall as a location. The trust 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 HMI Prisons was in July 2019. The joint inspection report can be found at:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-buckley-hall-2/>

This report covers our findings in relation to those aspects detailed in the Requirement Notices issued to Greater Manchester Mental Health NHS Trust in November 2019 and areas where we made recommendations for improvement at the last inspection.

# Are services effective?

We did not inspect this key question in full at this desk based review. We inspected aspects mentioned in the Requirement Notices issued to GMMH in November 2019.

At our last inspection we found that staff supervision was not taking place regularly in line with the trust policy.

## **Effective needs assessment, care and treatment**

Managers told us that healthcare staff worked closely with prison managers and staff during the Covid-19 pandemic to help ensure patients continued to receive effective care and treatment. Staff had received a number of compliments about the delivery of care during this period.

## **Effective staffing**

From our discussions and the documents submitted we were assured that improvements had been made to the arrangements for staff supervision.

- The manager used consistent agency cover to ensure safe staffing levels were maintained.

- Recruitment to fill three nursing posts had just commenced.
- The trust had introduced a comprehensive training and supervision monitoring database for all staff.
- Supervision was now taking place in line with the trust policy. More support was available for staff.
- Management supervision was provided by the Head of Healthcare and Deputy Head of Healthcare.
- Staff were offered clinical supervision with a partner organisation each month. This had been suspended during Covid-19 lockdown but was now being offered again.
- Allocated time at team meetings was used for group supervision discussions around patient care and concerns.
- Supervision was recorded in the trust's database. Managers reviewed attendance and data was reviewed at governance meetings.

# Are services well-led?

We did not inspect this key question in full at this desk top review. We inspected aspects mentioned in the Requirement Notices issued to GMMH in November 2019 and areas where we made further recommendations for improvements. During this desk based review we saw evidence to show how the provider had continually improved the service and have reported on the elements which demonstrate this.

At our last inspection we found there were areas of governance which required improvement. Systems and processes to assess and monitor the quality and safety of the service, did not provide assurance around clinical governance. In particular the risk register did not reflect local concerns; incident reporting was not sufficiently embedded and responses to patients who complained about the service did not include information on how they could escalate their concern, if they were not satisfied with their response. Governance around infection prevention and control and medicines storage did not provide sufficient assurance that medicines were appropriate for use.

## Governance arrangements

Oversight of systems had improved since our last inspection. There was clear management oversight of systems and procedures to help ensure patient care met regulatory requirements.

- The infection prevention and control lead had received additional training and support. They now conducted monthly reviews of healthcare facilities to ensure they met requirements.
- The trust infection prevention and control lead carried out an audit in February 2020 and three actions had been identified for further improvement. A trust infection control visit took place during Covid-19 lockdown. Identified issues had been escalated to the prison facilities contractor. However, lockdown arrangements were impacting on remedial action taking place. The provider had escalated concerns to NHS England commissioners and prison managers.
- Records showed that staff now checked emergency equipment and medicines in line with trust policy. There was now a clear process to ensure that emergency medicines were appropriate for use.

- Managers carried out checks to ensure emergency equipment was checked daily by staff. The local policies for emergency equipment checking stated managers should check these weekly. The documents we reviewed showed these had been checked seven times since July, the manager advised this would be immediately rectified.
- There was clear oversight of medicines storage arrangements. Healthcare staff recorded daily room and refrigerator temperatures and the pharmacy technician audited these each week to ensure they were being carried out. Staff had reported occasions when temperatures were out of range and evidence showed that appropriate action was taken.
- A new system had been introduced to ensure that nurses administering medicines had read and signed the relevant patient group directions.

## Managing risks, issues and performance

- The provider had implemented a risk register at HMP Buckley Hall, coupled with clinical governance and business meetings. This meant that risks at HMP Buckley Hall were identified, discussed and appropriate mitigatory action taken. The only remaining risk was around staff vacancies, and three nurse vacancies were currently being recruited to.
- All staff were invited to a monthly meeting where there was an increased focus on identifying and reporting risks and concerns. Complaints, incidents and governance were also reviewed during these meetings.
- Staff now reported incidents routinely. We saw that these were reviewed and investigated appropriately.
- We reviewed incident reports where patient confidentiality had been breached and saw that these were managed in accordance with trust policies and procedures, including informing and apologising to patients.

## Appropriate and accurate information

Managers informed us that GPs and nurses entered read codes into the patient electronic record system. There was no documented process for quality assurance and data to ensure records were accurate and complete.