HMP Leicester

Quality Report

116 Welford Road
Leicester
Leicestershire
LE2 7AJ
Tel: Tel: 0116 228 3000
Website:

Date of inspection visit: 5 April 2016
Date of publication: 18/05/2016

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.

Summary of this inspection

Detailed findings from this inspection

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 5 October 2015. We found that all the required improvements had been made.

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 5 October 2015. We found that all the required improvements had been made.

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 at this inspection.

Are services well-led?
We did not inspect the well-led domain at this inspection.

HMP Leicester

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to HMP Leicester

HMP Leicester operates as a local prison for 408 adult males. Leicestershire Partnership NHS Trust provides a range of healthcare services to prisoners, comparable to those found in the wider community.

Our key findings were:

- Staffing levels across primary health care and primary mental health care including the use of regular psychiatry staff had increased. This combined with a review of all staff roles and duties meant that patients' needs were better assessed; care was planned and delivered in the most appropriate way.
- Patients received appropriate person-centred care and treatment. Care planning for patients with complex health care needs and mental health needs had improved.

Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008. In October 2015 we undertook a joint inspection of health services at HMP Leicester with Her Majesty's Inspectorate of Prisons under a memorandum of understanding agreement. We found areas of concern about the service provided by Leicestershire Partnership NHS Trust and issued two requirement notices which were followed up during this focused inspection.

The inspection report can be found at www.justiceinspectorates.gov.uk/hmiprisons/inspections

How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service. We asked the provider to share with us a range of information which we reviewed as part of the inspection. We spoke with staff, commissioners' and sampled a range of records.

To get to the heart of patients' experiences of care and treatment on this inspection we asked the following questions:

- Is it safe?
- Is it effective?

Are services safe?

Our findings

Staffing and recruitment

- During our previous inspection in October 2016, we found the service had At this focused inspection we found that the trust had undertaken a series of initiatives and arrangements were in place
- Since our last inspection a new head of physical healthcare had been appointed and they worked alongside the head of mental health services and the head of healthcare.
- The service had recruited three registered general nurses (RGN) and there were plans to recruit two registered mental health nurses (RMN) with interviews scheduled to take place the week of our inspection.
- The overall number of health care support workers had increased from three to five, two of whom were assigned to work specifically with mental health nurses and patients who required emotional support and basic coping strategies. This development had enabled RMNs to concentrate on those patients with secondary mental health needs and patients who required to be transferred out of the prison to secure psychiatric hospital facilities.
- Other staffing initiatives included the appointment of a health care support worker with lead responsibility for smoking cessation.HMP Leicester was trialling the use of 'e cigarettes' with prisoners.
- In response to concerns highlighted at our previous inspection the head of health care had reviewed the RMNs' working day to ensure that these staff were able to fulfil their duties, alongside reviewing nurses' caseloads and working closer with safer custody staff when agreeing the most appropriate response to prisoners with mental health needs and those who frequently self-harmed.
- Patients' medicines had been reviewed and as a consequence of this there had been an increase in the number of patients who held their medicines in possession. This meant nurses had more time during their working day to undertake direct one to one care and treatment with patients.
- Nursing staff we spoke with told us they had more time to complete care plans, care records and risk assessments. They now had time to spend time with patients and undertake direct one to one work with patients. To support staff to achieve this, time had been built into the working week to enable staff to write care plans and review records. All staff completed care plan and record keeping training.
- We sampled care records and found them to be detailed including assessments and care plans. It was clear from care records what support patients were receiving and the purpose and goal of staff intervention.
- Reception health care templates had been reviewed and heads of nursing told us these assisted staff in focusing on where patients' highest needs were and where to refer or signpost patients.
- Two permanent experienced psychiatrists had been appointed since our last inspection; each had responsibility for a specific caseload and regular twice weekly psychiatry clinics took place.Patients received a consistent treatment and were seen in a timely manner.Previous concerns about prescribing practices had been resolved through their appointment and through partnership working between psychiatrists and RMNs.
- Previously we reported that there was no psychology input to the service. The service provided Cognitive Behavioural Therapy but this was no longer available. The trust was actively seeking to recruit a sessional psychologist.

Are services effective?

(for example, treatment is effective)

Our findings

Mental health

- During our previous inspection in October 2016, we were concerned that patients with mental health needs were not receiving care and treatment that met their needs.During this focussed inspection we found that the trust had undertaken a series of initiatives to address this concern including holding a weekly allocation meeting of all mental health referrals that had been received following a mental health triage assessment.The first allocation meeting was scheduled to take place on the 15 April 2016. This had been delayed due to the team not having enough staff in post to support new planned ways of working.It was anticipated that at the weekly meeting patients would be allocated to a nurse or health care support worker for follow up.It was also planned that the weekly allocation meeting would be used to discuss complex cases and patients awaiting transfer to secure hospital accommodation.
- The mental health manager had undertaken a review of RMNs'caseloads and of all patients engaged with the service. As a consequence of this caseloads had been reduced.Nurses told us this meant that they now had time to do direct one to one work and offer ongoing support to those patients with the most need.
- The mental health pathway had been reviewed and clear referral criteria had been introduced.We saw evidence that for patients experiencing a low mood, mild depression and anxiety, alternative measures were in place to meet these needs including listener schemes, peer mentors and signposting to chaplaincy for support.Additionally two health care support workers had been specifically assigned to work with the mental health team to respond to these patients' needs and offer assistance with signposting to other services.
- The head of health care and leads for mental health and physical health were working closely with the prison governor and the safer custody governor, to ensure that those prisoners who required nursing input due to their mental health needs were clearly identified.
- Nursing staff told us they felt in control of their working day, they felt better able to manage their time and patient caseloads.We observed that the atmosphere within health care was calmer and nurses were working in a focussed manner. Nurses told us they now had time within their working day to review the work they were doing with a patient and to write care plans and review risk assessments.
- The head of health care and leads for mental health and physical health had reviewed the role of RMNs' in dispensing medicines and had agreed that one nurse per day would be available to assist with this.Consequently this also meant that RMNs' had time to focus on other areas of their work including mental health triage.
- The trust operated a named nurse scheme and previously we had observed that patients saw up to five different nurses during the course of their support and treatment.We saw that as a consequence of reviewing the service provided RMN staff were able to provide regular contact with patients on their caseload.RMNs' told us that there were plans to develop a number of support groups ie anxiety management, once the team was fully staffed.RMN staff told us that the appointment of two health care support workers to the RMN team meant patients with low level mental health needs were seen quickly and this also impacted upon the amount of time they had to spend with patients with enduring mental health needs.
- Access to psychological therapies was still not happening.The head of healthcare assured us that the trust was actively recruiting sessional psychology for the patient population at the prison and RMN staff were confident that group work would begin once the team was fully staffed.
- We observed that care planning had improved. Records were detailed and it was apparent from reading records what support patients were receiving and what the aims of planned patient interventions were.

Physical care:

- Similarly we observed that care planning for patients with complex health needs and lifelong conditions had improved. The head of physical health had started to prioritise developing care plans for patients with diabetes.We saw that patients diagnosed with diabetes routinely had a care plan and this guided staff on how to meet a patients' needs.We saw evidence that these care plans were regularly reviewed.

Are services effective?

(for example, treatment is effective)

- We spoke with a nurse who led on this area of work. They told us that the management of patients with diabetes and other long term conditions was GP led and reviews were completed by RGN staff. Facilities had been developed on the wing and this had been successful in that nurses were getting to see more patients. Staff we spoke with were positive about the developments that they saw had taken place in patient care since our previous inspection.
- We were told that three new RGN staff had been recruited and once these staff members had completed induction there were plans to review what clinics was needed for patients with long term conditions.We saw a range of care plan templates had been developed to address this and all RGN staff had completed training in their use and care planning.
- Previously we had concerns about the support that was offered to patients where English was not their first language, we found some practices had put patients at risk.To address this, a mandatory section had been introduced on the initial health care screen and staff were prompted to fully consider whether a patient could understand English, both written and verbal.Resources were in place such as interpreting services and language line to support patients.
- As part of quality monitoring arrangements patients who did not attend healthcare appointments were followed up.The reasons for non-attendance were collated and actioned, including discussions with operational prison staff where it had been identified that prison restrictions had impacted on service delivery.

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

We did not inspect the responsive domain at this inspection.

Are services well-led?

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

Our findings

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