

HMP Maidstone

Inspection report

HMP Maidstone
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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 an announced focused inspection of healthcare services provided by Oxleas NHS Foundation Trust at HMP Maidstone on 20 and 21 August 2019.

Following a joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in October 2018, we found that the quality of healthcare provided by Oxleas NHS Foundation Trust at this location required improvement. We issued Requirement Notices in relation to Regulation 9: Person-centred care, and Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The purpose of the inspection was to determine if the healthcare services provided by Oxleas NHS Foundation Trust were now meeting the legal requirements of the above regulations, under Section 60 of the Health and Social Care Act 2008.

We do not currently rate services provided in prisons.

At this inspection we found that:

- Oversight and management of patients with long-term health conditions had significantly improved, including the development of care planning, prompt assessment of need and on-going assessment, and the development of clear care pathways.
- A regular clinical audit schedule was now embedded in practice to help managers assess and monitor the quality and safety of services being provided.
- A range of regular staff meetings were now taking place, and routine review of incidents and dissemination of learning was evident.

Our inspection team

Our inspection was completed by two CQC health and justice inspectors.

Before the inspection we reviewed a range of information that we held about the service. Following the announcement of the inspection we requested additional information from the provider, which we also reviewed.

During the inspection we asked the provider to share further information with us. We spoke with healthcare staff, prison staff, commissioners, people who used the service, and sampled a range of records.

Background to HMP Maidstone

HMP Maidstone is a category C prison located in the town centre of Maidstone dedicated to holding foreign national prisoners. The prison accommodates up to 600 adult prisoners. The prison is operated by Her Majesty's Prison and Probation Service.

Oxleas NHS Foundation Trust is the primary care and mental health provider at HMP Maidstone. The provider is registered to provide the following regulated activities at HMP Maidstone: Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

Our last joint inspection with HMIP was in October 2018. The joint inspection report can be found at:

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2019/02/Maidstone-Web-2018.pdf>

Are services safe?

We did not inspect the safe key question at this inspection.

Are services effective?

Coordinating care and treatment

At our last inspection, we found that the management of patients with long-term health conditions required improvement. Patients arriving at the prison with conditions such as diabetes and epilepsy, did not receive a prompt assessment of their needs and did not have personalised care plans in place to inform their ongoing care. There were no regular specialist reviews of patients with long-term health conditions.

During this focused inspection, we found that oversight and management of patients with long-term health conditions had significantly improved:

- The provider had seconded a nurse with specialist training in long-term health conditions from January 2019 to support local staff and help develop the service. The nurse regularly delivered clinical and patient record system training to staff, and had also developed a standard operating procedure to provide structure and promote consistency in the management of patients with long-term health conditions.
- The provider had sourced formal training from a nearby university for primary care staff on long-term health conditions management, which was due to commence from September 2019.
- Registers of patients with long-term health conditions had been reviewed and cleansed to improve accuracy. This had improved significantly since our last inspection, although we found three patients in the registers who did not have a formal diagnosis and required further review.
- The specialist nurse and primary care manager had oversight of patient registers, and reviewed these regularly to help ensure required reviews or testing took place. The provider's system data team provided monthly reports to help staff identify and schedule patient reviews. The team also identified any missed initial health screens to ensure these patients' needs could be addressed promptly.
- A single long-term condition waiting list and separate annual review list helped staff to better manage and monitor patients' care.
- Patients arriving at the prison with a long-term health condition now received a prompt assessment of their needs and were routinely booked into the clinic and reviewed within seven days of arriving at the prison.
- A dedicated clinic ran each week to review patients with long-term health conditions. More frequent clinics earlier in 2019 had addressed a backlog of patients requiring a review of their condition.
- Out of 16 patients that we reviewed with long-term health conditions including diabetes and epilepsy, 11 had care plans in place (three patients did not have a clear diagnosis, and one had very recently arrived at the prison). Most of the care plans we reviewed were personalised and evidenced discussion with the patient about their preferences, although some required further development. Patients also routinely received a copy of their care plan. With patient consent, staff shared relevant information with prison staff to help support individuals' health needs. This was an improvement on our previous inspection findings.
- Two patients with long-term health conditions told us they felt well-supported by the service, receiving regular reviews and copies of their care plan.

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?

Governance arrangements

At our last inspection, we found that some elements of governance did not adequately assess, monitor and improve the quality and safety of services provided. There was no systematic management of long-term health conditions, and the pathway for patients was unclear. There was no regular clinical audit schedule in place. A lack of formal staff meetings in primary care meant that review of incidents and related learning for staff was not happening at a local level.

During this focused inspection, we found that the provider had acted to improve the governance of the service:

- The provider had developed and implemented a detailed standard operating procedure for the management of patients with long-term health conditions. The document set out clear pathways for the treatment of patients with a range of common long-term health conditions including diabetes, epilepsy and hypertension, reflecting national guidelines. The document also contained valuable guidance around care planning, and practical guidance for staff on how to use the SystmOne electronic clinical record to manage and monitor patients. Staff told us this document had supported them to manage patients with long-term health conditions.
- The provider conducted monthly audits to monitor the quality of care plans for long-term health conditions. Audit results based on a review of five cases monthly were shared with staff and reported to the trust, so that learning and improvements took place.
- Service managers had developed a range of regular clinical audits, including infection prevention control, medicines reconciliation and assurance, and record keeping. The results of these audits were reported to and reviewed at local and trust governance meetings.
- A range of regular staff meetings were now embedded, including daily handover meetings, weekly team leader and all staff meetings, and a monthly clinical governance meeting which focused on clinical effectiveness, patient safety and patient experience. Staff told us they could raise issues for discussion or concerns at team meetings.
- Review of incidents and dissemination of learning was evident from the minutes of local and area meetings we reviewed. Staff also received learning from incidents via news articles on the provider's intranet. Some staff told us they would appreciate more detailed feedback from managers following specific incidents they had reported.