

St George's Hospital - Specialist

Quality Report

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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.

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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 key question in full at this inspection. We inspected only those aspects mentioned in the requirement notice issued on 6 March 2017.

- The primary mental health team was now fully staffed and was able to offer a range of services to patients with mental health and substance misuse needs.

Are services effective?

We did not inspect the effective key question in full at this inspection. We inspected only those aspects mentioned in the requirement notice issued on 6 March 2017.

- All staff were up to date with mandatory training requirements and measures were in place to monitor and review the uptake of mandatory training by staff.
- All registered mental health nurses, team manager and recovery practitioners now received monthly caseload supervision.

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 at this inspection.

Summary of findings

St George's Hospital - Specialist

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection report was completed by a CQC health and justice inspector

Background to St George's Hospital - Specialist

HMP Featherstone is a male category C training and resettlement prison situated near Wolverhampton. It holds around 650 men and was last inspected by Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) in October 2016.

Integrated mental health & psychosocial substance misuse services are delivered at the prison by Inclusion, a directorate within South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

We carried out a scheduled joint inspection of HMP Featherstone between 31 October and 3 November 2016 with our partner inspectorate Her Majesty's Inspectorate of Prisons (HMIP) under our joint memorandum of understanding. The inspection identified several areas which required improvement by the healthcare provider, South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The full comprehensive report can be found on the HMIP website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-featherstone/>

Why we carried out this inspection

We undertook a desk-based focused inspection of South Staffordshire and Shropshire Healthcare NHS Foundation Trust, operating under the name of Inclusion that operated out of HMP Featherstone. This inspection was carried out to review in detail the actions taken by the trust to improve the quality of care and to confirm that the service provided was now meeting legal requirements.

This inspection was a desk-based review carried out on 28 June 2017. The purpose of the inspection was to confirm that the service provider, South Staffordshire and Shropshire Healthcare NHS Foundation Trust had carried out their plan to meet the legal requirements. This was in relation to the breaches in regulations that we identified in our previous joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) between 31 October and 3 November 2016 and in the requirement notice that we issued on the 6 March 2017. This report covers our findings in relation to those requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of HMP Featherstone on 28 June 2017. The trust submitted a range of documentary evidence to show the improvements had been made and how performance was now being monitored.

Evidence reviewed included:

Detailed findings

- Trust action plan dated January 2017
- Trust updated action plan dated May 2017
- Supervision Policy September 2016
- Supervision logs
- Supervision audit template
- Mandatory training report
- Training plan
- Learning and development policy November 2015
- Minutes from local governance meetings
- Description of the combined model
- Details of psychosocial interventions currently available to patients
- We spoke with the NHS England commissioners for this service

We reviewed the evidence submitted against the concerns identified in November 2016 and the requirement notice issued in March 2017 and made an assessment against our regulations.

Our key findings were as follows:

- The primary care mental health team was now fully staffed and was able to offer a range of services to patients with mental health and substance misuse needs.
- All staff were up to date with mandatory training requirements and measures were in place to monitor and review the uptake of mandatory training by staff.
- All registered mental health nurses, team manager and recovery practitioners now received monthly caseload supervision.

Are services safe?

Our findings

At our previous joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in November 2016 we had concerns about staffing levels at the service. We found that these arrangements had significantly improved when we undertook a desk based focused inspection on 28 June 2017

Monitoring risks to patients

- In November 2016 we observed that the primary mental health team was short staffed. The team comprised one full time senior registered mental health nurse and one full time registered mental health nurse. The team had two vacancies one of which was covered by an agency nurse whose contract was due to end on the 18 November 2016. A consequence of the low numbers of staff was that the range of primary mental health services provided to patients was limited.
- Since our joint inspection with HMIP in November 2016 two registered mental health nurses had been appointed. One nurse was appointed on the 28

December 2016 and a second nurse was appointed on the 23 January 2017. Arrangements were in place to monitor the number of staff and mix of staff needed to meet patients' needs. This meant the primary mental health team was now fully staffed and was able to offer a range of services to patients with mental health and substance misuse needs.

- South Staffordshire and Shropshire Healthcare NHS Foundation Trust operated a 'combined model' in respect of patients with mental health and substance misuse needs. Patients known to the service had one treatment plan and they could access a range of prescribed and psychosocial interventions, including one to one therapies, for example, distress tolerance, relaxation therapy and alcohol recovery programmes. A number of groups also ran and these included emotional regulation groups and life skills groups. Additionally for patients with higher mental health needs there was a pathway to access mental health assessments and support from registered mental health nurses and psychiatrists.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in November 2016 we had concerns that nursing staff and recovery practitioners were not up to date with mandatory training. We were also concerned that that nursing staff, including the team manager and recovery practitioners did not receive regular structured supervision. We found that these arrangements had significantly improved when we undertook a desk based focused inspection on 28 June 2017.

Effective staffing

- In November 2016 we found that nursing staff and recovery practitioners were not up to date with mandatory training such as infection control and the trust did not sufficiently monitor mandatory training for staff. Since our joint inspection with HMIP in November 2016 we found that staff had protected time to undertake mandatory training in line with trust policy. We reviewed staff mandatory training reports, the Inclusion training plan for 2016/2017 and the trust policy for mandatory training, which confirmed that staff were up to date with mandatory training requirements. We saw that the trust had a number of measures in place to monitor and review the uptake of training for staff, including monthly training compliance reports. This allowed for monitoring to take place at all

management levels across the trust. We saw evidence in minutes from operational governance meetings where compliance with mandatory training was a standing agenda item.

- In November 2016 we were concerned that nursing staff, including the team manager, and recovery practitioners did not receive regular structured supervision and that the trust did not sufficiently monitor supervision arrangements for staff.
- All registered mental health nurses, the team manager and recovery practitioners now received monthly caseload supervision. We reviewed supervision logs, a copy of a supervision audit template and the trust's supervision policy, all of which confirmed that staff now received regular structured supervision. We were told that a record of supervision was kept on site and could be made available for future inspections. We saw that the trust had a number of measures in place to monitor and review the uptake of supervision. These included weekly checks of staff files by the team manager and evidence of these checks would be produced and reviewed as part of their monthly management supervision with the clinical lead for the service. We saw evidence in minutes from operational governance meetings where compliance with supervision was a standing agenda item.

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?

(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 key question at this inspection.