HMP Lewes - Prison Healthcare Department

Inspection report

1 Brighton Road
Lewes
BN7 1EA
Tel: 01273785100

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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.

Ratings

Overall rating for this location	Inspected but not rated
Are services well-led?	**Inspected but not rated**

Overall summary

We carried out an announced independent review of progress of healthcare services provided by Practice Plus Group Health & Rehabilitation Services Limited (PPG) at HMP Lewes on 20 to 22 February 2023. This was in response to a combined HMIP and CQC comprehensive inspection carried out in May 2022 when we found the quality of care required improvement. We issued one Requirement Notice in relation to Regulation 17: Good governance.

At this inspection we found:

- Governance systems and processes had been improved to support both medicines optimisation and long-term condition management.
- Oversight and accessibility for patient group directives (PGDs) had improved.
- Governance and monitoring of in possession medicines and in cell medication checks were much improved.
- Management and care planning of patients with long term conditions was effective with a strong commitment to ongoing development.
- Staffing levels were improving but remained fragile. However, staff remained committed to delivering a safe and caring service to their patients.

Our inspection team

Our inspection team was led by a CQC health and justice inspector supported by one HMIP inspector.

How we carried out this inspection

We conducted a range of interviews with staff and reviewed a range of information that we held about the service including notifications.

During the inspection we spoke with staff including:

- Head of healthcare
- Deputy head of healthcare
- Primary care lead
- Primary care nurses
- Health care assistants
- Pharmacy staff
- Prison officers
- Prison health care governor

We also spoke with NHS England and NHS Improvement (NHSEI) commissioners and requested their feedback prior to the inspection. We observed medicines administration, and accessed patient clinical records during our onsite visit.

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Risk register
- Information relating to the staffing model, vacancies and recruitment
- Number of cancelled hospital escorts
- Clinic information, including cancelled clinic data
- Medicines on release and transfer data
- Senior leadership team meeting minutes
- Healthcare daily shift planner.

Background to HMP Lewes - Prison Healthcare Department

HMP Lewes is a category B local prison for both adult males and young offenders, with the primary function of receiving prisoners from the courts. It holds both remand and sentenced prisoners with an operational capacity to hold 659 prisoners.

Practice Plus Group Health & Rehabilitation Services Limited (PPG) is the prime provider of health care at HMP Lewes, including primary care, mental health and substance misuse services, with subcontracted services for dental provision.

PPG is registered to provide the following regulated activities at the location: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Inspected but not rated

Are services well-led?

Medicines optimisation and pharmacy services

At this inspection we found the required improvements had been made and the provider was meeting the regulations.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At our previous inspection we found that as a result of staff vacancies, pharmacy staff were required to cover both dispensary duties and medicines administration on the wings, which was limiting opportunities to improve medicine optimisation services. In-possession risk assessments were undertaken, supported by a limited number of cell checks to confirm that prisoners complied with their medication regime. However, there was a lack of oversight to provide assurance that in-possession risk assessments and cell checks were undertaken in a timely manner.

Prisoners had had access to medicines without the need to see a doctor, through a minor ailment policy and patient group directions (PGDs), which authorise appropriate health care professionals to supply and administer prescription-only medicine. While local policies and PGDs were available and used by staff, there was a lack of oversight of these processes. For example, a new member of staff was working under the minor ailments policy following limited training and supervision; only one nurse was named on the printed PGDs; and staff described how they could access two different versions of the PGDs.

Governance of medicines was inadequate. The pharmacy technicians had no access to clinical supervision, incident reports indicated that processes were not always effective and could result in medicine shortages. Staff told us that decisions concerning the formulary (the list of medications used to inform prescribing) were made at a service medicines and therapeutics meeting. However, pharmacy staff did not attend, and minutes were not circulated, which meant that the effectiveness of this meeting was limited.

At this inspection, we found that systems, processes and procedures had improved and helped managers accurately assess, monitor and improve the safety and quality of the service in relation to medicines optimisation.

In possession and in cell medication checks were regularly conducted with an average of 98-100% compliance in the last audit cycle. This meant we were assured that the risk posed by patients coming to harm by accumulation of medicines was reduced. We were also assured that in-possession checks helped assess whether it was appropriate for named patients to hold medicine in possession.

Recruitment had been mostly successful and staffing numbers had increased, however there remained vacancies and new staff would take time to become familiar with their roles.

Governance processes operated effectively with a new local operation procedure to address any medicines shortages. A weekend task list had been developed which included repeat prescribing, this meant it helped ensure a more efficient and timely management and review of patient medicines. Staff had appropriate access to PGDs which accordingly had appropriate oversight.

One to ones had restarted and additional clinical training sessions which were facilitated by the regional pharmacist helped staff feel supported. However, regular clinical supervision was still not happening. While ad hoc supervision was available, regular supervision was yet to be established to support pharmacy staff.

Inspected but not rated

Are services well-led?

The department was currently without a full-time onsite lead pharmacist. This risk had been mitigated by the PPG regional pharmacist supporting the deputy pharmacist onsite twice each week and with remote daily support. Recruitment for this post was currently taking place. Overall staffing had improved, however it remained fragile. The service risk register included risks related to recruitment and the provider's business continuity plan was used to ensure service provision continued to be delivered.

Pharmacy staff now attended healthcare meetings which allowed them valuable input and the ability to share information with the wider team. Additional governance improvements ensured these meeting minutes were shared and available for staff to review.

Primary care and inpatient services

At our previous inspection we found that the management of those with long-term conditions (LTC) was irregular, and care plans were not completed routinely.

At this inspection we found that our breach around the management of those with LTC and care planning was resolved.

There was evidence of committed and focused work to ensure prisoners with LTC received timely reviews. Staff managed LTC waiting lists well, with waiting times no longer than 4 weeks for a review. Waiting lists had reduced to minimal numbers. A review of electronic patient records showed appropriate recalls and reviews of medicines and additional tests where required.

The development of a new care plan hub was effective in ensuring all patients had a care plan that allowed both clinician and patient to manage their condition in a safe and coordinated manner. The care plans reviewed showed a good level of care pathway working with information and guidance to support the patient with their own self-care. This included signs and symptoms of deterioration of their LTC and what action the patient should take.

Work around this was ongoing with more patients being added to this new system each week. Staff had undertaken additional training on its use and the new system was being embedded in practice. While not all patients had the new care plan format, a recent audit of those completed demonstrated improving progress of completed care plans.