HMP Lowdham Grange

Inspection report

Old Epperstone Road
Lowdham
Nottingham
Nottinghamshire
NG14 7DA
Tel: 0115 9669200
https://www.nottinghamshirehealthcare.nhs.uk/

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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 Nottinghamshire Healthcare NHS Foundation Trust at HMP Lowdham Grange on 3 July 2019.

Following our last joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in August 2018, we found that the quality of healthcare provided by Nottinghamshire Healthcare NHS Foundation Trust at this location required improvement. We issued a Requirement Notice in relation to 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 Nottinghamshire Healthcare NHS Foundation Trust were meeting the legal requirements of the Requirement Notices that we issued in January 2019 and to find out if governance systems had improved. At this inspection we found that improvements had been made and the provider was meeting the regulation.

We do not currently rate services provided in prisons.

At this inspection we found:

- The provider had worked with prison colleagues and medicines suppliers to implement a safer way of delivering medicines to the prison.
- Medicines were stored securely, and staff took appropriate action when medicines were exposed to excessive heat.
- Records relating to medicines stock were maintained by staff and matched the items of stock that we checked.
- New, tamper proof medicines disposal bins were now in place.
- The waiting time for routine GP appointments had reduced and the provider intended to introduce further GP sessions. Emergency GP appointments were also available.
- All applications to see the GP were triaged by a nurse, and patients also had access to an Advanced Nurse Practitioner.
- Policies and procedures relating to medicines management required further review and updating. However, staff were working to the trust's overarching policy.
- Governance meetings relating to medicines had been implemented to provide oversight of medicines management in the prison.
- Pharmacy staff carried out audits of medicines records and stock.

The areas where the provider **should** make improvements are:

- Ensure that all medicines are stored in lockable cabinets.
- Patients should have timely access to a routine GP appointment.
- Local policies and procedures relating to medicines management in a prison setting should be reviewed and updated at the earliest opportunity.

Our inspection team

Our inspection team consisted of two CQC health and justice inspectors.

Before this inspection we reviewed a range of information that we held about the service, including the action plans we had received from the provider and feedback from the service commissioner. During the inspection we asked the provider to share further information with us such as quality audits and minutes of meetings. We spoke with healthcare staff and viewed the main pharmacy and wing-based treatment rooms.

Background to HMP Lowdham Grange

HMP Lowdham Grange is a Category B male adult prison located in Lowdham, Nottinghamshire and accommodates up to 888 prisoners. The prison is operated by Serco Ltd.

Nottinghamshire Healthcare NHS Foundation Trust is the health provider at HMP Lowdham Grange. The Trust is registered with the CQC to provide the following regulated activities at the location: Treatment of disease, disorder or injury, Diagnostic and screening procedures, and Surgical procedures.

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

Are services safe?

Appropriate and safe use of medicines

At our last inspection, we found that safe systems were not in place for the safe delivery of medicines into the prison. Storage of medicines was not always safe and secure. Action was not taken when medicines were exposed to excessive heat, and medicines were accessible to prison staff who did not need to access them. Records relating to medicines were not accurate and did not always reflect the actual levels of stock. Disposal of medicines was not safe because medicines were put into bins that were not tamper proof.

During this focused inspection, we found that the necessary improvements had been made to the delivery, storage, recording and disposal of medicines:

- A new arrangement had been put into place in partnership with the prison and medicines suppliers to ensure safer delivery of medicines. This enabled medicines deliveries to be given to healthcare staff within the main gatehouse, rather than outside the prison. Prison staff then supported healthcare staff to safely transport medicines through the prison grounds. Building work was due to start shortly after the inspection on a new pharmacy building which would enable deliveries to be made directly into the pharmacy.
- Temperatures of the rooms that medicines were stored in were monitored daily and records reflected this. When medicines were exposed to excessive heat action was taken to shorten the expiry date of the affected medicines. This process was managed by the pharmacy team in line with the trust's policy on medicines management.
- New wall mounted cabinets had been provided by the prison which meant that there was more secure storage space available for medicines. This meant that the majority of medicines were stored in cabinets that only healthcare staff had access to. Some items were still stored on top of cabinets because there was not enough storage space in every wing treatment room. However, these were low risk items such as moisturising creams and homely remedies.
- A new system had been implemented for healthcare staff to record when discretionary medicines were given to patients, and which patient they had been given to. This meant that staff could accurately monitor what medicines patients had already received to reduce the risk of them being given too much. The records we checked matched with the stock present in the cabinets.
- New tamper-proof medicine disposal bins had been purchased and were present in the main pharmacy and all wing treatment rooms. These were appropriately labelled and set up to allow staff to easily and securely dispose of unused medicines. A contract was in place for the collection of full bins, which were securely stored whilst awaiting collection.

Are services effective?

We did not inspect the effective domain at this inspection.

Are services caring?

We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?

Timely access to care and treatment

At our last inspection, we found that the GP waiting list was not effectively managed, and risks to patients were not being assessed or dealt with appropriately. Patients waited too long for a routine GP appointment and were not always diverted to another, more appropriate service.

During this focused inspection, we found that action had been taken to reduce the waiting time for a routine GP appointment. Applications from patients to see a GP were triaged by a nurse and urgent cases prioritised:

- The waiting time for a routine GP appointment had reduced from nine weeks to five weeks and there were plans to introduce a further two GP clinics per week. This would further reduce the waiting time for a routine appointment.
- All applications to see a GP were first triaged by a nurse to assess the level of risk and whether the patient could be seen by another healthcare practitioner. This reduced the burden on the GP provision and meant that some patients could be seen more quickly.
- An Advanced Nurse Practitioner (ANP) was available to see some patients that would previously have had to wait to see a GP. The waiting time to see the ANP was much shorter than to see the GP which meant that some patients were seen and treated quicker.
- There were emergency appointments available during each GP clinic which were protected for patients with an urgent need.

Are services well-led?

Governance arrangements

At our last inspection, we found that policies and procedures supporting medicines management required updating. Medicines governance meetings were not structured and not held on a regular basis.

During this focused inspection, we found that policies and procedures relating to medicines management at the prison still required updating. However, staff were working to the trust's overarching policy with support from the trust pharmacy lead. Governance meetings were had been established which provided oversight of medicines management:

- The lead pharmacist had left their role since the previous inspection, and recruitment for a replacement was still ongoing. This had led to a delay in the local standard operating procedure for medicines management in a prison setting being reviewed and updated. The area manager told us that this would be done when the new pharmacist was in post.
- In the meantime, staff were using the trust's overarching medicines management policy and were able to access support from the trust's lead pharmacist. We saw that staff had recently accessed this support when shortening the expiry dates of medicines that had been exposed to excessive room temperatures.
- Drug and therapeutics meetings had been set up shortly after the previous inspection with agreed terms of reference and a standard agenda. It had not been possible to hold the meetings at a regular, set frequency due to staffing issues. However, where the meetings had gone ahead they were attended by the relevant healthcare and prison staff. Where necessary, actions were assigned to staff and followed up at the next meeting.
- Pharmacy staff carried out audits of medicines related records that staff completed and dealt with any issues as they arose with the relevant members of staff.

Managing risks, issues and performance

At our last inspection, we found that risks relating to the management of medicines were not always identified or dealt with appropriately.

During this focused inspection, we found that improvements had been made to the monitoring of stocks of medicines and action taken where any issues were found:

- The pharmacy team had implemented new recording forms which healthcare staff were using when they gave discretionary medicines to a patient. These are medicines that can be given without a prescription and are usually available 'over the counter' such as paracetamol and cough medicine. Pharmacy staff monitored the usage of these forms and audited them against the remaining stock in the cabinets. When a discrepancy was noted, an incident report was submitted, and an investigation carried out to attempt to identify where the medicines had gone.
- The recording forms also enabled staff to check that a patient had not already received the maximum dose of a medicine before they provided any more. This allowed staff to better manage risks associated with the administration of medicines.