

Nottinghamshire Healthcare NHS Foundation Trust

HMP Lowdham Grange

Quality Report

Old Epperstone Road,
Lowdham,
Nottingham.

NG14 7DA.

Tel:0115 9669200

Website:

Date of inspection visit: 30 March 2016

Date of publication: 14/06/2016

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

HMP Lowdham Grange

Detailed findings

Services we looked at:

At this inspection we only looked at the health services provided by the trust at HMP Lowdham Grange.

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to HMP Lowdham Grange	3
Our inspection team	3
How we carried out this inspection	3

Background to HMP Lowdham Grange

HMP Lowdham Grange is a training prison that holds around 900 men. Nottinghamshire Healthcare NHS Foundation Trust provides a range of healthcare services to prisoners, comparable to those found in the wider community. This includes GP, pharmacy, substance misuse and primary mental health services. The location is registered to provide the regulated activities, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

CQC and Her Majesty's Inspectorate of Prisons undertake joint inspections under a memorandum of understanding. Further information on this and the joint methodology can be found by accessing the following website: <http://www.cqc.org.uk/content/health-and-care-criminal-justice-system>

CQC inspected this service with HMIP between the 22 and 25 June 2015. This report can be found by accessing the following website: <http://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>. We found evidence that essential standards were not being met and two Requirement Notices were issued in relation to Regulation 9, Person-centred care and Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this focused inspection we checked these areas as part of this focused inspection and found that although some improvements had been there were still areas of concern.

Our inspection team

The inspection was completed by a CQC Health and Justice Inspector who had access to remote specialist advice.

How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service and asked other organisations to share what intelligence they could. During the inspection we spoke with staff, observed practice and reviewed a range of documents.

Medical care

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

At this inspection we only looked at the services provided by the trust at HMP Lowdham Grange. We do not rate services provided within prisons.

Summary of findings

Safe:

We did not inspect the safe domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued as a result of the inspection in June 2015.

Although improvements had been made we still found that people did not always have access to their medication and risk assessments were not checked appropriately.

Effective:

We did not inspect the effective domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued as a result of the inspection in June 2015.

During the course of the inspection we found that not all people with significant needs as a result of their medical conditions had care plans in place.

Caring:

We did not inspect the caring domain at this inspection.

Responsive:

We did not inspect the safe domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued as a result of the inspection in June 2015. We found that the people did not always have timely access to healthcare services.

Well-led:

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

Medical care

Are medical care services safe?

Medication Management:

Since our previous inspection we found that the trust had taken action to address the concerns identified in the Requirement Notice.

- The trust had taken action which now ensured that they were following their own in-possession medication protocol; this included audits of medication prescribed. This helped to ensure that procedures were safe and in line with the trust's policy. Although the trust's Offender Health In-Possession Medication Protocol had passed its date for review there was evidence that they were in the process of addressing this.
- Risk assessments looking at a person suitability to retain their medication in their possession should be carried out. The system for completing these risk assessments had much improved and this ensured that patients' suitability to manage their medicines had been assessed. However these risk assessments were being checked when the medication was ordered and not when the medication was administered. This carried a risk that medication was given to patients following a change in their risk assessment to keep the medication in possession.
- The trust had carried out an audit of all patients on night time medication and there was evidence that this was being monitored. Patients who were on night time medication, where deemed appropriate, were given it in their possession. This meant that patients could take it at the appropriate administration time.
- A formulary is a list of medications that are approved to be prescribed within the prison. Action had been taken to ensure that a local formulary was being adhered to and audits were now being completed to help ensure that all medication prescribed was approved within this setting.
- The trust was now using a specific medication module on their electronic recording system. Stock reconciliation was now being recorded on this which helped the trust have an accurate level of stock held on the premises.

- Patient information leaflets were being given out routinely with medication.
- Action had been taken, such as the recruitment of further pharmacy technicians and a new process for GP's to review medication, to help ensure that all patients received the required medication

However despite action being taken we still found that the requirement notices were not fully met:

- The trust did not have an effective system for ensuring that patients received their medication or that there were sufficient supplies of medication to meet patient needs. We found examples during this inspection where patients treatment had been interrupted because their medication was not available for several days. In addition staff had not taken prompt action to report this interruption in prescribed treatment, or to obtain a supply. Medication incidents had not been reported in line with the trust's policy, so the trust was unaware of the frequency of such incidents.
- Although the process for the accountability of the keys for the controlled drug cupboard had improved it did not allow for a full audit trail at any given time.

Cleanliness and Infection control:

- A prisoner had now been employed as a cleaner and a deep clean had been carried out in December 2015. This helped to ensure the premises were clean and minimised the risk of the spread of infection. Although the cleanliness had generally improved there were still some areas that were not sufficiently clean on the day we inspected, for example the flooring in the healthcare room in house block one. Equipment had been stored in a treatment room in the main healthcare area making it harder to minimise the risk of infection; however the trust had recently secured more storage rooms and were in the process of transitioning.

Equipment:

- The trust now had a contract with a private company for the maintenance and servicing of equipment and there was evidence that equipment had been serviced as required.

Medical care

Are medical care services effective?

Responding to and meeting people's needs:

- During this inspection we found examples of where patients with specific health conditions, for example patients with epilepsy, did not have a care plan. Care plans assist staff to understand a patient's health needs, detail how the care should be delivered and where possible should be take account of the patient's preferences.

Are medical care services caring?

We did not inspect the caring domain at this inspection.

Are medical care services responsive?

Access to the service:

At our previous inspection we found examples of where patients had waited up to 19 days to see a health professional. The trust had taken the following action to address this:

- Carried out a review of waiting times to identify recurrent barriers to access. Two nurses had attended triage training to help ensure that they had the relevant skills to carry out triage clinics. We saw that there were a number of daily embargoed appointments and that these were being used where patients needed to be seen more urgently.
- The trust had staff shortages that impacted on waiting times. However, at the time of inspection interview dates for nursing staff were scheduled. The trust told

us that a change in shift pattern had been agreed and was due to commence on the 24 April 2016. This change would allow for more clinic time, as well as having a nominated triage nurse each day intended to ensure patients' needs could be met more promptly. We were not able to assess the impact of these changes as they had not been fully implemented.

Despite action being taken we still found the following on-going concerns:

- Some patients waited in excess of 22 days for an appointment with a nurse. Nurses carried out triage assessments to determine if a further appointment with the GP was necessary. We found some patients waited in excess of 35 days from when an application was made. Patients continued to be denied timely access to see a health services.
- The trust did not have an effective system to monitor waiting times to ensure patients' health care needs were met in a timely manner. Patient and clinic waiting lists were not accurate, for example one person on the podiatry waiting list was no longer in the care of the prison. At the time of our inspection there were 163 patients on the waiting list for smoking cessation interventions. Of these 29 patients had been waiting in excess of 31 weeks weeks. There were 30 patients on the podiatry waiting list. Of these 11 had been waiting in excess of 20 weeks. This meant that the trust could not be sure that they had met people needs in a timely manner.

Are medical care services well-led?

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

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to improve:

- Ensure that patients have timely access to their medication and that relevant risk assessments are checked at the time medication is administered.
- Ensure there is a full audit trail for the keys for the controlled drug cupboard.
- Ensure that patients' have timely access to healthcare and that there are effective systems in place to monitor waiting times.

- Ensure that patients' with significant health care needs as a result of their medical conditions have care plans in place.

Action the hospital **SHOULD** take to improve

Action the provider **SHOULD** take to improve:

- Ensure that all clinical areas are fit for purpose and meet infection control standards.

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

The Registered Provider does not ensure the effective operations of systems to ensure patients have timely access to health professionals.

The Registered Provider does not ensure the effective operations of systems to ensure that care is appropriate and meets the patient's needs.

The Registered Provider does not ensure the effective operations of systems to ensure the proper and safe management of medicines and ensure that there are sufficient quantities of medication to meet patient needs.

Where these improvements need to happen

HMP Lowdham Grange.