

HMP Frankland

Quality Report

Brasside Durham
DH1 5YD
Tel: 01913765126
Website: www.g4s.com

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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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HMP Frankland

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC health and justice inspector, accompanied by a second CQC health and justice inspector.

Background to HMP Frankland

HM Prison Frankland is a high security prison holding category A high risk prisoners, category A and Category B adult males. The prison is in the village of Brasside in County Durham, England and accommodates up to 842 adult male prisoners. The prison is operated by Her Majesty's Prison and Probation Service (HMPPS). G4S Health Services (UK) Limited is commissioned by NHS England to provide primary health care and clinical substance misuse services at the prison. G4S is registered with CQC to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury at the location HMP Frankland.

Why we carried out this inspection

We carried out an announced focused inspection of healthcare services provided by G4S Health Services (UK) Limited at HMP Frankland on Tuesday 5 November 2019.

We last inspected the service in January 2019 when we judged that the G4S Health Services (UK) Limited was in breach of CQC regulations. We issued a Requirement

Notice in relation to Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report on the January 2019 focused inspection can be found on our website at:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0332.pdf

The purpose of this inspection was to determine if the healthcare services provided by G4S Health Services (UK) Limited were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

We do not currently rate services provided in prisons.

At this inspection we found:

- Competency assessments for healthcare staff responsible for the safe handling of medicines were in place.
- Patient involvement in care planning had improved.
- Staff were sufficiently trained to carry out their duties.
- Systems to support good governance at local level were appropriately embedded across the service.

How we carried out this inspection

Before the inspection we held a teleconference with senior managers from G4S, and the head of healthcare at HMP Frankland. We also held a teleconference with commissioners from NHS England on the 4 September 2019, to ascertain their views of the service. The provider is monitored monthly by NHS England under their quality surveillance arrangements.

Detailed findings

We also reviewed a range of information that the provider had sent to us, including care plan audits for April and

August 2019, a training matrix and a quality assurance schedule. During the inspection we asked the provider to share with us further information, reviewed minutes from team meetings and spoke with a range of healthcare staff.

Are services safe?

Our findings

Appropriate and safe use of medicines

At our last inspection we found competency assessments for the safe handling of medicines were not always completed. At this inspection we found improvements had been made and staff were appropriately trained to administer medicines.

- The provider sent us information that showed they had reviewed the competency of the majority of healthcare staff with responsibility for medicines administration. At the time of our inspection 94% of permanent staff and all agency staff had completed medicines management competency assessments.
- A very small percentage of staff still required competency training, this was due to illness and reduced availability due to night shift working. The provider told us of their plans to ensure that these members of staff would be supported to complete their training as soon as practicable.

- The provider told us that in future competencies would be completed during induction and then reviewed as part of the annual appraisals process and monitored by the clinical lead.

Risks to patients

- Prior to this inspection we received concerns about the level of staffing within the inpatient unit. We followed this up and found staffing was adequate to needs the needs of inpatients.
- At the time of the inspection the healthcare team had 11.5 whole time equivalent vacancies, including two healthcare support workers. Recruitment was ongoing and regular agency staff covered nursing staff vacancies, along with the use of overtime and bank staff.
- Staffing levels and skill mix were monitored and managed by a Band 7 primary care clinical lead. This ensured that experienced nurses were on shift to respond to emergencies.
- Patients' immediate and ongoing needs continued to be appropriately assessed and the management of long-term conditions remained effective. Two Band 6 nurses had responsibility for the care and treatment of patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our last inspection we found staff were not sufficiently trained to carry out their duties. A review of staff training showed that mandatory training rates were low at 65% compliance. At this inspection we found improvements had been made and staff were appropriately trained.

- At this inspection we found that 97.6% of staff had completed mandatory training. The head of health care monitored staff training and completed a monthly local manager's quality assurance check of compliance against mandatory training.
- Staff confirmed they were supported to access training and supervision. This included agency staff who had full access to the same support and mandatory training as permanent staff, for example, Intermediate Life Support.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

At our last inspection we found that a range of systems had been introduced to support the ongoing development of the service, but we judged that it was too soon to fully assess the impact they were having on the service. At this inspection we found that governance systems were now fully embedded.

- At this inspection we found monitoring and auditing were undertaken on a regular basis, and we could see evidence that processes were embedded across the service and improvements were noted. Patterns and themes were identified, and measures were in place to identify and respond to disparities in records/information gathered.
- The provider shared a range of information including, copies of a manager's health and safety tours. This information showed a well-established system for checking emergency equipment, fridge temperatures

and identifying infection control issues. These records were subject to further monitoring by the regional management team within G4S, which assured an additional level of checking and compliance.

- The service was managed by an experienced head of healthcare with support from two clinical leads who were skilled, knowledgeable and capable of delivering a safe and effective health care service to the prison population at HMP Frankland.
- Staff told us the head of healthcare was visible, approachable and they felt listened to. They told us morale across the team remained good. Staff we spoke with and observed demonstrated a real commitment to improving the service and improving outcomes for patients.
- Staff reported incidents when appropriate and learning from incidents was now routinely shared across the whole staff team, to help ensure continued improvement in service delivery.
- The head of healthcare continued to have oversight of care planning arrangements, including review dates, consent and patient involvement using a care plan tracker.