

# HMP YOI Stoke Heath

## Quality 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 domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on the 28 August 2015.

- The trust has revised their medicines management procedures helping to ensure the safety of both staff and patients.
- Staffing vacancies had reduced since our last inspection.

### **Are services effective?**

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on the 28 August 2015.

- Staff were receiving clinical supervision and had annual appraisals in place.
- Staff were either up to date or booked on to mandatory training in the near future.

### **Are services caring?**

We did not inspect the caring domain at this inspection.

### **Are services responsive to people's needs?**

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on the 28 August 2015.

- Systems were in place to ensure that all new people that came into the prison had an initial health assessment. Care plans had been developed where necessary and reviews were being completed.
- Patients had access to appropriate confidential complaints processes that were effectively monitored to ensure their concerns were fully addressed.

### **Are services well-led?**

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

# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

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

- Complaints were being recorded on patients electronic records. The provider should review this process to help ensure that all healthcare staff are objective and give each person unbiased care and treatment.
- The provider should ensure that infection control audits on the dental suite are reviewed within national guideline timescales.

# HMP YOI Stoke Heath

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was led by a CQC health and justice inspector and accompanied by the head of healthcare for Her Majesty's Inspectorate of Prisons. The inspection team also had access to remote specialist advice.

## Background to HMP YOI Stoke Heath

HMP YOI Stoke Heath is a category C training prison that holds around 800 men and young adults. Shropshire Community Health NHS Trust provides a range of healthcare services to prisoners, comparable to those found in the wider community. This includes GP, dental, pharmacy, substance misuse and primary mental health services. The location is registered to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury.

CQC inspected the services in partnership with Her Majesty's Inspectorate of Prisons on 20 to the 23 April 2015 and asked the provider to make improvements regarding the following areas:

- Initial health assessments
- Management of long term conditions
- Medicines management
- Premises and equipment

- Complaints management.
- Staffing arrangements

These constituted breaches of Regulations 9, 12, 15, 16 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this focussed inspection and found that appropriate action had been taken.

## Why we carried out this inspection

On the 18 February 2016 we undertook an unannounced focussed inspection under Section 60 of the Health and Social Care Act 2008, to check that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, specifically whether they had satisfied five requirement notices issued on 28 August 2015.

## 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 and patients who used the service. We looked at a range of documents, including complaints, staff training records and the trust's policies and procedures.

# Are services safe?

## Our findings

- **Medication management:**

- Revised medicines management procedures promoted the security of medication and the protection of staff and patients. This included the establishment of fully functional treatment rooms on prison wings to allow medication to be appropriately stored in them. Treatment rooms that we observed were all of a good standard and clinically clean. All treatment rooms now had hand washing facilities.
- The arrangements for transporting medication around the prison had been revised to help improve medicines security.
- Risk assessments for medication that is kept by a patient were now routinely completed as part of the initial health screen. An increased number of patients were now given their medication in possession. The arrangements for in possession risk assessments had been improved to ensure that they were in place and reviewed.
- The provider had strengthened the procedure for the keys to the controlled drug cabinet to improve security.
- We saw evidence that medication was being reconciled and stored in an orderly fashion.

- An out of hours' medication policy had been implemented to ensure that there were clear process and to improve patients access to medication during these times.

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- **Cleanliness and infection control:**

- Infection control audits were completed in April and November 2015. This interval was longer than the six months recommended by national guidance

- **Equipment:**

- Dental equipment was being appropriately checked and maintained to help ensure the safety of it. We observed that the electrical testing had been completed on the autoclave in April 2015 and that checks were being carried out on the autoclave and records were retained.

- **Staffing and recruitment:**

- The trust had re-profiled some of the staffing roles since we last inspected and had managed to recruit to the majority of vacancies including a non medical prescriber. Staff we spoke with told us that staffing levels had improved since our previous inspection in April 2015. Bank staff and regular agency staff had been appropriately used where there had been staffing deficiencies help to ensure that peoples needs were met.

# Are services effective?

(for example, treatment is effective)

## Our findings

- **Effective staffing:**
- Overall staff management arrangements had improved which had helped to ensure people's needs were met. We saw evidence that staff had had annual appraisals. A system to monitor clinical supervision was now in place

and we saw that staff were having supervision on a regular basis. The majority of staff were up to date with mandatory training as required by the trust or had been booked on to complete it in the near future. There was evidence that staff were able to attend additional training to support their specific learning needs.

# Are services caring?

## Our findings

We did not inspect this domain at this inspection.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

- **Responding to and meeting people's needs:**

- The provider had changed shift times to help ensure that there were sufficient staff to cover the predominant times of when new prisoners arrived to enable staff to be able to carry out initial health assessments. Systems had also been developed to ensure that all new admissions to the prison received an initial and secondary health screen and that relevant action had been taken. People new into the prison also received their medication in a timely manner.
- The management of long term conditions had much improved. Care plans had been developed and we found these were person centred and reviewed regularly. There was evidence that audits had been carried out on these cases to help ensure that people were getting the correct standard of care and that their needs were met.
- There were lead nurses for key areas such as diabetes and asthma, who were supported to attend any additional training identified. There was also support from specialist services within the community which helped ensure that they were given the correct advice and support to help ensure that people's needs were met. Additional clinics had been put on where there was a need, such as when the number of patients with asthma increased to help ensure that their needs were met.

- **Access to the service:**

- Since our previous inspection patients had better access to dental services. Additional clinics had been agreed up to the end of March 2016 to help further reduce waiting lists.

- **Listening and learning from concerns and complaints:**

- The provider had revised the standard operating procedures and the written information for patients about the complaints process to help both staff and patients understand the system. It was well advertised and a secure box for healthcare complaints was available on each wing. These allowed patients to make a complaint in confidence.
- Staff had been trained in how to respond to complaints. Responses we looked at were of a good standard, addressed the specific concerns raised and were timely. None were responded to by the person whom the complaint was about.
- A system had been developed to help ensure there was independent oversight and scrutiny of the responses to help ensure that responses were of a sufficient standard.
- Complaints were being recorded on a person's electronic patient records.



## 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 this domain at this inspection.