Trust Headquarters, 350 Euston Road

Inspection 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.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced focused inspection of healthcare services at HMP Aylesbury provided by Central and North West London NHS Foundation Trust, remotely on 23 and 24 February 2023 and onsite on 28 February and 01 March 2023. The prison can hold up to 402 male adult prisoners. On 1 October 2022, the prison had been re-designated a category C training establishment.

Following our last joint inspection with His Majesty's Inspectorate of Prisons (HMIP) in December 2022, we found that the quality of healthcare provided by Central and North West London NHS Foundation Trust required improvement. We issued *a Warning Notice in relation to Regulation 12, Safe Care and Treatment and Regulation 17, Governance and 18 Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*.

The purpose of this focused inspection was to determine if the healthcare services provided were meeting the legal requirements of the Warning Notices that we issued in December 2022 and to find out if patients were receiving safe care and treatment. At this inspection we found that improvements had been made and the warning notice no longer applies.

We do not currently rate services provided in prisons.

At this inspection we found:

- The service had a high vacancy rate for nursing staff, shifts were covered by regular temporary staff to ensure services provided to patients were safe. Staff working for the service completed training and were provided with supervision. Staff cared for patients safely and ensured that monitoring was undertaken for patients where indicated and any deterioration in a patient's wellbeing was escalated as required.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes.
- Systems and processes to administer medicines for patients were safe, however, we found that equipment used to monitor blood glucose levels was not always maintained in accordance with manufacturer's instructions and when fridge temperatures were out of range this was not always escalated.
- Identified risks were documented and the risk register reviewed and updated, and performance data was reviewed and checked for accuracy.
- The complaints process and guidance was inconsistent and meant that patients did not always receive a response in line with policy.

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

- Review the management of equipment for monitoring blood glucose levels.
- Review the storage of insulin in current use to ensure that it is being stored in line with the manufacturer's guidance.
- Review the management of medicines when the fridge temperature readings are outside of the recommended range.
- The provider should ensure that the complaints guidance is clear and consistent.

Our inspection team

Our inspection team was led by a CQC health and justice inspector with support from a second health and justice inspector as well as a CQC pharmacist inspector.
Before this inspection we reviewed a range of information provided by the service including the warning notice action plan, meeting minutes, policies, management information, as well as records for some patients.
During the inspection we asked the provider to share further information with us. We spoke with healthcare staff, patients, and sampled a range of records.

Background to Trust Headquarters, 350 Euston Road

HMP Aylesbury is a local/reception category C establishment. The prison is located within Buckinghamshire and accommodates up to 402 male adult prisoners.

Central and North West London NHS Foundation Trust is the healthcare provider at HMP Aylesbury. The provider is registered with the CQC to provide the following regulated activities at the location: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Our last joint inspection with HMIP was in December 2022. The joint inspection report is awaiting publication.

Inspected but not rated

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- At the last inspection we found that the service was not safely staffed. The service had a high vacancy rate and managers failed to adequately fill shifts with temporary staffing. This meant nursing staff were unable to run clinics because cover needed to be provided for the emergency radio as well as administering medicines. During this inspection we found that the vacancy rate continued to be high, however, long term agency staff had been sourced as well as bank cover from another local prison.
- At the last inspection we found that the service did not have an effective induction process for temporary staff. During this inspection we found a new booklet had been developed to support temporary staff during their induction period which was tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- At the last inspection we found that risks to patients were not managed safely. Staff failed to escalate concerns around the deteriorating patient or transfer them safely to hospital. Staff had not escalated concerns when patients suffered a rapid decline in their health and had not always followed NEWS2 guidance (NEWS2 is a system for scoring the physiological measurements of patients. Its purpose is to identify acutely ill patients, including those with sepsis) which had impacted on patient safety. We also found that patients wounds were not being dressed in accordance with their care plan, staff were also not undertaking blood pressure monitoring for those patients who needed it. During this inspection we found the provider had supported staff with training around NEWS2 and improved the handover process. We found that staff maintained clear records around NEWS2 and escalated in accordance with guidance. We found that staff were dressing patients' wounds in accordance with their care plan and undertaking blood pressure monitoring for those patients who needed it.

Appropriate and safe use of medicine

- Medicines were dispensed and delivered by an external pharmacy contractor. Out of hours, staff could access medicines from the emergency drug cupboard or could use FP10 prescriptions which were stored securely.
- Medicines were administered by pharmacy technicians and nurses. A lead pharmacist attended the prison at least once a week and had oversight of medicines optimisation. Prisoners could request appointments with pharmacy staff if they had any medicines concerns.
- Medicines were stored and transported securely. Controlled drugs were well managed and audited on a quarterly basis. Waste medicines were managed appropriately. Equipment and medicines for use in emergencies were checked weekly, however, blood glucose testing equipment was not being managed appropriately. This meant that the provider could not be assured that blood glucose readings were accurate. We also found the storage of insulin was not managed well. Insulin was being stored and used directly from the fridge which could be painful for the patient receiving the insulin.
- The medicines administration area was clean and had handwashing facilities available. Only one prisoner at a time could enter the medicines administration area. Prisoners had to show their ID cards before they were given their medicines. This process was managed with the support of a prison officer.
- Suitable medicines were available to treat minor ailments via a homely remedy policy and other medicines via Patient Group Directions (which enable nurses and other healthcare professionals to supply and administer medicines without a prescription). We saw that staff had signed to say that they had read and agreed to abide by these documents.

Inspected but not rated

Are services safe?

- When fridge temperatures went outside of the required range, staff did not always take action to safeguard these medicines. We highlighted this during the inspection and the provider agreed to take action to ensure all staff were aware of their responsibilities in this area.
- Medicines reconciliation was highlighted on the risk register as previously it was not being completed in a timely manner. Action had been taken and this was regularly monitored. Staff have now been allocated dedicated time to focus on this and as a result, the medicines reconciliation data has improved in the last month.
- Patients were not being asked to sign compact agreements (a compact agreement requires the patient to sign to confirm they will take medication as intended and not trade medications or illegal drugs). This was highlighted during this inspection and as a result, the provider agreed to implement them.
- Staff had systems for managing missed doses of medicines, and there was evidence that some records were made to show discussions being held to review this. However, staff recognised that this was an area that they were trying to improve on to ensure that records were more robust.
- Staff completed monthly safe and secure medicines audits, and quarterly antimicrobial audits.
- Pharmacy leaders had oversight of medicines incidents and risks. Systems were recently reviewed to improve the incident reporting culture within the organisation. Learning from medicines incidents was shared to prevent reoccurrence.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. At the last inspection we found that managers and staff had failed to report incidents including incidents which required external reporting. During this inspection we found staff and managers were reporting incidents appropriately.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. At the last inspection we found that managers failed to review or investigate incidents. During this inspection we saw that improvements had been made. Serious incidents were being investigated and learning shared with staff.

Inspected but not rated

Are services effective?

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. We saw good evidence in patient records that nursing staff sought clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date training records were maintained. At the last inspection we found that completion of some mandatory including immediate life support training was low at 33%. During this inspection, we identified there were only 3 employees who had not completed this training, which included 1 transfer and 1 new starter. Mandatory training for 2 of 3 staff was much improved and the new starter had completed some training and was due to undertake additional courses.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Long term agency nurses also received clinical supervision.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, were involved in assessing, planning and delivering care and treatment. At the last inspection we found that staff had failed to complete person centred care plans for those with long term conditions. During this inspection we found that management had arranged for a temporary long term-conditions nurse to review all patients with long term conditions and work with them to devise a care plan. The service aimed to develop long term agency nurses to take on this role as well as appoint new staff.

Inspected but not rated

Are services responsive to people's needs?

Listening and learning from concerns and complaints

The system in place to receive and respond to complaints was not effective.

- At the last inspection we found that complaints were not always investigated or responded to appropriately. During this inspection we found that 10 concerns and 4 complaints had been raised since the last inspection. A local complaints procedure had been developed and was awaiting approval. The guidance for staff was not clear, for example, there was a distinction between complaints and concerns, but this was ambiguous for staff. The guidance indicated concerns were issues raised by patients which could be dealt with within 3 working days whilst complaints took longer. There was no clear definition of what constituted a complaint or concern beyond the timescale it took to respond. Patients who had raised a concern or complaint had either met with the interim head of healthcare or were scheduled in to meet with the new head of healthcare, however, some issues which had been identified as a concern had not been dealt with within 3 working days and included similar content to those which had been classified as a complaint.

Inspected but not rated

Are services well-led?

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. At the last inspection we found that the risk register did not reflect all risks, incidents were not being reported or acted on and performance data was not accurate. During this inspection we found that the risk register had been updated to reflect current risks and that staff were reporting incidents and lessons learned had been shared. Performance data reflected an accurate picture of the service, including the number of receptions and secondary screening as well as clinic sessions and attendance.