HMP Rye Hill

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.

Contents

Overall summary

This inspection was a desk-based focussed inspection carried out on 26 September 2017. The purpose of the inspection was to confirm that the service provider, G4S Forensic and Medical Services (UK) Limited had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on the 30 November 2016.

We found the provider had made the required improvements since our last inspection and was meeting the regulations that had previously been breached.

Our key findings were as follows:

- Effective governance systems were in place and these were used to monitor the delivery and quality of the service.

Summary of findings

- Patient involvement in care planning had significantly improved and following training, staff were completing patient care plans.

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 key question at this inspection.

Are services effective?
We did not inspect the effective key question in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued on 30 November 2016.

- All clinical and pharmacist staff had completed training in the Mental Capacity Act 2005.
- The majority of staff had completed training in asthma and diabetes, but staff still needed to complete training in the management of cardiac conditions and dementia awareness.
- A positive development since our previous inspection in November 2016 was that all clinical staff had completed care plan training.

Are services caring?
We did not inspect the caring key question in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued on 30 November 2016.

- Patient involvement in care planning had significantly improved and staff now had the time to complete patient care plans.
- To ensure the quality and effectiveness of care plans a monthly audit was undertaken, part of which considered if the patients perception of their needs and their expectations was recorded in the care plan.

Are services responsive to people's needs?
We did not inspect the responsive key question in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued on 30 November 2016.

- Quality monitoring measures ensured that patients with complex care needs received responsive care through individualised care planning arrangements.

Are services well-led?
We did not inspect the well-led key question in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued on 30 November 2016.

Summary of findings

- Since our last inspection we found that effective governance systems were in place and these were used to monitor the delivery and quality of the service.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Staff should complete training in the management of cardiac conditions and dementia awareness.

HMP Rye Hill

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was completed by a CQC health and justice inspector.

Background to HMP Rye Hill

HMP Rye Hill is a category B training prison, acting as a national resource for sentenced male adults who have been convicted of a current or previous sex offence(s). G4S Forensic and Medical Services (UK) Limited provide a range of healthcare services to prisoners, comparable to those found in the wider community.

On the 30 November 2016 we undertook a focussed inspection under Section 60 of the Health and Social Care Act 2008. The purpose of the inspection was to follow up on requirement notices that we issued in February 2016, following a joint inspection with Her Majesty's Inspectorate of Prisons. In November 2016 we found that the provider had made some improvements, but was in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

The focused inspection report undertaken in November 2016 inspection can be found on our website at http://www.cqc.org.uk

Why we carried out this inspection

We undertook this desk-based focused inspection of health care services provided at HMP Rye Hill by G4S Forensic and Medical Services (UK) Limited on 26 September 2017. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that the service provided was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of health care services at HMP Rye Hill on 26 September 2017. Prior to the desktop inspection the provider submitted a range of documentary evidence to show that improvements had been made and how performance was now being monitored. The provider attended a teleconference with CQC on 15 September 2017 to discuss what action they had taken in response to our concerns.

As part of this desk based inspection we spoke with the head a healthcare at HMP Rye Hill, a regional clinical manager and the clinical governance project lead for G4s Forensic and Medical Services (UK) Limited. We asked the provider to share with us a range of information and evidence which we reviewed as part of the inspection.

Evidence reviewed included:

- We reviewed the providers updated action plan July 2017
- Health risk register audit report July 2017
- Consent audit summary August report 2017
- Care plan audit report July 2017

Detailed findings

- Care plan audit report June 2017
- Obesity audit report July 2017
- Diabetes audit report July 2017
- Coronary heart disease audit report July 2017
- Chronic obstructive pulmonary disease report July 2017
- Chronic Kidney disease audit July report 2017
- Asthma audit report July 2017
- DNA flow charts mental health and primary care
- Staff training matrix
- We spoke with NHS England North Midlands
- We reviewed the annual Health and Justice Quality Visit HMP Rye Hill report February 2017
- Health care progress update from the Governor HMP Rye Hill

We reviewed the evidence submitted against the concerns identified in November 2016 and the requirement notice that was issued following the inspection and made an assessment against our regulations. At this inspection we found the provider was no longer in breach of the regulations.

Are services safe?

Our findings

We did not inspect the safe key question at this inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

- At our previous focused inspection in November 2016 we were concerned that many staff did not fully understand their responsibilities in relation to the Mental Capacity Act due to the low numbers of staff that had completed training in the act. At the time of our desk based inspection in September 2017 we found the percentage of staff that had completed this training had significantly improved.
- During this inspection we reviewed a staff training matrix which provided information on training that clinical staff, pharmacist staff and administrative staff had completed. We found that all clinical staff and pharmacist staff had completed training in the Mental Capacity Act and two clinical members of staff had completed training in patient consent. This meant that overall clinical staff had a better understanding of the importance of obtaining patient consent during treatment and when providing care. To support this, monthly consent audits were undertaken by the regional clinical manager and the clinical governance project lead, which ensured that staff were both seeking and recording patient consent.
- Previously we reported that few staff had completed additional training in long term conditions prevalent within the prison population, such as asthma and diabetes. At the time of this inspection we found the majority of staff had completed training in asthma and diabetes, but staff still needed to complete training in the management of cardiac conditions and dementia awareness.
- A positive development since our previous inspection in November 2016 was that all clinical staff had completed care plan training. This meant that staff were now trained to write and review care plans for patients with long term conditions.This development was futher supported by regular monthly audits of care plans undertaken by the regional clinical manager and the clinical governance project lead, which ensured that care plans were in place, were of a good quality and patient consent and patient involvement had been considered.

Are services caring?

Our findings

Care planning and involvement in decisions about care and treatment

- At our previous focused inspection in November 2016 we were concerned that care plans lacked evidence of patient involvement, some care plans did not reflect the most up to date information about the treatment provided. We were concerned that nurses did not have protected time to complete care plans. At the time of this desk based inspection in September 2017 we found patient involvement in care planning had significantly improved and staff had the time to complete patient care plans.
- We found that clinical staff now wrote care plans for all patients with long term conditions. To support this practice the length of patient clinic appointment times had increased to 15 minute slots to allow for recording patient treatment, patient engagement and review of care where applicable.
- To ensure the quality and effectiveness of care plans a monthly audit was undertaken, part of which considered if the patient's perception of their needs and expectations had been considered. Where this detail was not included in a care plan this was fed back to the responsible nurse. A care plan audit for July 2017 showed that out of a sample 20 care plans, 19 included a record of patients' perceptions of their need.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- At our previous focused inspection in November 2016 we were concerned that care plans for patients with complex needs or long term conditions was largely absent and where care plans did exist they lacked detail and clear actions to address the patient's needs. At the time of our desk based inspection in September 2017 we found quality monitoring measures had been put in place to ensure that patients with complex care needs had individualised care plans helping to ensure that care provided was responsive to their needs.
- Since our last inspection we found that the management of long terms conditions had improved and monthly audits of treatment for patients with such conditions took place and that these findings were used to improve patient care. We saw an asthma audit report dated July 2017. The audit looked at a sample of 7 patients and their treatment over a 12 month period. It considered when the patient was last reviewed. The review showed that only 55% of the patient group had a review in the last 12 months, but 88% had a spirometry test. We were told that staff used this information to prioritise the treatment of these patients and ensure that all relevant tests were undertaken, alongside the development of individual patient care plans.

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 previous focused inspection in November 2016 we found that governance systems did not fully assess and monitor health care services provided at HMP Rye Hill to ensure its overall effectiveness. We found that records relating to the care and treatment of patients did not always include an accurate record of their care or their involvement, including consent. Since our last inspection we found that effective governance systems were in place and arrangements had significantly improved.
- At the time of our desk based inspection in September 2017 we found quality monitoring measures had been put in place in respect of care planning and that these included a review of the quality of care plans. A random sample of care plans was undertaken each month that included an overall summary from which key action points were drawn and relevant action taken.