

IRC Colnbrook

Quality Report

Colnbrook Bypass, Harmondsworth, West Drayton,
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Date of inspection visit: 7 & 8 June 2017

Date of publication: 18/12/2017

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 detailed in the Requirement Notices issued in July 2016 as a result of the joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in March 2016.

- Detainees who received medicines were consistently and safely supported and were helped to understand the importance of taking their prescribed medicines.
- Detainees received the appropriate age related care.
- Systems had been put in place to record interventions from healthcare staff when vulnerable detainees had been supported.
- Detainees with substance use needs had the support they needed to help ensure their safety.

Are services effective?

We did not inspect the effective domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued in July 2016 as a result of the joint inspection with HMIP in March 2016.

- There was an appropriate skill mix amongst the nursing team that met the needs of the centre's population.
- Important information about detainees with health care issues was appropriately communicated to help ensure they received the required support.
- Information about health care services was available in a range of languages.

Are services caring?

We did not inspect the caring domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued in July 2016 as a result of the joint inspection with HMIP in March 2016.

- Care plans were individualised, comprehensive and reviewed regularly.
- Nurse-led long term conditions clinics were being developed to enhance the service detainees received.
- Health care staff visited the enhanced care unit on a daily basis and communicated well with custody staff to help meet the needs of its population.

Summary of findings

Are services responsive to people's needs?

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notices issued in July 2016 as a result of the joint inspection with HMIP in March 2016.

- Psycho-social services were available and helped support detainees' needs.
- Interpretation services were used appropriately to help detainees understand and make informed decisions about their care.
- It was clearly recorded when detainees required the assistance of an interpreter.
- Psychology services were provided. However, this was being developed further so that detainees could have access to therapies equitable to those in the community.
- Complaints were well managed, investigated thoroughly and responded to in a timely manner.
- There was a separate healthcare complaints system which helped maintain confidentiality.

Are services well-led?

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

IRC Colnbrook

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was completed by two CQC Health and Justice Inspectors who had access to remote specialist advice if required.

Background to IRC Colnbrook

Colnbrook is an immigration removal centre (IRC) in Harmondsworth, West London, adjacent to Heathrow Airport. It originally opened in 2004. Central and North West London NHS Foundation Trust provides a range of healthcare services to detainees, 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 (HMIP) 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 in March 2016. We found evidence that essential standards were not being met and three requirement notices were issued in relation

to Regulation 9, Person-centred care, Regulation 16 Receiving and acting on complaints and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report can be found by accessing the following website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/colnbrook-immigration-removal-centre-3/>.

Why we carried out this inspection

On the 6 and 7 June 2017 we undertook an announced focused 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 and specifically whether they had made significant improvements needed as identified in the requirement notices issued as a result of the inspection in March 2016.

How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service. During the inspection we spoke with staff, patients who used the service, observed practice and reviewed a range of documents.

Are services safe?

Our findings

At our previous joint inspection with HMIP in March 2016 we had concerns that patients who failed to attend to receive their medicines under staff supervision were not consistently followed up to ensure they understood the importance of their prescribed treatment. At our focused inspection on the 6 and 7 June 2017 we found that a number of measures were now in place to follow up on patients who failed to attend for their medicines. This included, contacting the patient via their mobile telephone, visiting patients on their wing locations and reviewing prescriptions with the pharmacist. Where concerns continued and patients failed to engage in taking prescribed medicines, a review with the prescribing GP was arranged.

Previously we were concerned that the provider was not fully aware of the number of older patients detained at IRC Colnbrook. We were therefore not assured that patients received the appropriate screening and care for which they were eligible. At this focused inspection we found whilst currently there were no older patients, we saw evidence that confirmed processes were in place to help ensure each individual received the appropriate care related to their age and need.

In March 2016 we observed that following health interventions with a detainee who was subject of an Assessment Care in Detention and Teamwork (ACDT) and constant watch records, health staff did not consistently make entries in multi-disciplinary documents. ACDT is a process within immigration removal centres that identifies and supports detainees who considered to be vulnerable, including being at risk of suicide or self-harm. It does this through a care planning and reviewing process. All staff

involved in the care and treatment of a detainee, including custody staff and health professionals are expected to attend such reviews and record in ACDT records following contact with a detainee. At this focussed inspection we found that health care staff still did not routinely record on ACDT records, however health care staff recorded their contact with a detainee in their individual electronic patient record. This in part was due to healthcare professionals not being routinely invited to attend the first ACDT review. During the inspection we met with the clinical director for offender care services, who told us they were currently developing a local operating procedure in respect of ACDT reviews. This included the role of healthcare staff and how to ensure healthcare staff recorded directly into the ACDT document. It was anticipated that further discussions with custody staff would take place to establish a process that better supported vulnerable detainees.

Previously we were concerned that clinical reviews of patients who were prescribed methadone and who were on an opiate reduction treatment programme, were not sufficiently reviewed to effectively support the completion of their treatment before they left the centre. At this focussed inspection we found that all patients detained at the centre who were prescribed methadone were initially put on a detoxification programme. Patients with severe withdrawal symptoms could be admitted to the enhanced care unit for close observation. We found that patients were now reviewed regularly by GPs and two substance misuse nurses who were employed to support detainees with identified substance use needs. Detainees were reviewed daily for the first five days in detention, and then at 28 days and 13 weeks. GPs issued three day prescriptions, which subsequently meant that detainees were seen regularly throughout their time in detention.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous joint inspection with HMIP in March 2016 we found that the skill-mix of nursing staff did not meet the needs of the centre population. During our focused inspection in June 2017 we found that mental health support for detainees was provided by two full-time Registered Mental Health nurses (RMNs), who also provided support to detainees at the Harmondsworth side of the immigration removal centre. Despite this arrangement, we found that RMNs provided an effective service to detainees with primary mental health needs. The majority of detainees requiring assessments were seen within 24 hours and there was a relatively low number of patients waiting to be assessed for non-urgent needs.

Two RMNs provided support to detainees with substance use issues, which meant that timely patient reviews took place.

At our previous joint inspection with HMIP in March 2016 we highlighted that on-going difficulties with recruitment had resulted in limited continuity of care and service development, required to meet the needs of the centre

population. At our follow up inspection in June 2017, whilst recruitment was still a challenge, we found that patients' needs were consistently met by staff with the right qualifications, experience, skill mix and competencies.

At our previous joint inspection with HMIP in March 2016 we had concerns that important information about patients' health was not effectively communicated to custody staff and there was the potential that patients may not have received appropriate support. During our focused inspection in June 2017, we found that there were systems and processes in place which ensured detention staff were made aware of specific patient health care issues when relevant and necessary. A weekly local delivery meeting attended by detention and health care staff took place, where risk to patients and staff were shared and disseminated.

At our previous joint inspection with HMIP in March 2016 we observed that information about health services and health promotion displays were available only in English. At the time of our focused inspection we observed that information on how to make a complaint and healthcare surveys were now available in a range of languages in the healthcare centre and on the enhanced care unit.

Are services caring?

Our findings

At our previous joint inspection with HMIP in March 2016 we had concerns about the lack of care planning used to support patient care. Care plans were not in place for patients with complex health needs, including those who were accommodated in the enhanced care unit. During our focused inspection in June 2017 we found that care plans were in place for all patients who were known and supported by mental health nurses. We observed that care plans were detailed, specific and comprehensive with clear evidence of patient consultation. Patients with complex care needs were well managed by a nurse, who liaised with the GP to ensure their needs were met. Plans to develop nurse-led long term conditions clinics were being developed to further improve the service.

Six detainees with various care needs including, physical health care needs, substance misuse needs and mental health needs were accommodated on the enhanced care unit. The unit was staffed by detention staff 24 hours a day. Healthcare staff visited the enhanced care unit frequently throughout the day/night dependent on patient need. Care plans were in place for all detainees accommodated on the unit. Again we observed that care plans to be detailed and specific to patient health care needs and patient involvement. Care plans were reviewed regularly by healthcare staff. Patients on the unit were discussed at the weekly complex care meetings and at the weekly local operational meeting. These arrangements ensured a good exchange of patient information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous joint inspection with HMIP in March 2016 we had several concerns about the way information was communicated to patients whose first language was not English. We were not confident that patients had been given sufficient support to understand healthcare services and the care and treatment offered to them. We found that interpreter services were not always used effectively during health interventions to support individuals to contribute to health assessments and to make informed decisions about their care and treatment. At our focused inspection in June 2017 we found that patients had good access to interpretation services. Healthcare staff and GPs told us they had access to telephone interpreter services and these were always used during appointments once the need for interpreter service had been established following an initial consultation. Healthcare staff and GPs told us the service was accessible and if an interpreter wasn't available. For example, due to a complex dialect or language, the interpreter service liaised with healthcare staff to arrange an appointment for later in the day.

Previously we saw examples recorded on care records where a detainee's first language was recorded as non-English, with no further explanation about how best to communicate with them, or confirmation of when interpreter services were required or used. During this focused inspection we found that care records recorded a patient's ability to read and understand English. Similarly we found that if a patient required the support and assistance of an interpreter this too was recorded.

Detainees had access to psychology services, which were provided four days per week and were provided by a senior clinical psychologist and a clinical psychologist. The trust has reviewed its provision of psychological wellbeing services and from the 19 June 2017 the plan was for the service to deliver a responsive stepped care model approach that would enable and support detainees to self-refer direct to psychology services. The trust acknowledged that access to therapies still needed to be developed in order for detainees to have the same or similar access to therapies known as, 'Increased Access to Psychological Therapies (IAPT)' as comparable with community services. IAPT services provide evidence based treatments for people with anxiety and depression.

At our previous joint inspection with HMIP in March 2016 we found that the arrangements for managing complaints were complex and not clear to detainees. At our follow up focused inspection in June 2017, we found that a new system of managing complaints had been put in place and was robust. Detainees we spoke with, all said they knew how to make a complaint. Complaint forms were available and separate healthcare complaints boxes had been installed to maintain confidentiality.

At our previous joint inspection with HMIP in March 2016 we had concerns that arrangements in place to manage the investigation of, and response to complaints was ineffective. At our follow up inspection in June 2017, we found complaints were responded to in a timely manner, investigated thoroughly, addressed the concerns raised and were polite in tone.

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 the well-led domain at this inspection.