HMP Grendon & Springhill

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 well-led?	**Inspected but not rated**

Overall summary

We carried out a focussed announced inspection of healthcare services provided by Practice Plus Group Health and Rehabilitation Services (PPG) at HMP Grendon. At the last inspection, we found the quality of healthcare provided by PPG at this location required improvement. We issued a Requirement Notice in relation to Regulation 17, Good governance to the provider.

The purpose of this inspection was to determine if the provider was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 and that prisoners were receiving safe care and treatment. At this inspection we found that some improvements had been made, however we found that improvements were still required.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection we found:

- Care planning had improved and those sampled were person centred.
- A system was in place to ensure care plans were audited and improvements made as required.
- Applications for healthcare appointments were collected daily and there was reasonable access to GP appointments.
- Improvements had been made in some areas of medicines management such as access to remote prescribing support.

The provider must:

- Ensure that robust procedures are embedded with regards to the supply of minor ailment and emergency medicines, stock checks and records are maintained for patients who have received these.

Our inspection team

Our inspection team was comprised of two CQC health and justice inspectors and two CQC medicines optimisation inspectors.

How we carried out this inspection

We conducted interviews with staff, the primary care clinical lead, the regional lead pharmacist and the head of healthcare and accessed patient clinical records on SystmOne (the electronic patient record system). We also looked at waiting lists for GP appointments.

Before this inspection we reviewed a range of information that we held about the service including notifications and action plan updates. Following the announcement of the inspection we requested additional information from PPG which we reviewed. Documents we reviewed included:

- Meeting minutes
- Medicines policies and incident reports
- Care plan audits
- GP clinic timetable and on call rota
- The provider's action plan submitted after the previous inspection.

Background to HMP Grendon & Springhill

HMP Grendon is a Category B training prison which accommodates up to 218 men with varying sentences in a therapeutic community. The prison is located in a rural area in Buckinghamshire and is operated by His Majesty's Prison and Probation Service.

Health services at HMP Grendon are commissioned by NHS England. The contract for the provision of healthcare services is held by PPG. PPG is registered with CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Our previous comprehensive inspection was conducted jointly with His Majesty's Inspectorate of Prisons in May 2023 and published on the HMIP website in August 2023. We found a breach Regulation 17, Good governance and issued a requirement notice.

https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-grendon-4/

Inspected but not rated

Are services safe?

Safe and appropriate use of medicines

The service used systems and processes to safely prescribe, administer, and store medicines. However not all staff who performed the ordering, receiving and issuing of in-possession (IP) medicines followed the correct procedures. The supply of emergency medicines was not always appropriately monitored.

Medicines were supplied by an off-site pharmacy (Sigcare), where the clinical screening of prescriptions took place. All medicines were correctly labelled. Supervised medicines administration took place at 8am and 6pm from a hatch at the healthcare centre and IP medicines were collected at a different time. The majority of prisoners received their medicines in-possession, and all had received a risk assessment within the last 12 months. Recent changes had ensured that the off-site pharmacy was fully aware of the IP status of the patient when dispensing took place.

At our last inspection nursing staff told us that when the pharmacy assistant was not at work, they struggled to manage and administer medicines as effectively. Staff told us on this inspection that there was adequate pharmacy staff and nurses to undertake medicines administration but not enough staffing to continue with the ordering, receiving, and recording of medicines in line with local operating policy. We were provided with evidence that medicines stock was booked in on SystmOne, however staff did not fully follow the local operating procedure to complete all requried steps of the process. A pharmacy technician had recently been appointed and was due to start work shortly after the inspection. Standard operating procedures (SOP) for the pharmacy service were under review by the provider to be completed in the months following the inspection.

At our last inspection we found that contingency arrangements to access remote prescribing when no onsite GP or regional pharmacist was available were not always followed when required. On this inspection we were told there were no problems with the pharmacy staff accessing prescribing support. An on call GP rota was available when there was no prescriber on site. There was an SOP for remote prescribing, however this did not cover how pharmacy staff were to be informed about a new prescription on the system. The provider implemented a flow chart immediately following the inspection.

Previously there had been insufficient staff supervision and local oversight. A new regional pharmacist had been in post since February 2024, who visited the site once a week. There was good oversight, supervision, and support. Until recently spot checks had been undertaken for prisoners identified to be at risk, but capacity issues had not allowed these to be completed. The pharmacy team was integrated well into multidisciplinary meetings. Medicine management meetings took place regularly but were not always quorate, which remains on the provider's risk register.

There was access to medicines for minor ailments and out-of-hours provision for emergency medicines, such as antibiotics. Medicines were labelled correctly, but some were stored in incorrect locations, their use was not checked regularly and there was no record of which patient had received these medicines. This increased the risk of medicines without the legal labelling and patient information leaflet being used. We found one occasion where IP medicines could not be located, and medicines had been supplied to the patient without the legal labelling and patient information leaflet. Records on the electronic system did not match the records kept with the emergency medicines. The provider opened an incident during our inspection and started an investigation.

Access to the pharmacy, including the controlled drugs cupboard was not restricted to authorised persons only. The provider took immediate action during our inspection to restrict access to the keys. Controlled drug checks were being done in line with policy and there were no discrepancies.

Inspected but not rated

Are services safe?

Remote medicine optimisation reviews were being undertaken for patients prescribed multiple medicines. Reports showed that 29% of the population on medication had received a remote medicines optimisation review since December 2023, and 57% of the population on medication had a medicines optimisation review in the last 12 months, which was a 32% increase from the previous inspection. Further plans were in place to move these to face to face medication reviews.

Patients were able to put forward any queries with medication and the pharmacy assistant could contact both the regional pharmacist and the pharmacist at Sigcare for advice if needed. There was a new SOP in place to follow up any patient who had not collected their medicine.

Incidents were reviewed at the medicines management meeting and appropriate actions taken, for example a recent increase in duplicate prescriptions had been identified. This was addressed by the provider, further training provided, and a regular report was used to identify patients with duplicate scripts.

Inspected but not rated

Are services well-led?

Governance, management and sustainability

At our last inspection we saw that care plan audits were not always effective in ensuring that patients' care plans were person-centred or completed in a timely way. At this inspection we found that improvements had been made and a regular programme of audits was carried out. The primary care clinical lead regularly checked a sample of care plans and a representative of PPG also carried out audits. Actions were taken to address any shortfalls and the care plans we reviewed were detailed and person-centred.

Previously we found that staff did not always know where care plans were kept, and they weren't always stored consistently. Staff now knew where to locate care plans and they were all kept in a document repository on each patient's clinical record.

At the last inspection the system to triage patient applications to see a GP was not working effectively which meant patients did not have timely access to GP appointments. At this inspection we saw that applications were collected from the wings daily and reviewed by a clinician. Any requests to see a GP were then further triaged by a GP who would then book an appointment if one was needed. Some patients were seen by an alternative healthcare professional rather than the GP if it was deemed necessary. There was a reasonable waiting time to access a routine GP appointment and urgent need was prioritised.

During this inspection we identified issues relating to the ordering, receipt and issuing of in-possessions medicines. In addition, issues were identified with the monitoring of emergency medicines, induction for nurses around pharmacy processes and the lack of an SOP for prescribing. This meant the systems and processes in place to manage these were not sufficiently robust and there was a risk of errors occurring.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not operated effectively to ensure compliance with the requirements in this Part. 1. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— A. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); B. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;