Yarl's Wood Immigration Detention Centre

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

On 21 and 22 March 2016 we undertook a focused inspection to check that the service had met the requirements of the Requirement Notices issued on 26 August 2015. At this inspection we found that the provider had taken necessary action to satisfy the Notices.

Our key findings were:

Summary of findings

- The arrangements to manage the suitability of staffing, the prevention and control of infection, confidential information and to report and act on incidents had all been improved and were more effective in ensuring patient safety.
- The arrangements for the safe and effective management of medication had significantly improved, promoting better outcomes for patients.
- Staffing had been reviewed and, whilst recruitment was ongoing, the staffing profile was designed to better meet the needs of the centre population. Healthcare staff were supported to achieve and demonstrate appropriate clinical skills and knowledge.
- Patients received appropriate and timely assessments of their health needs. New systems supported consistency of assessments and audits identified failings, which were addressed.
- Patients had good access to an appropriate range of health services, designed to meet their needs. Care and treatment were supported by evidence-based clinical pathways and by effective partnership working.
- Patients' views about the service were consistently positive, a significant improvement from our 2015 inspection. Staff protected patients' privacy and confidentiality and took steps to ensure effective communication. However, some important written materials were not readily available in patients' preferred languages.
- Local governance systems were effective in monitoring the safety and quality of the healthcare service. Staff were encouraged to learn from complaints, adverse events, patient feedback and clinical audit.

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 26 August 2015. We found that all the required improvements had been made.

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 26 August 2015. We found that all the required improvements had been made.

Are services caring?
We did not inspect the caring domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 26 August 2015. We found that all the required improvements had been made.

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 26 August 2015. We found that all the required improvements had been made.

Are services well-led?
We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notices issued on 26 August 2015. We found that all the required improvements had been made.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Care planning and medicines management were not yet fully embedded to ensure positive outcomes for patients.

Yarl's Wood Immigration Detention Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This focused inspection was led by a Care Quality Commission (CQC) health and justice inspector, who was supported by a healthcare inspector from Her Majesty's Inspectorate of Prisons , a CQC pharmacist inspector and a second CQC health and justice inspector.

Background to Yarl's Wood Immigration Detention Centre

Yarl's Wood Immigration Removal Centre is a fully contained residential centre housing women and adult family groups who are awaiting immigration clearance. G4S Forensic and Medical Services (UK) Limited provides a range of primary healthcare services to detainees comparable to those found in the wider community, registered as Yarl's Wood Immigration Detention Centre. The location is registered to provide the regulated activities, diagnostic and screening procedures, family planning and treatment of disease, disorder or injury.

Why we carried out this inspection

In April 2015 an inspection of all health services at Yarl's Wood Immigration Removal Centre was jointly undertaken with Her Majesty's Inspectorate of Prisons under a memorandum of understanding agreement. The joint insection approach ensures expert knowledge is deployed and avoids multiple inspection visits and reports. The inspection report can be found at http://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

Where we found areas of concern about the services provided by G4S Forensic and Medical Services (UK) Limited we issued three requirement notices, which were followed up during this focused inspection.

How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service. We asked the NHS commissioner and registered provider to share with us other information, which we reviewed as part of the inspection. During the inspection we looked at provider documents and patient records, spoke with healthcare staff, security staff and patients.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Are services safe?

Our findings

Learning and improvement from safety incidents

- In 2015 we found that incident reporting was inconsistent and not used to drive service improvements. At this inspection we found staff were routinely reporting incidents, which were being investigated promptly and that learning was shared with staff. Common themes were identified and action was taken to address them.

Reliable safety systems and processes including safeguarding

- With support from NHS commissioners, the provider introduced an electronic patient record system, which significantly improved the security of confidential records. We observed staff using this correctly in line with relevant legislation and guidance. Old paper records had been removed from the location to secure storage.

Medicines management

- The provider had fully reviewed the arrangements for medicines management and made significant improvements, including increased oversight by a pharmacist and the establishment of a dedicated pharmacy team. These developments and effective governance arrangements helped to ensure that improved systems were implemented and monitored.
- Healthcare facilities to support medicines management had considerably improved with the recent opening of a new treatment room. This had made medicines storage safer and had reduced the risks of medicines errors due to staff being distracted. Controlled drugs were managed appropriately.
- An electronic prescription and medicine administration recording system had been implemented. The way medicines were administered to patients and recorded were clear and consistent. A daily report identified those who had not attended to receive their medicines and any patient who missed three prescribed doses was routinely followed up.
- Audit of medicines management was not yet well embedded. Two medicine audits had been completed in 2015; however we did not see evidence of audits of prescribing activity or a relevant structured medicines audit programme.
- Risk assessment of whether or not individual patients could safely manage their own medicines 'in possession' were carried out and reviewed promptly and records clearly showed individuals' in possession status.
- Secure transportation of medicines to other areas of the centre was governed by an operating procedure. This was not being adhered to in the absence of a lockable case ; however, the healthcare manager was taking action to address this omission.

Cleanliness and infection control

- New cleaning arrangements had been introduced that reflected NHS guidance. A cleaner visited daily and followed a documented schedule, monitored by a supervisor and the healthcare manager. All clinical areas were suitably clean.
- A comprehensive independent infection control audit had been completed and regular local audits monitored staff's practice and environmental issues. Actions in response to audit outcomes were in progress.
- A recent outbreak of a communicable disease had been managed appropriately with specialist input and advice. Staff were seeking further guidance from specialist regarding multi-agency planning for future outbreaks.

Staffing and recruitment

- The provider had undertaken a comprehensive staffing review to ensure safe staffing levels and skill-mix. Whilst four long-term vacancies remained, active recruitment was in progress. Use of agency staff had been rationalised to provide consistent cover by the minimum number of agency staff and to support continuity of care. The healthcare team had been reviewed and roles re-modelled to meet the needs of the population. Newly recruited nurses and a substance misuse practitioners were awaiting security clearance to commence employment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The arrangements to ensure patients received effective initial health assessments had been reviewed and strengthened since our 2015 inspection. Assessments were more structured and staff had been assessed as competent to assess patients' needs. Health screening tools had been revised and the introduction of electronic patient records was supporting consistency of assessments of patients' physical, mental, substance misuse and sexual health needs.
- Patients arriving during the daytime were fully assessed by a nurse, completing both primary and secondary health screening. Those arriving at night received an initial assessment with their secondary screening completed the next day. However, the sample of patient records seen showed that not all patients received a secondary screen, which meant their health needs may not have been identified. This had been identified by senior staff and was being addressed through staff training.
- Patients' consent to retrieve their community medical records was sought during initial health screening to ensure continuity of care and treatment. However, this was not happening in all cases and we saw two examples in clinical records, where delays in treatment occurred despite requests for information. This inconsistency had been identified and was being addressed through planned staff training.
- Our observations and patient records showed that following appropriate health screening, referrals were made to other health professionals, such as the GP, according to individual needs. Referrals were managed well, ensuring that patients had prompt access to further assessment and treatment.

Management, monitoring and improving outcomes for people

- A range of clinical pathways had been introduced to support consistent care and treatment in line with best practice guidance. This included pathways for common long term medical, mental health and sexual health conditions. Plans to implement NHS health checks were advanced and due to commence by the end of April 2016.
- Sexual health services had been developed according to the needs of the centre population. The new provision included a weekly specialist clinic providing emergency contraception, pregnancy testing and screening for sexually transmitted infections. Blood borne virus screening was also available.
- The overall management of long term conditions (LTC) had improved with the introduction of a LTC register and review clinics were being established. Patients were monitored and reviewed appropriately, using Quality and Outcomes Framework (QOF) indicators, reflecting general practice in the community. Referrals were made to external specialist services when necessary. Some LTC arrangements, such as further staff training, were not yet fully implemented, but firm plans were in place to address this.
- Electronic clinical templates, based on national clinical guidance, were in place and care planning had started to be used, in particular for patients with diabetes and hypertension. However, further development was required to ensure care plans were completed for patients with other long term conditions and complex needs.
- Patients who required it had prompt access to primary mental health services. A mental health care pathway had been introduced, which guided and supported the care and treatment that patients received. Detailed mental health assessments were completed by mental health nurses. Effective arrangements were in place for those patients who required ongoing interventions, including prescribing medication and input from pyschiatrists. Those patients with low-level emotional needs were referred to the popular wellbeing service, which offered talking and complementary therapies.
- Policies and procedures were in place to ensure that timely and effective planning was offered to patients being released into the community, or transferred to another establishment. All patients were seen by healthcare staff prior to leaving the centre at weekly

Are services effective?

(for example, treatment is effective)

nurse-led transfer clincs. Patients were given a discharge letter including details of any prescribed medication and information about outstanding hospital appointments.

Effective staffing

- Competency records showed that healthcare assistants (HCA) had received appropriate training to carry out initial health assessments and some healthcare interventions. Ongoing appropriate supervision was provided to HCAs.
- Nurse triage clinics were in place; however, nurses required further development to enable them to assess and treat more patients independently from GPs. Some action was being taken to address this, including a senior nurse undertaking a prescribing qualification and other nurses attending relevant training courses to increase their autonomy in dealing with long term conditions.
- Primary mental health staffing had been strengthened since our 2015 inspection; a lead mental health nurse had been appointed in December 2015. A combination of permanent and regular locum nurses provided consistent support to patients with primary mental health needs.
- A pharmacy team had been established, which provided more effective medicines administration and oversight of medicines management.
- The provider's clinical supervision policy had been reviewed in April 2015. With the exception of one senior nurse, we found that all permanent staff had clinical supervision contracts in place and a named supervisor. However, supervision records showed that the frequency of supervision did not always match individual contracts. It was commendable that agency staff were offered clinical supervision and online training alongside permanent staff.

Working with colleagues and other services

- Weekly individual needs meetings, attended by healthcare and centre staff provided a forum to discuss and review patients with complex needs. Multi-disciplinary supported living plans were being introduced for such people, underpinned by guidance and training. These plans were reviewed daily and intended to promote an integrated approach to meeting individuals' needs.
- A senior mental health nurse provided training sessions in mental health awareness for centre operational staff to ensure that patients with common mental health problems were supported and identified promptly.
- Positive working relationships with the NHS secondary mental health service provider supported patients along the mental health pathway.
- The care provided to pregnant women at the centre had been reviewed to ensure that it was consistently effective. An independent audit had been completed and a standard operating procedure agreed with the local NHS midwifery service. Clinical guidance available to staff included antenatal pathways. A generic supported living plan for pregnant women was under development.
- Following our 2015 inspection the centre's extra care unit (ECU) had been de-commissioned for occasional 'inpatient' care and reverted to residential accommodation. At this inspection we found that the ECU was sometimes used to isolate individuals suspected of having communicable diseases, but that health staff provided only the support they would to other areas of the centre. Additionally one room was being refurbished to provide new clinical space for the mental health team to provide consultations and therapies.
- When patients left the centre, suitable arrangements were in place to ensure that information about their medical conditions and on-going treatment was shared and communicated with the receiving establishment, medical escort staff or community teams.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- During this inspection we observed vey positive exchanges between healthcare staff and their patients that demonstrated mutual respect. Staff showed good awareness of the need to protect and respect patients' privacy and confidentiality. The vast majority of patients we spoke with were happy with their experience of healthcare services and complimentary about individual staff. Overall the feedback we received about staff's attitude and consideration for patients' needs was strikingly much more positive than in 2015.
- Telephone interpreter services were used confidently and appropriately to assist patients to communicate with health and other staff. Their use was routinely recorded to inform health staff that they were required.
- Recent improvements to the healthcare environment made it easier for patients to speak with health staff confidentially. This had reduced congestion and background noise within the healthcare waiting room and while patients received their medicines. New arrivals were no longer asked about their sexual orientation as part of health screening.
- Patients were routinely supported to attend the healthcare department. Those who requested a healthcare appointment received an appointment slip,which contained no confidential information. There were plans in place for patients to received a text message confirming their appointment.
- Records showed that there were arrangements in place for staff to proactively follow up patients who did not attend healthcare appointments, or to collect their medicines. However, we also identified one patient with very high blood pressure on arrival at the centre, who had not been followed up for 12 days. We brought this to the attention of senior health staff.
- Information about available health services was provided in a range of languages appropriate to most of the centre population. For example, a leaflet about the available health services was given to all new arrivals. However, some important information, such as the option to request a second opinion, or the preference for seeing a professional of a particular gender, and some health promotion information, was displayed only in English. There was no indication to patients that displayed materials could be translated into other languages on request.

Care planning and involvement in decisions about care and treatment

- Care planning had been developed since our 2015 inspection, supported by the electronic patient record system and clinical guidance. Policies and procedures were in place to support individualised care and this included patients having access to a copy of their care plan on request. From the sample of patient records we reviewed most care plans for physical health needs were brief and not sufficiently individualised. They also lacked evidence of patient involvement. Most staff we spoke with acknowledged that more needed to be done to ensure that patients' individual needs were consistently met and that they were fully involved in their care.
- Care plans we looked at for patients with primary mental health care needs were relatively new and coincided with the appointment of a mental health lead. Although review dates were recorded many reviews were set for future dates.
- Care plan audits had commenced in December 2015 to monitor compliance with policies and the quality of plans. Shortfalls had been identified and were being addressed through staff training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Service improvements had been made in response to the needs and preferences of the centre population. Better arrangements were in place for obtaining medicines and monitoringsupplies to enable patients to receive their medicines when they needed them.Pharmacy staff conducted routine stock checks and prompted suppliers when prescribed items were not received.
- New arrangements supported the supply and administration of medicines to patients promptly without medical oversight. A range of discretionary medicines had been identified and were being made available to patients following nurse assessment. This had not been implemented at the time of our inspection but appropriate supplies and governing policies were in place. The provider had patient group directions in place for the administration of some vaccines; however these documents had not been fully authorised in line with legal requirements. We brought this to the attention of senior staff.

Access to the service

- Waiting lists for all nurse-led clinics were short and compared favourably with those in the wider community.
- Patients who required them had timely access to sub-contracted services, including optician, podiatry and physiotherapy. Those with diabetes whose stay at the centre was long enough, were referred for routine eye screening.
- Due to the high turnover of patients at the centre, brief focused mental health interventions were usually undertaken to meet their immediate needs. Prompt referrals were made to secondary mental health services when necessary.
- In response to the population's need for emotional support and the absence of suitable counselling services, the provider had established a 'Wellbeing service'. Led by a health care assistant, supervised by a senior nurse, the service provided psychological support, including complementary and talking therapies to patients with physical, emotional and substance misuse needs. This was delivered individually and in groups and was well received by patients, who provided consistently positive feedback about their experience of the service.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

- Following our 2015 inspection, managers had implemented local governance systems that reflected the provider's policies. Minutes from the monthly integrated governance and operational board meetings showed that quality monitoring and risk management identified required improvements. Effective oversight by commissioners was evident through regular performance and contract meetings.
- The provider's policies and procedures were accessible to all staff, either electronically or in hard copy. These were coordinated centrally but reviewed locally for relevance by the integrated governance group.
- The provider and local managers effectively used audit to review the quality and safety of the service. An annual audit programme was in place. The quality of patent records were routinely monitored by a senior nurse and reported to the provider. A consent audit in late 2015 had identified some shortfalls in recording that were being addressed.
- Staff management procedures had been reviewed to ensure the suitability and integrity of all healthcare staff. This included recruitment and regular checking of professional registration and security clearance.
- The arrangements for receiving and managing complaints had changed significantly since mid 2015 in accordance with Home Office requirements. This had led to some delays in responding to complaints, outside the control of the healthcare provider. We looked at a sample of complaints and their responses and found that responses were of good quality and provided in a timely manner.

Seeks and acts on feedback from patients and staff

- The provider had found maintaining patient engagement challenging due to the transient nature of most of the centre population; however, efforts had been made to provide opportunities for patients to share feedback about their experience of the healthcare service. This included a survey and a forum. Issues raised by patients were acknowledged and, as far as possible, addressed.

Management lead through learning and improvement

- Governance information was shared with staff through regular team briefs as a vehicle to drive improvement in service quality. This included the outcome of audits, complaints, incidents and practice issues.
- Staff training, appraisal and supervision were recorded and proactively monitored both centrally and locally to ensure staff's suitability and competence.