

HMP & YOI Bronzefield

Inspection report

Woodthorpe Road
Ashford
TW15 3JZ
Tel: 01784425690
www.uk.sodexo.com

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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 provided by Sodexo at HMP Bronzefield to follow up on the Requirement Notice issued after our last inspection in January 2022. At the last inspection, we found the quality of healthcare provided by Sodexo at this location required improvement. We issued a Requirement Notice in relation to Regulation 9, Person Centred Care, Regulation 17, Good Governance and Regulation 18, Staffing.

The purpose of this focused inspection was to determine if the healthcare services provided by Sodexo were meeting the legal requirements and regulations of the Requirement Notice under Section 60 of the Health and Social Care Act 2008 and that patients were receiving safe care and treatment.

At this inspection we found the required improvements had been made and the provider was meeting the regulations.

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:

- The service provided safe care. Staff had completed and kept up to date with mandatory and additional training.
- Staff followed systems and processes to record and store medicines safely. Staff completed medicines records accurately and kept them up to date.
- Staff took part in clinical audits to improve patient safety and outcomes. Managers used results from audits to make improvements.
- Governance processes operated effectively at team level and performance and risk were adequately managed.

Our inspection team

This inspection was carried out by two CQC health and justice inspectors.

How we carried out this inspection

Before this inspection we reviewed information that we held about the service including notifications and action plan updates.

During the inspection visit, the inspection team spoke with:

- Head of healthcare and deputy director of the prison
- Eleven other staff members including; clinical team leaders, practice manager, nurses, and pharmacy staff.

The inspection team also:

- Observed the daily clinical handover
- Reviewed 15 patient care records.

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Service action plan
- Policies and local operating procedures
- Staffing and training data
- Medicines management data and meeting minutes
- Audit data
- Governance meeting minutes.

Background to HMP & YOI Bronzefield

HMP Bronzefield is a privately run prison located near Ashford in Surrey. It is operated by Sodexo and accommodates approximately 527 female prisoners and young offenders. HMP Bronzefield is a resettlement and reception prison that also holds restricted status prisoners (those considered to require specific management arrangements). It is also the national hub for female offenders held under the Terrorism Act.

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

Our previous comprehensive inspection was conducted jointly with HM Inspectorate of Prisons (HMIP) in January 2022 and published on the HMIP website on 11 May 2022.

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-yoi-bronzefield-3/>

We found breaches of Regulation 9, Person Centred Care, Regulation 17, Good Governance and Regulation 18, Staffing.

Are services safe?

Safe and clean environment

Clinic room and equipment

Clinical rooms on the houseblocks were clean, well equipped and compliant with infection prevention and control standards.

At our last inspection we found systems to check emergency equipment bags were not effective because there was a lack of monitoring of contents in between monthly checks. We found an expired emergency medicine had not been identified or replenished in between monthly checks.

Following our previous inspection managers reviewed and updated the local operating procedure for emergency response bags. Managers added a checklist in relation to medicine expiry dates and guidance to staff on how to replenish medicines following an emergency, including during out of hours (Evenings and weekends).

At this inspection we found staff regularly completed the required checks of emergency response bags. We reviewed documentation for each emergency bag and there were no omissions in the regularly recorded checks. When staff had opened emergency bags, the reason was clearly stated, and staff followed the procedure for re-checking and replenishing stock. Staff replenished emergency medicines approaching their expiry date promptly.

Managers introduced another level of quality assurance regarding this process by introducing weekly audits of documentation. Team leaders completed these and it was evident that these checks were having an impact; from July 2022 the number of issues identified through audits consistently reduced.

At the previous inspection we found that infection control audits had not identified or resolved issues such as treatment room flooring not meeting infection control standards.

At this inspection we found that, except for one treatment room, all flooring had been replaced to meet infection control standards. The one remaining treatment room floor was scheduled to be completed on 6 February 2023.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff assessed and managed risks to patients well.

At the previous inspection we found there was a lack of clinical oversight of external hospital appointments, which meant delays to treatment had not always been identified and actioned.

At this inspection we found managers had introduced a new procedure for the safe management of hospital referrals. The procedure was clear and provided guidance to administration staff including when and how to escalate concerns to clinicians. The practice manager co-ordinated regular meetings with senior clinicians to discuss hospital referrals that required escalation.

Are services safe?

We reviewed the hospital referral/appointment tracker and the information recorded had improved and included referral breach times based on national guidance. The tracker provided evidence of clinical decision making in response to patient risk.

Medicines management

The service used systems and processes to safely record and store medicines.

At our last inspection we found there were no systems in place to monitor out of hours and stock medicines on the houseblocks. We found excessive quantities of medicines and loose blister packs in medicine trolleys. There was a lack of oversight of patient group directives (PGD) and a PGD expired during the inspection. This meant patients were not able to access pain relief during that time.

At this inspection we found oversight of and delivery of pharmacy services had improved significantly. The introduction of pharmacy technicians and recruitment to the pharmacy team had had a positive impact on service delivery and patient safety. Staff have received appropriate training in medicines management across the service.

Staff had access to a central store of medicines for use out of hours and the management of medicines on all houseblocks had improved. Managers introduced weekly and monthly audits of all medicines and this meant all medicine stock was managed effectively, audited regularly and issues identified were resolved quickly.

At this inspection we reviewed all the current PGDs. Managers had taken steps to ensure all PGDs were up to date and available for use. The pharmacy team were responsible for the PGD process and oversight was maintained through regular medicines management meetings and ongoing engagement with external commissioners.

Are services effective?

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on reception to the prison. They developed individual care plans which were reviewed regularly and updated as needed. Care plans reflected patients' assessed needs, and they were personalised and holistic.

At the previous inspection we found patients with long term conditions (LTC) did not always have a care plan in place. Staff used a recognised template to complete basic care plans for some patients, however, these lacked personalisation and engagement with patients. Patients did not always receive a timely review of their condition.

Following our previous inspection, a full review of the LTC pathway had taken place and many new systems and processes had been introduced in line with national clinical guidance. These processes were now embedded in practice, whilst ongoing developments continued to ensure patients living with a chronic condition had their immediate and ongoing needs addressed and met.

Newly revised systems ensured all patients were booked into a secondary screening appointment in a newly named 'one-stop shop' clinic. Patients attending a 'one-stop shop' clinic were offered a holistic assessment of their health needs, including any LTCs, to ensure all immediate risks were identified and mitigated, for example, through timely appointments made for electrocardiograms, blood tests, and further appointments. The one-stop shop clinics aimed to improve the health outcomes of women who often only remained at the prison for several weeks.

A newly recruited and experienced advanced nurse practitioner provided an additional layer of expertise in the management of patients with a chronic condition. They reviewed patients with particularly complex needs, supported staff with advice and guidance, and provided a responsive service in assessing patients presenting with acute clinical conditions.

Significant progress had been made in the delivery of personalised care, within care planning, and in ensuring consistency in the recording of evidence in patient records.

Data confirmed over 92% of patients had a personalised care plan at the time of our inspection and all patient electronic records we reviewed had an accessible, detailed care plan and journal entry that demonstrated patients were fully involved in their plans.

Skilled staff to deliver care

Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with opportunities to update and further develop their skills.

At the previous inspection we found there was no clinical lead for LTCs, and nursing staff had not completed relevant training for their role in supporting the management of patients with an LTC. In addition, not all staff had received training for early signs of pregnancy, perinatal mental health awareness and caring for pregnant women, which was relevant to their role.

During this inspection we found the healthcare provider had invested in staff development and training; 4 staff nurses had completed a professional development course at a local university: Introduction to long term conditions. Nurses took a lead on the management of a chronic disease in line with their area of interest and expertise, such as such as diabetes, asthma, or epilepsy, and ensured patients were booked into an LTC clinic as required.

Are services effective?

In addition, a non-medical prescriber clinical lead was supported by a recently introduced practice nurse co-lead who both managed the LTC pathway and ongoing developments.

At this inspection we found all staff had received training for early signs of pregnancy, perinatal mental health awareness and caring for pregnant women. Recently, staff completed training on how to manage patients who decline to engage during pregnancy. Managers also arranged additional training to include prison staff and engaged with local safeguarding midwives and the ambulance service to share learning on the risks of concealing labour and managing labour.

This commitment to continuous learning by Sodexo meant staff were confident in supporting vulnerable patients and improving patient outcomes. Sodexo had embraced the chance to learn from external providers and expose themselves to additional scrutiny to enable service development.

Are services responsive to people's needs?

Listening to and learning from concerns and complaints

Patients had access to a dedicated healthcare complaints system; this operated effectively. The service investigated and responded to complaints quickly and the quality of responses to patient complaints had improved.

At the previous inspection we found complaints forms were not healthcare specific and there was a risk that operational staff could have sight of confidential healthcare information about a patient. Also, complaint responses were inconsistent and often did not offer an apology or details of how to escalate the complaint further.

At this inspection we found the service continued to use a generic Sodexo complaints form, however, staff had established a system to ensure all complaints could be submitted and responded to confidentially. Patients now submitted and received responses to complaints in sealed 'medical in confidence envelopes'. We visited each houseblock and observed the availability of healthcare complaints boxes in all areas. Each box clearly displayed a copy of the complaints process and enough medical in confidence envelopes were available for patients to use.

Following our last inspection managers ensured all senior staff received complaints management training. During this inspection we reviewed several complaints responses, which demonstrated that staff had the appropriate skills and knowledge to manage and respond to complaints. All complaints we reviewed included an apology and clear information on how patients could escalate their concerns either formally to Sodexo or externally to the Parliamentary and Health Service Ombudsman.

Quality assurance of the complaints process had improved. Managers introduced an additional check of all complaints responses before they were returned to the patient. Managers continued to scrutinise complaints data during clinical governance meetings to inform learning and service development.

Are services well-led?

Governance

Governance processes operated effectively at team level and performance and risk were adequately managed. This improved patient safety and service delivery.

At our last inspection we found systems or processes in place were not effective in assessing, monitoring and improving the quality and safety of the services being provided. In particular, audits of infection prevention and control (IPC) and emergency response bags were insufficient.

At this inspection, we found that systems, processes and procedures had improved and helped managers accurately assess, monitor and improve the safety and quality of the service. For example, staff continued to complete audits of IPC and emergency response bags, with areas for improvement identified and appropriate action taken.

At our last inspection we found that complaints systems and processes were not robust. At this inspection, we found that systems, processes and procedures had improved. Managers had reviewed the complaints process, made the required changes and introduced quality checks to ensure patients received an appropriate response to their complaints.

At our last inspection, we found a lack of clinical oversight of external hospital appointments, which meant delays to treatment had not always been identified and actioned. At this inspection, we found improvements. Managers had introduced clinical oversight to safely manage patient risk and improve the external hospital appointment tracker.

At our last inspection we found there was no proper and safe management of medicines.

At this inspection we found managers had made changes to the service to ensure the safe and proper storage of medicines and had oversight of medicines management processes. Regular audits of medicines, including out of hours stock, introduction of pharmacy technicians and medicines competency training had improved patient safety. In addition, processes to ensure all PGDs were up to date were embedded. This meant managers were assured of the impact and quality of the changes made to service delivery.

At our last inspection we found that the management of patients with long-term health conditions (LTCs) was underdeveloped and not systematic.

At this inspection we found revised governance structures were now embedded in practice to provide assurance that women's LTC needs were met in line with guidance. Recently developed dashboards provided immediate visual oversight of completed and outstanding screenings and those awaiting further investigations or results. Processes were in place to ensure LTCs related performance was escalated and reviewed by the senior clinical team for oversight each month.

Staff told us they had welcomed the opportunity to re-engage patients following the previous inspection. They were passionate about their roles in supporting patients living with an LTC and told us of further developments they hoped to introduce to improve outcomes for women at the prison. For example, a quality assurance project was underway following findings that the number of women in the prison with type 2 diabetes was below the national rate. They hoped to offer patients with 2 or more risk factors the opportunity to undergo a blood test to enable the early delivery of health promotion advice (or treatment) should this be required.