

St George's Hospital - Specialist

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.

Overall summary

We carried out an announced focused inspection of mental health and psychosocial substance misuse services provided by Midlands Partnership NHS Foundation Trust (MPFT) at HMP Hewell on 4 February 2020. The outreach services are registered at the location St George's Hospital – Specialist. We last inspected the service in June 2019 when we judged that MPFT was in breach of CQC regulations. We issued a Requirement Notice on 25 September 2019 in relation to Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The purpose of this inspection was to determine if the healthcare services provided by MPFT were now meeting

the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

We do not currently rate services provided in prisons.

At this inspection we found:

- Staff now had access to the mandatory training system and most had completed relevant mandatory training.
- Staff were now supported through regular supervision.
- Several staff vacancies had been filled with three new staff currently undergoing vetting.
- The provider was working effectively with health, prison and community partners to continue to improve patient care.

Our inspection team

The inspection was conducted by one CQC health and justice inspector and one CQC Hospitals Mental Health inspector.

Before this inspection we reviewed the action plan submitted by MPFT to demonstrate how they would

achieve compliance, along with a range of other documents they submitted. We also reviewed information provided by NHS England commissioners.

Evidence we reviewed included:

- Supervision monitoring log.
- Training log
- Service performance data.

During the inspection we spoke with the regional clinical lead, the operational team leader at HMP Hewell and a range of staff.

Background to St George's Hospital - Specialist

HMP Hewell is a closed category B adult male local prison, located in a rural part of Worcestershire. There was also a small category D open prison unit, Hewell Grange, currently holding only 50 men, though this was scheduled to close in March 2020. Until January 2020 the prison had been receiving prisoners from courts in the West Midlands, which had increased the turnover of remand and newly sentenced prisoners. During our visit HMP Hewell was holding 900 male prisoners.

Health services at HMP Hewell are commissioned by NHS England. The main healthcare contractor sub-contracts mental health and psychosocial substance misuse

service provision to MPFT. MPFT is registered with CQC to provide the regulated activities of Diagnostic and screening procedures, and Treatment of disease, disorder or injury at the relevant location.

The report on the June 2019 focused inspection can be found on our website at:

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

This inspection report covers our findings in relation to those aspects detailed in the Requirement Notice issued to MPFT in September 2019.

Are services effective?

At our last inspection we found there were areas of care and treatment which required improvement. Staff had not been able to access the MPFT electronic system to complete their mandatory training and mental health staff had not been receiving supervision in line with the trust policy.

Effective staffing

- A multi-disciplinary team was now fully recruited to with three new staff currently undergoing vetting. This included a senior psychologist, social workers, occupational therapists, healthcare assistants and assistant psychologists, who worked alongside psychiatrists, nurses and recovery practitioners. Staffing vacancies had been filled and staff were well supported with induction.
- Staff were now appropriately supported with training. Completion of mandatory training was monitored and reviewed. The overall mandatory training compliance was now 95%.
- Staff were supported through a variety of ways, which included team meetings, group supervision, managerial supervision, clinical supervision and caseload supervision. Supervision for new staff was timely. Staff told us they felt supported in their roles and confident they could speak to managers about issues promptly.
- Staff informed us there was regular presence from senior managers from MFPT which helped them feel valued.

Are services well-led?

During this inspection we also saw evidence to show how the provider had continually improved the service and have reported on the elements which demonstrate continued improvement.

At our last inspection patients with severe mental health conditions waited in average 80 days for transfer to secure mental health hospitals.

Engagement with patients, the public, staff and external partners

- The integrated mental health and substance misuse teams had re-located into a new office space within the prison industries building. This significantly improved staff wellbeing and the effectiveness of the working environment.
- The provider had allocated an IT project officer to improve arrangements for staff to access MPFT IT systems via the main healthcare network within the prison. Managers ensured that staff had direct contact details for IT support to access the training system.
- Staff were encouraged and supported to contribute to service improvement through group and one to one supervision. Supervision also focused on staff wellbeing and support which was valued by staff.
- There had been continued working with NHS England commissioners and the Ministry of Justice to improve transfer arrangements for prisoners presenting as several mentally unwell within the prison environment. Administrative staff followed up assessment and transfer requests consistently and escalated risks where patients were not being transferred in a timely manner.
- The provider had developed a communication pathway with the courts via the prison offender management team. This was designed to improve the continuity of

care for detainees and support judges to divert detainees to community mental health hospitals. A review of this pathway was scheduled to establish its effectiveness.

- There was increased partnership working with the local authority and multi-agency partners. This improved release planning and continuity of care for patients being released who had dementia or other significant mental health risks.
- The prison was due to become a remand only prison, serving local courts from April 2020. MPFT staff were working with other health providers, NHS England commissioners and prison managers to develop new arrangements to reflect this change. They recognised this change would impact on the service and so engaged with other prisons which had previously experienced this transition to help ensure the service continued to meet the need.

Continuous improvement and innovation

- The team now had two administrators who coordinated referrals for mental health support for prisoners. This had improved communication with mental health and psychosocial staff and helped ensure referrals were acted upon promptly.
- All new referrals had been seen within two working days during January 2020 which meant newly arrived prisoners had a prompt and responsive assessment.
- Two duty workers were now allocated each day to cover unplanned work. This included urgent referrals and attending prison assessment care in custody and teamwork (ACCT, the prison process to support prisoners who were identified as at risk of self-harm or suicide) reviews to support prisoners who were at risk of self-harm. There was ongoing work with prison managers to improve the scheduling of these reviews to better enable mental health staff attendance.