Bracton Centre Medium Secure Unit

Inspection report

Bracton Lane
Dartford
DA2 7AF
Tel: 01322297166
www.oxleas.nhs.uk

Date of inspection visit: 28 March 2023
Date of publication: 03/05/2023

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 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 Oxleas NHS Foundation Trust at HMP Maidstone to follow up on the Requirement Notice issued after our last inspection in October 2022. At the last inspection, we found the quality of healthcare provided by Oxleas NHS Foundation Trust at this location required improvement. We issued a Requirement Notice in relation to Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance.

The purpose of this focused inspection was to determine if the healthcare services provided by Oxleas NHS Foundation Trust 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 assessed patient needs accurately, and effectively managed referrals to secondary care services.
- Staff followed systems and processes to record, store and administer medicines safely. Oversight from pharmacy leaders had improved.
- Staff used translation services to meet the needs of patients.
- Governance processes operated effectively at team level and performance and risk were adequately managed.

Our inspection team

This inspection was carried out by one CQC health and justice inspector and one medicines inspector.

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 service manager
- Seven other staff members including; a clinical team leader, administrator, pharmacy staff and the prisons equality and diversity manager.

The inspection team also:

- Observed the daily clinical handover
- Reviewed 27 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 Bracton Centre Medium Secure Unit

Background to HMP Maidstone

HMP Maidstone is a Category C prison located in Maidstone, Kent. It is operated by HM Prison Service and accommodates approximately 600 adult male foreign national prisoners.

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

Our previous comprehensive inspection was conducted jointly with HM Inspectorate of Prisons (HMIP) in October 2022 and published on the HMIP website on 23 January 2023.

Report on an unannounced inspection of HMP Maidstone by HM Chief Inspector of Prisons 3-14 October 2022 (justiceinspectorates.gov.uk)

Inspected but not rated

Are services safe?

Medicines management

Improvements had been made and the service now had effective oversight from pharmacy leaders.

At the last inspection, staff were not following standard operating procedures to ensure that medicines to treat minor ailments were supplied and recorded safely. At this inspection, we were informed that a training package was implemented to ensure that staff were aware of the correct procedures to follow to ensure that medicines for treating minor ailments were managed safely and effectively.

At the last inspection, records indicated medicines requiring refrigeration were stored within recommended temperature ranges. However, similar records and assurance were not available for medicines stored at room temperature. At this inspection, we saw records to demonstrate that all medicines were being stored within the recommended temperature ranges. We also saw records to confirm that emergency medicines and equipment were being checked regularly.

At the last inspection, a pharmacist led clinic, where advice could be sought on how to take medicines safely, and medicine use reviews were not available. At this inspection, a clinical pharmacist had been appointed which enabled the implementation of medicines use review clinics.

At the last inspection, a pharmacist was meant to visit the prison monthly, but was unable to do so due to pharmacy staff shortages at other locations. At this inspection, a senior pharmacy technician visited monthly to provide clinical supervision and developmental support to the pharmacy technicians. They also conducted medicines audits and flagged any issues to the lead pharmacist who also now visited monthly.

At the last inspection, we saw a few prescriptions overlapped on the electronic medical record, allowing the potential for patients to be administered more than the intended prescribed dose. At this inspection, we did not see any examples of this.

At the last inspection, there were some procedures to monitor patient concordance with treatment, which depended on the type of medication. However, the non-collection of in-possession medicine was not consistently recorded or followed up, so the use of medicines was not optimised. At this inspection, we saw that staff were taking action to ensure that medicines were being reviewed when doses were omitted.

Assessing and managing risk to patients

Staff assessed and managed risks to patients well.

At the previous inspection we found staff did not always follow up referrals made to secondary care services for patient reviews and treatment, 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.

We reviewed the hospital referral/appointment tracker, the information recorded had improved and provided a comprehensive overview of all urgent, routine and 2 week wait referrals. The tracker provided evidence of key information

Inspected but not rated

Are services safe?

to accurately inform patient risk and monitor patient safety. Managers met daily with the administration team to discuss all outside hospital referrals and review the tracker. This ensured clinical and managerial oversight was maintained. In addition, the administrator had established contacts with key departments at the local hospital, this meant the service could respond quickly when changes to appointments were required.

At the previous inspection we found that medical equipment was not always available to help manage patients' health conditions.

At this inspection we found managers met regularly with the administration team to review all orders for equipment, including specialist equipment. This meant orders were tracked and followed up on, delays were reduced, and oversight maintained. Staff recorded in electronic care records when patients brought their own equipment into the prison.

At the previous inspection we found staff did not always make referrals to the social care team when patient needs were identified, and reception screening did not consistently identify patients' health concerns or family history of illness.

At this inspection we found managers had introduced new procedures for staff to follow in relation to social care and reception screening. In addition, managers made improvements to the electronic care record system to ensure staff accurately assessed social care needs and consistently recorded patients' health needs. The initial reception screening tool included a specific social care assessment template and a link to make a direct referral to Kent County Council. Additional measures had been embedded into the reception health screen so staff could not exit the document without asking all questions regarding a patients' health concerns.

We reviewed 6 care records in relation to reception screening and all records were complete and captured the required information, including family history of illness.

Managers completed regular audits of completed reception screens, this ensured the new processes were embedded, effective and improved patient outcomes.

In addition to the improvements within electronic care records, managers had introduced a rolling programme of training to support and develop staff in a range of topics. These included mental health awareness, motivational interviewing and care planning. In March 2023 some staff completed the reception screening module as part of the programme, this focussed on delivering safe and effective reception screening in prisons.

The prison equality and diversity manager confirmed further training was scheduled to be delivered to health and prison staff by Kent County Council in relation to social care.

Inspected but not rated

Are services responsive to people's needs?

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic.

At the previous inspection we found that staff did not consistently use translation services; this was a concern as most prisoners were foreign national prisoners.

At this inspection we found managers had improved access to translators and translated documentation. Staff had access to '3-way telephones', this meant health staff could speak with a translator and the patient at the same time to complete health related screenings and interviews. Health staff in reception had a dedicated 3-way phone and 2 further phones were available in the outpatients' department.

Staff recorded when translation services were used and the records we reviewed indicated staff used the service on a regular basis. Most reception screens indicated when staff used a translator and which language was required. However, care records would benefit from indicating on a patient's home page their preferred language.

Managers also made available some key documents, such as the medicines compact, in the top 10 most translated languages at HMP Maidstone. This ensured patients could read and understand documents they were asked to sign.

Inspected but not rated

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.

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, managers had introduced clinical oversight to safely manage patient risk and improve the external hospital appointment tracker. Oxleas had developed the electronic reception screening process and patients had access to translation services. Additional training and audit activity strengthened this approach. Managers shared outcomes from audits in daily staff handovers and clinical governance meetings.

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, introduction of a senior pharmacy technician and pharmacy led clinics had improved patient safety. This meant managers were assured of the impact and quality of the changes made to service delivery.