

Spectrum Community Health C.I.C.

HMP Preston

Inspection Report

HMP Preston
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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out a focused inspection on 7 February 2018, under section 60 of the Health and Social Care Act 2008. This inspection was carried out to follow up on concerns raised during a joint inspection with Her Majesty's Inspectorate of Prisons in March 2017. We found evidence that essential standards were not being met and issued Requirement Notices to the previous provider of health services.

This report can be found at:

<https://www.justiceinspectrates.gov.uk/hmiprisons/inspections/hmp-preston/>.

We do not currently rate services provided in prisons.

NHS England commission health services at HMP Preston. The contract for the provision of healthcare

services at HMP Preston transferred to Spectrum Community Health C.I.C in April 2017. CQC appraised Spectrum of the concerns identified during the joint inspection in March 2017 so that they could address these within the new service provision.

This focused inspection was carried out to confirm that the new provider had made improvements in the areas, which were identified in March 2017 as concerning. This report covers those areas and also additional improvements made since our last inspection.

Our Key findings were as follows:

- Long-term condition management, monitoring and outcomes for patients had improved.

Summary of findings

- Patients with dementia had care plans in place and were being offered appropriate support.
- Staff treated patients with dignity and respect; appointment slips were confidential and placed in sealed envelopes.
- The provider's training matrix showed 92% of staff had been trained in dementia. Overall staff compliance with mandatory training was 95%.
- All informal complaints and incidents were logged and discussed at local and corporate level. We saw where lessons learnt had been shared between the provider, prison and other locations.
- Managers regularly reviewed the full risk register and effective actions had been taken to reduce the risks identified.

There remained areas of practice where improvements had not yet been fully embedded which the provider should continue to address.

- The provider should ensure care planning supports individual patients to manage their own conditions.
- The provider should complete the planned improvements to ensure all prisoners have timely and equitable access to a GP and managers monitor this.
- The provider should continue to develop medicine optimisation auditing procedures and recording to monitor and improve patients care and treatment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We did not inspect the safe key question at this inspection.

Are services effective?

We did not inspect the effective key question in full at this inspection. We inspected only those aspects identified as requiring improvement during the joint inspection March 2017. We found that the areas of concern identified in March 2017 had been significantly addressed.

- The overall management of long-term conditions had improved. Nurse practitioners were holding respiratory and diabetes clinics regularly, which meant patients with long-term conditions were being monitored and received appropriate treatment.
- Spectrum had recruited a range of suitably qualified staff. There were sufficient registered nurses in post to meet patients' needs with recruitment ongoing.
- The provider's training matrix showed 92% of staff had been trained in dementia.
- Overall staff compliance with mandatory training was at 95%.
- Prisoners could request and receive common medications to treat minor ailments.
- Spectrum staff ensured that prisoners had timely access to the mental health team who provided a range of psychological therapies including groups. A new mental health referral pathway between teams had reduced waiting times.

We found some areas needing improvement

- Some long term condition care plans had insufficient detail to support patients to self manage their conditions.

Are services caring?

We did not inspect the caring key question in full at this inspection. We inspected only those aspects identified as requiring improvement in the joint inspection March 2017. We found that the areas of concern identified in March 2017 had been addressed.

- Spectrum had a healthcare complaint/application box on each wing so prisoners could place a confidential complaint or application easily and confidentially.
- Healthcare appointments were placed in sealed envelopes to ensure confidentiality.

Are services responsive to people's needs?

We did not inspect the responsive key question at this inspection.

Are services well-led?

We did not inspect the well-led key question in full at this inspection. We inspected only those aspects identified as requiring improvement in the joint inspection March 2017. We found that the areas of concern identified in March 2017 had been significantly addressed.

- Spectrum had introduced a new integrated team governance meeting, which all healthcare staff attended. This enabled staff to share learning across the teams.
- Staff supervision and personal development reviews took place. All staff, had an up to date appraisal and supervision record.

Summary of findings

- Patients could influence how the service was delivered through written feedback, which was used by managers to make service improvements.
- All informal complaints were logged and discussed at local and corporate level. Managers reviewed complaints and completed a monthly learning log to help improve the service.
- Suitable rooms had been identified on each residential wing and were being furnished to provide wing-based clinics.
- Managers regularly updated the service risk register to ensure that risks were monitored and reduced.

We found some areas needing improvement.

- Access to GPs remained limited for prisoners on one wing, with some patients waiting up to five weeks but plans to address this were progressing.
 - The pharmacist was embedding medicine optimisation and auditing procedures. Some further work was needed around monitoring medications.
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HMP Preston

Detailed findings

Background to this inspection

Her Majesty's Prison Preston is a local prison and holds just over 800 adult male prisoners, drawn mainly from Lancashire and elsewhere in the North West. From April 2017, Spectrum Community Health C.I.C. has provided a range of primary healthcare services to prisoners, comparable to those found in the wider community. This includes nursing, GP, substance misuse and pharmacy services. Dental and mental health services are

subcontracted. The location is registered to provide the regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures and Personal Care.

The provider had submitted an action plan to CQC outlining how they had addressed the issues identified during the 2017 joint inspection.

This focused inspection was carried out by two CQC health and justice inspectors and one CQC inspection manager, who visited HMP Preston on 7 February 2018. The team had access to remote specialist advice.

Are services safe?

Our findings

We did not inspect the safe key question at this inspection.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection between 13 and 17 March 2017, we found a range of concerns about the effectiveness of the service which included:

- Patients with long-term conditions did not have a care plan in place.
- Care plans were not reviewed regularly for prisoners with social care needs
- Staff did not monitor patients with long-term conditions.
- Patients with dementia were not identified and staff lacked training in dementia management.
- Not enough staff were trained in the management of long term conditions to identify patients and meet their needs
- Patients did not have timely access to mental health services of a range sufficient to meet their needs.
- Prisoners were not able to access medications for minor ailments that are commonly available in the community

These areas had significantly improved when we undertook a focused inspection on 7 February 2018.

Management, monitoring and improving outcomes for people

During this focused inspection, we found staff identified and monitored patients with long-term conditions effectively. Nurse practitioners and the pharmacist were holding respiratory and diabetes clinics regularly. A patient register ensured all patients were monitored. We found one patient who had not been reviewed or recalled to the clinic and brought this to the attention of managers. Waiting lists for long-term conditions clinics were low.

Staff completed care plans for patients with long-term conditions. We reviewed a sample of care plans and found some lacked details that patients could use to develop the skills needed to manage their conditions. Staff offered patients a copy of their care plan and staff regularly updated these in line with best practice and treatment.

Since our last inspection Spectrum had trained 92% of staff in dementia awareness. We reviewed care plans for

patients living with dementia and found that they were holistic, updated regularly and based on an appropriate assessment. The provider had a range of resources available.

Patients with mental health needs were assessed and reviewed promptly by the subcontracted mental health team. Spectrum staff attended case management reviews, which ensured treatment was integrated and effective.

Effective staffing

There were sufficient staff trained in the management of long-term conditions. Spectrum had employed and trained a range of staff in long-term conditions, which included asthma, diabetes and blood borne viruses. A training matrix showed that overall staff compliance with mandatory training was at 95%. There were several new staff in post still participating in their induction, which was comprehensive.

Managers kept a skills mix log, recording where each member of staff met competence to carry out daily tasks relevant to their role. This included, ECG monitoring, taking blood samples, responding to emergency calls and immunisation. This log was used to ensure the appropriate staff were on duty to meet the needs of patients.

Coordinating patient care and information sharing

Spectrum had implemented a new referral pathway between the primary health and mental health teams. All referrals were seen within four working days. Psychiatry clinics were provided two days a week. The psychiatrist also supported patients in the inpatient unit. There was a range of psychological therapies on offer, such as well-being and sleep groups. Patient mental health assessment waiting times had reduced.

Spectrum delivered social care to prisoners on behalf of Lancashire County Council (LCC). All prisoners were assessed to determine their social care needs when they were received into the prison and referred to LCC if appropriate. Spectrum developed a standard care plan for prisoners whilst they waited for a full detailed assessment and care plan created by LCC. Staff said they worked positively with LCC to meet prisoner's needs and raise concerns.

Are services effective?

(for example, treatment is effective)

Spectrum staff could request equipment to promote prisoners' independence from an occupational therapist, which was provided in a timely manner and available to all prisoners needing support.

Supporting patients to live healthier lives

Prisoners with minor ailments could go to the treatment hatch and request common medicines for their ailments. Staff recorded and administered medications in line with best practice and guidance. Which ensured all medicine given out was recorded appropriately.

The provider had an up to date 'medicine in possession' policy, which staff used to regularly reassess any risks for

patients who were given a supply of medications they could have in possession. The pharmacist also reviewed patients' in possession contract as part of ensuring safe use of medication.

Spectrum had worked proactively with the prison on promoting healthy lifestyles. There was a health promotion campaign plan for 2018. There was a wide range of information available on various health topics and a health promotion day was planned. Since the inspection in March 2017, the prison had moved to being a smoke free prison with increased smoking cessation support available.

Are services caring?

Our findings

At our previous inspection between 13 and 17 March 2017, we found that the registered person had not ensured that all patients were treated with dignity and respect. The areas of concern were:

- The arrangements for making complaints about healthcare were not well understood by prisoners, who submitted most complaints through the prison system. This meant that complaints were not handled confidentially.
- Staff placed appointment slips through prisoners' doors that contained some confidential information.

These areas had significantly improved when we undertook this focused inspection on 7 February 2018.

Kindness, dignity, respect and compassion

Spectrum staff managed complaints confidentially. A healthcare complaint/application box was now available on each residential wing. A nurse emptied these daily. This meant prisoners could put in a confidential comment easily.

Healthcare staff held a patient forum, where complaints raised were discussed with patients. Prisoners understood how to complain. Managers reviewed complaints and completed a monthly learning log to help improve the service which included informing prisoners of the complaint system.

The pharmacist reviewed the stock of medications and a seven-day pharmacy service was due to be implemented. Spectrum were also introducing information and guidance for patients, to raise awareness around alternative treatments for pain management.

Spectrum managers had introduced a system where healthcare appointments only contained details of the clinic to be attended and were placed in sealed envelopes. This meant the reason for all appointments remained confidential.

We observed staff treating patients in kind and caring way. Patients we spoke with said staff were always friendly and respectful.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

We did not inspect the responsive key question at this inspection.

Are services well-led?

Our findings

At our previous inspection between 13 and 17 March 2017, we found that the provider had not ensured that the quality and safety of the service was sufficiently monitored. There was limited evidence of learning from prisoner feedback, complaints and adverse incidents. Previously we were concerned that health care staff did not have access to regular supervision.

- There was limited evidence of shared learning and learning from events. Monthly team meeting minutes did not evidence that the team reviewed incidents and complaints.
- Staff were not receiving regular supervision.
- There were no systems to actively seek feedback from patients and act upon it.
- There was limited opportunity for patients to engage with healthcare staff to discuss any health issues.
- There was insufficient monitoring to ensure that access to GP appointments was equitable for all patients or clinically appropriate.
- Staff did not monitor all fridge temperatures to ensure the integrity of stored medicines.
- There was limited evidence to show that the provider identified and managed risks to their service.

These areas had significantly improved when we undertook a focused inspection on 7 February 2018.

Governance arrangements

In March 2017, we found limited evidence of shared learning from complaints and incidents.

During this focused inspection, we found the provider held integrated team governance meetings, which all healthcare staff attended. We saw evidence of discussions about patient safety, incidents, security issues, complaints, compliments, infection control and risks. All staff received meeting minutes and a 'lessons learnt' bulletin. This meant staff shared learning across the team.

Staff demonstrated that they knew what to report as an incident and did so using an online system. The heads of

clinical management reviewed all incidents. These were also discussed at the local governance meetings and investigations and actions reviewed, which fed into board meetings.

We reviewed six reported incidents in detail and saw staff recorded a comprehensive account. There was a clear incident process in place to ensure managers tracked incidents, escalated and reported them to the wider organisation. Managers reviewed themes from incidents and discussed incidents in supervision to help staff develop. Incidents were also used in reflective practice, for example recording a medication error

The provider had an up to date 'Being Open and Duty of Candour' policy. This was issued to all staff quarterly, which promoted an open and honest approach to patients if something went wrong.

Managers logged complaints on their electronic monitoring system. This helped the audit process to ensure a timely response. We reviewed some examples of complaints and saw that actions were taken to address issues raised by the complainant. These actions were also shared with other local prisons which aided learning across the cluster. All informal complaints were logged and discussed at local and corporate level.

Leadership and culture

Since Spectrum had been providing services at the prison, the management of staff supervision and personal development reviews had improved. All staff, had an up to date appraisal and were receiving regular supervision. Managers reviewed supervision sessions and ensured this was taking place and written evidence was kept in staff files. The supervision policy was signed by all staff and was up to date.

The provider had recently delivered supervisor training, to those wishing to deliver any supervision based on a recognised model. This training included reflective practice tools, and covered revalidation, supervision and listening exercises. Each member of staff had access to clinical supervision, so they could review best practice.

Seeking and acting on feedback from patients, the public and staff

Patients were given the opportunity to provide feedback on the service regularly. At this inspection, we reviewed a sample of patient experience questionnaires. Managers

Are services well-led?

reviewed results on the level of care patients felt they received. We reviewed some patient meeting minutes where patients had discussed concerns with healthcare. We saw they had discussed and actioned some points. Information from patient feedback was collated in a quarterly report and used to improve the service.

Each week doctors, the psychiatrist, lead nurses and healthcare staff attended a ward round in the inpatient unit. Patients could raise any concerns and ask questions about their care.

Continuous improvement

Spectrum managers had plans in place to introduce a daily clinic on most residential wings to ensure prisoners had an opportunity to see a healthcare worker if needed without leaving the wing.

At HMP Preston, a lead nurse had developed 'clinical guidance on a healthcare emergency response' document. This guidance was clear, concise and gave informative information to ensure staff responded effectively to medical emergencies, and were compliant with the relevant National Institute for Health and Care Excellence guidance. The provider distributed this guidance to all of their locations as part of best practice and improvement.

Managing risks, issues and performance

Spectrum identified, monitored and managed risks to their service. The risk register showed that managers had taken effective action to reduce risks, for example, recruitment of staff to vacancies. We saw that since April 2017, the provider had actively recruited staff so that staffing levels were adequate to support the needs of patients.

Managers had oversight of the GP clinic waiting times. The provider was in the process of recruiting a GP. However, patient waiting times had been reduced as the provider employed two locum doctors, and senior medical staff provided some weekly clinics.

Other risks on the risk register included the monitoring of the cancellation of the provision of prison staff to escort patients to hospital. We saw managers had effectively identified how to work with the prison to reduce appointment cancellations. Concerns were routinely escalated, showing managers had taken effective action to reduce risks.

In February 2018, we found Spectrum had improved access to healthcare services for prisoners. Suitable rooms were identified on each residential wing and were being furnished at the time of inspection with the intention of providing wing-based clinics.

Managers monitored waiting lists. A lead nurse allocated appointments to nurse clinics and to the GP in a timely manner. There had been clear improvements in GP waiting times, which was now around a week for most prisoners. However, we noted that some prisoners had limited access to clinics. The plans in place to improve treatment rooms on residential wings with B wing refurbishment was already under way, that would ensure patients had equity of access to the GP.

The pharmacist provided some long-term condition clinics and there was a plan in place for medicine use clinics, which would offer patients advice on how to use their medications. The pharmacist was also developing medicine optimisation, auditing procedures and recording to monitor and improve patients' care and treatment.

The monitoring of medicine storage and transportation had improved. Spectrum managers had implemented a weekly audit to ensure all medicines fridge temperature checks were completed and signed for. During daily handover a staff member was allocated that task. We saw fridge temperatures were reviewed and any identified issues were escalated to staff to ensure safe medicine storage. Staff transported medicines safely; staff used a locked box and only moved medication during times prisoners were in cell.