HMP Lowdham Grange

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.

Summary of this inspection

Page

The five questions we ask and what we found 2

Detailed findings from this inspection

Our inspection team 3

Background to HMP Lowdham Grange 3

Why we carried out this inspection 3

How we carried out this inspection 3

Detailed findings 4

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 detailed in the S29A Warning Notice issued in May 2016 as a result of the inspection in March 2016. We found that the trust had taken action to improve their systems to ensure the proper and safe management of medicines.

Are services effective?
We did not inspect the effective domain in full at this inspection. We inspected only those aspects detailed in the S29A Warning Notice issued in May 2016 as a result of the inspection in March 2016. During the course of the inspection we found that the trust had taken action to help ensure that care was appropriate and meet the patient's needs.

Are services caring?
We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?
We did not inspect the responsive domain in full at this inspection. We inspected only those aspects detailed in the S29A Warning Notice issued in May 2016 as a result of the inspection in March 2016. We found that the trust had taken action to improve their system to ensure that people had timely access to healthcare services.

Are services well-led?
We did not inspect the well-led domain at this inspection.

HMP Lowdham Grange

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was completed by two CQC Health and Justice Inspectors who had access to remote specialist advice.

Background to HMP Lowdham Grange

HMP Lowdham Grange is a training prison that holds around 900 men. Nottinghamshire Healthcare NHS Foundation Trust provides a range of healthcare services to prisoners, comparable to those found in the wider community. This includes GP, pharmacy, substance misuse and primary mental health services. The location is registered to provide the regulated activities, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

CQC and Her Majesty's Inspectorate of Prisons (HMIP) undertake joint inspections under a memorandum of understanding. Further information on this and the joint methodology can be found by accessing the following website: http://www.cqc.org.uk/content/health-and-care-criminal-justice-system

CQC inspected this service with HMIP between the 22 and 25 June 2015. We found evidence that essential standards were not being met and two Requirement Notices were issued in relation to Regulation 9, Person-centred care and Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report can be found by accessing the following website: http://www.justiceinspectorates.gov.uk/hmiprisons/inspections/.

We carried out a focussed inspection on the 30 March 2016 to follow up on these breaches of regulation. We found that although some improvements had been there were still areas of concern. As a result we issued a Section 29A Warning Notice of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report including the S29A Warning Notice can be found here: http://www.cqc.org.uk/location/RHAY5

We carried out this focussed inspection see whether significant improvements identified in the Section 29A Warning Notice had been made.

Why we carried out this inspection

On the 18 August 2016 we undertook an announced focused inspection under Section 60 of the Health and Social Care Act 2008, to check that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and specifically whether they had made significant improvements needed as identified in the S29A Warning Notice issued as a result of the inspection in March 2016.

How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the service. During the inspection we spoke with staff, patients who used the service, observed practice and reviewed a range of documents.

Are services safe?

Our findings

Since our previous inspection we found that the trust had taken action to address the concerns identified in the S29A Warning Notice.

Medication Management:

- We found that the trust had reviewed its Standard Operating Procedures to ensure that risk assessments for those people who kept their medication in their possession were checked at the time that medication was given out. We saw evidence that staff had received training in this and during our inspection we observed that this process was occurring.
- We found that the trust had reviewed their systems to help ensure that patients received their medication in a timely manner. Significant improvements had been made, however, there were some incidents where people had not received their medication in a timely manner as the new systems and processes needed time to be fully embedded. The changes included GP's now having dedicated administration time specifically around medication, the recruitment of four pharmacy technicians, who at the time of our inspection were still awaiting security clearance and the changing of the process for repeat prescriptions.
- We reviewed sample of incident forms relating to medication errors and found these to be detailed and including what action had been taken. There was also evidence of audits monitoring the timeliness of completion of incident forms.
- There was a full audit trail at any given time for the possession of the keys for the controlled drug cupboard.

Are services effective?

(for example, treatment is effective)

Our findings

Responding to and meeting people's needs:

- During this inspection we found that the trust had taken action to ensure that patients with significant health care needs as a result of their medical conditions had care plans in place. Care plans that we checked were detailed and had been reviewed when necessary but not always completed with the patient. We did find three people with a health condition who did not have a care plan in place; however this was rectified during our inspection.

Are services caring?

Our findings

We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service:

- We found that the trust had taken action to help ensure timely access to health professionals. A review of the scheduled clinics had taken place and revised to ensure that they met the needs of the patients: this had included two additional GP clinics per week. The ATM machine, which was used by patients to confidentially request appointments, had been revised to allow patients to further detail why they needed the appointment to support the nurse triage system; it also allowed patients to ask for and obtain information such as future appointment dates which helped reduce the number of inappropriate referrals made.
- The trust had introduced a new system for those people who had chosen not to attend their appointments which including contacting patients to see if they still needed the appointment.
- We found that changes made had positively impacted which helped to ensure that patients had timely access to health professionals. On the day we inspected we found that were five people on the waiting list to see the nurse with the longest wait being one day. There was an available slot to see a nurse within two working days.
- Improvements to the systems to see a nurse had positively impacted on access to GP appointments. On the day we inspected we found that there was no delay to see a GP and appointments were available on that day.
- At the time of the inspection we found that only one person was on the waiting list for smoking cessation and they had only been waiting a day.
- We found that there were appropriate waiting times for access to podiatry services.
- The trust had reviewed the data held on their waiting lists which helped the trust ensure that they had an accurate record of waiting times. We found no evidence during our inspection of incorrect waiting list data.
- There was evidence that action had been taken and a plan was in place to ensure that there was an effective system to recall patients for specific reviews such as for those with asthma.

Are services well-led?

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

Our findings

We did not inspect thewell-led domain at this inspection.