HMP Northumberland

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.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	**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 Spectrum Community Health CIC at HMP Northumberland to follow up on the Requirement Notice issued after our last inspection in September 2022. At the last inspection, we found the quality of healthcare provided by Spectrum at this location required improvement. We issued a Requirement Notice in relation to Regulation 18, Staffing.

The purpose of this focused inspection was to determine if the healthcare services provided by Spectrum 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 had enough staff to care for patients and keep them safe.
- The service provided safe care. Staff had completed and kept up to date with mandatory and additional training.
- Managers had introduced defined roles and responsibilities for staff, with clear lines of escalation.
- Managers had introduced key initiatives to safeguard patient care. This included a dedicated nurse to triage patient applications and waiting lists, a shift co-ordinator and a long-term conditions service.
- Governance processes operated effectively at team level and performance and risk were adequately managed.

The provider should:

- The provider should ensure the GP waiting list remains a focus for review so patients with mental health conditions are not disadvantaged.
- The provider should ensure patients medicines are routinely reviewed.
- The provider should ensure that 13-week reviews are completed for patients on detoxification programmes.
- The provider should ensure staffing levels in the administrative team are sufficient to meet the roles and functions in the team.
- The provider should ensure clinical audits are completed in relation to long term conditions and care plans are personalised.

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 spoke with NHS England and Improvement and 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 regional cluster manager.
- Fifteen other staff members including clinical team leaders, GPs, nurses, administrators, and pharmacy staff.

The inspection team also:

- Reviewed 14 complaints and 4 incident reports.
- Reviewed 8 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 Northumberland

HMP Northumberland is a privately run prison located in Morpeth, Northumberland. It is operated by Sodexo and accommodates approximately 1348 male prisoners. HMP Northumberland is a large Category C training and resettlement prison.

Health services at HMP Northumberland are commissioned by NHSE. The main provider for healthcare was Spectrum Community Health CIC, they provided primary care services and clinical DART (Drug and alcohol recovery team) services. Spectrum subcontracted mental health services to Tees, Esk and Wear Valley Mental Health Trust and to Rethink Mental Illness. Humankind provided substance misuse psychosocial services. This commissioning arrangement throughout the Northeast cluster of prisons, was called the 'Reconnected to Health' partnership.

Spectrum is registered with CQC to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

Our previous comprehensive inspection was conducted jointly with HM Inspectorate of Prisons (HMIP) in September 2022 and published on the HMIP website on 14 December 2022.

HMP Northumberland (justiceinspectorates.gov.uk)

We found a breach of Regulation 18, Staffing.

Inspected but not rated

Are services safe?

SAFE STAFFING

The service had enough staff, who knew the patients and received basic training to keep people safe from avoidable harm.

At our last inspection we found there were significant staffing pressures across the Reconnected to Health partnership at HMP Northumberland. We considered the staffing situation meant health care delivery could have been at risk, particularly in relation to primary care services provided by Spectrum.

Primary care staff had to administer medicines on multiple houseblocks which took a significant amount of time, as well as seeing patients either on houseblocks or in healthcare. Shortfalls in primary care staff meant clinical substance misuse staff assisted with medicines administration which impacted on their core work. Staff spoken with told us they felt pressured most days.

During this inspection, we found an improving picture. We found staffing numbers had increased across Spectrum services and this positively impacted on the availability and delivery of primary care and clinical DART services. In addition, the provider had submitted a business case to commissioners, which included a request for funding for additional staff for both the primary care team and clinical DART team.

Since the last inspection the primary care team had 5 additional staff in post: including qualified nurses, healthcare support workers and a pharmacy technician. Three further staff members were being vetted.

We found managers had taken a pragmatic approach by introducing a range of measures to prioritise the safe delivery of care and treatment.

Managers identified minimum and desirable staffing levels. Minimum staffing ensured essential daily tasks such as medicines administration, nurse lead clinics and triage were completed. Desirable staffing levels enabled the provision of a full primary care service, including clinical DART.

We reviewed the staffing rota during this inspection and confirmed the service regularly had above minimum staffing levels, bank staff and occasional overtime was used to maintain these levels. Managers planned the rota in advance and were able to forecast any shortfalls. Staff had easy access to an electronic copy of the rota.

To optimise staff availability, managers consulted with staff to change shift patterns, this increased the number of staff available to cover the core working day. This meant sufficient clinical cover had been maintained across each working day.

The number of pharmacy technicians in post had increased, this meant a reduction in the use of nurses in the administration of medicines. Some nurses continued to administer medicines daily but to reduce time spent on the wing, managers allocated pharmacy technicians to wings with the highest demand.

Clinical substance misuse staff were no longer needed to support primary care with medicine administration, and they had started to catch up with their core work. The service had recruited staff to fill their vacancies. However, in the meantime, due to the ongoing staffing gaps and the high demand on their service, staff we spoke with reported that they still felt under pressure and the service faced some challenges.

Inspected but not rated

Are services safe?

At the time of this inspection, the service had 290 patients on substance misuse programmes. The team was unable to complete 13-week reviews for these patients. The service mitigated this risk by closely monitoring their patients at medicines rounds and health appointments and working closely with the non-clinical substance misuse team.

The service had limited prescribing capacity. Staff helped protect and prioritise this resource by completing detailed assessments and collating essential information to reduce the prescriber's workload and minimise delays. We asked the provider about their plans to address the limited prescribing capacity. They had already started to explore options to increase capacity through a community prescriber and were confident it could be resolved.

To support the delivery of the primary care service, managers identified and implemented clearly defined roles and responsibilities for staff within the different teams. This enabled staff to establish routine and structure for the delivery of the service and support staff. For example, the clinic rota was now embedded, and staff regularly provided nurse triage, NHS screening and immunisations and vaccinations.

Challenges remained in relation to GP appointments, waiting lists and some pharmacy provision. Two regular locum GPs provided 10 sessions each week. At the time of this inspection, the average wait for a routine GP appointment had significantly increased to 7 weeks, it was previously 9 days. Also, the advanced nurse practitioner within the primary care team now worked within the clinical DART service as a prescriber.

The waiting list to see the GP for a routine appointment remained high at 128, although it is important to note this had reduced from over 300. Managers told us they were aware of the numbers of patients waiting to see the GP and had put additional measures in place to prevent the waiting lists increasing. This included having a dedicated nurse clinically triaging all new applications to allocate patients to the most appropriate healthcare professional to meet their needs. Although this was a relatively new initiative, it was evident that this was having a positive effect on the GP waiting list. Alongside this, the nurse had also started to clinically review the GP waiting list; deducting repeat requests and allocating patients to nurse triage and LTC clinic appointments. GPs told us they also reviewed the waiting list regularly.

The introduction of a shift co-ordinator, who was not included in the staff numbers, also had an impact on reducing the number of patients wanting to see the GP. This role provided staff with a single point of contact to escalate clinical concerns and support decision making. We observed staff contacting the shift co-ordinator to have discussions about deteriorating patients and agreeing what interventions should be provided. This approach reduced the need by staff to add patients to the GP waiting list. However, if clinically indicated; staff had direct access to a GP at the end of each GP Session, 30 minutes was available to discuss urgent patient care.

A pilot project had commenced to provide additional remote support through Spectrum at the weekend to focus on GP tasks. Early indications were positive, reviews of blood tests, clinic letters and GP requests had reduced the numbers of patients on the waiting list.

During this inspection, managers confirmed successful recruitment into full-time posts of a permanent GP and a paramedic with advanced clinical skills; both staff were being vetted.

During our review of the GP waiting list, we identified there was a disproportionate number of patients waiting longer to see the GP with mental health concerns. As of 25 April 2023, 9 out of eleven patients with the longest waits, wanted to see the GP in relation to mental health. One patient had waited since 30 January 2023 to see the GP, almost 13 weeks. We raised our concerns with managers and immediate action was taken to allocate appointments for these patients.

Inspected but not rated

Are services safe?

Following this inspection, managers provided additional assurance regarding the review of mental health patients waiting to see the GP. This included the introduction of a weekly review of the waiting list by managers and a multidisciplinary meeting to focus on prescribing of mental health medicines.

During discussions with managers, staff and commissioners, we found patients were not regularly having their medicines reviewed. Managers confirmed a locum pharmacist provided cover two days each week but did not review patients' medicines. GPs completed reviews of some medicines, but this was not done routinely.

Following this inspection, managers confirmed additional support had been sourced through the regional pharmacist, including additional remote working and managers planned to recruit a temporary prescribing pharmacist.

At our last inspection, the reduced level of staffing in the administrative team had affected their ability to support some clinical functions. At this inspection, we found that staffing levels had increased but there remained vacancies, which had recently been recruited to. In addition, the head of healthcare had completed a workforce review, which identified the need for a further post in the administration team to meet the demand placed on it.

At the time of our inspection, there remained functions that the team was not able to do due to staffing levels such as logging complaints and supporting GP to GP registration processes. However, the team was comprised of experienced and dedicated staff who worked flexibly, continually prioritising their work to maintain key functions such as external appointments and providing support to clinical teams.

At the last inspection, we found that staff had struggled to keep the external hospital and community appointments tracker up to date. At this inspection, we checked the systems and processes for managing external referrals and appointments, and found they were well managed. This was a very busy function that the team had good oversight of and prioritised. A dedicated member of staff managed this function, and other staff helped when necessary to ensure referrals, bookings and appointments were dealt with without delay.

We reviewed the data for March 2023, which showed 94 external appointments had been booked, of which 70 had been attended. The non-attended appointments were due to hospital, prison, and patient cancellations. In addition, the team supported 14 A&E attendances. Staff logged referrals, bookings and appointments directly onto clinic schedules and patients' records on the electronic records system. They also added information onto a 'tracker', which was a spreadsheet kept for reference only. This was not fully up to date, but this did not affect the timely processing of referrals, bookings and appointments.

Overall, operational staffing had improved at HMP Northumberland. Managers continued to take a proactive approach to successful recruitment but acknowledged that challenges remained, particularly in relation to the location and extensive footprint of the prison. However, patient care was safe, timely and mostly met the needs of the population.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

At the last inspection we found that elements of mandatory training and opportunities for professional development had been suspended, although plans were in place to improve this.

At this inspection we found that staff had completed and kept up to date with their mandatory training with overall compliance at 80.6% as of 24 April 2023. However, records indicated only 50% of staff had completed safeguarding adult

training and 25% of staff had completed safeguarding children training. Managers told us staff had completed the required level of safeguarding training. Spectrum had identified issues with the system used for recording training and were working across the region to cleanse the data. Over 90% of staff were compliant with essential training such as immediate and basic life support.

Opportunities for professional development were available; staff were undertaking training in long term conditions, non-medical prescribing and clinical skills training.

Assessment of patient risk

Staff assessed and managed risks to patients well.

At the previous inspection we identified that staffing levels impacted on second reception screening as these were not always carried out within the required timescale.

At this inspection we found that managers had taken immediate action to ensure all second reception screenings were completed on time. Managers rotated staff into the role to ensure all staff could undertake the reception screening role, as this was previously completed by one staff member. In addition, a senior nurse now oversees reception as part of their role and responsibilities. To maintain oversight of performance, managers introduced regular audits of completed secondary screenings. Completions have continuously improved, in September 2022 staff completed 78% of screenings and in March 2023 this had increased to 98%.

At the last inspection we identified there were insufficient staff capacity to manage long-term condition reviews, which were mostly carried out by one part-time staff member. This had led to a long waiting list for routine reviews.

At this inspection we found managers had successfully recruited staff to develop and deliver a LTC service. Two part time staff were completing a LTC course at university; with plans to specialise further in the areas of diabetes, respiratory care and hypertension.

Managers prioritised the need to deliver LTC work and both staff members had protected time to undertake their role; they were not expected to fill shortfalls in staffing elsewhere in the service, such as medicines administration. At the time of this inspection there were 59 patients on the waiting list and the longest wait was 9 weeks, a reduction from the 17 weeks wait at the previous inspection. Staff recognised the waiting list needed review, as there were repeat tasks and some patients had not been deducted once they had been seen.

We acknowledge it is early days in the development of the LTC service, but progress has been made through effective joint working with managers, staff and the GP. Staff have created an interim LTC pathway, this includes identification of need at the point of reception into the prison. Patients now have access to regular LTC clinics to assess and review their needs.

We reviewed 5 care records in relation to LTC, of these 4 patients had relevant care plans; although not personalised, they detailed the needs of patients and interventions required. One care record clearly identified a patient at risk due to high blood pressure. Staff completed regular blood pressure checks, recorded accurately in the clinical record any concerns and relevant discussions with the GP in managing the patients' condition.

There is still work to do, including the introduction of clinical audit, but we were assured that leaders and staff were aware of the next steps required in developing and embedding the service model.

Inspected but not rated

Are services safe?

Reporting incidents and learning from things when they went wrong

At our last inspection, we found that staffing issues had led to a 2-month pause to complaints and incident investigations, which had created a backlog and delays when they resumed. We also found that patients had to ask for complaints forms and hand them back or place them in a complaints box, which meant they were not confidential.

At this inspection, we found that the complaints process was confidential, the backlog had been dealt with and all complaints were processed in a timely manner.

The provider had an interim process for managing informal complaints effectively with a lead nurse allocated to oversee them. Due to ongoing staffing issues in the administration team, the nurse had to keep manual records of the informal complaints, which would be logged onto the provider's electronic system later.

We reviewed the complaints files, which held informal complaints from February 2023 to April 2023. We sampled 12 complaints and found they had been dealt with promptly and appropriately. We noted the quality of responses in that they fully addressed patients' issues, were written in plain English, and had a respectful tone.

The provider had a robust process for managing formal complaints that involved oversight from their regional team. We reviewed records for formal complaints, which were logged and managed on the provider's electronic system. There were 31 formal complaints logged since February 2022. Of these 4 remained open, but all were awaiting final sign off and approval. There was no backlog and no new complaints awaiting action. We sampled 2 formal complaints and found that even though the formal complaints process took longer, responses were still timely, respectful, and appropriate.

The provider had a clear and structured process for investigating incidents, which were logged on their electronic incident reporting system. Incident management included oversight and input from the provider's regional team depending on the nature and severity of the incident.

During our inspection, we reviewed incident performance data for the past year, which showed 190 closed incidents, 5 open incident investigations referred for specialist information, and 4 open incidents under review. There was no backlog and no new incidents awaiting action. We also sampled 4 incident reports, which showed that the action taken was timely and appropriate.

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 the last inspection, we found that the interim healthcare leadership arrangements were unsettling for staff and patients. In addition, severe staffing shortages and reliance on temporary staff created risks for healthcare delivery.

At this inspection, we found a much-improved picture. The service had a permanent head of healthcare, and the primary healthcare and clinical DART teams had a small but stable team of clinical leads. Local managers had reviewed their existing staff roles and identified strategies to improve recruitment. For example, they had offered nurse associate training to healthcare assistants and then recruited new healthcare assistants; they had offered staff pharmacy technician training and recruited new pharmacy technicians. Recruitment and retention challenges continued to exist, but the managers had realistic plans to address these.

As a result of a stable leadership team with a clear vision, staff's roles and functions had started to become more defined, which had in turn started to improve staff morale and culture. This was complemented by daily staff huddles across the Reconnected to Health partnership, regular staff meetings and clinical supervision, although recording of supervision required improvement. The staff we spoke with were mostly positive about their work and expressed confidence in the leadership team but had some frustrations with the day-to-day pressures they still faced.

During this inspection, we found the existing managerial resource did not reflect the demands placed on the service. The recently completed workforce review did not indicate a need for additional management support within the team. This was a concern, as reliance on such a small resource, who had developed and delivered services simultaneously, could be at risk of burnout.

At this inspection, we found that most systems, processes and procedures had improved and helped managers to accurately assess, monitor and improve the safety and quality of the service. Although not all processes identified risk, such as the disproportionate number of mental health patients on the GP waiting list. However, managers were aware that systems, procedures and processes needed embedding into practice, such as the LTC pathway and some audits.

The service had an established framework of regular governance meetings such as the partnership board, local delivery board and local senior manager and clinical team leader meetings. This ensured oversight of service performance and risks from both a provider and partner agency perspective. However, managers had yet to establish a regular clinical governance meeting, although scrutiny of relevant information was completed during clinical team leader meetings. Plans were in place with Spectrum's quality team to introduce the quality, risk, & professional standards meeting in May 2023; the agenda for this meeting reflected a range of topics, including risk, medicines management and patient safety.

Learning, continuous improvement and innovation

The provider took the opportunity to learn from complaints and incidents. They analysed data to look for themes and trends. They made changes and improvements as appropriate and shared learning with their own staff as well as disseminating it more widely via various regional and national forums.

Inspected but not rated

Are services well-led?

Managers had successfully implemented several changes since our last inspection and worked hard to embed these into practice. In addition to these, managers had started to think about the impact on service delivery in relation to the geography of the prison and the proposed changes to the prison population. This included changing the model to working in integrated teams across different zones within the prison.