

Rainsbrook Secure Training Centre

Inspection report

Willoughby

Rugby

Warwickshire

CV23 8SY

Tel: 01788 528800

www.mtcgroup.org.uk/our-services/custody/rainsbrook-secure-training-centre

Date of inspection visit: We did not undertake a site visit for this inspection

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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

This report focusses only on breaches of regulation detailed in the Requirement Notice we issued in January 2019, following a joint inspection with Ofsted in October 2018. At the time we found that:

- Most staff were not fully compliant with all mandatory training, including immediate life support (ILS) and fire safety training.
- The healthcare team at carried a large number of vacancies, including three out of five registered general nurse posts, which was impacting on care, including access to healthcare professionals and some interventions, such as group sessions.

During this desk based focused review, we found that the provider had made the following improvements;

- Staff were 97% compliant with mandatory training. All had completed fire safety training, and the one team member with outstanding ILS training was scheduled to complete it.
- All but one healthcare team vacancy had been filled, and additional clinical session work meant that young people had improved access to a range of services.
- The Named Nurse system was working effectively and was supported by other initiatives to ensure that information was shared promptly regarding young people with significant health concerns.
- A dedicated on-site head of service and management team had been put in post to provide daily oversight and support to the healthcare team.
- Wellbeing groupwork had recommenced, initially focussing on relaxation and mindfulness to support the mental health of the young people at the centre.

Our inspection team

A CQC health & justice inspector undertook a desk-based review of a range of information we held about the service, including action plans and associated documentary evidence of the provider's response to the Requirement Notice issued in January 2019. This

evidence included an action plan updated in July 2019, training, supervision and appraisal compliance registers, the staff duty rota for June 2019, the provider's risk register, and daily handover minutes.

We did not visit Rainsbrook Secure Training Centre on this occasion.

Background to Rainsbrook Secure Training Centre

Rainsbrook Secure Training Centre (STC) is one of three purpose-built centres in England designed to accommodate up to 76 male and female young people between the ages of 12 and 18 who are either serving a custodial sentence or are remanded to a secure facility. It is located in the village of Willoughby in Warwickshire, and is operated by MTC.

Northamptonshire Healthcare NHS Foundation Trust (NHFT) is commissioned by NHS England to provide primary and mental healthcare at the STC. NHFT is registered with CQC to provide the regulated activities of Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury at Rainsbrook STC.

We undertook on a joint inspection of Rainsbrook STC with Ofsted between October 8 and 11 2018. STCs are inspected annually. During the inspection, we determined if the registered provider, NHFT, was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008, and that young people at the centre were receiving safe care and treatment. This included following up on concerns previously identified in the Requirement Notice issued to NHFT in 2017. This report can be found at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAH9703.pdf

Are services effective?

Effective staffing

When we inspected Rainsbrook STC in October 2018, we found that most staff were not fully compliant with all mandatory training. Four out of seven clinical staff had below 90% compliance, and only one had achieved 100% compliance. Two out of seven clinical staff members did not have in-date immediate life support (ILS) training, and two out of seven did not have in-date fire safety training. This could put patients at risk, if staff were unable to respond appropriately to an emergency.

The healthcare team at Rainsbrook carried a large number of vacancies, including three out of five registered general nurse (RGN) posts. Management sickness and the absence of on-site administration staff had increased the nursing workload, which had led to the need to prioritise tasks. The Named Nurse system, which allocated each young person to a lead healthcare professional, was not functioning. This led to a lack of continuity and oversight, putting young people at risk of not receiving required assessment or treatment.

Essential daily tasks were being undertaken to support young people with long-term conditions and acute physical health needs, but additional projects to support young people's wellbeing had been suspended.

Staffing shortages in the physical healthcare team had impacted on the mental health and learning disability nurses, who were undertaking general nursing tasks and therefore unable to undertake groupwork to support young people with emotional issues such as anxiety or self-harm. The mental health team also carried a vacancy, as there was currently no occupational therapist in post.

NHFT had identified staffing gaps as a risk and was continuing with recruitment efforts.

During this desk based focussed review, we found that the provider had made a number of improvements to address the concerns identified at last inspection.

A team restructure had led to the introduction of a number of new healthcare posts, including an on-site head of service, healthcare manager and clinical pathways manager. All vacant RGN and registered mental health

nurse (RMN) posts had been filled through recruitment to permanent or regular bank positions, other than one Band 6 learning disabilities (LD) nurse role, which was being advertised. An additional Band 5 paediatric nurse was due to start in September 2019. Bank staff provision had been increased to ensure there were enough registered nurses on site each day. An on-site administrator had also joined the team.

Additional clinical sessional work had also commenced with a speech & language therapist, who was currently running four weekly sessions, to be increased to eight in September; two podiatry sessions a month, and physiotherapy when required by young people on site.

Restructuring of the team had delayed recruitment to the occupational therapist post, which was shortly to be advertised. The provider was also currently recruiting for an art therapist.

Mandatory training compliance among the healthcare team, including permanent and bank staff, was at 97%, with arrangements made for the outstanding training to be completed at the earliest opportunity. Training compliance was monitored centrally by the provider. There was also 100% compliance with appraisals and supervision.

The Named Nurse system had been revived, and systems to ensure access to Named Nurses and continuity of care had been improved. Each young person in the centre had scheduled appointments with their allocated healthcare professional at a frequency depending on need. A "Virtual Ward" system had been introduced, to monitor and manage young people with significant health concerns. This included discussion at the daily team handover, and at weekly care and allocation meetings with the centre's multi-disciplinary team and the GP, during which young people arriving at the centre were allocated to an appropriate healthcare professional.

Groupwork sessions had recommenced to support young people with relaxation and mindfulness, and plans were in place to run dedicated boys' and girls' groups in autumn 2019, focussed on self-esteem, mental health and wellbeing support. A healthy lifestyles group session was also running on a monthly basis.