HMP Wymott

Inspection report

Wymott Prison
Ulnes Walton Lane
Leyland
PR26 8LW
Tel: 01613581546
www.gmmh.nhs.uk

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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 effective?	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 Greater Manchester Mental Health NHS Foundation Trust (GMMH) at HMP Wymott between 18 and 21 December 2023. Our inspection was carried out by one CQC health and justice inspector supported by two health inspectors from His Majesty's Inspectorate of prisons (HMIP). The inspection was carried out at the same time as a comprehensive inspection of health and social care services delivered within the prison in partnership with HMIP.

Following our last comprehensive inspection in November 2022, we found that the quality of healthcare provided by GMMH at this location required improvement. We issued two Requirement Notices as a result of breaches under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The last inspection report can be found here:

HMP Wymott - Care Quality Commission (cqc.org.uk)

The purpose of this focused inspection was to determine if the healthcare services provided were meeting the legal requirements of the two Requirement notices that we issued in January 2023 and to find out if patients were receiving safe care and treatment.

At this inspection we found that the provider was now compliant with Regulation 17 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however were still in breach of Regulation 18. We identified new breaches under Regulation 16 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We do not currently rate services provided in prisons.

At this inspection we found:

- There were ongoing concerns regarding staff training and supervision.
- Low staffing levels were impacting the waiting times for patients to access psychological therapy.
- The recording of complaints had improved, however, we found new concerns with the complaints process including the timeliness of responses and lack of quality assurance.
- There had been some improvements to governance arrangements and the provider now had appropriate oversight of risks within the service.

We identified 2 breaches of regulations. The provider must:

- Establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity (Regulation 16 (2)).

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment (Regulation 18 (1)).

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties (Regulation 18 (2)).

Our inspection team

This inspection was carried out by a health and justice inspector.

Before this inspection we reviewed a range of information provided by GMMH including training and supervision data, meeting minutes, policies and procedures, complaints data and governance information.

Background to HMP Wymott

HMP Wymott is a Category C prison situated near Leyland, Lancashire. The prison accommodates approximately 1170 male prisoners and is operated by His Majesty's Prison and Probation Service (HMPPS).

NHS England commission GMMH to deliver healthcare services at HMP Wymott. GMMH are registered with CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

Inspected but not rated

Are services safe?

Staffing

At our last inspection we found that there were limited psychological interventions being delivered and those that were had long waiting times due to insufficient staffing levels. There were no therapies available to support patient wellbeing such as relaxation, and the provider had not been able to provide counselling services since 2020. At this inspection we found that:

- Staffing for psychological interventions remained a concern, and waiting times for patients to access talking therapies were up to 39 weeks.
- A psychological wellbeing practitioner and a health and wellbeing practitioner offered some low-level support for patients with low mood and anxiety, but there were no group sessions available.
- A part-time psychologist and assistant psychologist provided more intense psychological support for a small caseload of patients.
- Of the 4 staff in the psychology team, 3 were due to leave which would increase waiting times.

This meant that patients were unable to access the psychological therapy they required in a timely manner.

At this inspection, we found that there had not been an on-site head of healthcare for several months. Despite additional senior managers supporting the location, the absence of an on-site head of healthcare was impacting on the roles of clinical leads and creating additional pressure on the service.

Inspected but not rated

Are services effective?

Best practice in treatment and care

At our last inspection we found that not all areas of the service had a clinical audit schedule, which meant that opportunities to assess the quality of the service were missed. At this inspection we found that there was an appropriate clinical audit in place to ensure that audits were carried out on a regular basis across all areas of the service.

Skilled staff to deliver care

At our last inspection we found that not all staff had received sufficient training, had an up-to-date appraisal, or had received supervision in line with the provider's policy. We found that:

- 23% of staff did not have an up-to-date appraisal.
- Only 70% of staff had received supervision in line with trust policy.
- Only 38% of staff were up to date with basic life support training, and only 50% with intermediate life support.
- Only 60% of staff had received up to date Level 3 safeguarding children training.
- Staff from the integrated substance misuse and mental health team had not received specific training in relation to substance misuse.
- Healthcare assistants had not received formal training on the electronic patient record system.

At this inspection we found that some improvements had been made in relation to basic and intermediate life support training, however mandatory training compliance remained a concern with the overall compliance rate at 83%. We found that:

- Only 12% of staff did not have an up-to-date appraisal completed.
- Clinical and managerial supervision compliance was only marginally better than the last inspection and was now 70%.
- 83% of staff were now up to date with basic life support training.
- 67% of staff were up to date with intermediate life support training.
- Only 55% of staff had received up to date Safeguarding children level 3 training, which was lower than at our last inspection.

This meant that staff did not always receive sufficient training or supervision in their roles.

Inspected but not rated

Are services responsive to people's needs?

Learning from concerns and complaints

At our last inspection the provider was unable to share complaints and concerns data because staff had not followed the trust policy to record these. Only formal complaints made by patients had been recorded, which meant that the provider did not have an accurate record of concerns and complaints made.

At this inspection, we found that the recording of complaints had improved and was now satisfactory, however, the process for managing complaints and concerns was poor. We found that:

- Responses to patients' complaints were regularly outside the provider's policy timeframe to reply, and we found 2 which had taken over 4 months to respond to.
- Patients often submitted repeated complaints due to a lack of response.
- There was no quality assurance of the responses to patients' complaints, and we found 1 complaint which should have been investigated and responded to by another person as the complaint involved them.

This meant that patients' complaints were not responded to and investigated promptly.

Inspected but not rated

Are services well-led?

Governance (including processes for managing risks, issues and performance)

At our last inspection we were not assured that the provider had sufficient policies and procedures to support staff in their role, or that all memorandums of understanding (MOUs) were up to date. We found that:

- The mental health team did not have any procedures in place to support decision making regarding intoxicated patients or those failing to collect their medicines.
- The mental health and clinical substance misuse teams did not have a service operational policy.
- The MOU between the prison, trust and local authority for the delivery of social care was overdue for review.

At this inspection we found that:

- A process was now in place for staff working in the mental health team to make appropriate decision regarding intoxicated patients, or those who had failed to collect their medicines.
- An operational policy was in place for the integrated mental health and substance misuse team.
- There was an up-to-date MOU between Lancashire County Council, HMP Wymott and GMMH with good partnership working and regular multi-agency meetings to discuss social care provision. This included support for prisoners leaving the prison who required ongoing care.

At our last inspection, we were not assured that managers had appropriate oversight of risk because the service risk register did not reflect the current risks managers were aware of within the service. At this inspection, we found that there was an up-to-date risk register in place. Managers were able to access the risk register and they updated this on a regular basis to reflect concerns within the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The management of complaints was poor. Responses to patient complaints were regularly outside the provider's policy timeframe to reply, and we found 2 complaints which had taken over 4 months to respond to. Patients often submitted repeated complaints due to a lack of response, and there was no quality assurance process of the responses to patient complaints.

Regulated activity	Regulation
Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • Staff did not receive regular clinical and managerial supervision in line with trust policy. • The overall rate of compliance for all staff mandatory training was only 83%. In particular only 67% of staff had received up to date intermediate life support training, and only 55% of staff had received up to date safeguarding children level 3 training. • As a result of insufficient levels of staff to provide psychological interventions, waiting times for talking therapies were excessive at 39 weeks. This meant that patients could not access the therapy they required in a timely manner. • There had been no on-site head of healthcare for several months which impacted on clinical leads' abilities to fulfil their roles and maintain effective oversight of the department.