

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## HMP & YOI Ashfield

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Date of Inspections: 12 February 2013  
11 February 2013

Date of Publication: March  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Serco Limited
Registered Manager	Mrs. Samantha Huguetta James
Overview of the service	<p>Serco Limited is registered to provide the regulated activities; Treatment of disease, disorder or injury and diagnostic and screening procedures.</p> <p>The organisation provides a 24 hour healthcare service to the prison population at HMP &amp; YOI Ashfield.</p>
Type of service	Prison Healthcare Services
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013 and 12 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by other regulators or the Department of Health and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We carried out this inspection of Serco Limited - HMP & YOI Ashfield over a two day period. We coordinated our visit in order to work with H.M. Inspectorate of prisons (HMIP) who were carrying out their own inspection of the prison, including the healthcare provision.

Serco Limited provided registered general nurses, registered mental health nurses and a general practitioner. Other services such as dentistry, opticians, chiropodists and Child and Adolescent Mental Health Services (CAMHS) were provided by other providers. Services worked together to ensure that people were seen by the most appropriate professionals.

Throughout our inspection we noted that healthcare staff spoke with young people in a friendly and polite manner. One young person told us "The nurses are never rude and they respect your confidentiality." Another person said "They help and respect me."

Young people told us that it was easy to get an appointment to see a nurse or a doctor. One person said "It's really easy to get an appointment. I've always been seen quickly if I've needed it."

Young people we spoke with were very complimentary about the healthcare team. One person said "They are very supportive and very professional." Another person told us "They do their job well."

The provider had effective systems in place to monitor the service provided. There was an annual schedule of audits which monitored the quality of the service and highlighted where improvements were needed.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

The main healthcare centre in the prison had seven inpatient cells and a range of treatment rooms and facilities. There was also a treatment room in each of the two residential blocks. We saw that there was portable screening available in treatment rooms which were used around examination couches to protect people's privacy.

Everyone we asked said healthcare staff respected their privacy. One young person said "They are good about things like privacy and everything is confidential." Another young person said "You can always see a nurse or doctor in private, there are no escorts." This meant that young people could discuss their healthcare needs in private.

Throughout our inspection we noted that healthcare staff spoke with young people in a friendly and polite manner. One young person told us "The nurses are never rude and they respect your confidentiality." Another person said "They help and respect me."

Young people said they felt involved in decisions about their care and treatment. We looked at the care plans for the young people using the beds in the healthcare department. All care plans had been signed by the young person which demonstrated that their needs and treatment had been fully discussed with them. One person said "I have been fully involved in my care plan and my reviews."

To ensure people had adequate information, the healthcare centre had leaflets and information about services offered and about specific health conditions. There were also notice boards on residential wings to raise awareness of healthcare issues and services.

We were told that healthcare staff were able to use interpreters to assist people whose first language was not English. Nurses said that they had access to 'language line' which is a telephone interpreting service and were looking into other methods of translating information.

Nurses we spoke with said that they also provided information during young people's induction to the prison. This ensured that they were aware of the services offered and how

to make appointments.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

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**Reasons for our judgement**

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Nursing staff were available in the prison 24 hours a day. The general practitioner held three surgeries a week and was available for telephone advice outside of these times. This ensured that there were always healthcare professionals available to respond to incidents and emergency situations.

Emergency equipment such as defibrillators and oxygen were located in the healthcare department and in each residential block. This made them easily accessible in an emergency situation.

On the first day of the inspection HMIP held group sessions to gauge young people's views about all aspects of the prison. We sat in on one group which was attended by five young men. One person said "Healthcare is brilliant, they always treat you well." Other members of the group agreed with this comment.

Each person who came to the prison was seen by a member of the healthcare team and an initial health assessment was carried out. This ensured that any immediate needs were addressed. We noted that the initial healthcare assessment was thorough and all results were recorded on the prison's electronic recording system. Everyone we spoke with said they had seen a healthcare worker when they arrived at reception.

A second health screen was carried out the following day. From this assessment referrals were made to ensure that young people received the support and monitoring required to meet their individual needs.

The nurses ran regular clinics to ensure people's ongoing needs were addressed. These included an asthma clinic, a vaccination clinic and sexual health clinic. The nurses also ran a 'well man' clinic which all young people were invited to when they came to the prison and after they had been there for six months.

Nurses dispensed medication from each residential block three times a day. We observed one morning medication round and noted that young people were also able to ask for advice and make appointments at this time. We noted that one person requested to see a nurse and this appointment was made for later the same day.

Young people told us that it was easy to get an appointment to see a nurse or a doctor. One person said "It's really easy to get an appointment. I've always been seen quickly if I've needed it." In the survey carried out by HMIP last year 84% of respondents said that it was easy to see a nurse and 69% said that it was easy to see a doctor. This meant that young people's concerns and health needs were responded to promptly.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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Serco Limited provided registered general nurses, registered mental health nurses and a general practitioner. This enabled them to assess and treat people with general and mental health nursing needs. Other services such as dentistry, opticians, chiropodists and Child and Adolescent Mental Health Services (CAMHS) were provided by other providers. Services worked together to ensure that people were seen by the most appropriate professionals.

During the medication round we heard nurses responding to requests and agreeing to speak to other professionals about a person's care. One young person we spoke with said "I saw one of the nurses first and they arranged for me to see someone from CAMHS."

The healthcare service had ongoing contact and communication with prison staff to ensure young people received care to meet their needs. One member of the prison staff told us "We work well together and we can ask for advice and support at any time."

The healthcare team made referrals to other healthcare specialists according to each young person's individual needs. We were shown how the healthcare team worked with prison staff to ensure that people were able to attend appointments and receive emergency treatment outside the prison.

We were told that when people were transferred between prisons information about any illness or treatment plan was sent to the receiving prison. The healthcare service used a prison wide computer system for people's records which enabled all information to be accessed from any prison. This made sure that anyone moving to another prison was able to continue any treatment that had been started at Ashfield.

When someone was released from prison a letter was sent to the young person's new GP. These letters outlined people's current health needs and any ongoing treatment. This enabled any treatments to be continued when they left prison. The manager of the healthcare centre told us that if people did not have a named GP the letter was sent to the young person's youth offending team.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Young people we spoke with were very complimentary about the healthcare team. One person said "They are very supportive and very professional." Another person told us "They do their job well."

Nurses we spoke with demonstrated a good knowledge of the healthcare needs of the prison population. They were committed to providing a good standard of care. We were told that there was good communication between team members and staff felt supported by their colleagues.

All new staff undertook an induction programme relating to the healthcare department and training which related to working in the prison environment. We were told that new staff initially shadowed more experienced staff until they were deemed competent by the healthcare manager. This ensured all new staff had the basic skills and knowledge to safely support the young people using the service.

All staff completed mandatory training such as basic life support, manual handling, wound management and medicines management. Staff were also expected to complete a range of online training.

Trained nurses that we spoke with felt that there were limited opportunities to continue their professional development. They told us that there was a lack of support to undertake training that was not deemed as mandatory by the provider. The manager told us that some support was provided but this was not recorded. We saw records which demonstrated that mandatory training was up to date but no evidence of other courses attended.

We saw records which showed that staff received appraisals and there were opportunities to set goals and outline training needs at these appraisals.

The provider kept records of nurse's professional qualifications and we saw evidence that they were registered with the Nursing and Midwifery Council (NMC). This ensured that nurses met the requirements of their professional body and were safe to practice.

The provider may find it useful to note that staff told us that they did not receive regular clinical supervision. We spoke with the manager about this. They were aware that clinical supervision had not been held on a regular basis but were putting measures in place to address this.

The provider's policy on clinical supervision stated that clinical supervision would take place informally and a record of attendance would be given. It also stated there would be times when a more formal approach was required. There were no supervision contracts in place and no records of formal supervision taking place as outlined in the policy. This demonstrated that the policy was not being followed.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had effective systems in place to monitor the service provided. There was an annual schedule of audits which monitored the quality of the service and highlighted where improvements were needed. We saw copies of audits undertaken and progress reports on meeting shortfalls that had been identified. This demonstrated the service addressed issues that had been highlighted by audits.

To seek the views of the people who used the service there was an annual survey. We saw the analysed results of the survey undertaken in 2012 and noted a high level of satisfaction was expressed.

The healthcare centre also ran a healthcare forum which was attended by representatives from the residential blocks. This enabled young people to express their views and make suggestions about the running of the healthcare service.

All incidents were recorded to enable the provider to analyse where changes may be needed to improve practice or minimise risk.

We saw minutes of regular multi disciplinary clinical governance meeting. These minutes demonstrated that incidents and audits were discussed to identify where lessons could be learned to improve practice.

We were told by the manager that any lessons learned were incorporated into policies and procedures. New policies and procedures were highlighted to staff and each member of staff was expected to read and sign new policies. This ensured staff were aware of any changes to practice.

Staff meetings were held on a monthly basis to share information about the service. We saw that the structure of meetings had recently been changed to ensure that information was fully recorded and actions needed were itemised. The action section of the minutes showed who would be responsible for carrying out any actions which meant that everyone was clear about their responsibilities.

There was also a daily handover meeting at the beginning of each shift. There was a template to follow for handover meetings. This included the well being of the young people using the healthcare cells, checking emergency equipment to make sure it remained safe and recording any identified risks.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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