

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

Risley Prison - IDTS

Warrington Road, Risley, Warrington, WA3 6BP

Date of Inspection: 02 December 2013

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✓ Met this standard

Details about this location

Registered Provider	CRI (Crime Reduction Initiatives)
Registered Manager	Mrs. Joanne Townley
Overview of the service	<p>Risley Prison – Integrated Drugs Treatment Service (IDTS) was provided by CRI (Crime Reduction Initiatives) within HMP Risley. CRI (Crime Reduction Initiatives) is a health and social care charity that works with individuals, families and communities across England and Wales that are affected by drugs, alcohol and crime. They deliver services in the community and prisons. The service at HMP Risley provided support and treatment to prisoners with a history of substance misuse.</p>
Type of service	Prison Healthcare Services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Management of medicines	6
<hr/>	
About CQC Inspections	8
<hr/>	
How we define our judgements	9
<hr/>	
Glossary of terms we use in this report	11
<hr/>	
Contact us	13

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Risley Prison - IDTS had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection alongside Her Majesty's Inspectorate of Prisons (HMIP). The Care Quality Commission and HMIP routinely coordinate inspections of prisons and healthcare providers.

The integrated drugs treatment service (IDTS) at HMP Risley provided interventions to enable prisoners to recover from their drug or alcohol addiction and also provided a maintenance service to other prisoners. The IDTS aimed to enable prisoners to participate positively in their local communities upon release from prison.

Prisoners who used the service told us: "It's a very, very good service."

One prisoner said: "It's good. They give me my medication."

And another prisoner said of nursing staff and health assistants; "Staff are excellent".

We found since our last visit that the registered manager had put in place a number of measures to ensure the safe administration of medicines within the prison. This included an immediate medication audit, a review of medication records and all staff with responsibility for medication administration had updated their medication training.

Commissioners told us they were satisfied with the service which CRI provided within HMP Risley.

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

More information about the provider

Please see our website 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

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We visited Risley Prison – Integrated Drugs Treatment Service (IDTS) on the 15 and 16 July 2013 and made a compliance action as we were concerned people who used the service were not sufficiently protected against the risks associated with medicines because the registered provider did not have appropriate arrangements in place to manage medicines.

We asked the registered provider to send us an action plan detailing what action they would take to become compliant. They sent us an action plan on the 14 August 2013.

We undertook a follow up inspection visit to Risley Prison – Integrated Drugs Treatment Service (IDTS) on the 2 December 2013 to see what action the registered provider had taken to become compliant.

We found since our last visit that the registered manager had put in place a number of measures to ensure the safe administration of medicines. This included an immediate medication audit, a review of medication records to deal with the omissions observed on records in July 2013, a review of staff training and the introduction of weekly medication audits.

We saw that where signature omissions were found on weekly audits this was dealt with individual staff members. We saw that following an improvement in medication administration records audit checks were done fortnightly and thereafter on a monthly basis.

Staff we spoke with said that they had attended team meetings to discuss safe medication administration procedures and they had updated their training in the administration and handling of controlled drugs. We saw evidence that nurses and health assistants had completed training and observational assessments of their competency to dispense and administer medication.

We spoke with a clinical lead from Crime Reduction Initiatives who told us that a monthly clinical governance meeting had been introduced and all nursing staff attended. The meeting was used to facilitate the clinical supervision of nurses' and provided an opportunity for peer support.

We saw staff responsible for administering medication observe all prisoners take their medication as in line with CRI's policy on supervised consumption. We saw that when a prisoner wasn't on the wing their medication was returned to a controlled drugs cabinet and arrangements were made for the prisoner to receive this later. This meant that arrangements were in place and were adhered to and this ensured that prisoners received their medication in a safe way.

We looked at medication administration records and saw that staff were now completing records appropriately. We found that records were completed in full and there were no gaps. This meant that a clear audit trail of medication administered to prisoners was available.

We saw that since our last inspection the registered provider had purchased a lockable bag which was clean and of a sufficient size to store all medication being transported across the site in a safe way.

We were told of a medication incident that had occurred at the service since our last inspection. The incident was identified during the dispensing of medication and was reported to the registered manager. We found that the registered provider took appropriate action to protect the prisoner concerned and took action to prevent such an incident occurring again. At the time of our inspection an investigation of the incident remained on-going.

We spoke with commissioners for the service. They told us that they met quarterly with the registered manager for the service. They told us they were satisfied with the service that was provided at HMP Risley and that the service had successfully put a number of prisoners through detox during their time in the prison. They said: "They (CRI) have done very well at HMP Risley. They provide a good service."

We spoke with a representative from NHS England who told us that CRI provided a good service within HMP Risley and one that moved in line with the government's recovery agenda for substance misuse.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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