# Bristol Community Health CIC
## HMP Eastwood Park

<table>
<thead>
<tr>
<th>Region:</th>
<th>South West</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location address:</strong></td>
<td>Falfield</td>
</tr>
<tr>
<td></td>
<td>Wotton-under-Edge</td>
</tr>
<tr>
<td></td>
<td>Gloucestershire</td>
</tr>
<tr>
<td></td>
<td>GL12 8DB</td>
</tr>
<tr>
<td><strong>Type of service:</strong></td>
<td>Prison Healthcare Services</td>
</tr>
<tr>
<td><strong>Date of Publication:</strong></td>
<td>September 2012</td>
</tr>
<tr>
<td><strong>Overview of the service:</strong></td>
<td>Bristol Community Health CIC provides nursing services for primary health care at H. M. Prison Eastwood Park.</td>
</tr>
</tbody>
</table>
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

HMP Eastwood Park was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 August 2012, checked the provider’s records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

H. M. Prison Eastwood Park is a local and remand prison and Young Offenders Institute that can accommodate up to 363 people. It accommodates adult females and young women from 18 to 21 years. The site also includes the Mary Carpenter Unit that accommodates up to 16 young women under the age of 18 years.

Bristol Community Health CIC (BCH) provided nursing services for primary care at H. M Prison Eastwood Park. We carried an inspection of BCH in co-ordination with the H.M Inspectorate of Prisons. It took place over a period of two days, 13 and 14 August 2012.

The H.M. Inspectorate of Prisons only inspected the Mary Carpenter Unit. We however took the opportunity to inspect the service provided by BCH for the whole prison population.

Nursing staff employed by BCH worked in partnership with a range of other health care professionals and organisations to provide comprehensive healthcare to people at H.M Prison Eastwood Park.

The other healthcare professionals and organisations included GPs from a local practice, a dental service, and NHS Trusts providing, ante and post natal care, podiatry, optometry, mental health services and drug treatment services for adults and young people.

As a remand prison the majority of the people at H. M. Prison Eastwood Park were accommodated for 28 days or less. The time for identifying health needs and treating the health conditions of some people can therefore be limited and may be interrupted or
We spoke with 18 people in the main prison and two of the six people who were accommodated in the Mary Carpenter Unit at the time of our inspection. It was apparent that most were unaware there were a range of different healthcare organisations involved in meeting their needs.

People we spoke with generally expressed positive views about the healthcare they received. Many told us that the healthcare service they received at Eastwood Park was better than the service they received in the community. One person said, "It's been really good. I have had a full service from top to bottom. I now have a full set of teeth and had a smear test for cervical cancer".

People told us they were given health checks on admission to the prison. They said they were given information about the prison healthcare centre called "Pathways". They told us that clinics were available to help them manage a range of health problems such as diabetes, asthma, smoking cessation and blood borne viruses. One person said, "I am going to try something to help me stop smoking".

People told us that they received advice from healthcare staff and were involved in planning any treatment they received. They said that healthcare staff treated them with respect. They told us they knew how to complain about healthcare services if they were dissatisfied.

People told us that the health care staff were polite and either called them by their first names or "Miss" followed by their surnames. They said they felt safe in the Pathways Healthcare Centre. Young people said they were always escorted to the health care centre and were kept separated from older people and consequently did not feel intimidated or threatened.

What we found about the standards we reviewed and how well HMP Eastwood Park was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard

People were provided with information about the services available to them. Their dignity, rights and independence were respected and upheld as far as was reasonably possible. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.
Outcome 06: People should get safe and coordinated care when they move between different services

The provider was meeting this standard.

People's health, safety and welfare were 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.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people and to check and monitor the quality of the service people received.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People we spoke with told us that healthcare staff were polite and treated them with respect. They told us that they were usually called by their first names or called "Miss" followed by their surnames. They said that healthcare staff explained treatment to them if it was needed and involved them in the planning of their treatment. One person told us they had been fully involved in agreeing their care plan for managing their diabetes and looked after their own medication.

Everyone we spoke with told us that when they were admitted to Eastwood Park they had been given a pack with information leaflets about the prison healthcare centre known as "Pathways". They said they were also given leaflets about some specific health conditions and the complaints procedure to follow if they were dissatisfied about the healthcare services.

Two people we spoke with recalled completing questionnaires asking for their views about the quality of the healthcare services.

Other evidence
Staff working for Bristol Community Health (BCH) we spoke with were enthusiastic about their work. One person told us they were proud of the quality of the service that
was provided. They said that people had "fantastic access to all aspects of healthcare". They also said that the healthcare staff understood the needs of people who could challenge services including those who were often reluctant to or avoided using healthcare services.

BCH staff told us that they provided the same healthcare service that people would have a right to access and receive in the community. One staff member said, "I am not here to punish people but to make sure they get the best care they can".

Another said, "The registered nurses are trained to use glue or sutures to treat injuries as many people self harm and cut themselves. It is much better for them to deal with those injuries here rather than they have the indignity of sitting in the local casualty department chained to a prison officer".

We observed a "drop-in" clinic. We also spent some time in Pathways Healthcare Centre in close proximity to various clinics as they were operating. We saw that at all times healthcare were polite and respectful to people.

One member of staff told us that the healthcare centre had recently been refurbished. They said that although it was much brighter, attractive and better equipped that conversation could be overheard and consequentially people's confidentiality could be compromised. They said that BCH was aware of this and was taking steps to address the problem.

This all showed that staff were aware of and promoted people's dignity and privacy.

We looked at documents and records. They showed that subject to an assessment of risk some people could look after their own medication. This meant that as far as was reasonably possible people's independence was maintained.

Healthcare staff told us there was a telephone interpretation service available. They said this helped people who were unable to speak or understand English.

We saw that there was a lot of health promotion material around the prison on notice boards. We noted that symbols and pictures were used to help convey the information.

We looked at staff training records and we noted that most healthcare staff had attended training about equality and diversity.

This all showed that BCH was committed to upholding people's rights.

We saw that as part of the H.M Inspectorate of Prisons inspection process people were asked to complete questionnaires and take part in discussion groups. People were asked for their views about healthcare services. This showed that people had opportunities to influence the service they received

**Our judgement**

The provider was meeting this standard

People were provided with information about the services available to them. Their dignity, rights and independence were respected and upheld as far as was reasonably
possible. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.
Outcome 04:  
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Most of the people we spoke with told us the healthcare services they received were better than services they received in the community. People said that they were given an initial health screening on admission to the prison and that this was followed within two days by an appointment for a more thorough health assessment.

Most people we spoke with said they were able to make appointments to see a triage nurse or doctor without difficulty. They also told us that if they needed to see someone urgently this could be arranged quickly.

Many people told us that they were given support by staff to meet their specific needs such as diabetes, managing wounds, managing blood pressure, help for hay fever and acne.

One person we spoke with told us that healthcare staff recently had changed a dressing on an ulcer they had. She said, "They are really good they changed the dressing twice for me and cleaned it, took a swab and ordered the correct bandage. I can't fault them they are brilliant. The person who dressed it today was really gentle".

Other evidence
As a local and remand prison the turnover of people accommodated at H. M. Prison Eastwood Park was considerable. Some 40 per cent of the people were accommodated for 28 days or less. This is meant that the time for identifying health needs and proving treatment was limited and was sometimes interrupted or discontinued.
We met with some people in the reception area of the prison when they were first admitted. They told us that they were asked about their general health, were measured, weighed and required to provide a urine sample for testing. We saw that facilities were in place for giving people an initial health screening. We noted that there was basic information available in the reception area in a number different languages about the health screening process.

We met with people in the prison healthcare centre who were attending a more comprehensive health assessment that took place no later than 48 hours following their admission. A senior nurse described this as an "MoT". We saw that people were given an information pack that included leaflets with advice about health issues such as "Hepatitis B" and "Breast Awareness".

A senior nurse told us that if there was evidence from the initial screening that a person was misusing substances they were admitted to a specific unit where their health would be closely monitored for a period of three days.

This showed that there were systems in place for identifying the immediate health needs of people when they first arrived at the prison and for managing potential emergencies.

A senior nurse told us that people were offered vaccinations at their health assessment for blood borne viruses and tests for chlamydia and meningitis. They told us this was because many people did not know their own histories of inoculations.

We saw that a variety of clinics were available for people to attend where people could have tests and checks and be given advice about the management of their specific needs. These included asthma, diabetes, sexual health and smoking cessation. A senior nurse also told us that for adults accommodated at the prison there was a clinic for people over 55 years. They said issues covered included mobility, bereavement and screening for dementia.

We saw health promotion information on notice boards throughout the prison. We were told about a health promotion "fayre" held in June 2012 at the prison that was attended by 232 people. It had stands about different areas of health including smoking cessation, contraception, pregnancy, substance misuse, mental health, chlamydia. People were given health promotion items including toothbrushes, stress balls and cereal bars.

We observed the a "drop-in" clinic and we saw that the person running it dealt with simple health problems such as putting on dressings. They also made appointments for people to see other health care professionals such as a triage nurse, mental health staff, dentist or G.P.

We looked at records for individuals and saw examples of plans that were in place for treating some people who had diabetes and also for some people who had ulcers.

This all showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We saw that medical emergency grab bags were available at locations throughout the...
prison. They contained equipment and medication for dealing with common medical emergencies. The equipment included dressings, automatic external defibrillator (AED), and oxygen. It also included medication for treating among other things allergic reactions (anaphylaxis). We observed a team of healthcare staff who responded to a request for emergency help from prison staff. They attended to and provided treatment for a person who had collapsed and they took the emergency equipment with them.

This showed there were arrangements in place to deal with foreseeable emergencies.

The provider may find it useful to note that the emergency grab bag that we looked at contained a medication that had exceeded its expiry date. This was the end of July 2012. This was despite the bag including a checklist of contents that should have been signed everyday to indicate that everything was in order.

**Our judgement**
The provider was meeting this standard.

People experienced care, treatment and support that met their needs.
Outcome 06: Cooperating with other providers

What the outcome says
This is what people who use services should expect.

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement
The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
Some people we spoke with told us that they had mental health workers providing them with support and help with depression and anxiety. Some people told us they had drug treatment staff helping them manage problems with substance abuse. Other people told us they had received dental treatment or treatment in local hospitals while they were at Eastwood Park, including day surgery and treatment to manage diabetes.

Other evidence
The evidence below shows that Bristol Community Health (BCH) worked in cooperation with other healthcare providers.

We saw records that showed that staff from BCH liaised with providers in the community. They had obtained information about healthcare people had received in the community before their admission to the prison. For example we saw that one person had received treatment for an ulcerated leg. BCH staff obtained information from the person's GP about the type of dressing and compression bandage that had been used. This enabled them to provide the correct treatment while the person was in their care.

Prison staff spoke highly of the work of the healthcare staff and particularly how they responded when they called them to help manage medical emergencies.

We saw minutes of meetings that showed that multi-disciplinary meetings occurred between the different health providers in the prison to discuss "complex cases". We also saw minutes from a Provider Governance Forum and Partnership Board meetings.
attended by the different providers. These showed that joint working was actively promoted in the prison.

We observed a training and information sharing session attended by healthcare staff provided by a dentist who worked in the prison. We saw that a dental triage pathway was discussed as well as ideas about how communication could be improved between the respective services.

A senior nurse told us that not only BCH staff but any member of staff at the prison who had concerns could refer a person to the mental health team working at the prison. They also told us that with people's consent when they were discharged from the prison they contacted their GPs in the community with relevant information about their healthcare needs. They said that it was not always possible to do that because some people would not consent and some had "no fixed abode".

We saw that as part of the discharge process from the prison people were given a leaflet produced by BCH and the GP service that worked at the prison. It was called "Staying Healthy – Moving On". It contained information about NHS Direct, Walk-in-centres and various health promotion and related organisations, such as the Samaritans, Shelter and Alcoholics Anonymous. It also described what happened about prescribed medication and results about test results that had not been received.

**Our judgement**
The provider was meeting this standard.

People's health, safety and welfare were 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
Outcome 07:
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People we spoke with all told us that they felt safe when they visited the healthcare centre. They said that staff always supervised the waiting area. One person said, "It is good that staff are there because when some people are detoxing they can get a bit leery".

Young people accommodated at the Mary Carpenter Unit told us they were escorted to the healthcare centre and separated from older people. They said they did not feel intimidated.

Other evidence
We saw that the people were supervised in the healthcare waiting area by prison officers.

A senior nurse told us that young people from the Mary carpenter Unit had a "protected time slot" in the healthcare centre when other people were not present.

Documents that we looked at showed that Bristol Community Health had policies and procedures about children and adults safeguarding. We also looked at staff training records and that showed most healthcare staff had received training about child protection, adult safeguarding and the Mental Capacity Act 2005.

Our judgement
The provider was meeting this standard.
People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.
Outcome 14: Supporting workers

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People we spoke with not only expressed positive views about the healthcare service they received but also about the healthcare staff. They told us they thought the staff were professional, efficient, knowledgeable and competent.

Other evidence
We looked at records of training that staff working for Bristol Community Health (BCH) had received. They showed that staff received regular training in subjects about health and safety, such as basic life support, patient handling, infection control and fire safety. They also showed they received training about other subjects considered essential such as equality and diversity, safeguarding children and adults and the Mental Capacity Act 2005. We saw that some staff had attended training about the specific needs of people such as brief alcohol interventions, self harm awareness, diabetes, suturing and wound management.

We noted that there was a senior nurse with lead responsibility for staff development and growth. We noted that a staff training needs analysis had been completed. We also saw that a plan had subsequently been put into place to arrange training in subjects such as venapuncture, wound management and tissue viability and long term conditions such as diabetes, epilepsy and cardiovascular problems.

A senior nurse told us that education sessions were provided one a month at lunch time by the GP service and they were attended by healthcare staff. We observed a lunch time training session provided by the dentist who worked at the prison that was attended by BCH staff.
This all showed that staff were able, from time to time, to increase their knowledge and obtain further relevant qualifications.

We spoke with seven healthcare staff. They were all enthusiastic about their roles and their work at H.M. Prison Eastwood Park. They told us they felt they received support from their colleagues and managers. They said that they met regularly with their line managers to discuss their work and there were opportunities to attend training for their personal and professional development. They all said they had annual appraisals at which they discussed their performance and professional development needs.

We saw records that showed people received annual appraisals but there was no documentation to show that staff met regularly with their line managers for either formal managerial or clinical supervision.

We saw evidence that BCH was committed to a formal staff supervision structure to ensure individuals received appropriate support to enable them to carry out their roles. We noted that a new policy about supervision had been put in place. The policy defined the two types of supervision i.e. managerial and clinical and how it would be provided and recorded. It also set out the frequency with which supervision should occur.

This showed that staff received appropriate professional development.

**Our judgement**
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.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Some of the people we spoke with told us that they had been asked to complete satisfaction questionnaires about the healthcare they received.

Other evidence
We saw that a health needs analysis was being carried out in order to identify where and how the service provided by Bristol Community Health (BCH) could be improved.

Documents that we looked at included audits that had been carried out about a number of health issues and procedures. They included, screening for Hepatitis C, Alcohol screening, and the management of drop-in clinics. We noted that they included action plans and proposals based on the outcomes of the audits that would result in improved services.

We also looked at incident and risk reports. They also showed that learning from the information obtained took place and wherever possible appropriate changes were implemented.

Our judgement
The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people and to check and monitor the quality of the service people received.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Citygate</td>
</tr>
<tr>
<td></td>
<td>Gallowgate</td>
</tr>
<tr>
<td></td>
<td>Newcastle upon Tyne</td>
</tr>
<tr>
<td></td>
<td>NE1 4PA</td>
</tr>
</tbody>
</table>