

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

HMP Gartree

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7RP

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Date of Inspections: 18 March 2014
17 March 2014

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2014

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

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

Details about this location

Registered Provider	Leicestershire Partnership NHS Trust
Overview of the service	HMP Gartree is a male category B prison for prisoners with a life sentence or indeterminate sentence. Leicestershire Partnership NHS Trust provides a range of physical healthcare services at HMP Gartree such as a dentist, GP and various screening clinics. The trust also provides primary mental health services at HMP Gartree.
Type of service	Prison Healthcare Services
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This inspection was part of a themed inspection programme specifically looking at offender healthcare as part of a shared schedule of inspections of registered offender healthcare services alongside a partner inspectorate.

This was an announced 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 17 March 2014 and 18 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, 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 in partnership with Her Majesty's Inspectorate of Prisons. We spoke with eight people who had used the service and asked if they felt that staff had treated them with dignity and respect. One person said, "Yes the staff have all been great." Another person told us, "I've had no issues, they are perfectly polite."

There was a wide range of different services available within the healthcare centre. For example people had access to a GP, dentist and various nurse led services. We saw that staff had access to emergency equipment and medication should there be a medical emergency in the healthcare centre or the prison accommodation. Arrangements were in place if a person's care and treatment needed to be transferred to another provider.

We looked at the training matrix that was provided to us by the manager. This confirmed that all staff were up to date with the core mandatory training provided by the trust. Staff told us they felt supported by their manager and that they received informal supervision, although this was not being recorded.

There was a forum available for elected representatives from within the prison to raise issues with the healthcare manager. The staff we spoke with told us they felt that the healthcare service was well led and that improvements were being made.

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

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

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected.

Reasons for our judgement

We spoke with eight people who had used the service and asked if they felt that staff had treated them with dignity and respect. One person said, "Yes the staff have all been great." Another person told us, "I've had no issues, they are perfectly polite."

People who use the service understood the care and treatment choices available to them. We observed some appointments and the way in which staff interacted with people using the service, with people's consent. We saw that staff were polite and respectful and took the time to explain any treatment and advice they were offering. Staff gave each person the time to fully answer any questions posed to them. This meant that people were treated with dignity and respect.

We saw that staff were able to alter their approach depending on the person they were seeing. For example one person's first language wasn't English and they were not able to fully understand all of the information they were given. The staff member presented an appropriate picture on their computer screen which helped the person to understand their possible diagnosis.

Information could be provided in alternative formats and languages when required. For example staff could print off leaflets in alternative languages if somebody requested this. Staff also had access to a language interpretation service if a person could not understand English. This meant that people were given appropriate information about their treatment and choices available to them.

We observed that staff asked for permission before carrying out any treatment. We also saw that the person's involvement in making decisions was being recorded on SystmOne. SystmOne is the electronic patient record system used across the NHS.

People were given information about the healthcare service on arrival at the prison. This was in the form of an information booklet. People's needs were assessed when they arrived at the prison and any urgent needs were catered for at this point. People were also

offered advice on how to book an appointment with the healthcare service. The treatment and consultation rooms were all on the ground floor of the healthcare building which meant that access was easier for people with mobility difficulties.

Health promotion literature was available in the waiting area of the healthcare building. The provider may find it useful to note that we did not see any health promotion literature or information promoting the healthcare service in the prison accommodation.

We spoke with four members of staff who were clearly able to explain how they involved people in making decisions about their treatment. The staff we spoke with did not raise any concerns about the way in which people using the service were treated. Staff felt that people in the prison had access to an equivalent service to that provided in the community.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with eight people who had used the service and asked if they were satisfied with their care and treatment. One person said, "I have been very happy with healthcare so far." Another person told us, "I think the healthcare service here is excellent." People told us that they felt that waiting times for the different clinics were reasonable.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed the treatment and advice that was offered to people in different clinics during our inspection, with people's consent. We saw that staff took the time to establish any symptoms before offering treatment or advice. Where a person was attending an appointment as part of a longer term treatment plan, it was apparent that the staff member knew the person's needs well.

There was a wide range of different services available within the healthcare centre. For example people had access to a GP, dentist and various nurse led services. There was access to screening for various diseases as well as health promotion such as smoking cessation and sexual health advice. People also had access to a dentist and hygienist. Patients were triaged by the dental nurse to ensure that priority was given to those in urgent need of treatment. The waiting times for each clinic were generally in line with those experienced in the wider community; in some cases waiting times were better.

We saw that staff had access to emergency equipment and medication should there be a medical emergency in the healthcare centre or the prison accommodation. This was checked on a regular basis. Staff also had access to defibrillators at various sites around the prison. A defibrillator can provide a shock to the heart if a person suffers a cardiac arrest, which can improve their chances of recovery. The provider may find it useful to note that the defibrillator wasn't being checked as regularly as recommended.

There was a system in place for healthcare staff to respond to medical emergencies within the prison accommodation. We saw that this system worked during our inspection as a member of nursing staff responded in a timely manner to an emergency call.

We looked at a sample of clinical records kept by staff on SystmOne, the electronic patient

record system used across the NHS. We saw that staff were making clear and concise notes to indicate the treatment and advice that they had provided. Where a care plan was required to manage a longer term condition these had been put into place for the patient records that we sampled. These provided staff with basic information about the steps they needed to take to manage a person's condition.

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

Our judgement

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.

Reasons for our judgement

We spoke with eight people who had used the service and asked if they were satisfied with the way their care and treatment was handled when it involved different providers. One person told us that they had attended several external appointments and were satisfied with how they had been arranged. Another person said, "I had to go to the hospital a while ago, the healthcare staff sorted it all out for me."

We saw that an appropriate procedure was in place to arrange for external hospital appointments. The healthcare staff would book the appointment and make arrangements with the prison security department for an escort to take the person to their appointment. There was an emergency protocol in place with the prison to allow an ambulance into the prison grounds in case of an emergency. This meant that people could be assured that arrangements were in place for the continuation of their treatment where it could not be provided within the prison.

Discharge arrangements could be made when a person was transferred from the prison to another establishment. We saw that healthcare staff would contact the receiving prison or hospital to ensure a handover of relevant information about the person's health. Where the receiving provider also used SystemOne the person's medical notes would be seamlessly available. Staff also ensured that people had a sufficient supply of any medication they required upon leaving the prison.

The staff we spoke with told us that they enjoyed good working relationships with other providers operating in the prison. Staff said that if they had any concerns about the mental health of a person, they would speak with the mental health service provider about that. Staff also told us that they had a good working relationship with prison officers and would take on board any concerns that the prison staff raised about a person's health. During our inspection we observed a positive working relationship between the different providers in the healthcare building.

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

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.

Reasons for our judgement

We spoke with eight people who had used the service and asked if they felt the staff were competent. The people we spoke with did not raise any concerns about the competence of staff. One person said, "The dentist is really good. I have had some treatment and check-ups with them and it was great."

We looked at the training matrix that was provided to us by the manager. This confirmed that all staff were up to date with the core mandatory training provided by the trust. Staff were receiving training in areas such as infection control and intermediate life support. There was a small amount of training which had become out of date; however plans were in place to address these gaps.

The manager told us that staff received informal supervision and could ask to see them at any time. The staff we spoke with confirmed that they were able to speak with their line manager at any time and felt fully supported. The provider may find it useful to note that supervision meetings were not being recorded therefore we were not able to evidence the content of supervision discussions. This meant we could not be fully assured that all staff were appropriately supported through the supervision process.

There was a comprehensive induction available for new members of staff. This included taking some of the trust's mandatory training as well as an introduction to working in the trust and within a secure environment. We were told that the induction was a two week programme; however this could be extended until the staff member felt ready to commence full duties.

Each member of staff received an annual appraisal where their performance and development were considered. This process was also used to set targets for the year ahead. This meant that there was a system in place to review each staff member's competency and also for them to request the support they may need.

The staff we spoke with told us that they felt they received the support and training they required to carry out their role effectively, which included being able to take further qualifications from time to time. This meant that the clinical staff were able to develop

specialisms and offer additional services, for example a long term conditions clinic.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with eight people who had used the service and asked if they were aware of different ways in which they could provide feedback about the service. We were told that there was a prisoner council which included discussion about the healthcare service. This meant that people were aware of how they could provide feedback about the healthcare service. The provider carried out a satisfaction survey and this was due to be carried again shortly after our inspection. This took account of people's views of various aspects of the healthcare service.

There was a system in place to record any incidents that had happened involving healthcare staff. The manager told us that such incidents happened infrequently and so it had not been possible to carry out an analysis of trends and patterns of incidents that had occurred.

There was a programme of audits which had just begun to be used shortly before our inspection. An audit of the standard of record keeping by staff had been carried out which had noted some areas for improvement. An action plan had been put into place following this audit and we noted improvements in the standard of record keeping during our inspection.

The trust had carried out its own internal inspection of the healthcare service provided at HMP Gartree shortly before our inspection. This had been implemented by the trust following recent Care Quality Commission inspection at other locations. This had identified areas where improvements could be made and an action plan was put into place. We saw that many of the actions had been implemented or were in the process of being implemented during our inspection. This meant that this quality assurance tool was used effectively at this location.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was a forum available for elected representatives from within the prison to raise issues with the healthcare manager. We saw that this feedback was taken on board with a view to improving the service

provided where possible. The provider may find it useful to note that feedback from these meetings was not available within the prison accommodation.

The healthcare manager attended regular meetings with the prison management team which considered the performance of the healthcare service. The healthcare manager also attended meetings with the commissioner of their service where the trust's performance against their targets was discussed. Partnership meetings were also being attended where managers of other healthcare services within prisons met to share knowledge and information. This meant that the healthcare manager was accountable for the quality of the service provided and was open to taking on suggestions from others.

The staff we spoke with told us they felt that the healthcare service was well led and that improvements were being made. Staff felt that they had some input into the quality monitoring process because they could speak to the healthcare manager at any time. Staff felt that they were listened to and any feedback they provided was taken seriously. The staff we spoke with were aware of recent Care Quality Commission inspections at other locations within the trust. Staff were keen to take on board the learning points from those inspections to improve the quality of the service they provided at HMP Gartree.

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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