

Inspection Report

3 October -17 October 2022



South Eastern Health and Social Care Trust

HM Prison Healthcare
Maghaberry Prison
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Responsible Individual: Ms Roisin Coulter Chief Executive
Person in charge at the time of inspection: Stephen McGarrigle, Interim Assistant Director	Categories of care: Healthcare in Prison
Brief description of the accommodation/how the service operates: The South Eastern Health and Social Care Trust (the Trust) assumed responsibility for the provision of primary and mental health care and substance use services within the four Northern Ireland Prisons on 1 April 2008. These services include access to a wide, multi-disciplinary team which include GP, pharmacy, radiology, and dentistry services.	

2.0 Inspection summary

An unannounced inspection of Maghaberry Prison commenced on 3 October 2022 and concluded on 17 October 2022 with feedback to the Trust. The inspection was completed by RQIA, the Criminal Justice Inspection Northern Ireland (CJINI), His Majesty's Inspectorate of Prisons in England and Wales (HMIP) and the Education and Training Inspectorate (ETI).

RQIA assessed the Trust against the *HMIP Expectations 2021, "Criteria for assessing the treatment of and conditions for men in prisons"*. Specifically, for the purpose of this joint inspection, RQIA assessed healthcare against the relevant criteria as set out in one of the five *Healthy Prison Tests, Section 3 "Respect"*. The findings from RQIA's assessment against these criteria is detailed within the combined CJI/[HMIP report on Maghaberry prison](#).

In addition, and in accordance with its role in monitoring the Trust's adherence to the Duty of Quality set out in Articles 34 and 35 of *The Health and Personal Social Services, (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)*, RQIA also assessed health care services provided by the Trust, against the *Department of Health (DoH) Quality Standards 2006*.

RQIA, within the scope of this inspection, reviewed progress toward some of the recommendations made in the RQIA's *Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons (October 2021)*.

This inspection followed the usual principles governing how RQIA undertakes inspections for HSC services as detailed in Part IV of the 2003 Order.

All aspects of healthcare delivery were inspected during this inspection. RQIA's inspection team comprised care and pharmacy inspectors, and RQIA's clinical lead.

This inspection focussed on six key themes; Mental Health; Primary Care and In-patient Services; Promoting Health and Well-being; Medicines Management and Pharmacy Services; and Governance and Leadership. Substance Misuse Treatment was inspected by an inspector from HMIP team.

Overall the outcomes as measured against the *DoH Quality Standards, 2016*, showed an improving picture, however areas for improvement were also identified. The Trust has many strengths which includes a resilient team of confident healthcare staff who demonstrated good leadership qualities. There was good collaborative working amongst the multi-disciplinary team (MDT) and operational prison staff. Quality improvement initiatives included the development of peer mentors to support new prisoners, a freephone telephone number to allow patients to self-refer for GP and health care appointments, and the development of a pictorial menu for those for whom English was not their first language.

The Trust governance oversight of prison health care service was becoming more effective in driving improvement. Prison health care leadership and teams were innovative and motivated. However, waiting times for primary care services were too long and the number of patients who did not attend their primary health and external health care appointments was too high. Health promotion and public health care screening was managed well.

Urgent mental health referrals were addressed; however, a number of patients were waiting too long for a routine mental health assessment in prison. A small number of patients continued to experience lengthy waiting times for a mental health inpatient bed. While access to psychology had improved, the service remains under resourced and is not meeting the needs of patients who require psychologically informed treatments. The needs of patients with a diagnosed personality disorder were not being adequately met.

Illicit drug use was a key finding of concern noted in the CJI/HMIP report. Substance misuse therapy was severely under resourced and the number of patients who could receive treatment was capped. This is concerning and places patients at risk of harm. The access to treatment must be reviewed to ensure the best practice is followed.

Medicines were administered to patients in a secure and respectful manner. However, the process of administering medicines in advance of a prescription following committal should be reviewed. The Trust must ensure that robust processes are in place for treatment room checks and the policy for disposal of Schedule 3 and 4 controlled drugs is followed.

The management of potential and actual Adult Safeguarding (ASG) was a key finding of concern due to NIPS and SHSCT working to their own procedures and the lack of clarity about which organisation has overall responsibility for the management of adult safeguarding. This will be taken forward by RQIA and CJINI and meetings will be arranged to discuss how this is taken forward. The Trust staff were knowledgeable on the application of the ASG regional policy and Trust procedures. ASG is managed by NIPS, following referral by Trust staff.

Seven areas for improvement (AFI's) included in the quality improvement plan (QIP) from the most recent inspection on 9 -19 April 2018 were reviewed. Five were met and two were not met. Those that were not met, have been stated for a second time in the QIP resulting from this inspection.

Eight new AFI's in relation to care planning, management of patients medical appointments, access to social care in prison, medicines management, and location of medical equipment were identified during this inspection.

The findings and areas for improvement (AFI) from this inspection are detailed in this report and are relevant only to the Trust. These findings were shared with the Trust on 17 October 2022.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with patients, relatives, staff and management and observe practices throughout the inspection.

This information is considered and triangulated before a determination is made on whether the service is operating in accordance with the relevant legislation and quality standards. Our reports reflect how services were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the Trust to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

4.0 What people told us about the service

Patients' comments overall were positive in relation to the care and treatment provided. Patients told us that most staff were friendly and approachable, demonstrated good knowledge of the care they required and an understanding of their individual needs.

Patients told us they knew how to make a complaint regarding care and treatment and some had used the process. Patients indicated they were not always satisfied with the outcome, particularly in relation to difficulties with accessing a GP appointment and changes to their medicines.

Overall staff feedback was very positive. Staff demonstrated good knowledge of the patients in their care and an understanding of their individual needs. Staff said there was good morale within their teams and felt that they were well supported by their manager and had good access to mandatory training, supervisions and annual appraisals.

Staff told us they felt that the relationship between healthcare and operational prison staff was excellent with a shared appreciation of each other's roles. Staff highlighted there was good collaborative working to support the needs of the patients through case reviews, Supporting People at Risk evolution (SPAR Evo) and the Prisoner Safety and Support Team (PSST).

RQIA observed consistency across the whole healthcare team and good working relationships between the mental health and primary health care teams. Both teams worked together to promote a holistic approach to care. The appointment of the team leads in primary health care and mental health has been a positive addition to the overall healthcare service. Leaders were visionary and proactive in their roles and the enhanced leadership has been beneficial to staff and those receiving a healthcare service.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

During the previous inspection from 9 to 19 April 2018, healthcare was incorporated into the report of the unannounced inspection published by the Criminal Justice Inspection Northern Ireland.

<https://www.cjini.org/getattachment/cedf8f4d-34e8-47e1-916d-8fb31c141b8d/picture.aspx>

Within this report there were seven recommendations relating to healthcare; these were reviewed during this inspection.

Recommendations from the last inspection on 9-19 April 2018		
		Validation of compliance
Recommendation 6	Prisoners should receive timely and focused responses to their health complaints.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Patients' complaints were well managed. An improved patient engagement service had been implemented since the last inspection and this was proving effective in the timely management of complaints.</p> <p>Governance in respect to the management of complaints was effective in driving improvements resulting in better patient outcomes.</p>	
Recommendation 7	Adverse incidents should be investigated and reviewed at an appropriate level and within agreed time scales to ensure that timely learning drives service development.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Incidents were managed well and reviewed in a timely way.</p> <p>A governance system was in place to review incident data.</p>	

	<p>Themes and trends were identified and used to improve patient outcomes. Learning from incidents was shared at a number of forums, and through learning lines. There was evidence that learning was used to enhance staff skills and knowledge.</p>	
Recommendation 8	<p>Prisoners should receive access to all health services in a timely fashion.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Patients continue to experience lengthy delays for routine mental health assessments, psychologically informed treatments, GP services, routine dental and substance misuse services.</p> <p>This area for improvement has been stated for a second time.</p>	
Recommendation 9	<p>The skills mix and roles of the primary health and mental health care multi-disciplinary teams should be improved and governance of the mental health function should be more rigorous.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The skill mix in both primary health care and mental health care had improved since the last inspection. The multi-disciplinary team had increased in numbers but also in the availability of additional disciplines such as psychology and speech and language therapy.</p> <p>Governance had also improved with some recent changes to middle management. The appointment of a new mental health team leader and other professionals to the team were having a positive effect on the oversight of the mental healthcare service provision.</p>	

<p>Recommendation 10</p>	<p>Patients with mental health needs should receive stepped care within agreed pathways, and care plans should be regularly reviewed and overseen at effective multi-disciplinary team meetings.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There is a significant number of patients with milder mental health conditions within the prison population. These are mostly managed through GP services.</p> <p>An informal stepped care model was in place. A formalised stepped care model would ensure patients receive the right care at the right time leading to a consistent approach equivalent to that available in the community. There was good oversight of patients' assessments and care plans at the weekly MDT meeting.</p> <p>This finding and a recommendation made in RQIA's <i>Review for Vulnerable Persons Detained in Northern Ireland Prisons (October 2021)</i> https://www.rqia.org.uk/RQIA/files/95/955cfa4a-5199-4be7-9f1a-801e1369ce84.pdf are being progressed through a task and finish group led by the Strategic Planning and Performance arm of the Department of Health.</p>	<p>Met</p>
<p>Recommendation 11</p>	<p>The practice of supplying medicines, which have been prescribed for direct administration, in-possession should be reviewed to reduce the opportunity for bullying and diversion.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The policy relating to those medicines that were prescribed for direct administration and in-possession medicines had been reviewed; the Trust were adhering to the updated policy.</p> <p>See Section 5.2.5</p>	<p>Met</p>

Recommendation 12	Prisoners should have timely access to opioid substitution treatment and a full range of clinical and psychosocial support which meets NICE 5 guidance and the needs of the population.	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Substance use services were failing to meet the needs of the population. Patients faced excessive waits for clinical and psychosocial assessment treatment.</p> <p>There were lengthy delays for patients requiring a clinical review of their Opiate Substitution Treatment (OST).</p> <p>This area for improvement has been stated for a second time.</p>	

5.2 Inspection findings

5.2.1 Mental Health

Leadership and the skill mix of the multidisciplinary team has been strengthened with the appointment of a team lead, a speech and language therapist and cognitive behavioural therapist. There was evidence that this had improved the delivery of the service and patient outcomes. Operational prison staff also commented positively on the benefits to patients from these additional staff.

Staff were found to be proactive and compassionate in their role and were able to demonstrate good knowledge and oversight of patients on their caseload. At the time of the inspection there were three vacancies within the mental health team, with some dependence on agency staff. Agency staff were knowledgeable, had received a good induction and were well integrated into the team.

HMIP prisoner / patient survey completed during the inspection indicated that 77% of responders said they had a mental health problem. The mental health service is available Monday to Friday between 9am and 5pm. Primary health care provides mental health support to people in crisis outside of these hours. On call senior manager arrangements are in place to support these staff. Crisis response teams are available to patients who live in the community, but this service is not available to patients within the prison. This finding has been identified in previous inspections and was discussed with senior staff during the inspection. Senior staff remain committed to considering a seven-day service in the future. RQIA suggest the Trust should undertake a scoping exercise to establish if this service is needed within the prison. Following committal, patients should receive a mental health triage assessment within a target time of seven days.

Achieving this target can be challenging, as there are often high numbers of patients requiring assessment following committal, however in the main this target was achieved.

If a mental health issue is identified following triage, the patient is referred to the mental health team and identified as either requiring an urgent or routine mental health appointment. Patients requiring an urgent assessment were reviewed promptly; however, patients continued to wait too long for a routine mental health assessment. This area for improvement has been stated for a second time.

All patient referrals to the mental health team are discussed at the weekly MDT meeting, including any patients who are on the waiting list. A management/care plan is agreed. Patients are allocated to the most appropriate multi-disciplinary team member.

The prisoner survey undertaken by HMIP indicated that 66% of patients said they had not been helped with their mental health and it is disappointing to note that 63% said their mental health had deteriorated since arriving in prison. The Trust must liaise with NIPS to ensure that there are systems in place to provide ongoing monitoring and assessment of patients mental health which promotes early intervention to minimise any deterioration in patients mental health.

There was an informal mental health stepped model in place. This is used to make a clinical decision as to which sort of treatment is currently the most effective for the person they are assessing, yet least resource intensive. Patients who have low and medium level mental health needs remain under the care of the GP, the primary health care team and have access to appropriate mental health promotion advice and some low level therapeutic activities such as group activities for mood management and music therapy. The Trust Engagement Lead also plays a pivotal role in connecting patients in custody to healthcare, which helps reduce isolation, and promotes physical and emotional well-being. All of these resources should be considered when developing the formal mental health stepped care model.

RQIA's *Review of Vulnerable Persons Detained in Prison in Northern Ireland (October 2021)* identified the need for a formalised mental health stepped model. The Strategic Planning and Performance arm of the Department of Health have Task and Finish Groups established to progress this recommendation. An area for improvement has been stated for a second time to expedite this completion of this recommendation given the results from the HMIP prisoner / patient survey.

Video calls with the MDT from the regional medium secure inpatient hospital are held weekly. During this meeting, the progress of the current patients is discussed and those who require an admission are assessed. Since the last inspection, there was noted improvement in the length of time patients have to wait on an admission.

When required, patients can access a Psychiatric Intensive Care Unit (PICU). However, there are significant pressures on all inpatient mental health services across Northern Ireland. It is positive that patients awaiting admission from prison are discussed along with patients waiting in the community and equitable decisions are made on the basis of risk to each individual. However, this continues to have an impact on some patients who continue to wait too long on an admission to hospital which may lead to a deterioration in their mental health.

Mental health patients' care records were good. Comprehensive risk assessments and management plans were completed and recovery plans were in place for most patients.

Any identified minor issues in respect to care documentation were discussed and addressed by staff during the inspection. Care records audits had been completed by staff and detailed any non-compliance with record keeping and areas of good practice.

Good collaborative working amongst the mental health team and operational prison staff was evident. The mental health team offered 'Lunch and Learn' sessions to prison staff to increase their awareness and knowledge in relation to mental health. The uptake of these sessions was poor. Some prison staff had not been made aware of this initiative. RQIA are cognisant that lunch breaks are essential for all staff to have a break and suggest these sessions should be made available to prison staff outside lunch time hours.

The Trust has appointed a Towards Zero Suicide Co-ordinator who has developed a comprehensive training programme, a suicide prevention care pathway and safety planning to support prison and healthcare staff to identify those at risk of suicide. This is a welcome appointment which will be implemented during Autumn/Winter 2022.

Timely referrals to the on-site psychology service were made. There was an increase in the psychology resource and clinical psychology interventions had increased since the last inspection, however the service remains significantly under resourced and does not adequately address the complex needs of the population. An increase in this service would further support the Trust to deliver a Trauma Informed model.

There was no specialised service for patients who have a diagnosed personality disorder and those who present with severe and complex behaviours. Some of these patients had been admitted to the Care and Support Unit (CSU) and had been there for a lengthy period of time. The CSU environment was not conducive to the psychological and therapeutic needs of these patients. As noted in *The Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, October 2021* the Trust should work with Commissioners to plan, commission and implement a therapeutic approach to personality disorder within the prison service.

The Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, October 2021, recommended that patients are seen within two hours of their transfer to CSU by a doctor or a nurse, and where a prisoner is mentally unwell, they should be assessed by the mental health team to ensure that the most effective care and treatment can be provided. This was not always achieved. The Trust must ensure that patients admitted to CSU are seen within the required timeframe. This will be reviewed at the forthcoming Follow Up Review of CSU to be undertaken by CJI and RQIA.

5.2.2 Substance Misuse Treatment

One of the main findings of concern in the CJI/[HMIP report on HMP Maghaberry](#) was the issue of illicit drugs. It found that: "Maghaberry has a serious drug problem and there was no effective strategy to address it. Too many prisoners said it was easy to get drugs and had developed a problem with them in Maghaberry. There were long delays to access the clinical substance misuse treatment service. The decisions to reduce drug testing and stop adjudications at a time when supply and demand were known issues is at best puzzling and needed to be reviewed."

The substance misuse treatment service was reviewed by an inspector from HMIP. The findings below were shared with RQIA during the inspection and reflected in the HMIP inspection report.

The Trust delivered clinical substance use treatment and subcontracted Alcohol and Drugs: Empowering People Through Therapy (AD:EPT) to provide psychosocial support. Despite a joint strategy for the management of substance misuse, there were no drug strategy meetings or local action plan. Overall, services were severely under-resourced.

All new arrivals were screened for alcohol and/or drug withdrawals and appropriate onward referrals were made.

Clinical prescribing arrangements did not meet the needs of the population and it was concerning, given the finding of serious drug problems, that providers had capped the number of patients who could receive Opiate Substitution Therapy (OST) due to workforce and workload constraints. This had resulted in 128 patients who were waiting for an assessment of their needs, 87 for longer than nine weeks. Clinical reviews of patients on OST were not taking place in line with best practice and oversight of reviews was weak. Patients we spoke to expressed frustration at not being able to access the service. The Trust should review the assessment process and access to OST and ensure that best practice is followed. An area for improvement has been stated for a second time.

At the time of the inspection, 96 patients were prescribed OST. We observed dispensing of OST at Davis House and in the health care centre, which was confidential and professional but the manual measuring of each dose was an ineffective use of clinical time.

The psychosocial team (AD:EPT) saw all new arrivals, told patients about the service and offered harm minimisation advice. AD:EPT staff also saw patients in the CSU every week which was good. Alcoholics Anonymous provided mutual aid and there were plans to reintroduce self-management and recovery training groups. All of the psychosocial team were trained in the use of acupuncture and this was planned to be offered.

There were 69 patients engaged with the psychosocial service and those we spoke to were happy with their support. However, there were 248 patients on the waiting list and new referrals were waiting four months to be seen by the team. This was discussed with the Trust during feedback.

Pre-release planning was well co-ordinated and there were good community links to make sure support was maintained post-release. Patients were offered naloxone treatment and training (to treat opiate overdose) on release.

5.2.3 Primary care and in-patient services

All patients receive an initial healthcare assessment at committal. It was good to note that any immediate health concerns and risk factors are identified on the first day and immediate healthcare concerns were prioritised and addressed.

A "Comprehensive Health Assessment" by a healthcare professional is completed within five days of committal. Information is provided to patients in different language formats if required explaining how to access healthcare within prison.

Nursing staff are available on landings daily and access to nurse led minor ailment clinics are available through an appointment booking system.

There was access to allied health professionals (AHP) services including dietetics, speech and language therapy, occupational therapy, physiotherapy, radiography and podiatry within the prison.

Funding has been secured for an ultrasound machine and sonographer within the prison, which will improve access to this service for patients, who often experience delays or miss external appointments. X-ray services are also available within the prison.

Electronic clinical care records had been completed and care plans were now in place for most patients. These did not always detail patients' specific needs and were not in place for patients with dysphagia or skin integrity concerns. This was discussed with staff during the inspection who acknowledged the deficits and agreed to address these concerns. An area for improvement was made in relation to person centred care plans.

Patients stated the overall quality of healthcare services was very good or quite good, however patients continued to wait at length for routine GP and dental appointments.

There was a good system to manage both GP and external appointments. The system identifies the number of patients who do not attend scheduled appointments and the reason why. Data reviewed evidenced a high number of patients who did not attend. A variety of reasons were recorded, mainly indicating communication difficulties, for example patients who were not called to attend. An area for improvement was made to share the appointment data with NIPS and strengthen communication so that patients are facilitated to attend appointments.

The system for appointments also identified a number of patients did not attend their outside hospital appointments. This was primarily due to the availability of the escort service (PECCS) to facilitate transport arrangements to hospital. This was highlighted and has been identified as a key concern within CJI/HMIP inspection report.

Social care needs were identified during initial committal healthcare assessments and there was evidence of early onward referrals based on individual need. It was positive to note that appropriate environmental adjustments were made when necessary and access to mobility aids was in place.

The social needs of patients within the prison are increasing, primarily due to the ageing population. During this inspection we identified patients who required assistance with personal care, eating and drinking, and skin integrity. These needs were met in partnership with NIPS and where required, delivered by domiciliary care agencies. The Trust is not commissioned to provide social care in the prison and as a result governance arrangements including the responsibility for monitoring the social care provision was unclear.

There was no social work service or care management system in the prison to assess, plan and co-ordinate social care delivery. RQIA are aware that this being progressed through a task and finish group, led by the Strategic Planning and Performance Group. The Trust should work with NIPS and the commissioners to review the arrangements for social care in prison.

Consideration should be given to aligning this provision to that available in the community. Due to the increasing social care needs of the prison population and the need to clarify governance and oversight, the Trust and SPPG must prioritise this concern. An area for improvement has been made.

5.2.4 Promoting Health and well-being

Health promotion was good and health promotion campaigns were evident. Public healthcare screening was in keeping with community screening and there was good access to immunisation programmes.

The previous sexual health screening service was no longer available and this area was now managed by the GP. All patients were offered hepatitis/HIV screening. A new in-reach hepatology (liver) assessment pathway has been introduced with a view to a reduction in the time patients had to wait for treatment.

Health screening programmes such as bowel screening, and abdominal aortic aneurysm (AAA) are available in line with community services. Chronic disease management is managed through GP led clinics with plans to establish future nurse led diabetes, epilepsy and well man clinics.

Smoking cessation support is available through Action Cancer and the Health and Well-being Group have been involved in establishing group information sessions on topics including dental hygiene, sleep hygiene and managing stress.

Healthcare staff and NIPS staff have worked collaboratively to expand the meal choices available from the prison menu. This has provided more choice and allowed individuals to make informed decisions regarding their diet.

5.2.5 Medicines management and pharmacy services

Patients' medicines were dispensed and supplied by an effective and responsive pharmaceutical service.

Medicines were available for administration as prescribed and arrangements were in place to ensure that patients had a supply of their prescribed medicines on release.

There was a policy for obtaining medicines out of hours (evenings and weekends). Commonly prescribed medicines and critical medicines were available in the out of hours medicines cupboards. Nursing staff did not maintain a log of medicines taken from the cupboards; this does not provide a clear audit trail. The pharmacy manager advised that a recording system would be put in place immediately following the inspection. When a controlled drug or other medicine was not available in the out of hours medicines cupboards, nurses contacted the out of hours GP at Lagan Valley who issued a prescription for collection at a local pharmacy.

Patients' medication histories, including allergies, were recorded by a nurse during the initial reception screening and a self-administration risk assessment (SARA) was completed. Nurses had access to the Northern Ireland Electronic Care Record (NIECR) which is a computer system that health and social care staff can use to get information about a patient's medical history. There was evidence that there was minimal disruption in prescribing regimes and urgent/critical medicines were accessed promptly both during and outside GP/pharmacy hours.

At committal if a patient required a medicine which was available in the out of hours medicines cupboards and it was evident from NIECR that the patient had collected a prescription within the last 28 days (i.e. they were currently taking the medicine at home), the committal nurse obtained a supply from the out of hours cupboards. This supply was administered from committal until a prescription was issued by the prison pharmacist/GP, which may be for up to three days if the committal occurred on a Friday evening. The pharmacy lead stated that the practice of administering medicines without a prescription was currently under review. An area for improvement has been made.

A medicines reconciliation was completed by a pharmacist (independent prescriber) within 72 hours of admission and medicines were available for administration in Bann House (committal wings) without delay.

Medicines were administered from a secure and respectful environment by either a nurse, a medicines management technician or a pharmacy technician. Prison officers managed medication administration queues effectively ensuring only one patient was at the medication hatch at a time and reducing opportunities for bullying and diversion.

Staff advised that secure storage was available for patients in their cells. Subject to a satisfactory SARA, all medicines (apart from Schedule 2 and 3 controlled drugs subject to safe custody, clozapine and anti-tuberculosis medicines) were issued in-possession weekly or monthly. This released considerable nursing time, however, it also increased the availability of highly tradeable medicines (for example Schedule 3 controlled drugs not subject to safe custody, Schedule 4 controlled drugs and some antidepressants) for potential diversion, abuse and bullying. In order to be assured that patients were able to comply with their medicine regimens, adherence checks were carried out by medicines management technicians and pharmacy technicians. The prescriber was made aware of failed adherence checks and the patient's medication regimen was reviewed. Management advised that the target number of adherence checks was currently under review to ensure that it was appropriate. The target number of adherence checks should be sufficient to provide assurance that these medicines are being managed appropriately when supplied in-possession.

In Davis House, medicine management technicians were responsible for the direct administration of medicines and issuing weekly and monthly in-possession medicines. This released nurses to carry out clinical duties including triage clinics. Plans were in place to roll this practice out to the other house locations, initially Bann House and Quoile House. In the other house locations, weekly and monthly in-possession medicines were issued to patients by pharmacy technicians.

Medicines were observed to be stored safely and securely in the treatment rooms and Healthcare Centre. Nurses were responsible for treatment room checks, which included monitoring the medicines refrigerator temperature, glucometer control checks and date checking emergency medicines. In a number of treatment rooms, the glucometer control solution and GlucaGen HypoKit were out of date and the refrigerator thermometers were not being reset each day to facilitate accurate monitoring of the refrigerator temperature. An area for improvement has been made.

The system for the disposal of named patient Schedules 3 and 4 (Part 1) controlled drugs in the house locations had been reviewed to ensure they were denatured prior to disposal and records maintained. This provides a clear audit trail and this progress was acknowledged.

Some nurses were unfamiliar with the revised process and in some house locations significant quantities of these medicines awaiting disposal were observed. The pharmacy lead and pharmacy manager were made aware of these findings. The Trust must ensure that all relevant staff are aware of and are adhering to the Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. These controlled drugs must be removed from the house locations in a timely manner. An area for improvement has been made.

Schedules 2 and 3 controlled drugs subject to safe custody requirements were administered from designated administration rooms in Davis House and the Healthcare Centre. Controlled drug audits were completed by a pharmacist monthly due to the significant increase in the level of prescribing of opiate substitution therapy.

The quarterly Prison Medicines Management Committee meetings had recently resumed. Terms of reference had been agreed and the Trust Accountable Officer was a committee member. This should positively impact on the governance arrangements in relation to pharmacy services.

Plans had recently been put in place to ensure there were robust governance processes to ensure safe and effective medicines management, including the monitoring of prescribing trends. Medication incidents, prescribing trends and adherence checks had recently been reviewed by pharmacy management who provided assurances that all will be standing items on the agenda at the planned Medicines Management Committee meetings. The Trust Accountable Officer is currently made aware of all incidents involving controlled drugs, via Datix. Monthly prescribing levels for highly tradeable medicines showed that there had been an increase in the prescribing of one medicine which could be misused. The Trust must ensure the continued review of prescribing trends to identify any significant pattern changes (in medicines at high risk of abuse or trading) and, where relevant, take appropriate action. An area for improvement was identified.

The Healthcare Centre did not have a defibrillator located within the department and if an emergency situation occurred staff are required to access the defibrillator in Moyola which has restricted access due to the security measures in place. The Trust should review the current arrangements in place for accessing the defibrillator to ensure it is fully accessible to all appropriate healthcare staff for use within the healthcare centre. An area for improvement has been made.

5.2.6 Governance and Leadership

The Trust's oversight of healthcare was effective in driving improvement and supported the delivery of safe and effective care. Prison healthcare leadership was good and healthcare staff were innovative and motivated. Staff said they were well supported and felt valued. Recent changes to middle management was having a positive impact on the morale of the MDT. Prison healthcare had established good links to the wider Trust which enables good sharing of information and further strengthens governance.

There was good liaison with other Health and Social Care Trusts which led to safer outcomes for patients on release.

Incidents were managed well and reviewed promptly. There was a system to review incident data, and themes and trends were identified to improve patient outcomes.

Learning from incidents was shared at forums through learning lines and used to enhance staff skills and knowledge. There was a governance system to review and monitor progress against recommendations from independent reviews and serious adverse incidents.

Health complaints were well managed, and there was a good patient engagement service. Data from complaints were used to initiate quality improvement projects, such as the Freephone telephone service for patients to make a healthcare appointment, strengthening the assessment on arrival and securing onward healthcare arrangements before a patient is released.

Adult safeguarding remains an area of concern due to NIPS and the Trust working to their own procedures and the lack of clarity about which organisation has overall responsibility for the management of adult safeguarding. This concern has been escalated with the appropriate stakeholders and agreement must be sought on how to manage adult safeguarding within the prison. Trust staff were knowledgeable on the Regional Adult Safeguarding policy and the Trust policy, however, all ASG concerns identified by Trust staff are referred to NIPS for screening and management through their own procedure which is not consistent with the Regional Adult Safeguarding Policy.

Audits were completed by staff in relation to alcohol withdrawal, mental health team responses to self-harm/attempted suicide incidents, incidents recorded on DATIX, and the effectiveness of smoking cessation clinics. Not all staff were aware of the outcomes of these audits. There was also no evidence the audit was repeated to ensure that any deficiencies had been addressed as stated in the Trust's own recommendations. The Trust should ensure that outcomes and actions from audits are shared and repeated audits are completed within the time frame specified.

Plans are in place to provide placement experience for nursing students. It is hoped that this will positively impact on future recruitment of newly qualified nursing staff.

There is good communication between healthcare and prison staff. Healthcare staff attend a daily NIPS Governor's meeting where any healthcare related issues, risks or concerns can be raised. Joint hot and cold debriefs take place post incidents.

A handover takes place at each shift change and a wider lunchtime meeting is held which is attended by members of the mental health team; this promotes the sharing of information and enables discussion on emerging risks or concerns. Information, alerts and learning is shared with staff through regular staff meetings, emails and a dedicated staff focus board.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

	Standards
Total number of Areas for Improvement	10

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Healthcare in Prison management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).	
<p>Area for improvement 1</p> <p>Ref: Standard 5.1 Criteria: 5.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that all patients receive access to all health services in a timely fashion as indicated within Trust guidelines.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>"The RQIA Review of services for vulnerable persons detained in Northern Ireland Prisons (October 21) highlighted a 50% underfunding of healthcare within Prison in Northern Ireland and made 16 recommendations to be considered by stakeholders through 8 task and finish groups.</p> <p>This recognition of significant underfunding, in the face of increased patient population and complexity has placed significant pressure on all Healthcare services within Prison. This is further compounded by growing pressures within community services leading to patients entering prison with unmet need.</p> <p>Healthcare in Prison have instigated performance monitoring systems, to evaluate access to services and to ensure that limited resources are prioritised for those with the highest clinical need and communicated to our commissioners for discussions regarding additional resource.</p> <p>Mental health routine appointments have longer waiting times than desired due to the high percentage of patients presenting to our services with mental health concerns that have not been addressed in the community. There is currently an ongoing evaluation of the Mental Health service being undertaken, to redesign services to maximise limited resources.</p> <p>There has been an increase in the psychology resource and clinical psychology interventions since the last inspection, however the service remains significantly under resourced and does not adequately address the complex needs of the population.</p> <p>HiP is working with regional colleagues, to review the Transfer Directional Order process for admission to acute psychiatric facilities. However due to current pressures on these beds some patients continue to wait too long for admission which may lead to a deterioration in their mental health.</p>

	<p>It is challenging to benchmark access to GP against community standards due to a lack of central reporting mechanism to provide comparable targets. Of note all GP appointments are face to face. All patients have same day access to a primary care nurse and can book a GP appointment directly with healthcare via the patient phone line. Urgent patient issues are discussed with the GP, after being triaged by an experienced nurse and can be seen the same day if needed.</p> <p>Due to lack of comparable community Dental waiting times, it is difficult to benchmark Dental Service but waiting times for routine appointments have improved since the previous inspection through enhanced diary management. However due to increased demand due to patient population rise and lack of provision for care in community anticipate waiting time will increase over the medium term.</p> <p>AHP appointment waiting times for routine appointments are in keeping with community performance.</p> <p>"</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1 Criteria: 6.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure patients have timely access to opioid substitution treatment and a full range of clinical and psychosocial support which meets NICE 5 guidance and the needs of the population.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: There has been an exponential rise in demand for Opioid Substitution Therapy within Healthcare in Prison, which currently exceeds the commissioned capacity within the existing service without compromising patient safety. This is compounded by the sharp rise in those patients entering prison with an active script from the community, limits the opportunity for new inductions. This is outlined in the Treatment for Substance Use in Northern Ireland Prisons Rapid review and consultation to inform the development of services, published in Oct 2022. HiP are collaborating with our commissioners to explore opportunities for additional resources to support service expansion, with recent positive developments. A new shared care pathway has been designed to improve access to experienced clinicians providing addictions treatment. The pathway will develop shared care within Clinical Addictions Team in prison with GPs with experience in addictions will take over care of stable patients enabling the addictions team to focus on clinical priorities including new patients requiring OST. Extra addictions and primary care nursing staff have been recruited to help with the ongoing demand and improve access to addictions treatment in prison. There is a current contract review being undertaken between SET and Start 360 for AD:EPT (Alcohol and Drug: Empowering through Therapy) to review service delivery model</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 5.1 Criteria: 5.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that person centred care plans are in place for all assessed needs including those with dysphagia and skin integrity concerns.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 5.1 Criteria: 5.3.1(a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>Response by registered person detailing the actions taken: All patients within HMP Maghaberry have person centred care plans in place, including those with dysphagia and skin integrity concerns. A speech and language therapist has been recently appointed to Healthcare in Prison with dysphagia experience, who will review the current dysphagia pathway.</p> <p>The South Eastern Health and Social Care Trust must ensure systems are in place to facilitate the sharing of appointment data with NIPS and strengthen communication so that patients are facilitated to attend appointments.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A collaborative working group comprising Healthcare in Prison, Northern Ireland Prison Service and has been established to review the pathway for access to health with representation from HIP, NIPS Maghaberry, Prisoner Escorting and Court Custody (PECC). The group remit will consider internal and external access, with the initial focus on access to external scheduled routine, urgent and red flag episodes of care. A joint pathway has been drafted, awaiting consultation. HIP continue to provide 2 weeks prior notice to PECCS where possible through the existing pathway arrangements HIP have considered opportunities and continue to review and enrich data metrics to monitor performance and outcomes.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 6.1 Criteria: 6.3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust should work with NIPS and the commissioners to review the arrangements for social care in prison; consideration should be given to aligning this provision to that available in the community.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Following the transfer for responsibility for Healthcare in Prison from Department of Justice to Department of Health in 2008, only the budget for healthcare and not social care followed. DOH and DOJ are currently in receipt of an interim solutions paper, agreed by SEHSCT and Northern Ireland Prison Service and are currently considering this. This is a standing item on the healthcare in prison performance monitoring meeting with commissioners. The current model , for patients identified as requiring personal care is that HiP will escalate this to the trust of origin , who has responsibility for sourcing , financing and oversight of quality of care provided by independent providers in keeping with community provision. HiP will liaise with trust of origin care manager as required.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must review and amend the practice of administering medicines in advance of a prescription at committal.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Healthcare in Prison is currently resourced to provide Pharmacy / GP service on a Mon to Friday , 8-5 service model. Committals to prison exist outside of this timeframe leading to a period of time where the practice of administering medicines in advance of a prescription at committal exists. This risk has been assessed formally through GRA , which outlines current actions to mitigate risk. This risk has also been escalated to Adult Services directorate risk register. Pharmacy lead is currently drafting a SOP to guide the use of patients own medications within prison and reviewing the current process, whilst also streamlining critical medication cupboards to reflect the regional critical medication list. This has also been raised at the HiP Quarterly Medicines Management meeting, where the group recommended implementing workable changes using quality improvement methodology . Additional guidance has been sought by the clinical director to the Head of Medicines Regulatory Group. Of note a pilot was undertaken in 2018 of a Pharmacy Independent Prescriber within Committals in HMP Maghaberry which improved safety, but HiP were unsuccessful in attracting additional commissioning to resource this on an ongoing basis.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that systems are reviewed to confirm that medicine refrigerator temperatures, glucometer checks and medicine date checks are accurately monitored.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A review of systems has been undertaken by Lead Nurse , ensuring that all medicine refrigerator temperatures, glucometer checks and medicine date checks are accurately monitored. New Glucometers have been ordered with boxes, checking books and control solutions for all treatment rooms that do not currently have one. A regular audit of compliance these will be undertaken presently to provide assurance.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that all relevant staff are aware of and are adhering to the Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. These controlled drugs must be removed from the house locations in a timely manner.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: A A Governance Assurance Improvement Learning (GAIL) forum has been undertaken with relevant staff to reinforce adherence to Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. Contents of Drugs cupboards have been reviewed and excess quantities removed. Checks for this have also been included in the Pharmacy technicians workflow audit for house locations to ensure ongoing adherence with policy.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure the continued review of prescribing trends to identify any significant pattern changes (in medicines at high risk of abuse or trading) and, take appropriate action when appropriate.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: "Trends in prescribing of medicines at high risk of abuse or trading are reviewed on a regular basis and action is taken in line with prescribing guidelines such as RCGP Safer Prescribing in Prisons. Prescribed medication trends is a standing item at the HiP Quarterly Medicines Management meeting and discussed at regular Medical Meetings with attendance of HiP GPs and Consultants. HiP Medication Incident Review Group comprised of SEHSCT Head of Pharmacy and Trust Accountable Officer and HiP Pharmacy Lead, HiP Assistant Director, Governance Lead, SEHSCT Medicines Governance pharmacist, HiP Clinical Nurse Manager and Lead Nurse meets bimonthly to review medication incidents and identify trends . Healthcare in prison are currently undertaking a project, with the aim of reviewing all patients face to face who have entered prison having been prescribed gabapentinoids within the community and deprescribing for pain and in other instances where appropriate. Engagement and healthcare teams have actively engaged with this patient cohort to support them through this process, and provided alternatives as appropriate. Of note - healthcare in prison already has strict and safe prescribing policies regarding review of benzodiazepines, sleeping tablets and does not prescribe many drugs thought to be a risk to patients in a secure environment (or community). Examples of medications that are not prescribed are temazepam, nitrazepam, opioid patches (butec, transtec, mezolar), oxycodone, immediate release tramadol, co-codamol 15/500. The vast majority of prescribing of tradable and abusable medications are inherited from community practice at committal. "</p>
<p>Area for improvement 10</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust should review the current arrangements in place for accessing the defibrillator to ensure it is fully accessible to all appropriate healthcare staff for use within the healthcare department.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A defibrillator is now located in the healthcare centre boardroom for ease of access.</p>

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