

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

## HMP Swaleside

Swaleside, Church Road, Eastchurch, Sheerness,  
ME12 4AX

Tel: 01233505450

Date of Inspection: 23 March 2015

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2015

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

**Care and welfare of people who use services** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Integrated Care 24 Limited
Registered Manager	Mrs Lorraine Sheila Gray
Overview of the service	HMP Swaleside provides primary health care services to people detained at HMP Swaleside. The service also provides nursing care for up to 17 prisoners in an area called the Prisoner Recovery Unit.
Type of service	Prison Healthcare Services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether HMP Swaleside had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Complaints

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 March 2015, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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We carried out an inspection at HMP Swaleside in April 2014. We had concerns about the care and welfare of patients who were using the services and how patients accessed the complaints system.

Following this inspection we asked the provider to submit an action plan detailing what action they would take to improve the service.

We undertook a follow up inspection on 23 March 2015. We found improvements in care planning arrangements and patients were consulted about how they wanted their care to be delivered.

We also found that improvements had been made to the complaints system.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

At a previous inspection in April 2014 we found that some patients were not aware that they had a care plan and some had not been consulted about how their care needs were being met.

As part of our inspection in March 2015 we looked at care plans for five patients with complex needs. The records included consideration of risks associated with specific clinical diagnoses, for example diabetes and sensitivity to medication. Patient's file had separate care plans for each area of need identified. These were detailed and included information regarding what the patient could do themselves, and what areas of assistance were required. Privacy and dignity were a common theme throughout each plan.

We saw that some care plans contained more detail than others, however senior nursing staff told us that work was continuing to update each plan and those which did not contain sufficient detail were being identified for further updates.

We saw evidence that reviews of care plans had now started to take place. Those that had been updated included a good amount of detail and information that was personal to the patient including instructions and wishes of how the patient wished care to be delivered.

Patients we spoke with were aware of their care plans and they told us they had been asked if they agreed with the content.

The improvements to the care planning and review process ensured that staff now had sufficient information to enable them to care for patients in a way that was appropriate and met their needs and wishes.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

Patient's complaints were fully investigated and resolved, where possible, to their satisfaction.

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**Reasons for our judgement**

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At a previous inspection we identified a number of issues with the complaints process provided by the healthcare service within the prison for patients. Complaints forms were submitted using the prison forms and were seen by prison staff prior to being sent on to healthcare. This did not protect people's privacy and confidentiality. There was no information readily available for patients regarding the healthcare complaints system and what the options were for escalation if they were not happy about the response they received. There was also no specific complaints policy in place. The provider submitted an action plan detailing how they were going to address these issues.

When we visited in March 2015 we checked whether improvements had been made. We found that there were posters on display in some areas of the prison informing patients about how to make a complaint, however this information did not include what action a patient might consider if they were dissatisfied with the response to their complaints.

Patients we spoke with told us that they had not received information regarding the complaints policy when they had arrived at the prison; however, they told us they knew to make a complainant. The provider told us that they were currently undertaking a piece of work to promote the healthcare complaints process through prisoner forums and with 'Insiders' (prisoners with a specific link role between prison services and prisoners). This work would help to involve patients in the development of a more effective complaints system.

We received mixed feedback from patients regarding the effectiveness of the complaints system. Some patients reported a lack of confidence with the system and other patients told us they had received a satisfactory response to their complaint.

We looked at complaint records and found that both healthcare complaints forms and the prison complaints form were routinely used. We saw that some responses were not sufficiently detailed and one where a patient had been given information about other organisations they could contact. We discussed this with the manager of healthcare who explained that there was currently work going on to identify and train specific members of staff to respond to complaints. The manager felt that this would greatly improve the quality of the responses sent to patients.

The provider had a complaints policy and process in place and was addressing a back log of complaints received from patients at the time of our inspection. A log was now kept of all complaints received which included monitoring the receipt and response of complaints. This had been introduced to ensure that complaints were not missed or waiting an unreasonable amount of time to be responded to.

## 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.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

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

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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