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Our reference: INS1-2041242171

Mrs Jan Ditheridge.
Chief Executive
Shropshire Community Health NHS Trust
William Farr House
Mytton Oak Road
Shrewsbury.
SY3 8XL

**Care Quality Commission
Health and Social Care Act 2008**

28 August 2015

Shropshire Community Health NHS Trust

Registered location: HMP Stoke Heath. Warrant Lane, Market Drayton, Shropshire.
TF9 2JL.

Location ID: R1DX7

Regulated activity: Treatment of disease, disorder, or injury and diagnostic and screening procedures.

Dear Mrs Ditheridge,

Joint Inspection of HMP Stoke Heath in week commencing 20 April 2015.

We recently wrote to you to give you formal notice of the requirement notices that have been issued in relation to the above inspection. This letter was dated the 25 August 2015. This information in this letter was incorrect. Please accept out sincere apologies for this. This letter replaces the original letter.

The final inspection report on the joint inspection of HMP Stoke Heath during week commencing the 20th April 2015 has now been published. We are therefore able to formally issue requirement notices, which set out the areas for improvement and the action the trust must take to improve. You were notified of these notices in our letter dated 8th May 2015. Any further recommendations for improvement are included in the joint inspection report.

Under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, you must send us a written report of the action you are going to take to achieve compliance with the Health and Social Care Act 2008, associated regulations and any other legislation we have identified you are in breach of within 14 days of the date of this letter. We accept the action plan that you sent to the commission on the 10th June 2015 and Steve Gregory has agreed to send an updated version with the progress that you have made.

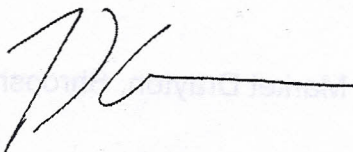
If you have any questions about this letter, you can contact our National Customer Service Centre using the details below. Please include our reference number INS1-2041242171 in any communication in relation to this letter as it may cause a delay if you do not:

Telephone: 03000 616161

Email: health-and-justice-team@cqc.org.uk

Write to: CQC Health & Justice Inspections
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Yours sincerely,



Fergus Currie
Health and Justice Manager

Requirement Notices

Provider: Shropshire Community Health NHS Trust

Location: HMP Stoke Health

Location ID: R1DX7

Regulated Activities: Treatment of disease, disorder, or injury and diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9-Person centred care

We found that the registered person had not ensured that the care and treatment of service users were appropriate, ensured it met their needs or reflected their preferences. This was in breach of regulation 9(1)(a)(b)(c)(3)(a-g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

The provider had a detailed health screening tool although they were not completing this at each person's entry point into the prison. The provider was not fully assessing people's health needs. We found evidence of some delays in people receiving their medication which could have had significant impact on the person's health. Not all people who had an identified health need, such as diabetes had a care plan in place. Care plans we did observe were generic, not tailored to the individual needs and not all people we spoke with had been involved in the development of these. Not all were being reviewed regularly or in line with the frequency stated. The provider's system for managing recalls and reviews of patients with chronic and long term conditions was ineffective because care plans for these people were not routinely completed. There were unacceptable waiting times for an initial appointment with the dentist and smoking cessation services. Records indicated that were ninety six people waiting to see the dentist, with the longest waiting time being over 9 weeks and sixty three people were on the waiting list for a smoking cessation appointment with a maximum wait of up to 10 weeks.

Regulation 12-Safe care and treatment

We found that the registered person had not protected patients against the risks of receiving inappropriate treatment, associated with the management of medicines. This was in breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008

How the regulation is not being met:

The policy for medication to be kept in possession did not state how often a risk assessment should be reviewed. We found that one risk assessment had not been reviewed since February 2013. We were informed that there was a technical issue with SystmOne which meant that versions of assessments carried out before the template upgrade would not show under current care plans. Therefore it was not clear for staff about whether a person had an in possession risk assessment. The audit trail for the controlled drug cabinet keys was not robust and there was no clear record of who had accessed the controlled drug cabinet. The process for the most senior nurse on duty to have the keys, as set out in the standard operating procedure was not always adhered to. Stock medication was not reconciled. Medicines were stored in lockable drawers and cabinets, however they were not stored in an orderly manner and there were a number of loose strips of tablets including an unlabelled blister of Pregabalin amongst patient named medication. There was not an out of hour's drug policy. There were concerns with the system of transportation of medication from the healthcare department to the wings and the potential risk this had as well as the impact that it had on staff time and resources.

Regulation 15-Premises and equipment

We found that the registered provider did not have suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment as they did not ensure that equipment provided was properly maintained and suitable for purpose. This was in breach of regulation 15(1)(a)(c)(e)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

Treatment rooms on the wings were not fit for purpose. Not all rooms contained hand washing facilities. There were no cleaning schedules in place and nurses were completing this on an ad hoc basis: this resulted in the rooms not being sufficiently clean. An infection control audit for the dental suite had been carried out in April 2014 and a further one was being completed on the day we inspected. HTM01-05 guidance recommends these should be completed every 6 months. The electrical testing on the ultrasonic should have been reviewed in March 2015.

Regulation 16-Receiving and acting on complaints

We found that the registered person had not established and operated effectively an accessible system for managing complaints made by people using the service.

	This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
How the regulation is not being met: <p>There was a lack of understanding about the informal and formal complaint systems and these were not well advertised. Complaints forms and separate healthcare boxes were not consistently available on all wings which meant that confidentiality could not always be guaranteed. Responses to informal complaints were timely; however they varied in content and did not always offer a full explanation or address the person's concern/s. We found they were often investigated by the person whom the complaint was against. This was not always appropriate and there was no external oversight to look at the validity of the complaint.</p>	
Regulation 18-staffing	We found that the registered person had not ensured sufficient numbers of staff were deployed or that persons employed by the service had received supervision and appraisals as is necessary for them to be able to carry out the duties they are employed to perform. This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
How the regulation is not being met: <p>We found there were on-going concerns with staffing that that the provider was struggling to recruit. Open days had been held to try and encourage people to apply but had been unsuccessful. At the time of the inspection there were 4.6 staffing vacancies (including a 6 month temporary post) and one person on long term sick. The provider used agency staff and where possible regular agency staff to manage this. Staff we spoke with told us they received an annual appraisal but we found that not all of these were in date. There was a system in place to monitor staff member's mandatory training; however it showed that only 73.8% were up to date. Clinical supervision of primary care staff was informal and there was no system to monitor this; not all staff members had an identified supervisor. These arrangements did not reflect the trust's policy. Access to additional training opportunities was limited due to staffing vacancies which meant that not all staff could be released to attend additional training.</p>	