

Outstanding


Barnet, Enfield and Haringey Mental Health NHS Trust

Forensic inpatient/secure wards

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RRP16	Chase Farm Hospital	Juniper Ward Cardamom Ward Devon Ward Fennel Ward Paprika Ward Sage Ward Severn Ward Tamarind Ward Blue Nile House Ward Derwent Ward Mint Ward	EN2 8JL
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This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Barnet, Enfield and Haringey Mental Health NHS Trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated Barnet, Enfield and Haringey Mental Health Trust forensic inpatient wards as **Outstanding** because:

Patients received care, treatment and support that met their individual and diverse needs. Patients and others important to them were fully involved in all aspects of their care and worked in partnership with the staff team. We received very positive feedback from patients and carers that they were treated with respect, kindness and compassion. Staff engaged with patients in a positive way which promoted their well-being. There was an open and positive culture which focussed on patients.

The majority of patients told us they felt safe and were at the centre of their care, treatment and support. There were enough suitably qualified and trained staff to provide care to a good and safe standard. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. The forensic service had a strong focus on relational security and the staff were committed to minimising the use of restrictive practices such as restraint and seclusion and this was reflected in the use of restrictive practices. Risk management arrangements were robust, there was a culture of positive risk taking and learning from incidents and development which was embedded throughout the service. Patients were involved in managing risks to their care.

The service undertook numerous initiatives to ensure that patients were engaged and involved in the care they received. This included a focus on collaborative risk assessments and patient-led care programme approach meetings, a robust clinical governance process which included patients attending clinical governance

meetings, patient involvement and contribution to working groups with specific focuses such as smoking cessation. The service had a family intervention support group where people that were important to patients could attend and seek advice, support and be part of the recovery process.

The Kingswood Centre enabled patients to access a wide range of recovery orientated therapeutic, educational and leisure activities. Self-catering programmes had been successfully implemented on two wards and plans were in place to roll this out across the forensic service.

The forensic service emphasised the delivery of quality care with attention to best practice and research evidence. Patients and staff worked together to ensure that patients had clear, holistic care plans which clearly reflected patient views. There were a number of initiatives which pushed innovation such as the 'dragon's den' within the trust which had provided financial assistance for the development of projects suggested by staff members.

Multidisciplinary teams were consistently and proactively involved in patient care, support and treatment. Staff were supported by regular supervision and appraisals and had access specialist training.

Patients and staff spoke positively about the senior management team within the service and within the trust. Morale was high, staff were positive about their leadership and the vision and values of the service. Senior management had developed a culture which was open, inclusive and transparent.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as **Good** because:

- The service delivered care in a clean and hygienic environment and regularly monitored the ward environments ensuring that regular infection control audits took place.
- Where there were wards with blind spots and environmental risks such as ligature anchor points, for example, on Fennel ward and Devon ward, the risk that these might present was mitigated through observations and knowledge of patients' risk.
- Staffing was maintained at a level to ensure patient safety and when the service needed to access additional staff the service did not use agency staff.
- The forensic service had a strong focus on relational security and the staff were committed to minimising the use of restrictive practices such as restraint and seclusion. This was reflected in the figures which the trust collected which confirmed a low use of these practices and an effective use of de-escalation skills. Trends and patterns of restraint and seclusion were collected and analysed at a service level and ensured that the trust had a good understanding of their current use of restrictive practices and how the use could be reduced.
- Staff had a good understanding of reporting incidents and they reported incidents which took place on the ward through the trust incident reporting system. Staff were aware of incidents and learning which followed incidents on their ward and within specialist services.
- Staff knew how to raise safeguarding concerns and alerts. The service recorded safeguarding concerns and liaised effectively with the local authority to investigate alerts made. Safeguarding alerts and concerns were logged and the ward staff actively worked to ensure the safety of staff and patients.

However, some patients' escorted leave was postponed when staff were not able to facilitate this.

Some wards, such as Sage and Severn, restricted access to garden areas during the day. Some staff did not have a good understanding

Good



Summary of findings

and knowledge of incidents which took place across the whole trust and there could be further work on learning across the trust divisions. Medical staff needed to increase their completion of mandatory training.

Are services effective?

We rated effective as **outstanding** because:

- The forensic service emphasised the delivery of quality care with attention to best practice and research evidence. Examples of this included the roll out of self-catering across the facility, patient-led care programme approach meetings and the integration of zonal observation on Sage ward. The service encouraged innovative practice and supported research by staff within the teams.
- Patients and staff worked together to ensure that patients had clear, holistic care plans which clearly reflected patient views. Care plans reflected the care which was delivered and patients told us that they had contributed to their care planning. .
- Staff had access to a wide range of specialist training which enhanced their competencies. For example, a number of members of staff were undertaking postgraduate qualifications including funded doctorates and Masters' level qualifications to enhance their professional capabilities. Staff who had particular skills and knowledge were encouraged to share their learning across the service through 'breakfast' meetings and ad hoc training events.
- Most staff had a good understanding of the Mental Capacity Act. There were some strong examples of the way the Act had been used to ensure that positive risk taking was promoted and it was not used defensively.
- Psychology and therapy staff had access to wide ranges of therapies. Both individual clinicians and the senior management team within the service had a good understanding of the effectiveness of the care and treatment which they delivered.
- The service had a specialist placements service which monitored and reviewed all external placements and assured the quality of these placements. This service enabled the trust to have an understanding of the needs of patients within its catchment area and they used this information to further develop services. For example, two wards were changed from being medium secure wards to be low secure wards as a result of evidence-based analysis of need.

Outstanding



Summary of findings

However, staff did not receive mandatory training relating to the Mental Health Act and the Mental Capacity Act. Local training which was delivered was not logged so the service did not have a coherent understanding of where the gaps in training were. Some members of staff raised concerns about the way that some external services liaised to facilitate patient discharges.

Are services caring?

We rated caring as **outstanding** because:

- Patients received care, treatment and support that met their individual and diverse needs. Patients and others important to them were fully involved in all aspects of their care and worked in partnership with the staff team. We received very positive feedback from patients and carers that they were treated with respect, kindness and compassion.
- We observed very positive staff interactions which were caring and respectful.
- Staff across the service, including the senior management team, had a good understanding of individual needs of specific patients.
- The service undertook numerous initiatives to ensure that patients were engaged and involved in the care they received. This included a focus on collaborative risk assessments and patient-led care programme approach meetings, a robust clinical governance process which included patients attending clinical governance meetings, patient involvement and contribution to working groups with specific focuses such as smoking cessation.
- The service had developed an expert by experience programme to ensure that patients who had left the service were able to input into the current service.
- Patient feedback was collected regularly at the ward and service level. This information was available to patients and staff and was discussed in clinical governance meetings so that feedback could be used to improve the service. We saw examples where this had happened.

Outstanding



Are services responsive to people's needs?

We rated responsive as **good** because:

- Wards had good range of facilities including quiet rooms and outdoor space.

Good



Summary of findings

- The Kingswood Centre enabled patients to access a wide range of therapeutic, educational and leisure activities. These were accessible over the weekend as well as during the week. Patients undertook vocational work experience which included paid and voluntary work.
- The service had introduced self-catering to some wards, for example, Blue Nile House and Fennel wards which were focused on rehabilitation. There was additional work being carried out in this area.
- The service met the cultural, religious and spiritual needs of patients. Patients had access to religious services and a chaplaincy service which covered Church of England. There was also a weekly Muslim Friday prayer meeting held with an Imam in the Kingswood Centre, patients were supported to attend. The service also requested support from additional religious leaders on request, for example, one patient saw a Jehovah's Witness minister weekly.
- There are lockable facilities for patient's personal possessions with maintained records of access.
- There was access available to interpreters and information was available in community languages.
- Wards had disability access and moving and handling equipment where required.
- There was a complaints process. Patients were aware of how to make complaints and the service had 100% compliance with responses to patients who had made formal complaints. There were processes in place to ensure that learning from complaints was embedded in clinical governance meetings. Ward staff encouraged formal and informal complaints which were used to improve the service delivery.

However, some ward environments looked worn such as Fennel and Devon. There were eight delayed discharges. Sometimes the availability of beds impacted on the patients' needs to be provided with care in the least restrictive environment, particularly when awaiting discharge to the community. Some patients complained about the chill-heat food, particularly the portion size.

Are services well-led?

We rated well-led as **good** because:

Good



Summary of findings

- Patients and staff spoke positively about the senior management team within the service and within the trust. Work which was undertaken reflected the trust values and we saw that recovery was a strong theme of the service from the initial admission.
- The trust had access to significant information in real time about the service, and used the ward 'heat maps' which contained information about staffing to respond to the service. Senior managers had a very good understanding of the wards and the needs of particular wards.
- Each ward had a risk register, as well as the service and staff across the service had an understanding of where the main risks lay.
- Morale was high and staff were positive about their leadership. Senior management had developed a culture which was open, inclusive and transparent. Staff were supported, felt valued and felt they could raise issues of concern and would be listened to by the management team.
- There were a number of initiatives which pushed innovation such as the 'dragon's den' within the trust which had provided financial assistance for the development of projects suggested by staff members. Staff were encouraged to drive improvement and pursue innovative ideas.
- The service used the peer network through the Royal College of Psychiatrists to drive improvement. We saw that there were specific changes enacted following a peer review visit earlier in the year and the service could give examples of changes which they had incorporated following network visits to other trusts to bring back best practice to the service.
- The implementation of zonal observations on Sage ward which had reduced the number of one to one observations carried out. Plans were in place to implement this throughout the service where appropriate.
- Staff had a clear understanding of their duty of candour and worked with patients in an open and honest way.

However, it was not clear how best practice in the forensic services was feeding into learning across the trust.

Summary of findings

Information about the service

The forensic inpatient/secure wards provided by Barnet, Enfield and Haringey Mental Health NHS Trust are part of the trust's specialist services directorate.

We inspected the following forensic wards at Chase Farm Hospital in Enfield.

Juniper Ward – 12 beds, women's medium secure

Cardamom Ward – 22 beds, men's medium secure

Devon Ward – 15 beds, men's low secure inpatient psychiatric forensic intensive care unit

Fennel Ward – 14 beds, men's medium secure pre-discharge

Paprika Ward – 19 beds, men's medium secure

Sage Ward – 18 beds, men's medium secure admission

Tamarind Ward – 18 beds, men's medium secure

Mint Ward – 15 beds, men's medium secure learning disabilities

Severn Ward – 14 beds, men's low secure

Derwent Ward – 12 beds, men's low secure

Blue Nile House – 15 beds, men's low secure

Our inspection team

The team who inspected the forensic inpatient wards consisted of three inspectors, one assistant inspector, two Mental Health Act reviewers, two psychiatrists, one clinical forensic psychologist, one mental health nurse and a speech and language therapist.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited all of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- Visited the Kingswood Centre where activities and therapies are based
- Spoke with 51 patients who were using the service and collected feedback from 29 patients using comment cards
- Spoke with the managers or acting managers for each of the wards

Summary of findings

- Spoke with 78 other staff members; including doctors, nurses, social workers, dietician, psychologists and occupational therapists
- Interviewed the assistant director and clinical director who have responsibility for these services as well as the senior managers within the service.
- Attended and observed two hand-over meetings, two multi-disciplinary meetings and two community meetings
- Looked at 74 treatment records of patients
- Looked at 57 medication charts
- Carried out a specific check of the medication management in the forensic services
- Looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

We spoke to 51 patients during the inspection and also received feedback from 45 comment cards.

The vast majority of patients we spoke with were positive and complimentary about their experience of care and treatment. They told us they found the staff to be caring, compassionate, respectful, kind and professional. Patients told us they were actively involved in all aspects of their care and worked with staff towards their recovery goals. Patients said they were at the centre of their care, their personal views were respected and they had developed positive relationships with staff. Care plans reflected the staff attitude of placing the patient at the centre of the service. Patients described how much they enjoyed attending the various activity programmes

offered at the Kingswood Centre. Patients commented on the effectiveness of the treatment they were receiving and availability of various therapies to support their recovery.

We received mixed feedback from the comment cards. Four comments cards were positive and 30 were negative. The rest had a mix of both positive and negative comments. Positive comments included staff attitude, cleanliness of environment, involvement and access to therapies. We received the most negative feedback in comments cards from Cardamom ward where we received 16 comment cards which were negative and the main themes in the feedback related to poor staff communication, staff attitude and lack of patient involvement.

Good practice

- The wards recorded and monitored restrictive practices such as seclusion and restraint. This included free text searches on electronic notes and incident reports to potentially pick up incidents of restraint which may not have been collected from incident reports alone. Information and data relating to restraint was gathered and reviewed by staff from the senior management team and shared through clinical governance meetings with ward staff to better understand the use of restrictive practices and work towards minimising them.
- There was excellent use of relational security to minimise the use of restraint and seclusion so that the levels were proportionately lower than other, similar services. The implementation of zonal observations on Sage ward had reduced the number of one to one observations carried out. This had been developed on the basis of research evidence.
- Patient-led care programme approach (CPA) meetings took place across some wards where people were involved in chairing their CPA meetings.
- A family intervention service provided support to family and those people important to patients who used services.
- Patients were offered work experience at the shop within the Kingswood Centre and the café in the main entrance of the medium secure unit. Patients had

Summary of findings

been successful in developing a bee keeping project and had won first prize at the Enfield farmers market for their honey. This was a successful enterprise which patients and staff took pride in.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should review how it records and monitors its training requirements relating to the Mental Health Act and Mental Capacity Act.
- The trust should review how trust wide incidents are communicated to staff so that broader learning can be disseminated.
- The trust should review how best practice in the forensic services was feeding into learning across the trust.
- The trust should review the restricted garden access on some wards and how garden access can be extended safely for patients.
- The trust should review the toilet facilities in the seclusion room on Devon ward so that patients' privacy and dignity is respected.

Barnet, Enfield and Haringey Mental Health NHS Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Juniper Ward
Cardamom Ward
Devon Ward
Fennel Ward
Paprika Ward
Sage Ward
Tamarind Ward
Mint Ward
Severn Ward
Derwent Ward
Blue Nile House

Name of CQC registered location

Chase Farm Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Training relating to the Mental Health Act was not mandatory within the trust. However, staff had a good understanding of the Mental Health Act and the Mental Health Act Code of Practice. Copies of the Code of Practice were available on the wards.

We carried out two Mental Health Act review visits as a part of our inspection to the forensic wards, to Blue Nile House and Juniper wards. We found that all necessary paperwork relating treatment forms were attached to medicine records as required and were completed accurately.

Patients were given information about their rights under the Mental Health Act regularly and this was recorded comprehensively. All relevant detention paperwork was completed accurately.

Detailed findings

The trust carried out regular audits of Mental Health Act paperwork and there was oversight from a trust wide Mental Health Act committee which was able to pick up any concerns in relation to this.

Staff were aware that they could seek advice regarding the Mental Health Act if necessary and were aware of where they could go for advice, either to the Mental Health Act office or one of the approved mental health professionals who worked in the service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training relating to the Mental Capacity Act was not mandatory across the trust. The forensic service had rolled out ad hoc training sessions relating to the Mental Capacity Act and most staff we spoke with had a good understanding of the Mental Capacity Act. However, this ad hoc training was not monitored so the service could not be sure where the gaps in learning were. There were no systems in place to monitor the understanding and use of the Mental Capacity Act across the service.

However, we saw some excellent records relating to the assessment and understanding of capacity within the service where decision-specific assessments had been made and the best interests of the individual patients had been considered. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately.

Staff were aware of the need to seek advice related to the Mental Capacity Act and were able to access support from ward social workers and leads within the service.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Forensic wards were located in four buildings: Camlet 1, Camlet 3, Regent House and the Chase Building. These buildings provided different environments. For example, Camlet 3, which was the most modern building, had ensuite bedroom facilities. There were some wards in Camlet 1 and the Chase Building, such as Fennel ward and Devon ward which were less spacious and did not have ensuite facilities.
- Patients were provided with care in clean and hygienic environments. There were regular infection control audits, including hand washing audits and the quality of cleaning was checked regularly. We checked these audits and they were up to date.
- Patients told us that the ward environments were generally clean and well-maintained. However, two patients on Severn ward raised concerns with us specifically about the cleanliness of the ward.
- Where there were wards with blind spots and other environmental risks such as ligature anchor points. For example on Fennel and Cardamom wards, the risks that these might present were mitigated through patient observations and an understanding of relational security through knowledge of individual patients.
- Each ward had access to emergency resuscitation equipment including a defibrillator and oxygen supply as well as emergency medication supplies. These supplies and the equipment were monitored regularly and records maintained.
- Seclusion facilities varied significantly between the wards. For example, on Severn ward, the toilet was outside the seclusion room. However, on Sage ward there was an adjoining toilet and shower which could be used by patients in the seclusion room. All seclusion facilities had clocks and methods of two-way communication. In Devon ward, there was a blind spot in the seclusion room, however, this was covered by CCTV camera. The toilet in the seclusion room on Devon ward did not have a viewing panel and there were some

ligature risks identified which meant that when needed, patients would be observed by a member of staff being in the room with them which meant that the dignity and privacy of patients could not be maintained. The ward staff and management team in the hospital told us that the seclusion room and facilities in Devon ward were due to be upgraded within months of our inspection visit to address some of these issues.

- Some wards, such as Cardamom ward, did not have a dedicated seclusion room. There was a de-escalation room. Staff were clear about the distinction between seclusion and de-escalation. We saw that occasionally staff had moved patients to different wards, such as from Cardamom ward to Tamarind ward, to use seclusion facilities. Where this happened, it was on the same level and to an adjacent ward.
- Security within the forensic services was managed from the entrance to the medium secure wards. Each visitor had photographic identification taken and all staff and visitors were issued with personal alarms. All staff had security training before working on the wards.

Safe staffing

- The trust had determined staffing levels based on the acuity of the wards, the level of security and the physical environment. The trust was undertaking a further review of establishment staffing numbers and an on-going recruitment plan was in place.
- The forensic wards had a vacancy rate of 9.3% across all the wards between 1 August 2014 and 31 July 2015. This ranged from a vacancy rate of 7% on Derwent ward to 18.5% on Sage ward. On the 31 July 2015, the service had 34 nursing vacancies out of an establishment of 137.5 and 10 health care assistants vacancies out of an establishment number of 144. The highest vacancy levels were on Mint and Severn wards with 3 nursing vacancies each.
- Staff on the wards told us that the use of agency staff was rare and this was reflected in the figures provided to us by the trust. Over the period between 1 August 2014 and 31 July 2015, 1286 shifts were covered by bank staff,

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

with the highest levels on Devon ward (229) and Paprika ward (200). Over the same period, 103 available shifts were not filled by bank staff, with the highest levels on Devon ward (48) and Mint ward (13).

- Most staff and patients told us that the staffing levels ensured patients' safety in the service. Some staff and patients told us that escorted leave was occasionally postponed when staff were not available. However, activities were not affected by staffing levels.
- Staff and patients told us that they felt safe on the wards.
- Ward managers could arrange for additional staffing when required, for example increased observation levels or to escort patients.
- Medical cover was provided through the forensic service during the day and at night.
- Across all the inpatient forensic wards, mandatory training was at an average of 86%. However, on Juniper ward this was 73% and this was the only ward below the trust target of 80%. Mandatory training for medical staff within the forensic inpatient services was an average of 66% with only 55% completing breakaway training, 71% completing safeguarding adults training and 76% completing safeguarding children training. This meant that there was a risk that in pockets of the service, including medical staff, there were significant gaps in the training.

Assessing and managing risk to patients and staff

- Staff completed comprehensive risk assessments for patients. HCR-20 (historical, clinical risk) documentation, which is common in forensic services, were completed within six months of admission and provided comprehensive risk assessments. When patients were first admitted, more brief risk assessments were completed so that the clinical teams were aware of relevant risks while more comprehensive risk assessment was taking place.
- Staff also completed the structured assessment for protective factors and violent risk for documenting risk assessments.
- The service had a search policy which was used on the wards, depending on the level of security. There were blanket room and individual searches when patients

returned from unescorted leave as well as random searches, depending on the ward, level of security and the specific issues which related to the particular ward and particular patients on the wards. We saw that some wards had authorised strip searches for particular patients in particular circumstances, where there had been concerns about the use of synthetic drugs. Where these procedures were used, they were authorised by the responsible clinician and a multi-disciplinary team.

- Staff were confident in managing behaviours which were challenging to the service with clarity and thoughtfulness. The service had a lead trainer for prevention and management of challenging behaviour (PMCB) based in the forensic service who had an overview of the training programme and the incidents which occurred and where they occurred so this information could be used to tailor services.
- Between July 2015 - October 2015, there were 25 incidents of seclusion across all the forensic inpatient services. The highest number were on Sage ward (10) and Devon ward (6). There was no use of long term segregation. Between July - October 2015, there were 50 incidents of restraint across all the forensic services which affected 23 different patients. The highest incidents were on Sage ward (19) and Devon ward (12). Of these restraints, 19 were in the face down (prone) position with the highest numbers on Sage (9) and Devon (5) wards and 8 (6 on Sage ward) resulted in the use of rapid tranquillisation.
- We checked the recording of restraint and how it was understood on the wards. We found that excellent use of relational security had reduced use of restrictive practices significantly and that there was a good understanding and reporting culture within the service.
- We checked records for seclusion and restraint and found that observations as well as medical and nursing checks were recorded appropriately to ensure the safety of patients in the service.
- Staff had received training around safeguarding adults and children. They had a good understanding around identifying safeguarding concerns and ensuring they were reported and recorded. There was a safeguarding lead identified across the forensic service. Each ward had an allocated social worker or two who were able to follow up safeguarding concerns. Staff were able to give

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

examples of safeguarding referrals they had made and where protection plans were in place, action that had been taken. On Juniper ward we saw an excellent example about involving safeguarding relating to children which demonstrated staff awareness of managing safeguarding concerns or issues when they arose.

- There were some blanket restrictions in place. This included search policies which were relevant to medium secure settings by determining random searches. However, on some wards, for example, Derwent ward, staff on the wards had made a decision to close access to the garden at all times due to a patient smoking in the garden. This meant that there was a risk that a blanket restriction was in place affecting all the patients on one ward on the basis of an individual's behaviour.
- There was a family visit room available for visits within Camlet 3. This was suitable for young people and children and had child friendly furnishings and toys available.

Track record on safety

- There were two serious incidents reported in the last 9 months within the service, both were on Tamarind ward. One was an attempted homicide by a patient and the other was an unauthorised absence by a patient.

Reporting incidents and learning from when things go wrong

- Staff on the wards had a good understanding of how and when to report incidents through the trust online reporting system which was accessible on the intranet. Ward managers, senior managers and key relevant professionals reviewed incidents. For example, the lead forensic social worker reviewed incidents relating to safeguarding and the lead for PMCB reviewed all incidents of restraint.
- Each ward had a monthly clinical governance meeting where incidents were discussed. These meetings were mapped across the service and across the senior management team, going to the trust board which was how information about incidents was passed both up and down in the trust.
- Staff had a good understanding and knowledge of recent incidents on their respective wards but also across the service as a whole. We heard examples of specific learning from incidents where changes had been made following incidents. However, staff did not have as broad an understanding and knowledge of incidents across the trust in areas outside the forensic services.
- A member of staff on Paprika ward gave us an example of the reporting of a 'near miss' which had led to learning which showed that there was potential to report proactively and promote safety for patients.

Both staff and patients told us that they had access to debriefings after incidents

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- As well as mental health treatment plans, care plans covered patients' holistic needs such as social care needs, interests, needs relating to family and carer support. Care planning documentation clearly reflected patients' voice and involvement. Patients told us that they were aware of their care plans and had been involved in their development and review. There was a strong focus on recovery with some wards using the 'recovery star' approach to care planning, for example, Juniper and Blue Nile House wards. Care plans were reviewed monthly.
 - Some of the care plans on Devon ward where patients were first admitted were not comprehensive as patients were at the initial stages of assessment and evidence of patient involvement or records of patients declining to be involved if that were the case, was not clear. However, all patients had initial care plans completed with 72 hours of admission.
 - Patients had access to regular physical health checks on admission and we saw that these were recorded comprehensively. Further checks were undertaken regularly and this information was recorded on the wards and reviewed by the staff team during ward rounds.
 - The service was proactive in involving patients in care planning. We saw that there was a roll out of patient-led care programme approach meetings (CPA) on some of the wards and patients took a role in chairing their CPA meetings if they wished to. On Mint ward, the multi-disciplinary team ensured that patients and staff entered CPA meetings together so that patients were not intimidated by walking into a room 'of professionals'. These considerations were sensitive to the needs of the patient group and worked to increase involvement.
- Patients had access to a wide range of psychological therapies including group and individual support. Each ward had a psychologist attached and there were specific groups to meet the needs of patients. For example, on Juniper ward patients had access to dialectical behavioural therapy. On Mint ward, patients had access to psychodynamic counselling.
 - As the service was moving to a complete smoking ban in January 2016, patients had access to ward-based smoking cessation groups for example, on Fennel ward. Staff on each ward had been identified and received training as smoking cessation leads. This was to prepare patients for the introduction of a smoke-free environment. Nicotine replacement therapies were available to patients.
 - Patients had access to a speech and language therapist who assisted staff and patients by developing communication guidelines. This was across all wards in the service and we saw some effective communication guidelines to support patients in place on Cardamom, Fennel and Mint wards. Staff told us that they had found this very useful to work with these specific patients.
 - The occupational therapy team was rolling out sensory integration profiles for patients who had autistic spectrum disorders to ensure that there was an understanding and sensitivity to their specific needs and that these needs were met. They were working on determining the sensory equipment which was able to be used within medium secure settings and working with ward teams to meet the needs of patients.
 - There was an effective and thorough use of positive behaviour support plans particularly on Mint ward which was a ward for men with learning disabilities. However, positive behaviour support plans were also used on other wards when it was appropriate, and we saw some effective and collaborative plans across the service.
 - Mint ward was a member of the British Institute of Learning Disabilities (BILD). This meant that they had access to support and a network which promoted the best practice in support for people with learning disabilities and current guidelines about the use of positive behaviour support. The staff team on Mint ward provided support across the service to staff on other wards where there were patients with learning disabilities and used their specialist knowledge and skills to support the service as a whole. This meant that

Best practice in treatment and care

- Medical staff were aware of the best practice guidelines relating to prescribing medicines which were established by the national institute for health and care excellence. Rapid tranquillisation was rarely used but when it was there were policies in place to ensure that it was done safely and this was recorded.

Are services effective?

Outstanding



By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

patients with learning disabilities and autistic spectrum disorders, who were on any of the wards in the service, would have access to specialist support, even if they were not on Mint ward.

- The service carried out extensive audits both clinical and non-clinical in a number of areas. This included the use of specialist outcome measures in psychology and occupational therapy to determine progress as well as individually developed outcome measures which were specific to an individual's progress or to measure the effectiveness of group work. The service used health of the nation outcome measures which were developed for secure settings and was a standard outcome measure used across all hospitals.
- Ward staff and management within the service had access to 'heat maps' which were updated monthly. This provided specific information about a ward including training gaps relating to mandatory training, staffing needs, vacancies and audits which had been carried out. This meant that staff had 'real time' information about their wards and managers had real time information about their services. The service also used the 'productive ward' templates to share information about a number of issues on the ward and which allowed this information to be collected, for example, safe staffing numbers, cancellation or postponement of leave or activities and infection control audits.

Skilled staff to deliver care

- Patients had access to a broad multidisciplinary team within the service. Each ward had access to, as well as medical and nursing staff, occupational therapists, social workers and psychologists. There was also input from a dietician and speech and language therapist who worked across the service.
- Art and music therapists worked in the service and patients had access to these on both a group and individual basis.
- Staff received appropriate training, supervision, appraisal and professional development. Supervision and appraisal records were maintained.
- The service had developed 'See, Think, Act' groups which were facilitated by an external psychologist and were reflective practice groups where staff were able to discuss issues of practice to develop. Staff feedback was positive about these groups.

- The service had developed supervision training for all staff so that staff were encouraged to use supervision effectively both as supervisors and supervisees.
- Team meetings took place on each ward weekly. Each ward also had monthly clinical governance meetings where the full multi-disciplinary team were involved. These meetings were recorded and the minutes were available on the ward so staff who were not present could have access to information which was discussed.
- Staff told us that they had access to specialist training for their roles. For example, staff on Juniper ward told us that they had additional training related to learning disabilities, mindfulness, and dialectical behavioural therapy. Another member of staff told us that they had access to specialist training around personality disorders. A number of staff members told us how they had been supported by the trust to access postgraduate training which was specific to the service. For example, the ward manager on Mint ward was being supported to undertake a doctorate related to the use of positive behaviour support for men with learning disabilities in medium secure services. However, two members of staff told us that they were not sure how this additional training was accessed.
- Medical staff told us that the trust was supportive in their access to study leave and professional development.

Multi-disciplinary and inter-agency team work

- Each ward had regular multidisciplinary meetings either once or twice a week depending on the ward and the patient group.
- We observed two handovers between nursing staff during our inspection visit. We saw that key information was shared between shifts including risk information and updates regarding patients' needs. These were carried out in a concise way so that key information was shared. Staff teams had morning handovers with the multi-disciplinary teams. Most wards operated on three shifts every 24 hours (morning, afternoon and night), however Juniper ward had two 'long' shifts. On Juniper ward, there was still a 'handover' in the afternoon to ensure staff were updated with patient information even if they had been on the shift during the morning. This meant that there was further assurance that key information was shared.
- Discharge planning was key from the point of admission so community teams were involved at the first

Are services effective?

Outstanding



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opportunities. Each ward had one or two allocated social workers who linked with community services. The forensic service had five forensic outreach teams which each covered the boroughs which were within its catchment area and this helped to facilitate communication and flow between inpatient and community services. Some ward social workers raised concerns about working with some specific boroughs regarding managing onward moves where the community forensic service was not specifically involved. This related to delays in terms of allocating housing.

- The service had a specific team which monitored all external placements made by the North London Forensic Service. This meant that there was a single point of contact for external providers.

Adherence to the MHA and the MHA Code of Practice

- Training relating to the Mental Health Act was not mandatory within the trust. However, staff had a good understanding of the Mental Health Act and the Mental Health Act Code of Practice. Copies of the Code of Practice were available on the wards.
- We carried out two Mental Health Act review visits as a part of our inspection to the forensic wards, to Blue Nile House and Juniper wards. We found that all necessary paperwork relating treatment forms were attached to medicine records as required and were completed accurately.
- Patients were given information about their rights under the Mental Health Act regularly and this was recorded comprehensively. All relevant detention paperwork was completed accurately.

- The trust carried out regular audits of mental health act paperwork and there was oversight from a trust wide Mental Health Act committee which was able to pick up any concerns in relation to this.
- Staff were aware that they could seek advice regarding the Mental Health Act if necessary and were aware of where they could go for advice, either to the Mental Health Act office or one of the approved mental health professionals who worked in the service.

Good practice in applying the MCA

- Training relating to the Mental Capacity Act was not mandatory across the trust. The forensic service had rolled out ad hoc training sessions relating to the Mental Capacity Act and most staff we spoke with had a good understanding of the Mental Capacity Act. However, this ad hoc training was not monitored so the service could not be sure where the gaps in learning were. There were no systems in place to monitor the understanding and use of the Mental Capacity Act across the service.
- However, we saw some excellent records relating to the assessment and understanding of capacity within the service where decision-specific assessments had been made and the best interests of the individual patients had been considered. Staff were also able to give us examples of when and how they would use the Mental Capacity Act appropriately.
- Staff were aware of the need to seek advice related to the Mental Capacity Act and were able to access support from ward social workers and leads within the service.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We spoke with 51 patients and 3 family members of patients during our visit. Most of the feedback we received was positive about the support that patients received from staff. Patients told us that they felt safe and staff treated them with dignity and respect.
- We observed care and interactions between patients and staff on all the wards we visited. We saw that care was delivered by staff with kindness and thoughtfulness. Staff had a very good understanding of the individual needs of their patients and spoke about patients with respect.

The involvement of people in the care they receive

- Each ward had developed a welcome pack for patients coming onto the wards. This had information about the ward and expectations both for patients and staff on the ward. For example, mealtimes and smoking breaks. Patients also had information available about how to make complaints.
- Advocates visited the wards regularly. Information was available on the ward about access to advocacy services. Advocates attended ward rounds when necessary.
- A number of initiatives were undertaken to promote patient involvement in their care and care planning. Some wards had rolled out patient-led CPA meetings where patients were able to plan in advance what they wanted to discuss and highlight in their CPAs and lead by chairing their own CPA meetings. This had very positive feedback.
- Patients were also involved in a collaborative risk assessment which had been rolled out across the service. Patients and staff had undertaken training to understand this process and patients were partners in determining and understanding the risk factors related to their needs and how these risks were to be managed. The HCR-20 documentation reflected the use of collaborative risk assessments. There were situations where, particularly towards the beginning of an admission, there may have been barriers to fully

collaborative working due to the stage of recovery. However this was taken into account by staff members who endeavoured to support patients as much as possible.

- Patients told us that they had been involved in their care planning and had copies of their care plans if they wanted them. This was reflected in the care plans which we saw which clearly reflected the patient voice. It was possible to have a sense of the individual from reading the care plans and they were living documents which were collaboratively produced. This was a particular strength within this service. As an example of this, one patient on Fennel ward told us that their care plan was “explained to me properly”. This reflects the feedback we received throughout the service.
- Each ward had weekly patient community meetings. These meetings were minuted and actions were taken from the meetings to be followed up. There was a service-wide patient’s forum which met monthly. This involved patient representatives from each ward. Patient representatives also attended ward clinical governance meetings and service wide clinical governance meetings. There was a patient representative on a variety of working groups which were established by the senior management within the service, for example, around smoking cessation and catering. This ensured that the patient voice was reflected through all levels of governance within the service.
- Some patients, depending on their progress towards discharge and moving on, had access to college courses and mainstream work placements. This included patients on Mint ward.
- There was a service-wide carers’ forum which was held monthly on a Saturday for family members to attend. There was also a family intervention service to provide support to families and carers.
- The service carried out regular surveys and collected feedback from patients regarding their views about the service. This information was gathered monthly and reflected in the ward ‘heat maps’ and this data was also discussed in monthly clinical governance meetings.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The service has a weekly meeting where referrals into the service were discussed and monitored, as well as the need to transfer patients between wards. For example, moves planned between medium and low security or between an admission and rehabilitation ward within medium security. At the time of our inspection, there was one person waiting to access a bed on Devon ward from the prison service. Senior staff told us that the recent change where medium secure beds had been redesignated as low secure beds had helped with patient flow.
- The service had access to a rehabilitation low secure unit which was in the local community and run in partnership between the trust and the independent sector. The trust provided support through the consultant and multi-disciplinary team where the independent sector service provided the accommodation and the nursing team and management. This helped to facilitate a rehabilitation pathway for patients in the secure wards.
- There was a small team within the North London Forensic Service which monitored and reviewed all external placements nationally which were provided to patients who were in the services' catchment area. For example, placements in women's learning disability forensic services where the service was not available within the North London Forensic Service. These placements were reviewed a minimum of annually but more frequently if necessary. This meant that the service had a good understanding of the needs of patients in the North London area regardless of where the services were being delivered. The information from this team was used to plan service provision in the future. For example, the change of some beds from medium secure to low secure was undertaken partly on the basis of the knowledge of this team regarding the key needs of the population in North London. This meant that the service was able to be responsive to the needs of the population and where it was not able to meet the specific needs of users, it ensured that patients were proactively followed up so that they were not 'forgotten' if they are far from their home area. The team worked with commissioning bodies within NHS England and provided an additional assurance to commissioners around the needs of patients across the catchment area.
- There was one learning disability ward within the service and the consultant on the ward linked with the community learning disability consultants. The pathway for patients within this ward was, wherever possible, to move from medium secure setting into the community.
- There were three beds on Derwent ward which were assigned as beds for people with learning disabilities within a low secure setting. Support was provided from the specialist team on Mint ward. The service monitored all patients with learning disabilities within the service, regardless of which ward they were on and the lead social worker on Mint ward attended ward rounds for all patients with learning disabilities across the service to ensure their specialist needs were established.
- Between 1 January 2015 – 30 June 2015 there were eight delayed discharges. These were mainly due to funding and accommodation issues. However, during our inspection we were told that there was now only one patient whose discharge was delayed.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward environment and facilities varied depending on the specific wards as the age and design of the buildings which made up the forensic services differed significantly. However, all wards had disability access. Some of the newer wards, in Camlet 3 such as Cardamom, Paprika and Sage had ensuite facilities. However, in some of the older buildings, such as Devon ward and Fennel there were shared bathrooms, toilets and showers. Fennel ward in particular, was a small ward with a clinic room space that was very restricted. However, Fennel was a pre-discharge ward and patients had more ground leave and unescorted leave meaning that there was less time they would spend in the ward.
- Severn ward, as a part of the low secure rehabilitation pathway, had four 'flat' areas which encouraged independence and facilitated discharge planning.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- All the wards had access to outdoor space. However, on some wards, access to garden areas had been restricted due to use of cigarettes or illicit substances, for example, on Severn ward. On Fennel ward, patients could request access to the garden area on demand.
- Clinic rooms did not have examination couches in them. Patients could have examinations in their bedroom areas, however, where the bedrooms were not ensuite, there would not be immediate access to hand washing facilities in the same room as the examination was taking place.
- All the wards had different rooms available including a lounge area and a quiet room area. Some wards had additional therapy rooms on the wards and rooms where patients could receive visits.
- Five patients across the service specifically raised concerns about the quality of food. The food was a cook chill system. Wards were involved in developing self-catering and there was a specific programme on Blue Nile House ward promoting self-catering. This enabled patients to budget, plan and prepare a menu for the week. Patients were individually risk assessed to be able to prepare their own meals and develop skills to enable a successful discharge into the community. On Blue Nile House ward plans were in place for a self-catering kitchen to be fitted.
- Patients had access to lockable spaces to their belongings and were able to make private telephone calls. Patients were able to access mobile phones off the wards and some wards such as Blue Nile House and Fennel were able to trial the use of mobile phones on the ward. This was part of the project which the service was rolling out.
- On Devon ward, patients had access to supervised laptops with the agreement of the multidisciplinary team meeting.
- On Mint ward, a tutor who facilitated literacy and numeracy groups visited weekly. Some patients accessed local college courses.
- The service had a specific clinic room for primary care and a visiting GP.
- The Kingswood Centre was an onsite activities and therapy space with a large garden area and a number of activities, both recreational and therapeutic, for example, with gardening areas, woodwork and arts and music therapy. This was within the medium secure parameter so patients were able to access this area. However, patients on Devon ward, which was in a building which was not linked to the Kingswood Centre, had not been able to access this unless they had specific leave granted. Following a review from the Royal College of Psychiatrists, the service worked on ways to ensure patients on Devon ward had access to the facilities available and have implemented the use of secure transport twice weekly so patients from Devon ward who do not have leave are able to access facilities. This is an example of how the service has used the peer review process to improve patient experience.
- Patients were offered work experience at the shop within the Kingswood Centre and the café in the main entrance of the medium secure unit. Patients had been successful in developing a bee keeping project and had won first prize at the Enfield farmers market for their honey. This was a successful enterprise.

Meeting the needs of all people who use the service

- The wards had accessible rooms for people who may have mobility difficulties. This included larger rooms to accommodate mobility equipment including wheelchairs if necessary and lift access where required. However, the garden on Fennel ward was down some steps. Services could be provided across the service to meet the needs of patients with physical disabilities but there may not be equivalent access on every ward.
- Information was available about mental health difficulties, diagnoses and medicines on the wards and this was also available in community languages on request. Staff on the ward had a good understanding of the diverse cultural, religious and linguistic needs of patients in the service. There was an interpreting service available which was booked centrally and staff were aware of how to access interpreters and could give us examples of when interpreters had been used. We were also told about situations where ward staff who had specific linguistic skills had been able to provide assistance in emergency situations to ensure people's needs were met, for example, a member of staff who spoke Romanian was able to come to a different ward to provide specific support.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Patients had access to a variety of menu options which met their religious and dietary needs including halal and kosher foods.
- There was a chaplain who visited the service regularly and was able to provide support to patients who sought it. We spoke to a patient who was a devout Christian who found the service supportive to meeting their religious needs. There was also a weekly Muslim Friday prayer meeting held with an Imam in the Kingswood Centre. Patients were supported to attend. Patients we spoke with who attended this service, told us that they benefited from it and felt supported in practising their faith. Another patient told us that their Jehovah's Witness minister visited them regularly.
- The service ran a weekly women's group at the Kingswood Centre. This was positively received by patients and particular work was on relating to women's health on the women's ward.
- Each year, the service had a 'Learning Disabilities Week' which showcased the work done on Mint ward and included a number of activities and events including a 'Mint' talent contest and charity events such as a cake bake. Patients spoke positively about this.
- There was clear easy read information available for patients about their rights and detention under the Mental Health Act.
- Staff were able to give examples of supporting patients sexuality including meeting the needs of transgender patients within the service.

Listening to and learning from concerns and complaints

- Patients made 26 complaints across the eleven wards in the last 12 months, 2 of which were upheld.
- Patients across the service told us that they were aware of how to make complaints and understood the process. We saw that information about making complaints was clearly available and accessible on the wards.
- We saw that patients were encouraged to make complaints and complaints were logged and discussed at ward clinical governance meetings as well as across the service at service wide clinical governance meetings to ensure that learning could take place.
- We saw an example of how complaints were managed on Paprika ward where patients and staff would model and role play reversed roles to help staff and patients understand the impact of customer care, for example, if a member of staff told a patient they were busy, they would reverse role play how this felt so the member of staff would 'play' the patient role and the patient would 'play' the staff role. This was a positive and empowering use of empathy to ensure staff and patients worked together to resolve complaints.
- We saw examples where staff had encouraged patients to make formal complaints about their care and this had led to positive outcomes.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff across the service had a clear understanding and recognition of the trust and services vision and values with an emphasis on recovery and empowering patients within the service. This was reflected in our discussions with staff across the service and at all levels within the service who displayed a pride in their role, the trust and the service and consistently emphasised their desire to push for constant improvement in order to improve patient care.
- Staff and patients across the service whom we spoke with had a very clear understanding and recognition of the senior team within the forensic services. Patients and staff reported that the leadership team were available and visible on the wards and were accessible.
- Most staff had a good understanding and knowledge of the board, particularly the Chief Executive, the Director of Nursing and the Medical Director. The Chief Executive was particularly praised by staff and patients for her accessibility and visibility.

Good governance

- There were strong systems of governance in place across the service and information was available in real time on a ward level and to the senior management in the service. The use of 'heat maps' which captured key information about ward data including staffing, supervision a variety of audits and training enabled the management teams to have a better understanding of the ward.
- Staff used productive ward data to understand and map the needs and gaps within the service for example, when leave was postponed.
- There were regular ward manager meetings and meetings between the senior managers within the service. Monthly clinical governance meetings took place on each ward and across the service which patients were involved in. Senior managers ensured that information was fed through meetings from the board to the ward and that information was shared across the service.

- There was a monthly serious incident and complaints meeting across specialist services that captured learning and ensured that it was disseminated.
- Each ward had a risk register and ward managers were aware of the key risks on their wards. The service wide risk register was discussed at the clinical governance meetings and staff teams were aware of the key risks across the service.
- Speaking with the senior managers within the service, they had a very good understanding of the service to a significant level of detail including the needs of individual patients and specific wards. This meant that the governance systems were strong because key information was captured.

Leadership, morale and staff engagement

- Staff across the service were very positive about working for the trust and for the forensic services within the trust. Staff across the service generally spoke with some warmth about their managers and told us that they felt supported. Two members of staff across the service told us that they did not feel able to raise concerns with their managers.
- Staff were confident in describing their responsibilities under their duty of candour. For example a ward manager described the actions taken when a medicine error occurred with a patient.
- Staff were aware of the whistleblowing process if they needed to use it.
- Sickness rates across the forensic inpatient services was an average of 4% for the period between August 2014 and July 2015. This varied significantly between the wards with the highest sickness rates on Fennel ward (13%) and Tamarind ward (8%) and the lowest levels on Mint, Cardamom and Blue Nile House (0%).
- The trust had a programme to develop leadership and management for ward managers. Two ward managers told us that they had been supported by the trust to access postgraduate training in leadership and management.

Commitment to quality improvement and innovation

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The service prioritised improvement and using evidence based practice and research to promote and develop best practice within the North London Forensic Service. There was a strong push towards innovation and a commitment to improving quality within the service.
- The service was part of the forensic peer network run by the Royal College of Psychiatrists and had a review of their low and medium secure services in February 2015. A number of recommendations had been made to improve the quality of care which was delivered and the service had drawn up an action plan with a timetable which they tracked to ensure that recommendations were acted on.
- Some members of staff within the service had undertaken reviews of other sites and the senior staff team were able to share examples where best practice that had been identified in other services and the team had made changes within the North London Forensic Service on the basis of this, looking at the use of mobile phones on the wards and self-catering.
- There were a number of innovative developments which were taking place within the service to improve patient care including the use of collaborative risk assessments, patient led CPA and care planning and the use of effective behaviour support plans across the service.
- Mint ward was part of the south of England learning disabilities network and had hosted a conference in July 2015.