Outstanding ☆

Barnet, Enfield and Haringey Mental Health NHS Trust

Forensic inpatient/secure wards

Quality Report

Trust Headquarters
St Ann's Hospital
St Ann's Road
London
N15 3TH
Tel: 020 8702 3000
Website: www.beh-mht.nhs.uk

Date of inspection visit: 25 -28 September 2017
Date of publication: 12/01/2018

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RRP02	Chase Farm Hospital	Sage Ward	EN2 8JL
RRP02	Chase Farm Hospital	Cardamom Ward	EN2 8JL
RRP02	Chase Farm Hospital	Devon Ward	EN2 8JL
RRP02	Chase Farm Hospital	Fennel Ward	EN2 8JL
RRP02	Chase Farm Hospital	Juniper Ward	EN2 8JL
RRP02	Chase Farm Hospital	Tamarind Ward	EN2 8JL
RRP02	Chase Farm Hospital	Mint Ward	EN2 8JL
RRP02	Chase Farm Hospital	Blue Nile House Ward	EN2 8JL

Summary of findings

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.

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?	Outstanding
Are services well-led?	Outstanding

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

Contents

Summary of findings

Overall summary

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

- At the last inspection in December 2015 we rated the service as outstanding. At this inspection we found that the previous good practice had been sustained and additional developments had taken place to improve the quality of the service further.
- 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 holistic care plans, and a robust clinical governance process which included patients attending clinical governance meetings.
- Each ward had a patient representative who attended the user forum for the service to raise issues relevant to their ward. The chairperson and vice-chair of the forum (patients on the wards) met with senior managers regularly to feedback on patients' views. Changes that had been made as a result included the introduction of mobile phones and laptops on the wards and rolling out self-catering on all wards.
- The service had recruited 20 experts by experience ensuring that patients who had left the service were able to input into the current service. Experts by experience were paid to co-design and co-deliver the recovery college workshops. They were also employed to assist with staff recruitment, staff training and mentoring patients.
- Patients and staff had co-produced and co-delivered a recovery college programme starting in May 2017. This included workshops on a wide range of topics co-facilitated by experts by experience, such as hearing voices, basic life support, getting the best out of care programme approach meetings, creative writing, sleep hygiene, and returning to study. Experts by experience were recruited by a vocational manager, with a view to providing a user led rather than a professional led programme.
- The Kingswood Centre, an activities resource centre for forensic patients, enabled patients to access a wide range of therapeutic, educational, vocational, and leisure activities. The centre was accessible over the weekend as well as during the week. Patients undertook vocational work experience which included paid and voluntary work and were able to learn a wide range of skills including shop and café roles, horticulture, bee keeping, bicycle maintenance, light industry servicing, and jewellery making. They also had access to a fully equipped gym, sports hall, outside tennis courts and a wide range of sports. Other activities included music and art therapies, pet therapy, pottery and social events.
- To support patients on discharge into the community, the service paid for gym membership in their local area for their first year after discharge. They were also able to continue to participate in the community football team, and contribute to the recovery college.
- The service had brought in total self-catering across all low secure wards, and was introducing this on the medium secure wards. Results were positive with staff recording patients losing weight, and reduced aggression as a result of the change.
- The service had recently purchased equipment that screened for various drugs and medicines in a non-intrusive way. This machine detected a wide range of drugs and was also able to detect if patients had been in contact with drugs.
- We received very positive feedback from patients and carers that they were treated with respect, kindness and compassion and observed 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 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.

Summary of findings

- Staffing was maintained at a level to ensure patient safety and without the use of agency staff. Staff undertook mandatory training and followed best practice in ensuring the safety of staff and patients.
- Staff reported incidents which took place on the wards through the trust incident reporting system. Staff were aware of serious incidents across the trust and resulting learning was put in place, as recommended at the previous inspection.
- Patients were supported by a multi-disciplinary team of staff on each ward. Staff had access to specialist training, and staff from forensic services shared best practice with other staff within the trust, as recommended at the previous inspection.
- Wards were kept clean and well maintained, and had a good range of facilities including quiet rooms and outdoor garden space with gym equipment provided.
- The service met the cultural, religious and spiritual needs of patients. There was access available to interpreters and information was available in community languages.
- There was a complaints process. Patients were aware of how to make complaints and the service responded to all 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.
- Patients and staff spoke positively about the senior management team within the service. 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 about the service in real time, 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 needs of particular wards. Each ward had a risk register, and staff across the service had an understanding of where the main risks lay.
- 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.

However:

- The location of the de-escalation room on Cardamom Ward impacted on the safety, privacy and dignity of patients using this room.
- Patients on Sage Ward had a blanket restriction of having all meetings with their visitors supervised.
- Staff were recording seclusion records in four different formats, which was time consuming and made it difficult to assess whether a patient was supported appropriately.
- On Devon Ward changes in risk were recorded in patients' progress notes, but risk assessments were not always kept up to date, making it more difficult to access the most up to date risk information.

Summary of findings

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

Are services safe?

Good

We rated safe as **good** because:

- 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. 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.
- Ward environments were clean and well maintained. Where there were wards with blind spots and environmental risks such as ligature anchor points, for example, on Fennel and Devon Wards, the risk that these might present was mitigated through observations and knowledge of patients' risk. The seclusion facility on Devon Ward alongside staff protocols, protected patients' dignity as recommended at the previous inspection.
- Staffing was maintained at a level to ensure patient safety and without the use of agency staff. Staff undertook mandatory training and followed best practice in ensuringe the safety of staff and patients.
- Staff reported incidents which took place on the wards through the trust incident reporting system. Staff were aware of serious incidents across the trust and resulting learning was put in place, as recommended at the previous inspection.
- Staff knew how to raise safeguarding concerns and alerts. The service recorded a significant increase in safeguarding alerts as staff improved their recording of all issues.
- Staff had improved access to the garden areas on each ward, to ensure that patients were not restricted unnecessarily, as recommended at the previous inspection.

However:

- The location of the de-escalation room on Cardamom Ward impacted on the safety, privacy and dignity of patients using this room.
- Patients on Sage Ward had a blanket restriction of having all meetings with their visitors supervised.
- Staff were recording seclusion records in four different formats, which was time consuming and made it difficult to assess whether a patient was supported appropriately. On Devon Ward changes in risk were recorded in patients' progress notes, but risk assessments were not always kept up to date, making it more difficult to access the most up to date risk information.

Summary of findings

Are services effective?

Outstanding 

We rated effective as **outstanding** because:

- The forensic service delivered a high quality of care with attention to best practice and evidence from research. Examples of this included the roll out of self-catering across the facility, the integration of zonal observation on wards, and piloting positive handovers. The service encouraged innovative practice and supported research by staff within the teams.
- Patients and staff worked together to produce clear, holistic care plans which 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 specialist training, and staff from forensic services shared best practice with other staff within the trust, as recommended at the previous inspection.
- Staff had a good understanding of the Mental Capacity Act. There was a high standard of recording showing that staff undertook appropriate assessments and made best interest decisions when necessary.
- A multi-disciplinary team supported patients on each ward. Psychology and therapy staff provided a wide ranges of therapies, and were also contributing to the recovery college programme within the Kingswood Centre.
- The service had recently purchased equipment that screened for various drugs and medicines in a non-intrusive way. This machine detected a wide range of drugs and was also able to detect if patients had been in contact with drugs.

Are services caring?

Outstanding 

We rated caring as **outstanding** because:

- We received very positive feedback from patients and carers that they were treated with respect, kindness and compassion. Patients received care, treatment and support that met their individual needs. Patients and other people important to them were fully involved in all aspects of their care and worked in partnership with the staff team.
- 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.

Summary of findings

This included a focus on collaborative risk assessments and patient-led care programme approach meetings, and a robust clinical governance process which included patients attending clinical governance meetings.

- The service had recruited 20 experts by experience, ensuring that patients who had left the service were able to input into the current service. Experts by experience were paid to co-design and co-deliver the recovery college workshops. They were also employed to assist with staff recruitment, staff training and mentoring patients.
- 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.
- Each ward had a patient representative who attended the user forum for the service to raise issues relevant to their ward. The chairperson and vice-chair of the forum (patients on the wards) met with senior managers regularly to feedback on patients' views. Changes that had been made as a result included the introduction of mobile phones and laptops on the wards and rolling out self-catering on all wards.

Are services responsive to people's needs?

Outstanding ☆

We rated responsive as **outstanding** because:

- The Kingswood Centre enabled patients to access a wide range of therapeutic, educational, vocational, and leisure activities. The centre was accessible over the weekend as well as during the week. Patients undertook vocational work experience which included paid and voluntary work and were able to learn a wide range of skills including shop and café roles, horticulture, bee keeping, bicycle maintenance, light industry servicing, and jewellery making. They also had access to a fully equipped gym, sports hall, outside tennis courts and a wide range of sports. Other activities included music and art therapies, pet therapy, pottery and social events.
- Patients and staff had co-produced and co-delivered a recovery college programme starting in May 2017. This included workshops on a wide range of topics co-facilitated by experts by experience, such as hearing voices, basic life support, getting the best out of care programme approach meetings, creative

writing, sleep hygiene, and returning to study. Experts by experience were recruited by a vocational manager, with a view to providing a user led rather than a professional led programme.

- To support patients on discharge into the community, the service paid for gym membership in their local area for their first year after discharge. They were also able to continue to participate in the community football team, and contribute to the recovery college.
- The service had brought in full self-catering across all low secure wards, and was introducing this on the medium secure wards. Results were positive with staff recording patients losing weight, and reduced aggression as a result of the change.
- Wards had a good range of facilities including quiet rooms and outdoor garden space with gym equipment provided.
- The service met the cultural, religious and spiritual needs of patients. Patients had access to Church of England religious services and a chaplaincy service, and a weekly Muslim Friday prayer meeting held with an Imam in the Kingswood Centre.
- There was access available to interpreters and information was available in community languages.
- There was a complaints process. Patients were aware of how to make complaints and the service responded to all 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.

Are services well-led?

Outstanding ☆

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

- Morale was high and staff were positive about their leadership. Senior management had developed a culture which was open, inclusive and transparent.
- Patients and staff spoke positively about the senior management team within the service. 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 about the service in real time, 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 needs of particular wards.

Summary of findings

- Each ward had a risk register, and staff across the service had an understanding of where the main risks lay.
- 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.
- Relevant best practice in the forensic services was being rolled out across the trust, as recommended at the last inspection.

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

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

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

Our inspection team

The team who inspected the forensic inpatient wards consisted of two inspectors, one inspection manager, one assistant inspector, one Mental Health Act reviewer, one pharmacist specialist, two specialist advisor forensic mental health nurses, one specialist advisor forensic psychologist and an expert by experience. A CQC expert by experience has experience of using or caring for people using a similar service.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme. When we last inspected the forensic inpatient/secure wards in December 2015, we rated the forensic inpatient/secure wards as **outstanding** overall. We rated the core service as **good** for safe, responsive and well-led, and **outstanding** for effective and caring.

Following the December 2015 inspection, we made the following recommendations to the trust to improve forensic inpatient/secure wards:

- 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.

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?

Summary of findings

- 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. We held focus groups and drop in sessions for staff, patients and carers across the trust.

During the inspection visit, the inspection team:

- visited eight 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 34 patients who were using the service, four relatives/carers of patients and collected feedback from 14 patients using comment cards
- Spoke with two experts by experience, and the chairperson and vice-chair of the user forum. We also spoke with the vocational manager for experts by experience.
- spoke with the clinical director who has responsibility for these services as well as two service managers, the physical health lead (a nurse consultant), the safeguarding lead, challenging behaviour lead, substance misuse lead, and head of therapies, principal occupational therapist, and speech and language therapist within the service
- spoke with the managers for each of the wards and the Kingswood Centre manager
- spoke with 39 other staff members; including doctors, nurses, healthcare assistants, social workers, psychologists and occupational therapists, a ward clerk and a housekeeper
- attended and observed two hand-over meetings, two multi-disciplinary ward round meetings and one community (patients business) meeting, and a drop-in session at the Kingswood Centre
- looked at 40 care and treatment records of patients
- looked at 53 medicines charts
- looked at 25 staff supervision records
- spoke with an advocate visiting the service
- 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 with 34 patients during the inspection, and four carers of patients on the wards. We also received feedback from 14 comment cards. We also spoke with three experts by experience, including the chairperson and vice-chair of the user forum.

Patients and carers were very positive about their experience of care and treatment in the inpatient forensic service. They told us they found staff to be caring, respectful, kind and professional, describing particular staff who had gone beyond the call of duty to support them. Patients told us they were at the centre of their care and actively involved in all aspects of their care and treatment, working with staff towards their recovery goals. Patients said their personal views were respected and they had developed positive relationships with most staff. Care plans reflected the service value 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, and several told us that they had learned new skills giving them confidence to consider new careers. Patients commented on the effectiveness of the treatment they were receiving and availability of various therapies to support their recovery.

Patients told us that the user forum was effective in bringing about improvements to the service, including recent introduction of mobile phones and self-catering on the wards.

We received some mixed feedback from the comment cards, including positive and negative comments about staff attitude, de-escalation of challenging behaviour and response to issues raised.

Summary of findings

Good practice

- Patients were represented at all levels within the service. The service had a user forum, with a representative from each ward. The chair-person and vice-chair of the user forum (patients) attended board meetings, and clinical governance meetings representing patients views. They described positive changes that had resulted as a result of their input including the introduction of mobile phones, laptops and self-catering on the wards.
- The forensic service employed twenty experts by experience in paid roles including patients on the wards, and some who had been discharged into the local community. They were involved in co-production and co-delivery of the recovery college courses, and also took part in training for staff and recruitment interviews.
- 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 had also reduced the number of one to one observations carried out. This had been developed on the basis of research evidence.
- The service was piloting positive handovers on the wards. They were also providing increased follow up for patients after discharge, and some training for external providers in relapse prevention. To support patients on discharge into the community, the service paid for gym membership in their local area for their first year after discharge. They were also able to continue to participate in the community football team, which played in the West London forensic football league.
- Patients were offered work experience at the shop and café 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 a social enterprise refurbishing and selling on bicycles.
- The service had recently purchased equipment that screened for various drugs and medication in a non-intrusive way. Staff were receiving training in how to use this from the physical health team and said that wards will be using it from October 2017. This machine detected various types of drugs and was able to detect if patients had been in contact with drugs.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should review the location of the de-escalation room on Cardamom Ward, and its impact on the privacy and dignity of patients using this room.
- The trust should review the policy on Sage Ward for having all patient visits at the service supervised, to ensure that this is not a blanket restriction.
- The trust should review the system of recording seclusion records in four different formats, creating a burden on staff, and making it difficult to assess whether a patient was supported appropriately.
- The trust should ensure that patients' risk assessments on Devon Ward are updated after incidents or other changes, in addition to recording changes in the progress notes. This is to ensure that all staff can access the most up to date risk information for patients promptly.

Barnet, Enfield and Haringey Mental Health NHS Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Juniper Ward Cardamom Ward Devon Ward Fennel Ward Sage Ward Tamarind Ward Mint Ward Blue Nile House	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 mandatory within the trust. 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 a Mental Health Act review visit to Sage Ward as a part of our inspection to the forensic wards. We found that all necessary paperwork relating to 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 some local training sessions relating to the Mental Capacity Act on each ward, and staff we spoke with had a good understanding of the Mental Capacity Act.

However, we found good 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.

Good

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

Safety of the ward layout

- The forensic wards we inspected were located in four buildings: Camlet 1, Camlet 3, the Chase Building and Blue Nile House. These buildings provided different environments. For example, Camlet 3 (the most modern building) had ensuite bedroom facilities. Some wards in Camlet 1 and the Chase Building, such as Fennel Ward and Devon Ward were less spacious and without ensuite facilities.
- There was a secure entrance to each building controlled by staff. 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 and having access to keys to move between the buildings. The keys were locked away and only accessed by a fingerprint entry system.
- Nursing staff were able to observe patients in the communal areas of the wards at all times. Where there were blind spots these were mitigated by convex mirrors, staff observations and understanding of relational security through knowledge of individual patients.
- Each ward had anti-ligature anchor point fittings such as taps and collapsible curtain rails in patient bedrooms. However, some of the communal areas including the garden and communal kitchen had ligature anchor points. Staff reduced the risk of these through regular zonal observations and one to one supervision for some patients.
- Each ward had completed ligature risk assessments in February 2017 including photographs of ligature anchor points on the wards. We saw that these plans focussed on understanding the patients, and putting risk management plans in place to observe patients, so that they did not come to harm. However, we identified areas with ligature anchor points on both Fennel and Sage Wards, including exposed piping in the garden on Sage Ward and taps in the communal area on Fennel Ward, that were not included on the ligature risk assessments. We pointed this out to the service manager at the time of the inspection and they updated the risk assessments to include the ligature points we identified.
- Wards had fire risk assessments in place, and included fire extinguishers and fire blankets, which were serviced regularly, in case of a fire.
- Staff carried alarms with them at all times and undertook checks to ensure these were in working order. Patients had access to nurse call alarm systems that were fixed to the wall.
- All wards were single sex, ensuring that there was no mixed-sex accommodation. All bedrooms were single occupancy.

Maintenance, cleanliness and infection control

- Patients told us that they were satisfied with the cleanliness on the wards. During the inspection, all of the wards were clean, and corridors were clear with no clutter. Furniture was safe, clean and in good condition.
- Infection control audits were undertaken on each ward including regular hand washing audits, and checks on the quality of cleaning. All staff undertook infection control training. Handwashing signs were in place above sinks and alcohol hand gel was also available for staff.
- At the most recent PLACE assessments (self-assessments undertaken by teams including at least 50% members of the public) for the site, the hospital site scored 99% for cleanliness and 97% for condition, appearance and maintenance.

Seclusion room

- Seclusion rooms allowed for clear observation and two way communication. Fennel, Cardamom and Blue Nile House Wards did not have a dedicated seclusion room but had access to a ward close by, on the same level, if patients needed to be secluded. The other wards we inspected had seclusion facilities for patients to use. They included toilet facilities and a clock in view, for patients' comfort. The seclusion room on Sage Ward was on the ground floor and had its own garden so patients could access fresh air at any time.

Good

Are services safe?

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

- At the previous inspection in December 2015, we noted that the toilet in the seclusion room on Devon Ward did not have a viewing panel and there were some ligature risks identified. This meant that when needed, patients were observed by a member of staff being in the room with them, which did not maintain patients' privacy and dignity. At the current inspection we found that the seclusion room facilities in Devon Ward did provide sufficient observation, protecting people's dignity, through appropriate protocols for staff.
- Some wards such as Cardamom Ward had a de-escalation room instead of a seclusion room. Staff were clear about the distinction between seclusion and de-escalation. However, we were concerned about the location of the de-escalation room on Cardamom Ward, which was in use at the time of the inspection. Its location next to the main entrance and exit for the ward, impacted on the privacy and dignity of the patient using this room, and did not facilitate de-escalation. We brought this to the attention of the ward manager, and senior management. They were aware of the issue and advised that they would be closing this room immediately following its current use.

Clinic room and equipment

- 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.
- Treatment rooms were clean and tidy, with no medicines lying around waiting for administration or destruction. The areas used to prepare and dispense medicines were fit for purpose and staff stored take-home medicines securely in cupboards until required by the patients. Additionally, staff stored medicines for internal and external use separately. A registered nurse kept the keys to the treatment rooms, medicines cupboards, trolleys and controlled drugs cabinets and staff immobilised the medicines trolleys when not in use.
- Overall, we found that the treatment rooms and fridge temperatures were checked on a daily basis and were within the correct ranges. Staff knew how to reset fridge temperatures and demonstrated the action to take should temperatures go out of the correct range. We found that on Fennel Ward, treatment room temperatures had recently been slightly above 25°C. However, staff had put a fan in the room to lower the temperature to below 25°C. In addition, the ward clinic rooms were due to have new air conditioning installed.
- Medicines used for resuscitation and other medical emergencies such as anaphylaxis were easily available, accessible within the clinic room for immediate use and tamperproof. Staff carried out weekly checks on the equipment and medicines, which included a 'hypo box' for diabetic patients in an emergency. The wards stocked flumazenil (a reversing agent for lorazepam overdose), should it be needed after rapid tranquilisation.

Safe staffing

Nursing staff

- The trust had determined staffing levels based on the acuity of the wards, the level of security and the physical environment. The trust monitored the establishment staffing numbers and an on-going recruitment plan was in place. Ward managers could arrange for additional staffing when required, for example increased observation levels or to escort patients. Staff on each shift were allocated the roles of charge, security, response, activities, and clinical nurse.
- Most staff and patients told us that the staffing levels ensured patients' safety in the service. During the inspection, staff were visible in the communal areas on the wards at all times. Some staff and patients told us that escorted leave was sometimes postponed when staff were not available, particularly on Mint and Juniper Wards. Staff said that activities were not affected by staffing levels, but some patients said that activities at weekends were sometimes limited due to staff availability.
- Staff on the wards told us that the use of agency staff was rare and this was reflected in the rotas we looked at and data from the trust. In the last 12 months to 31 May 2017, staff sickness rates were highest on Fennel and Tamarind Wards at 10 per cent. The lowest fill rates for qualified nursing shifts were on Cardamom Ward at 76% in March, and 88% in April and June 2017. However,

Good

Are services safe?

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

these were accompanied by increased fill rates of health care assistants, to ensure the safety of the ward. Fill rates for the other wards over this time period were all above 90%.

- The service had enough staff with the right skills and training to keep people safe from avoidable harm. Sage Ward had the highest number of vacancies, with four full time vacancies for healthcare assistants and two full time and one part time vacancy for qualified nurses. However, Sage Ward had the highest number of staff as they were an admissions ward, with a staffing mix of three qualified nurses and four healthcare assistants during the day and two qualified nurses and two healthcare assistants at night. Staffing varied on other wards depending on the acuity of patients' needs.

Medical staff

- The wards had adequate medical cover day and night, and a doctor could attend the ward in an emergency. Each ward had at least one or two consultant psychiatrists and a ward doctor to support patients. We saw records of patients being secluded later in the evening and doctors attending the medical reviews after hours.

Mandatory training

- Across all the inpatient forensic wards, completion of mandatory training was at an average of 86%. At the previous inspection in December 2015, we found that mandatory training for staff on Juniper ward was low at 73%, and across the forensic inpatient wards staff training was low in particular areas including safeguarding and breakaway training. At the current inspection, we found that staff received appropriate training in mandatory areas and were up to date. Staff mandatory training included safeguarding adults and children from abuse, infection control, conflict resolution and prevention and management of violence and aggression.
- The only mandatory course with staff training compliance below 80% was the trust's 'living our values' course at 53%. Ward managers advised that they were waiting for more courses to be scheduled for staff to attend.
- Staff were trained in restraining people in a safe way. Staff who were not correctly trained were not able to carry out any physical restraint.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Across the wards, we examined 40 patient care records, including risk assessments. Staff completed collaborative 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 assessments were being completed. All patients clinical records we looked at had a completed risk assessment upon admission, and risk assessments were reviewed before patients were given leave.
- Staff also completed the structured assessment for protective factors and violent risk for documenting risk assessments.
- Risk assessments were detailed and comprehensive. Staff identified and responded to the changing risks of patients. For example, on Sage Ward, a patient had regular reviews of their risks due to displaying aggressive behaviour. We also observed that risk assessments and care plans were updated after a safeguarding concern or incident.
- On Devon Ward, patients' progress notes were comprehensive and showed that risk was reviewed regularly, with plans to manage and mitigate risks in place. However, risk assessments were not updated after incidents or other changes, which meant that staff needed to check the progress notes for any changes. Staff we spoke with were aware of each patient's risk profile. However, this may have made it difficult for bank staff to access the most up to date risk information for patients.

Management of patient risk

- The service had a search policy which was used on the wards, depending on the level of security. There were room and individual searches when patients returned

from unescorted leave as well as random searches, depending on the assessed risk. The use of dogs for searching was used on a random basis. Staff were trained in searching patients and carrying out 'pat down' searches when patients returned from leave. The trust had provided a search room in Camlet 3, and this had recently been equipped with new equipment to detect drugs.

- Staff were confident in managing behaviours which were challenging to the service. 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 training.
- Staff followed the trust procedures for observing patients on the wards. Staff were trained in carrying out one to one observations as part of their induction. Observations were frequently provided in a zoning system, which had the effect of reducing enhanced observations of individual patients.
- There was a family visit room available for visits within Camlet 3. This was suitable for young people and children, and it had child-friendly furnishings and toys available. On Sage Ward staff restricted patients' privacy during visiting hours by supervising all patient visits. This restriction had not been reviewed since it was set up, two years ago. Staff said this was due to a suggestion by some patients that they did not want to see visitors on the ward, preferring the family room provided instead. Staff said it was also to manage risks around drug smuggling and possible violent behaviour towards visitors. There was no clear rationale as to why staff were still sitting in on all patients' visits. The family room contained closed circuit TV, which staff could use if they suspected drug paraphernalia being smuggled in. This was not risk assessed on an individual basis for each patient. Some patients fed back that they felt it was restrictive and not in line with their dignity and privacy. Staff acknowledged that this had not been reviewed in some time and undertook to review this practice.
- The trust was completely smoke free. Patients could smoke on leave but not inside the ward or within the grounds of the hospital. At the previous inspection in December 2015, we noted that some patients were being prevented from using the garden due to smoking issues. Since the implementation of the smoking ban, this was no longer a cause of concern for patients.

Use of restrictive interventions

- In the twelve months between 1 June 2016 and 31 May 2017, there had been 101 incidents of seclusion across all the forensic inpatient wards. These were highest on Sage Ward at 20. During the same time there were two episodes of long term segregation across the service.
- In the twelve months between 1 June 2016 and 31 May 2017, there were 149 incidents of physical restraint involving 54 patients. These were highest on Tamarind Ward at 46 restraints across six different patients. Across the forensic wards, 41 restraints were in the prone (face down) position, accounting for 28% of the restraint incidents. Twenty-eight of these had resulted in rapid tranquilisation of the patient. Staff knew that if prone restraint was necessary, the patient should be in the prone position for the shortest time possible. The highest use of prone restraint was on Sage Ward with 50% of restraints in the prone position and 38% resulting in rapid tranquilisation.
- 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. They demonstrated that seclusion was used as a last resort, with a clear rationale, following attempts at de-escalation, and included the patient's views.
- We checked the recording of restraint and how it was understood on the wards. We found that a high standard of relational security had reduced the use of restrictive practices significantly and that there was a good reporting culture within the service. Staff continually worked to reduce restrictive practices. This meant that the use of restraint and seclusion had reduced over time. A restrictive interventions group was held regularly with staff and patients. On Mint Ward, the introduction of positive behaviour support planning in 2015 had resulted in a reduction in the use of physical restraint and seclusion on the ward. Physical restraint

Good

Are services safe?

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

had decreased from 16 incidents in 2014-15, to five in 2015-16 and four in 2016-17. Seclusion had reduced from 13 incidents in 2014-15, to four in 2015-16 and two in 2016-17.

Safeguarding

- Staff completed training on how to recognise and report abuse, and gave us examples of alerts they had made. For example, staff told us about concerns they had that a patient was being financially exploited by another patient, following which a safeguarding alert and protection plan had been put in place. The trust provided training in safeguarding adults and children from abuse.
- Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. For example, we looked at safeguarding alerts across the service. Between the period July 2016-July 2017, there were 47 safeguarding concerns reported. Types of safeguarding that staff were reporting were mainly patient on patient aggression.
- Most patients told us that they felt safe on the wards. However, some patients told us that they had been threatened by other patients, and sometimes staff were slow to intervene in fights between patients.
- The service had a safeguarding lead who had implemented changes to the way staff reported safeguarding concerns. The lead was a social worker, and they worked closely with the local authority to investigate safeguarding alerts. They had set up a database within the service to manage safeguarding concerns that staff reported. Reporting within the service had increased. A brief guide to the procedure for raising safeguarding concerns had been circulated to staff, detailing the protocol to be followed if a staff member suspected abuse towards a patient.
- Staff followed safe procedures when children visited the service. A family visiting room was situated away from the wards. Patients used this room at their request and when children visited. Staff escorted patients to the visitors' room and all visits were pre-arranged.

Staff access to essential information

- Patient care and treatment records were kept electronically. Staff recorded patients' information on the trust's electronic online system. This meant all patient information was readily available to relevant staff.
- Seclusion records were being recorded in four different formats: in inpatient management records, and in progress notes on the electronic patient record system, on paper observation sheets and in a seclusion book. Apart from creating a burden on staff, this system made it difficult to check whether a patient was supported appropriately. For example, in one case on Devon Ward it was unclear if a patient was under seclusion or de-escalation as a gradual return to the ward following seclusion.

Medicines management

- Pharmacy staff were responsible for checking the expiry dates of stock medicines on each ward, and that they did this on a weekly basis during ward visits. We found that all medicines we checked were in date.
- Overall, we found that for patients who were administered rapid tranquilisation, post monitoring of vital signs had been documented on the electronic clinical records system where consented to by patients. The vital signs recorded included temperature, pulse, blood pressure and respiratory rate.
- Minimal amounts of rapid tranquilisation and high-dose antipsychotics (HDA) were prescribed on the prescription charts seen.For patients who were prescribed HDA, we saw evidence of a monitoring form attached to the charts, and these patients were clearly identifiable. We found evidence that these patients were reviewed by the medical team and pharmacist on a regular basis.
- Medicines reconciliation was carried out by pharmacy technicians and these were double checked by a pharmacist. Ideally, three different sources were used to compile the list of medicines patients were admitted on. These included directly from the patient, their GP summary care record (SCR) and a previous discharge summary. Sometimes this was not possible; for example, if a SCR or discharge summary was not obtainable.

Good

Are services safe?

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

- The service had recently acquired an ion testing machine, which was capable of detecting illicit drug substances on patients within seven seconds. This was much quicker and less intrusive than the current procedure of requesting urinalysis.Although it had not been used yet on patients, there was a plan to roll this out to across the 11 wards initially. The forensic psychologist told us there was a plan to implement random testing and put the results on the patient electronic recording system so that the medical team and pharmacists could view the results and review patients accordingly for drug interactions and corresponding dose adjustments.
- There were clear systems in place to facilitate some patients to take responsibility for administering their own medicines, following a comprehensive risk assessment, and appropriate staff support.

Track record on safety

- The forensic wards reported five serious incidents between 1 July 2016 and 30 June 2017.
- One serious incident (a never event) took place on Fennel Ward regarding a medicines error. Learning had been shared about this incident across the service and the wider trust. Other incidents related to abuse, violent behaviour, self-inflicted harm and an unauthorised absence.

Reporting incidents and learning from when things go wrong

- Staff reported a range of incidents on all wards using the trust electronic reporting system. Incidents included patient on patient aggression, medicines errors, accidents on the wards and security incidents.Staff knew how to report incidents and what to report. On Devon Ward, after a cluster of patients going absent without leave, the manager had reviewed patients' pre-leave protocols with staff. Both staff and patients told us that they had access to debriefings after incidents.
- Duty of candour is a legal requirement, which means providers must be open and transparent with patients about their care and treatment. This includes a duty to be honest with patients and apologise when something goes wrong. Managers and senior staff knew about the duty of candour. For example, on Fennel Ward after a serious medicines error had occurred, the trust wrote to the patient with an explanation of what happened and an apology.
- Staff shared learning and received feedback after an incident occurred. For example, after the serious incident on Fennel Ward, the learning was shared with each ward across the service. Staff on all wards we inspected were aware of the learning from the event on Fennel Ward. Staff received specific training to support them after the incident occurred. Changes were made across all wards regarding the type of insulin pen provided. We also found that staff were aware of the medicines safety bulletin around the 'Safe use of Insulin' that had been circulated earlier in the year by the pharmacy team.
- At the previous inspection in December 2015, we found that staff were not always aware of incidents that had happened in the trust outside of the forensic service. At the current inspection, staff were able to tell us about incidents that had occurred across the trust, and the resulting learning. Staff carried out simulations of different situations on the ward, to ensure that they were prepared in the event of an emergency.
- 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 preventing and managing challenging behaviour reviewed all incidents of restraint.
- Each ward had a monthly clinical governance meeting where incidents were discussed.

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

- We looked at 40 patients' care plans, across the wards, in detail. Care plans were recovery orientated, holistic, and addressed patients' rehabilitation needs. Staff reviewed care plans at least monthly or after any changes. We saw staff completing physical health, substance misuse and recovery goal care plans with patients. As well as mental health treatment plans, care plans covered patients' other needs, including social care needs, interests, needs relating to family and spiritual support. Care records 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.
- Care plans were completed within 72 hours of admission, but in varying levels of detail. On most wards, care plans were detailed and comprehensive. On the admission wards (Sage and Devon Wards), less detail was available for new patients. On Fennel Ward, patients' care plans addressed all of the patients' needs but were not always detailed.
- Staff assessed patients' physical health needs promptly after they were admitted providing all patients with a physical health check. Staff kept comprehensive records of these checks, and further checks undertaken regularly. The multi-disciplinary team reviewed the results of these checks during ward rounds, and ensured each patient had at least an annual health check. Staff referred patients to relevant specialists; for example, we found recent referrals to a neurologist and dietician.
- Each patient had a named nurse with whom they met for one to one sessions. Patients also had one to one support from the nursing, psychology and occupational therapy teams and this was recorded as part of their therapeutic support plans.
- On the low secure units, staff supported patients to be fully self-catering including managing an allocated budget to do so. This was being rolled out on the medium secure wards, with equipment purchased, and identified patients had started to self-cater following appropriate assessments. Staff on the wards supported patents to buy ingredients, prepare and cook their own meals, and reported a reduction in weight (to a healthier weight) amongst the patients that participated.

Best practice in treatment and care

- Staff considered national institute for health and care excellence (NICE) guidance when prescribing medicines.
- A range of psychological treatments recommended by NICE were available for patients in the forensic services. These included cognitive behaviour therapy, anger management, dialectical behaviour therapy and mentalisation based therapy. Groups for patients with social anxiety or hearing voices were held at the Kingswood Centre as part of the recovery college.
- Patients received input from the occupational therapist to acquire daily living skills. Each ward had a full time occupational therapist who worked with patients. The occupational therapy team had completed sensory integration profiles on relevant patients who had autistic spectrum disorders to ensure that there was an understanding of and sensitivity to their specific needs and that these needs were met. They had determined the sensory equipment which could be safely used within medium secure settings and worked with ward teams to meet the needs of patients. Sensory rooms were being provided on each ward, to support patients to self-soothe, although these were not yet fully equipped.
- A speech and language therapist assisted staff and patients by developing communication guidelines across all wards in the service. Effective communication guidelines supported patients, particularly on Mint Ward.
- The service had a dedicated nurse consultant assisted by a physical health advisor who had developed a system to manage the complex health needs of patients. This was based on assessments completed by medical staff to identify the physical health needs of all 120 patients in the service. He described improvements in physical health assessment completion from 40% to 91% since the new system was put in place. He triaged the assessments, and they were recorded on the system by administrative staff. This enabled him to identify patients with complex/multi physical health needs, and refer to specialists if patients if needed.

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 on high dose anti-psychotics received annual electrocardiograms (ECG) and on-going physical health monitoring. Staff used the national early warning score (NEWS) regularly to monitor patients physical observations and used a separate tool for patients taking clozapine. Staff used blood glucose monitoring forms for those patients who were diabetic. We also saw evidence of monitoring taking place for high risk drugs; for example, staff completed electrocardiogram measurements for patients prescribed intramuscular haloperidol, lithium levels for patients taking lithium, and full blood counts on a regular basis for patients prescribed clozapine. Staff used the Glasgow antipsychotic side effect scale to monitor side effects of patients on high dose antipsychotic medicines. The service had purchased equipment giving immediate results for patients' blood clozapine levels.
- Camlet 3 building had a new physical healthcare suite, which included an examination couch and a dental chair. The general practitioner, dentist, chiropodist and sexual health services visited the suite regularly so patients could easily access specialist physical healthcare. Patients with complex physical health needs were seen by the physical health nurses to provide wound care and dental care.
- Staff supported patients to live healthier lives. The trust was smoke free so patients were offered smoking cessation support and advice. Care plans reflected support with this. Monitor screens provided health advice and health promotion information (running 24 hours daily) on each ward.
- Clinical staff were due to present a paper at the fifth International Novel Psychoactive Substances Conference regarding the effects of Spice (often called 'synthetic marijuana'). The service had a substance misuse lead that supported patients with their drug and alcohol addictions. Staff recognised that drug paraphernalia was a challenge on the wards, and they completed urine drug screen tests on patients who used substances or who they suspected as such. The service had recently purchased equipment that screened for various drugs and medication in a non-intrusive way. Staff were receiving training in how to use this from the physical health team and said that wards will be using it from October 2017. This machine detected various types of drugs and was able to detect if patients had been in contact with drugs. Staff used reward charts for wards that remained drug free for each two week period, with rewards including additional ward meals or desserts, decorating the ward sessions, barbeques and brunches. This was a proactive way of trying to reduce the use of drugs on the wards.
- There was an effective use of positive behaviour support plans on Mint Ward (a ward for men with learning disabilities) which had led to a reduction in restrictive practices. Staff told us that positive behaviour support plans were also used on other wards when it was appropriate, and the trust was in the process of rolling out this training to staff on all wards. Staff told us that the use of rewards such as trophies, collecting towards trips out, and monetary rewards had all proved effective in reducing the need for restrictive practices on Mint Ward.
- Mint Ward was a member of the British Institute of Learning Disabilities (BILD) giving them access to support and a network promoting best practice in support for people with learning disabilities. The ward staff team provided support across the service to staff on other wards where there were patients with learning disabilities. This meant that patients with learning disabilities and autistic spectrum disorders, who were on any of the wards in the service, would have access to specialist support.
- 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 and individually developed outcome measures which were specific to patients' progress. The service used health of the nation outcome measures (a standard outcome measure used across all hospitals originally developed in secure settings). Medicines audits included safe and secure handling of medicines every month, omitted or delayed doses every week, controlled drugs audits every quarter and antibiotics audits every six months.
- 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. This meant that staff had current information about their wards.

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.

Skilled staff to deliver care

- Ward teams consisted of psychiatrists, ward doctors, social workers, clinical psychologists, occupational therapists, technical instructors, nurses, healthcare assistants, and pharmacists. There was also input from dieticians and speech and language therapists 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 were experienced and qualified to work in a forensic service.
- The service had recruited 20 experts by experience to provide peer support on the wards and in the community.
- New staff were provided with an induction to the service. Bank staff new to the wards were provided with an orientation to the ward and managers ensured they had the appropriate security training to work on a forensic ward.
- Staff received regular clinical and management supervision from their line manager in addition to regular team meetings. Records of supervision varied throughout the wards, with different formats in place to record the content varying in detail. Staff received an annual appraisal.
- Staff received support with case management and professional development. The service was using a format known as See Think Act (STA). This took the form of a monthly forum for staff to come together and discuss recent challenging cases, with psychology interventions identified. Staff were positive about the learning from these meetings.
- Managers provided staff with specialist training to aid them in their role. Some healthcare assistants were supported to complete their nursing training. Specialist training included training courses in learning disabilities, personality disorders, sex offending and autism. A number of staff members told us how that the trust had supported them to access postgraduate training which was specific to the service. For example, the ward manager on Cardamom Ward had completed a masters degree in working with patients with dual diagnosis (mental health and substance misuse problems).
- 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

- There were regular multi-disciplinary team (MDT) meetings on the wards, which included ward rounds and handover meetings. Each ward's MDT met each month in the clinical governance meetings. This included the consultant psychiatrist, the service manager, the ward manager, social worker, occupational therapist and psychologist. Incidents, safeguarding, restraint and complaints were discussed at these meetings. These meetings were recorded and the minutes were available on the ward so staff who were not present could have access to information discussed.
- The staff shift handover meetings we observed during our inspection visit ensured that key information was shared including risk information and updates regarding patients' needs. These were carried out in a concise way with key information shared. Most wards operated on three shifts every 24 hours (morning, afternoon and night); 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 provided further assurance that key information was shared. Staff were piloting the use of positive shift handovers, which included positive information about each patient in addition to any concerns.
- Consultant psychiatrists attended referral meetings weekly, and complex discharge panel fortnightly. Discharge planning was key from the point of admission so community teams were involved at the first opportunity. Each ward had one or two allocated social workers who linked with community services. The forensic service had five forensic outreach teams to cover each of the boroughs within its catchment area. This helped to facilitate communication and flow between inpatient and community services. The service had a specific team which monitored all external placements made by the service. This meant that there was a single point of contact for external providers.

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.

- The service was also providing increased follow up for patients when they moved on from the wards, and some training for external providers in relapse prevention.
- Psychologists led on positive behaviour support plans, with support from speech and language therapists. The psychologist team consisted of clinical and forensic psychologists, and they were able to offer individual therapies and group therapy groups to patients including cognitive behavioural therapy, dialectic behavioural therapy, psychodynamic therapy and mindfulness. They also contributed to recovery college workshops. The therapy lead spoke of recruitment challenges, plans to introduce further schema focused therapy(an integrative therapy), and virtual reality therapy, and for more collaborative working with speech and language therapists. Staff advised that more information was now available to patients in an easy read format including the occupational therapy timetable. Occupational therapists worked with technical instructors focusing on maximising patients' autonomy and independence, and encourage positive risk taking. They had identified vocational activity for prioritisation, and the activities centre programmes were designed accordingly. The service had chosen employment as this year's topic for learning disability awareness week.
- Appropriate liaison took place with multi-agency public protection arrangements with regard to managing risk within the service. There was also appropriate liaison with children's services when relevant. The service planned to undertake more restorative justice work in the future, and run a family intervention group working with family members of patients on the wards.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- We carried out one Mental Health Act review visit as a part of our inspection to the forensic wards, to Sage Ward.
- Training relating to the Mental Health Act was mandatory within the trust. However, the trust did not provide us with figures on the percentage of staff trained in this area on each ward. Staff we spoke with 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.
- For patients who were detained under the Mental Health Act, medicines they received were duly authorised and administered in line with the Mental Health Act Code of Practice. For example, we saw patients who had their T2/T3 (consent) forms completed accurately. The forms included medicines used for patients mental disorders only (including for side-effects) and had been reviewed within the past year. These were audited by nursing and pharmacy staff. Second Opinion Appointed Doctor (SOAD) requests had been made as appropriate. Most patients we spoke with were knowledgeable about their care and treatment plans.
- 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. We found one error on a patient's leave form, which we reported to staff on Mint Ward, and this was corrected immediately.
- There was a Mental Health Act office on site, and legal papers were received and uploaded on to the trust's electronic system. Records were available of mental health tribunals and hospital managers' hearings. 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 from either the Mental Health Act office or one of the approved mental health professionals who worked in the service.
- Information about the independent Mental Health Act advocate (IMHA) and a general advocacy service was available on the wards (in easy read on Mint Ward). We met with one advocate who reported having good access to patients and staff on the wards. Patients were well informed about these services and how to access solicitors and apply to the Mental Health Tribunal.

Good practice in applying the Mental Capacity Act

- At the previous inspection in December 2015, we found that staff training in the Mental Capacity Act was not consistent, and this was not monitored to ensure that there were no gaps. During the current visit, we were told that training relating to the Mental Capacity Act was not mandatory across the trust, but was now being provided as part of the induction training for all new

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.

staff. However, details of the percentage of staff trained in this area on each ward were not available. This meant that there was still no effective system in place to monitor the understanding and use of the Mental Capacity Act across the service.

- However, staff had a good understanding of the Mental Capacity Act (MCA), in particular the principles of the Act. They demonstrated how the MCA applied to their role and the patients they supported. For example, on Fennel Ward, staff worked with a patient around consenting to medical treatment and assessed their capacity for this. Staff on Mint Ward gave examples of when they had been involved in making best interest decisions on behalf of a patient with regard to a significant health problem exacerbated by their diet.
- Staff were aware of the need to seek advice related to the MCA and were able to access support from ward social workers and leads within the service. When staff felt that a patient may have impaired capacity, staff acted appropriately and recorded an assessment of capacity to consent. We saw that staff completed capacity assessments in line with the MCA. This meant that it was decision specific and time specific. For example, on Mint Ward, a capacity assessment was related to the patient's capacity to consent to financial decisions.
- Overall, we saw clear 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.
- There were no patients detained under the Deprivation of Liberty Safeguards.

Outstanding ☆

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

- Most of the feedback we received was positive about the support that patients received from staff. Patients told us that staff treated them with dignity and respect, and some had strong praise for particular staff members, going beyond the call of duty, and making their stay pleasant despite being detained. Carers gave very positive feedback about the way their family member was treated within the service.
- We observed respectful and thoughtful staff interactions with patients throughout the inspection.For example, staff engaged with patients by speaking in a positive and personalised way. Staff knocked on patients' doors and waited for permission before entering.
- Staff had a very good understanding of the individual needs of the patients on their ward, and spoke about patients with respect.
- In a ward round that we observed on Tamarind Ward, staff spoke about patients with compassion, knowledge and understanding of their personal needs. For example, staff discussed strategies that would work for each patient. The patient was involved in their ward round and asked for their views on how they would like to be supported in their care and treatment.
- Each ward had produced 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 laundry arrangements. Ward noticeboards gave patients information about therapies and activities available on the ward and at the Kingswood Centre.
- At the Kingswood Centre, staff ran activities even if only one patient attended, demonstrating a high level of respect for patients, and understanding of the difficulties faced by some patients in accessing groups.

Involvement in care

Involvement of patients

- Patients were involved in a collaborative risk assessment. Patients and staff had undertaken training to understand this process whereby patients were partners in determining and understanding the risk factors related to their needs and how to manage these risks. The HCR-20 documentation reflected the use of collaborative risk assessments, except where there were barriers to fully collaborative working due to the stage of recovery. This was taken into account by staff members who endeavoured to support patients as much as possible, and review the risk assessment when they were ready to be involved. We saw that the patient's voice was included in their risk assessments including the patient's own view of their risk.
- Staff involved patients in planning their care. The care plans we reviewed, clearly reflected the patients' voice, to the extent that it was possible to have a sense of the individual from reading the care plans. We found that the care plans were current, and produced collaboratively. This was a particular strength within this service, and we found similar examples on all wards.
- Patients told us that staff offered them copies of their care plans. We found that this was recorded in their notes including the patient's decision to have a copy of their care plan or not. On Mint Ward and other wards, care plans could be produced in an easy read format if required.
- Some wards were using patient-led Care Programme Approach (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 positive feedback, but a relatively low number of patients chose to do this.
- Patients had access to local advocacy services to support them to speak up and have their voice heard. Advocates visited the wards regularly, and information was available on the wards about access to advocacy services. Advocates attended ward rounds and CPA meetings when requested. We spoke with an advocate who described positive changes on Sage Ward in recent months.
- On Sage Ward, the ward manager told us that he had worked very hard on improving the culture of the ward so that staff and patients worked collaboratively on care and treatment goals. He also said that the use of zoned observation rather than individual observations had worked well, with patients finding it less intrusive.

Outstanding ☆

Are services caring?

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

- Staff involved patients in decisions about the service. Each ward had weekly patient business meetings. On some wards these were chaired and minuted by patients (a paid role) and included an opportunity to raise any concerns and give feedback about the ward. Actions were taken from the meetings to be followed up, for example on Cardamom ward, patients requests for day trips to Colchester Zoo, boating in Alexandra Palace, and walking in Hampstead Heath had been met in recent weeks.
- There was a service-wide service user 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 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.
- We met with the chairperson and vice-chair of the service user forum, who told us of some of the recent improvements they had been involved in introducing to the wards. These included access to mobile phones and self-catering. They described new improvements that they were working towards, including offsite storage for patients' cigarettes, and more training for healthcare assistants in talking therapies. They spoke positively about the way the trust involved patients , and felt listened to, meeting with senior staff on a monthly basis.
- Patients could feedback on the quality of the service. 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.' The data was also discussed in monthly clinical governance meetings.
- The forensic service employed 20 experts by experience in paid roles including patients on the wards and some who had been discharged into the local community. They were involved in co-production of the recovery college courses, and were also involved in training for staff and staff recruitment interviews.

Involvement of families and carers

- Carers and family members were able to attend ward rounds and CPA meetings, and be involved in the patient's care and treatment, with the consent of the patient.
- Staff involved and informed families and carers appropriately. We spoke with four family members of patients, who told us that they were kept up-to-date on their relatives' care and treatment and any changes. They were very positive about the care and support provided on the wards.
- The service ran a Family and Friends' Support Network each month. This was for families and friends of someone who was receiving care and treatment within the service's inpatient and community setting. This network was for support, discussion and access to information and other agencies, including access to carers' assessments.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Access and discharge

Bed Management

- The service covered five north London boroughs. Beds were available to patients from these areas. 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 were planned between medium and low security or between an admission and rehabilitation ward within medium security. These ward moves were scheduled to happen during the day, to avoid disruption to patients.
- Bed occupancy for forensic wards in the year to March 2017 ranged between 82% to 112%. Sage Ward recorded the lowest average bed occupancy in March 2017 at 82% and Devon Ward had the highest bed occupancy at 112% in April 2016. The length of stay varied from zero to 3014 days.
- Patients were moved between wards. However, this was always based on clinical need. For example, Tamarind Ward was in the process of moving a patient to Sage Ward due to a change in the patient's needs. The patient's mental health had deteriorated and they needed extra care and support. Sage Ward's seclusion room had a garden so this was more appropriate for the patient's comfort and dignity. Staff told us that, where possible, they arranged for patients to visit the other ward before transferring.

Discharge and transfers of care

- 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, and 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 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 the medium secure setting into the community. 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. Staff from Mint Ward conducted three visits to patients following discharge to support them in their transition to the community.
- Discharges were planned and staff worked closely with the forensic outreach service. The outreach service started working with the patient before discharge so there was a smooth transfer of care. Between 1 April 2016 – 31 March 2017, there were 38 delayed discharges across the inpatient forensic wards. The highest numbers of delayed transfers were on Cardamom and Tamarind wards with 12 delayed discharges each during this time period. These were mainly due to funding and accommodation issues.
- There was a team within the North London Forensic Service, which monitored and reviewed all external placements nationally for 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.
- The designation of some of the medium secure wards was under review, depending on the demand for low secure beds based on the service's knowledge of 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. Where it was not able to meet the specific needs of the local population, it ensured that patients were followed up proactively. The team worked with commissioning bodies within NHS England providing additional assurance to commissioners around the needs of patients across the catchment area.

Are services responsive to people's needs?

Outstanding ☆

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

The facilities promote recovery, comfort, dignity and confidentiality

- All patients had their own bedrooms, and their privacy was protected by patient and staff controlled vision panels on bedroom doors. Patients personalised their bedrooms with photographs and personal pictures, along with their own TVs and sound systems. They had access to cable television on all wards. Patients stored their possession in their bedrooms and restricted items were stored in a locker away from their bedroom.
- Staff and patients accessed a range of rooms to support their care and treatment. Each ward had a clinic room, and patients had access to the physical health suite in Camlet 3. On Sage Ward they also had an examination room with a couch and weighing scales in it. All wards had a therapy room, quiet room, lounge area and dining area, and wards were in the process of developing their sensory rooms.
- Patients could see their visitors in private. Camlet 3 provided a family room, which patients could use for privacy. The room was spacious and offered comfort for visitors. Patients could also see visitors in a quiet area on the wards.
- Each ward had a payphone that patients could use. On Sage ward, staff had recently created a designated room for the payphone. This meant patients had a comfortable and private space to make telephone calls. Patients could request access to their own mobile phones that the service provided for them. This meant they could make private calls when they wanted. Patients topped up the phones with credit. Patients also had access to supervised laptops on the wards.
- Patients had access to outdoor space. Each ward had a garden area with outdoor gym equipment provided. Sage ward had spacious garden areas, with two gardens and a small garden area in their seclusion room. This meant that patients had good access to fresh air. On many wards access to the gardens was escorted. Tamarind ward was on the first floor and the garden was on the ground level. This meant that patients had to be escorted by staff to the garden at all times.
- The ward environment and facilities varied depending on the differing designs of the buildings which made up the forensic services. Some of the newer wards in Camlet 3, such as Cardamom and Sage Ward, had ensuite facilities. However, in some of the older buildings, such as Camlet 1 and Chase building, where Fennel and Devon Wards were based, there were shared bathrooms, toilets and showers.
- Several patients across the service raised concerns about the quality of food provided by the cook chill system. However, this was mitigated by the service's move to self catering. All wards were involved in developing self-catering and low secure wards were now fully self-catering. Blue Nile House Ward had put in a bid for new cooking equipment, and had been granted this by the trust's 'dragons den' group. Patients had learned to budget, plan and prepare a menu for the week with staff support. Patients were individually risk assessed to be able to prepare their own meals and develop skills to enable a successful discharge into the community. Patients could access hot drinks on the wards at all times. Patients could also use a café at the Kingswood Centre and had access to free drinks machines in the centre.
- In addition to ward based activities, the Kingswood Centre provided an onsite activities and therapy area. It had a large garden area and facilities for a wide range of activities, recreational, educational, vocational and therapeutic. For example, it included horticulture areas, a light industry workshop, and well resourced arts and music therapy facilities. There was a fully equipped gym and weights room, a sports hall, outdoor tennis courts, IT facilities with internet access, and education rooms. This was within the medium secure perimeter so patients were able to access this area. Patients on Devon Ward, were in a building which was not within the perimeter fence to access the Kingswood Centre, and had not been able to access this unless they had specific leave granted. The service had made the decision that Devon Ward would move to Derwent Ward (a ward undergoing refurbishment at the time of the inspection) to overcome this problem, although no date had yet been fixed.
- The Kingswood Centre provided social opportunities including a monthly social event on Saturdays. There were opportunities for paid work and skill development, creative spaces and therapeutic groups for art, pottery, music and pet therapy. Patients could participate in a range of sports including badminton, football, yoga,

Are services responsive to people's needs?

Outstanding ☆

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

tennis, cricket, trampolining, and boxing. There was a choir for the service, which performed a Christmas show for patients. It offered choice and opportunities at a range of levels so that there was something there for every patient.

- Patients and staff had co-produced and co-delivered a recovery college programme starting in May 2017. This included workshops run by experts by experience, such as hearing voices, cannabis and me, basic life support, benefits, NHS wellness checks, understanding coproduction, getting the best out of CPA meetings, introductions to anxiety, and recovery. Other courses included creative writing, relaxation, sleep hygiene, and returning to study. Experts by experience were recruited by a vocational manager, with a view to providing a user led rather than a professional led programme.

Patients' engagement with the wider community

- Staff ensured that patient's had access to education and work opportunities. There were paid ward jobs available for patients including purchasing newspapers, keeping the garden or kitchen clean, and chairing or minuting business meetings.The Kingswood Centre offered patients educational courses and paid work experience. Patients could apply to work at the patient shop and café within the Kingswood Centre and the café in the main entrance to the medium secure unit. They also worked to refurbish used bicycles and sell them on in the community.Patients had been successful in developing a bee keeping project, winning a prize at a local farmers market for their honey. Patients kept chickens in the Kingswood Centre garden area, and grew a wide range of fruits and vegetables. Patients were also able to learn skills in the centre's workshop including carpentry and furniture restoration, bike maintenance, jewellery making, painting and decorating, and light industries servicing. There were plans to introduce training in car maintenance for patients who were interested.
- The involvement of former patients in the running of the recovery college at the Kingswood Centre, and its links with community groups strengthened its operation and success. Some patients who were working towards discharge from the service, told us that they hoped to continue to attend some activities at the centre as facilitators.
- Patients entered artworks for consideration in the Koestler awards (for art by offenders) which were exhibited in the Southbank Centre, and had attended the awards when successful.
- The service had vehicles for transporting groups of patients on trips in the community. Patients had recently been on day trips to the coast, a safari park, a zoo, and various parks. Individual trips had been arranged for patients to an air show and to watch a wrestling event. Two patients on Mint Ward were escorted to attend college courses in their local area.
- One patient on Blue Nile House Ward had paid employment as a chef in the community, and another patient was training to be a gym instructor. A patient on Juniper Ward told us that she was attending college to study beauty therapy, having been inspired by staff at the service. She told us that she had become class representative for her student union, having found confidence to do public speaking from her work as an expert by experience.
- To support patients on discharge into the community, the service paid for gym membership in their local area for their first year after discharge. Patients could also continue to play for the football team, which played in the West London forensic football league. Staff told us that there were approximately 15 participants who trained once a week.
- Experts by experience trained by the service attended local universities to talk with mental health nurses about their experiences, with a view to changing attitudes about work with forensic patients.

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. Services could be provided across the service to meet the needs of patients with physical disabilities but there was not equivalent access on every ward. For example, the garden on Fennel Ward was down some steps.
- Information was available about mental health difficulties, diagnoses and medicines on the wards and

Are services responsive to people's needs?

Outstanding ☆

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

this was 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. Staff, particularly on Sage ward, explained that they used interpreters regularly for patients where English was not their first language.

- Patients had access to a variety of menu options which met their religious and dietary needs including halal and kosher foods, and were supported to self cater accordingly. Devon Ward had a cultural event on the day we visited. Staff and patients cooked food, and wore costumes that represented their culture, and there was outside entertainment. Patients were actively involved in the preparation for the event.
- The service had a multi-faith room based in Camlet 3 which all patients could use. There was a Church of England chaplain who visited the service regularly and was able to provide support to patients and a weekly Muslim Friday prayer meeting held with an Imam in the Kingswood Centre. Patients who attended services told us that they felt supported in practising their faith.
- The service ran a weekly women's group at the Kingswood Centre. This was positively received by patients. Mint Ward had recently set up a men's group for patients.
- 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. This year the theme of the week was employment. On Mint ward, a tutor facilitated literacy and numeracy groups and some patients accessed local college courses.
- 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 and gender identity including meeting the needs of transgender patients within the service. Patients had been supported to participate in Black Pride, and to attend a drag show, in accordance with their preferences.
- As the only women's ward in the service, Juniper Ward provided a range of activities on the ward to meet the preferences of their patients, in addition to activities within the Kingswood Centre. These included pampering, sewing, and a swimming group. They celebrated international women's day with a range of cultural foods and dancing, and made and sold cup cakes for breast cancer awareness.

Listening to and learning from concerns and complaints

- Patients made 25 complaints across the 11 wards in the time period between 1 April 2016 and 31 March 2017. Cardamom, Devon and Sage wards received the most complaints (five each). The most common themes were, clinical treatment, attitude of staff, and patients' property and expenses. It took on average 31 days to close off complaints after they were received. Lessons learned from complaints were shared across the service, including the use of role play to understand patient experience.
- 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, and provided to new patients as part of their orientation to their ward in an information pack.
- 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 examples where staff had encouraged patients to make formal complaints about their care and this had led to positive outcomes. Patients received feedback when they raised complaints. For example, patients could informally feedback about the service in the patient community meetings and through the monthly patient survey. We looked at the patient business meeting minutes for the last three months. On Sage ward, patients discussed that they would like new

Are services responsive to people's needs?

Outstanding ☆

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

basketball hoops for the garden. The garden now had two new basketball hoops for patients. Similarly on other wards, issues raised at business meetings were generally addressed swiftly.

- In addition to learning from complaints, ward managers learned from the results of patient surveys. On Mint Ward, the ward manager told us that he was looking into the reasons for recent poor results in the patient survey.

Are services well-led?

Outstanding ☆

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

Leadership

- Staff across the service were very positive about working for the trust and for the forensic services within the trust. Staff across the service told us that they felt supported.
- Each ward had a ward manager with support from two deputy managers. Service managers usually managed three wards. The service consisted of clinical psychologists, senior nurses, clinical leads and senior occupational therapists that were all experienced and skilled to carry out their roles.
- The trust had a programme to develop leadership and management for ward managers. Ward managers told us that they had been supported by the trust to access postgraduate training in leadership and management.
- Senior leaders all had a good understanding of the service. They understood the need to provide high quality care and put the patient first. For example, the service had worked hard to reduce their use of restrictive practices.
- Staff and patients we approached knew the service managers and the clinical leads of the service. They were visible on the wards on a regular basis.
- Staff and patients spoke positively about the clinical director of the forensic service, and his focus on putting patients first.
- Most staff had a good knowledge of the senior management of the trust, particularly the chief executive, the director of nursing and the medical director.

Vision and strategy

- The service had a clear vision and strategy that all staff understood and put into practice. Staff across the service had a clear understanding and recognition of the trust and service's vision and values with an emphasis on recovery and empowering patients within the service. This was reflected in our discussions with staff at all levels within the service. Staff and managers within the service consistently emphasised their desire to push for constant improvement in order to improve patient care.
- Staff told us that they were consulted about changes to the service, but were also aware of the need to work within the service's budget. Staff had the opportunity to bid for projects to improve the service, using a 'dragon's den' format. In recent months, staff had successfully bid for funding to upgrade self-catering facilities on the wards, and provide jewellery making classes at the Kingswood Centre (started on Blue Nile House Ward). Staff also told us about projects that had not been successful in receiving funding, due to budgetary constraints, which they understood.

Culture

- Staff felt respected, supported and valued, and felt positive and proud about working for their team. Many staff had worked in the forensic service for a number of years.
- Staff were aware of the whistleblowing process if they needed to use it, and told us that they felt able to raise concerns without fear of retribution. Most staff were aware of the role of the Speak Up Guardians.
- Teams worked well together, and managers dealt with poor performance when needed. Staff appraisals included conversations about career development and how it could be supported. Staff were supported to develop their skills and undertake training. For example, healthcare assistants were supported to undertake nursing training. Wards reported a high level of retention of student nurses who had worked within the service following qualification.
- No staff reported bullying or harassment on the wards we inspected. Staff did not complain of any discrimination in terms of career progression. However, the staff survey indicated that these were issues across the trust.
- All but three of the forensic wards had staff sickness absence levels above the trust average. Managers told us about some long term sickness, including sickness following assaults by patients. Staff were able to access support for their own physical and emotional health needs through the trust's occupational health service. We found that reasonable adjustments were made for staff returning to work after injury, or requiring lighter duties due to ill health or pregnancy.

Are services well-led?

Outstanding ☆

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.

- A breakfast club, to share experiences, and mindfulness group were available to staff at the service. Staff also shared reflective practice at 'see think act' meetings, supporting each other in working with patients who challenged the service.
- The trust recognised staff success within the service with staff awards. The ward manager of Cardamom Ward had been awarded Manager of the Year in 2016.

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' enabled the management teams to have a better understanding of the wards. Heat maps were dashboards that managers could have a look at every month to see how their ward was performing. It including information on complaints, care plans, patient survey feedback, staff supervision, and incidents on the wards.
- 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.
- Senior managers within the service had a very good understanding of the individual patients and their needs on specific wards. This meant that the governance systems were strong because key information was captured.
- The clinical director reported that the trust was on the way to achieving its target for reducing the average length of stay on wards by 10%. Proposals were being considered for a community forensic learning disability team to support patients discharging from Mint Ward and other wards.
- The service had plans to improve how it delivered care. Proposals included bringing back local forensic patients from external providers, and providing forensic community children and adolescent mental health. Other proposals being considered were to provide a female low secure, or learning disability low secure ward, and invest in community services. Overall, the medical director stressed the need for the trust to consolidate its services, improving the safety of the environment, and a proposal for a new seclusion suite.
- North London Forensic Service included a full pathway for forensic patients, with the inpatient wards, five outreach teams, a fixated threat assessment centre, and national stalking clinic. The trust was taking the lead with four other North London trusts, to commission forensic mental health services. They had learned from the experience of forensic services in South London, and had plans to provide learning disability services for both South and North London.

Management of risk, issues and performance

- 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.
- The service had contingency plans for emergencies, which wards reviewed as part of their risk registers. Wards carried out regular health and safety monitoring, including emergency simulations, and regular fire drills.
- The service reported a staff mandatory training completion rate of 87%. Staff on all the wards were trained, and able to demonstrate knowledge of relational security, in managing risks on their ward. They practiced a restorative mediation approach following incidents on the wards.
- The introduction of mobile phones, and self catering on the wards, had addressed two 'flash points' for incidents between patients, resulting in a decrease in incidents of aggression recorded.
- The service was working hard to recruit to all nurse vacancies, following challenges in recruiting band 5 nurses. Staff and patients told us that gaps in staffing had a significant impact on their feeling of safety and support on the wards. The trust had recently recruited 26 new nurses to the forensic service.

Are services well-led?

Outstanding ☆

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.

Information management

- Staff were satisfied with the systems in place to collect data from wards, and had access to the equipment and IT needed to do their work. They told us that it generally worked well, but the electronic patient record system could be slow at times. There were some vacancies for administrative staff on the wards, but wards had access to a central administration team when required.
- In the last year there had been an increase of 15% in incident reports, and more than double in safeguarding reporting. This was attributed to significant improvements in recording rather than an increase in incidents or abuse.
- Information governance systems and training for staff covered the confidentiality of patient records.
- Team managers had access to information to support them with their management roles. This included information on the performance of the service, staffing and patient care.
- The service notified external bodies of relevant incidents, including commissioners and the Care Quality Commission when required.

Engagement

- Patients and carers had opportunities to give feedback about the service. Managers and staff had access to this feedback and used it to make improvements.
- Each ward displayed a list of actions taken following requests by patients in the patient business meetings in the form of 'you said we did.' These included trips out to place of interest, provision of wifi, barbeques, and providing particular cultural foods.
- Each ward had a patient representative, who attended user forum meetings on a monthly basis. These meetings were chaired by an elected patient representative, and included feedback from each ward. Topics regularly raised included food provision, staff attitude, environment concerns such as issues with hot water, and access to phones. The elected patient representative also attended the service board meeting.
- The chairperson and vice-chair person of the user forum told us that senior management were very open to engagement with patients, including the clinical director who attended meetings.
- The service was recruiting and deploying experts by experience to co-produce and deliver the recovery college programme, in addition to other roles including involvement in staff recruitment, mentoring, and engagement with college students considering working in forensic mental health service. The service was setting up an expert by experience steering group providing further empowerment for patients in determining the parameters of the role.
- Staff received feedback about the service through the family and friends test, which generally indicated a high level of satisfaction on each ward. It also included information on the level of carer involvement, to ensure that this was monitored.

Learning, continuous improvement and innovation

- The service prioritised improvement and using evidence based practice and research to promote and develop best practice. There were a number of innovative developments taking place within the service to improve patient care including the new co-produced recovery college, jewellery making classes, rolling out positive behaviour support across the wards, and pilots of ward round feedback forms and positive handovers. Training in quality improvement methodology was being rolled out to staff with the support of an external organisation. The ward manager of Blue Nile House was involved in research at another hospital trust, reviewing how to allay student anxieties about working in forensics.
- The service was part of the forensic peer network run by the Royal College of Psychiatrists. Mint ward was part of the South of England learning disabilities network. Blue Nile House Ward had been awarded Star Wards accreditation in September 2017. A Star Wards champion on the ward was to support other wards in working towards this accreditation.
- Some members of staff within the service had undertaken reviews of other sites. Following these visits, staff had implemented best practice they had seen, including the use of mobile phones on the wards and self-catering.