

**Requires improvement**

# South London and Maudsley NHS Foundation Trust

## Forensic inpatient/secure wards

### Quality Report

Trust Headquarters  
1st Floor Admin Building  
Maudsley Hospital  
Denmark Hill  
London  
SE5 8AZ  
Tel: 020 3228 6000  
Website:  
[www.slam.nhs.uk](http://www.slam.nhs.uk)

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV505	Bethlem Royal Hospital	Brook ward Chaffinch ward Effra ward Norbury ward Spring ward Thames ward Waddon ward Whitley 2 ward	BR3 3BX

This report describes our judgement of the quality of care provided within this core service by South London and Maudsley NHS Foundation 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.

# Summary of findings

Where applicable, we have reported on each core service provided by South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley NHS Foundation 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated South London and Maudsley NHS Foundation Trust forensic inpatient wards as **requires improvement** because:

- Staff did not always complete patients' risk assessments on admission and these were not regularly updated or reviewed.
- Staff were not clear on the procedures for reporting a safeguarding alert.
- Patients were dissatisfied with the food and improvements had not taken place.

However the wards were clean and well maintained. Patients said they felt safe on the wards, although their risk assessments were not always up to date. Staff used de-escalation techniques and wards had low incidences of restraint and rapid tranquilisation. The wards had good medicines management practices.

Patients had good access to physical health care services. The wards offered a wide range of psychological therapies and there were good multi-disciplinary teams on site. Staff were supported by regular supervision and appraisals and had access to specialist training.

Most patients said that staff were caring and respectful. Patients said they were involved in their care, although this was not always documented in their care records. Patients were supported with their individual interests and goals.

Patients had access to a range of activities on site, although they said they would like more activities during weekends. There were good facilities available including a library, gym and shop. Most patients said they knew how to make a complaint and would feel comfortable to raise any concerns to staff.

Staff were enthusiastic about their teams, trust and management. Staff had good opportunities to develop within the trust. Staff felt comfortable to raise concerns to managers. The wards demonstrated good examples of quality improvement and innovation.

# Summary of findings

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

### Are services safe?

We rated safe as **requires improvement** because:

- Staff did not always complete patients' risk assessments on admission and these were not regularly updated or reviewed.
- Staff were not clear on the procedures for reporting a safeguarding alert.

However, the wards were clean and well maintained. Patients said they felt safe on the wards. Staff used de-escalation techniques and wards had low incidences of restraint and rapid tranquilisation. The wards had good medicines management practices.

**Requires improvement**



### Are services effective?

We rated effective as **good** because:

- Patients had good access to physical health care services.
- Patients could access a variety of psychological therapies that were catered to their needs.
- The wards had good multidisciplinary teams that met regularly and had a comprehensive understanding of patients' needs.
- Most staff were up to date with mandatory training, supervision and appraisals. Staff were encouraged to access specialist training for their roles.
- Patients' Mental Health Act documentation was in good order.

**Good**



### Are services caring?

We rated caring as **good** because:

- Patients said staff treated them with respect were caring.
- We saw kind and caring interactions between staff and patients on all the wards.
- Patients received a good orientation and introduction to the wards.
- Patients were supported with their individual interests and goals.

**Good**



### Are services responsive to people's needs?

We rated responsive as **requires improvement** because:

- Patients were dissatisfied with the food and improvements had not taken place.

However, staff always planned patients' admissions and discharges. The ward's environment met patients' needs. All wards had access to outside space. River House had a gym, library, and shop available on site. Patients' personalised their bedrooms and had a key to lock

**Requires improvement**



# Summary of findings

their rooms and locker to secure their belongings. There was a variety of activities available on the wards. However, patients said there were not enough activities during weekends. Most patients said they knew how to make a complaint and would feel comfortable to raise any concerns to staff.

## Are services well-led?

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

- Staff were enthusiastic about their teams, trust and management.
- Staff had good opportunities to develop within the trust.
- Staff felt comfortable to raise concerns to managers.
- The wards demonstrated good examples of quality improvement and innovation.

**Good**



# Summary of findings

## Information about the service

The forensic inpatient/secure wards provided by South London and Maudsley NHS Foundation Trust are part of the trust's Behavioural and Development Clinical Academic Group.

We inspected the following forensic services at River House at the Bethlem Royal Hospital. Chaffinch and Whitley 2 wards were located off of the main River House building.

**Brook ward – 16 beds, male tier 2 rehab medium secure forensic ward**

**Chaffinch ward – 19 beds, male low secure pre-discharge ward**

**Effra ward - 16 beds, male tier 2 rehab medium secure forensic ward**

**Norbury ward (male PICU) – 12 beds, male medium secure inpatient psychiatric intensive care unit (PICU)**

**Spring ward – 15 beds, female medium secure forensic acute admission, assessment, treatment and rehabilitation forensic ward**

**Thames ward – 15 beds, male medium secure forensic acute admission ward**

**Waddon ward – 15 beds, male medium secure a Forensic Intensive Psychological Treatment Service (FIPTS) ward.**

**Whitley 2 - Ward in the Community - 11 beds, male residential rehab forensic ward**

We have inspected the forensic inpatient services provided by South London and Maudsley NHS Foundation Trust at the Bethlem Hospital on 7 and 14 February 2013 where the provider was not meeting the regulation for the safety and suitability of premises. We also inspected on 17 and 18 July 2012 where the provider was meeting essential standards, now known as fundamental standards. We followed up this previous non-compliance as part of this inspection.

## Our inspection team

The team who inspected the forensic inpatient wards consisted of an expert by experience, three inspectors, one Mental Health Act reviewer, a psychiatrist and a psychologist.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

During the inspection visit, the inspection team:



# Summary of findings

- Visited all eight forensic wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 38 patients who were using the service and/or their carers and received feedback from 35 comment cards.
- Spoke with the managers or acting managers for each of the eight wards.
- Spoke with the safeguarding lead, deputy director and head of nursing and quality assurance for the service.
- Spoke with 44 other staff members; including administration staff, consultant psychiatrists, domestic staff, junior doctors, permanent and bank nurses, occupational therapists, psychologists, social workers and support workers.
- Attended and observed a multi-disciplinary hand-over meeting, a clinical pathway meeting, two ward rounds and a community meeting.
- Looked at 32 care records of patients.
- Carried out a specific check of the medication management on three wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke to 38 patients during the inspection and also received feedback from 35 comment cards.

Most patients said they felt safe on the wards and were positive about the care they received. Patients said the staff addressed their healthcare needs and made the necessary referrals for specialist care. Some patients said that their escorted leave and activities were cancelled

due to short staffing. Many patients were unhappy with the quality and quantity of food provided that did not always meet their dietary requirements. Patients were positive about the range of activities they could access during the week, although there were not enough activities available during weekends.

## Good practice

- The wards used a “Buddi” tracker system for patients who went on escorted leave. Patients voluntarily wore a GPS tracker on their ankle. This meant that patients who were at high risk of absconding during their leave could be tracked and returned to the ward. Managers reported that this has reduced the number of patients absconding from the ward. One ward had a patient who requested to use the tracker when they went on leave as it made them feel in control about going into the community.
- The consultant on Norbury ward had completed various research projects including management of inpatient violence and monitoring physical health. One of the projects developed a “medication algorithm”, an individualised medication plan for staff to support patients who were non-compliant or refusing medication. This was recently presented at a trust-wide conference and is in the process of being rolled out across the trust.
- Some patients participated in a restorative justice programme called Sycamore Tree run by the Prison Fellowship. This is a victim awareness programme and patients could learn about taking responsibility for their actions. Staff described a case where restorative justice was used to provide mediation between two patients. Sycamore Tree was due to train staff and run a pilot group on the Effra ward. Victims could access a positive prosecution policy where they could go through the restorative justice process even if they were not going down the prosecution route.
- Patients used video link and conferencing facilities for court and meetings. This meant that patients did not need to be handcuffed and attend court. It also saved time and resources required to facilitate a patient attending court.

# Summary of findings

- River House successfully completed the self and peer-review of the Quality Network for Forensic Mental Health Services through the Royal College of Psychiatrists Centre for Quality Improvement in September 2014.

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure that staff complete a full risk assessment on patients on admission including HCR-20s and regularly review and update risk assessments.
- The trust must ensure that the food is of good quality, appropriate portion size and meets all patients' dietary requirements.

### Action the provider **SHOULD** take to improve

- The trust should ensure that all safeguarding concerns are reported and documented through a consistent process across all wards.
- The trust should ensure that staff maintain accurate restraint records that includes the specific type of hold, length of time and staff members involved.
- The trust should ensure there is adequate staffing to provide escorted leave and activities during the day.
- The trust should ensure that staff follow the knocking system to respect patients' privacy in their bedrooms.

- The trust should ensure patients' privacy and dignity is respected on Spring ward where the windows have access to public areas and that patients' rooms are secured when being cleaned.
- The trust should ensure that staff are informed of incidents including lessons learned.
- The trust should ensure that all patients have a physical health assessment completed on admission and that this is documented in their care records.
- The trust should ensure that each patient's care plans are personalised and record the patient's views and involvement.
- The trust should ensure that staff have completed Mental Health Act and Mental Capacity Act training and have a comprehensive understanding of these principles
- The trust should ensure that information is available in easy read format and languages spoken by patients on the wards.

# South London and Maudsley NHS Foundation Trust

## Forensic inpatient/secure wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Brook ward Chaffinch ward Effra ward Norbury ward Spring ward Thames ward Waddon ward Whitley 2 ward	Bethlem Royal Hospital

#### Mental Health Act responsibilities

- Most staff were up to date with their Mental Health Act (MHA) training and had a good understanding of the MHA.
- Patients' MHA paperwork was up to date and there was a MHA administration office based on site. All the patients had either been transferred from prison or high security hospitals and therefore there were no approved mental health professional's reports available on the files.
- Staff did not consult patients with regard to their wishes expressed in advance in line with the MHA Code of

Practice, although when they completed in full the "my shared pathway" template they would have included these. None of the cases reviewed were able to evidence this had been discussed or recorded on the notes.

- Staff read patients their rights under the MHA on admission and repeated this monthly. Patients said they knew their rights and staff explained their medication and treatment to them.
- An independent mental health advocate attended the wards weekly. Some patients said they had used the advocate and found them helpful.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Most staff had completed training on the Mental Capacity Act (MCA) as an e-learning course. Staff's understanding of the principles of the MCA varied across the wards.
- Patients' mental capacity and consent to treatment had been assessed and recorded in their records. These had all been carried out during the previous month. Capacity assessments were completed and attached to medication charts including information on the patient's MHA status.
- Staff could access support on the MCA and Deprivation of Liberty Safeguards (DoLS) from the social worker on the ward. The trust had a MCA policy and guidance available on the intranet.

# 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

- All wards were clean with good furnishings and were well maintained. Patients said that the levels of cleanliness on the wards were good.
- The ward layout allowed for staff to observe all parts of the ward. Chaffinch and Whitley wards had some blind spots that were managed by hourly environmental checks and appropriate risk assessments of patients.
- There were some ligature risks in the wards including door handles and windows. Staff were aware of these and risks were adequately mitigated. Staff completed environmental checks of the wards and patients every 30 minutes. The trust had done a lot of work to reduce ligature risks on the wards. For example, in the accessible bedroom on Thames ward the disability rails and taps had recently been replaced. The wards had ligature risk assessments and action plans were in place. Ligature cutters were available in the emergency bags on each of the wards.
- Wards had clinic rooms that were clean, organised and fully equipped with accessible resuscitation equipment and emergency drugs. Staff checked controlled drugs and equipment regularly and fridge temperatures daily.
- Thames ward had two de-escalation rooms that were connected to a bedroom through a door. The de-escalation rooms were clean and furnished with a chair and beanbag.
- Norbury ward had two seclusion rooms for males. Spring ward had one seclusion room for the female patients on Spring ward. The seclusion rooms allowed two-way communication and patients had access to a toilet and shower facilities. Information on patients' rights was displayed on the window and a clock in the corridor was visible from the room.
- On occasion patients had to move from another forensic ward to Norbury which is a male medium secure psychiatric intensive care unit. This was for clinical reasons. This transfer was completed by six staff who had been appropriately trained in promoting safe

and therapeutic physical interventions. Prior to the transfer the area was vacated to ensure the safety and privacy of patients and staff. In the past 12 months, Norbury ward had 35 incidents of seclusion that involved patients who had been transferred from other wards. Thirteen of these patients then remained on Norbury ward and 22 returned to their original ward after the period of treatment which included the use of seclusion.

- Spring ward had one intensive care area and Norbury ward had two intensive care areas. These were bedrooms where patients could have increased nursing observations and were often used for new patients where staff identified this need prior to admission.
- Staff signed keys in and out at reception. All staff carried a personal alarm and completed training on how to use these. One member of staff from each ward was allocated as a security nurse each shift who would also respond to incidents on other wards where required.

### Safe staffing

- Senior managers had determined established staffing levels based on the acuity level of the ward, number of patients and benchmarking against other medium secure units. The trust completed monthly safe staffing reports. River House had a unit coordinator who had oversight of staffing across the wards and could delegate staff to cover another ward when required. However, not all ward managers had a clear oversight of their staffing numbers.
- Most ward managers and staff said the staffing numbers were adequate. At night there was a minimum of three staff on duty on all the wards. On occasions due to an emergency on another ward, there was a temporary reduction in staffing levels to two staff. However if the nurse in charge made the clinical judgement that if a staff member left the ward it would be unsafe, the unit co-ordinator would be informed and the three staff would remain on the ward. Some staff told us that when staff had to support another ward at night they did not know how long that member of staff would be absent

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from the ward and they did not always feel safe with two members of staff on the ward. Staff said they reported their concerns to senior management but had not seen any improvements.

- The wards had an average of 21% vacancy level although some wards were higher for example Waddon at 32% and some lower such as Brook at 11%. The trust were actively recruiting to fill these vacancies. Most wards used regular bank staff and rarely used agency staff to cover these shifts. Ward managers could arrange for additional staffing when required, for example increased observation levels or to escort patients.
- Patients and staff said that occasionally the wards cancelled leave and activities due to staffing shortages. Some patients said they did not always get a reason why their leave was cancelled and that activities were cancelled at short notice. Patients said they could generally have one-to-one time with their named nurses and could speak to any member of staff when needed.
- An on-site doctor was available at River House out of hours.
- Staff completed promoting safer and therapeutic services training to manage violence and aggressive situations and updated this every two years.

## Assessing and managing risk to patients and staff

- Patients' information was not systematically stored in their electronic care records across the wards. For example, risk assessments were saved under two different sections. This meant it was difficult for staff to access information as it was saved in different places.
- Staff should complete a historical, clinical risk management assessment (HCR-20) for patients within three months of admission and review every six months. All patients did not have an updated HCR-20. On some wards, these were not reviewed every six months. For example, on Spring ward five out of nine HCR-20s had been completed prior to March 2015 and had not been reviewed at the time of out visit.
- Out of 32 care records, staff did not complete a risk assessment for nine patients on admission. Some patients who transferred from other wards did not have their risk assessment updated for the new ward. The length of time varied from two weeks to several months following admission before a risk assessment was

completed. One risk assessment contained the name of another patient. Staff did not regularly review or update patients' risk assessment following a risk event. For example, one patient on Whitley 2 ward had a risk event that did not result in review of their risk assessment. The risk event was not included in the following risk assessment. Staff said the increased risk was discussed in the ward round and recorded in the patients' progress notes, however this information was not easily accessible.

- Most staff were up to date with safeguarding training, could identify what would constitute the need to raise a safeguarding alert and knew the immediate steps to take to ensure the patient was safe. The service had made 10 safeguarding referrals in the last six months. However, the procedures for reporting a safeguarding referral were not consistent across the wards. It was unclear whose responsibility it was to raise an alert to the local authority. Some staff said they would raise the alert with the safeguarding lead, some through the ward social worker or ward manager and others directly to the local authority. This meant that not all safeguarding referrals were raised immediately or properly monitored. For one recent safeguarding referral, the member of staff was unaware of current actions being taken as they had not made the referral directly to the local authority and had not received feedback. Another safeguarding referral that staff made was not documented in the patient's care records. The trust acknowledged that this area was a work in progress.
- On the patient's electronic record system, the alert box was used to identify important information such as allergies and medication. Staff did not always include safeguarding referrals as an alert. This meant that if staff made a safeguarding referral for a patient, this information would not be made immediately aware to another member of staff accessing their record.
- There were examples of positive risk taking on some of the wards. For example, one patient on Effra ward told us about being supported to gain more independence. This patient was going out on 30 minutes unescorted leave on the hospital grounds for the first time using the GPS tracker system and had goals to go out in the community. Another patient on Norbury ward who had been in seclusion had expressed to staff that they

# Are services safe?

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wanted to get some fresh air and go outside. Staff did appropriate risk assessments and placed the patient on increased observation levels and the patient was settled on the ward.

- Staff were confident in managing aggression on the wards and used various techniques for de-escalation. Restraint was only used as a last resort. From December 2014 to May 2015 there were 51 incidents of restraint recorded in six of the eight forensic wards. Norbury ward had the highest (22) followed by Thames (18), Effra (5), Brook (3) and Waddon (3). However, the incident reporting system for restraint did not include length of time of hold, staff members involved and did not always specify the type of hold used. One restraint record on Waddon ward stated 'various' restraint positions during an incident where staff administered rapid tranquilisation. It was unclear from the record what type of hold was used.
- The wards practiced good medicines management. There were processes in place to monitor blood tests and complete medicine reconciliation. Patients' medication charts indicated if they were prescribed clozapine, listed any allergies and had a photograph of the patient.

## Track record on safety

- Staff reported two serious untoward incidents between April 2014 and August 2015. Staff had a good understanding of recent incidents that had taken place in their service.
- There were three incidents involving patients attacking staff on Effra, Norbury and Whitley 2 wards.

## Reporting incidents and learning from when things go wrong

- Staff on all the wards knew what kind of incidents and how to report through the online reporting system. Ward managers reviewed incident reports and completed a fact finder where required. Most staff were aware of the regular bulletins the trust sent to highlight recent incidents and learning
- Most staff said they had a debrief following an incident. Some staff said managers did not always inform them about lessons learned from incidents, including those that occurred on other wards at River House.
- Some wards had safety notice boards that displayed about the numbers of incidents that had occurred and wards were actively working to reduce numbers compared to the previous year.



# Are services effective?

Good 

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

- Staff placed patients on increased observation levels for the first 24-hours following admission, which staff then reviewed.
- All patients did not have a physical health assessments completed on admission. Baseline observations were recorded during the first 72 hours of admission. Staff completed the modified early warning scoring system weekly for each patient which identifies if the patients physical health is deteriorating.
- Patients had good physical health monitoring and access to physical health services. A GP attended River House weekly. Patients had regular access to an optician, dentist and chiropodist. Patients could request to be seen by a female doctor. Records indicated that staff addressed physical health needs such as diabetes and high blood pressure.
- The quality of care plans varied across the wards. While most patients told us they were involved in their care, this was not documented in their care plans. A few care plans we reviewed used the name of a different patient. While most care plans were written in the first person, they were generic and did not include a personalised view or patient involvement. Staff recorded regular care programme approach (CPA) meetings. Patients' views documented in CPA meeting discussions were not always included in care plans. It was not always documented whether the patient had signed their care plan. Patients said they received copies of their care plans. The number of care plans each patient had varied greatly. One patient on Brook ward had 40 open care plans, most of which were not relevant or old and had not been closed on the electronic system.
- The service used an assessment and care planning tool "my shared pathway" designed for patients in secure services. The trust also used "my health locker" a system where patients could access their care plans. Some staff and most patients said they were not aware of these tools.

### Best practice in treatment and care

- Medical staff were aware of national institute for health and care excellence (NICE) guidelines for prescribing medications. The pharmacist inspector visited Waddon ward and saw there were very few uses of rapid tranquilisation.
- Patients had access to a variety of psychological therapies cognitive behaviour therapy, mindfulness, and dialectical behaviour therapy and groups for people with substance misuse issues. Staff could adapt the therapy according to patients' needs. Waddon ward offered an intensive therapeutic violent risk reduction programme that took 16 – 18 months to complete.
- Some clinical staff completed clinical audits, this varied between the wards. For example, Whitley 2 ward completed audits on nutrition and physical health checks.

### Skilled staff to deliver care

- All ward multi-disciplinary teams (MDT) had an occupational therapist, social worker, and psychologist. Some of these roles were divided between two wards. A pharmacist attended weekly ward rounds and checked medication stock, medication charts and met with patients. Patients could contact the pharmacist directly during the week if needed.
- New staff spoke positively about the induction they completed that included a corporate induction about the trust.
- Nearly all staff across the wards had up-to-date appraisals and monthly supervision sessions. Supervision meetings followed an agenda and actions were recorded with target dates. Staff attended monthly team meetings.
- Most staff were up to date on mandatory training. Staff said they did not find the online training courses very useful. Staff spoke positively about the specialist training and professional development opportunities they accessed and were encouraged and supported by their managers and the trust. Several staff were completing external courses such as leadership training, masters and PhD degrees, psychotherapy, and support workers were completing care certificates



# Are services effective?

Good 

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 could access weekly reflective practice sessions that the psychologists facilitated.

## Multi-disciplinary and inter-agency team work

- The multi-disciplinary teams (MDT) held weekly meetings on the wards. Staff attending MDT ward rounds had a detailed discussion of each patient's progression, behaviour and risks and displayed a good understanding of each patient's needs.
- Nursing staff attended handovers three times a day when they were coming onto shifts and leaving shifts. These handovers were comprehensive and detailed.
- Staff said it could sometimes be difficult to get care coordinators to attend patients' CPAs. Consultants had good working relationships with consultants in community
- The wards had good working relationships with GPs and various community groups including MIND, Mosaic, and music groups.

## Adherence to the MHA and the MHA Code of Practice

- Most staff were up to date with their Mental Health Act (MHA) training and had a good understanding of the MHA.
- Patients' MHA paperwork was up to date and there was a MHA administration office based on site. All the patients had either been transferred from prison or high security hospitals and therefore there were no approved mental health professional's reports available on the files.

- Staff did not consult patients with regard to their wishes expressed in advance in line with the MHA Code of Practice, although when completed in full the "my shared pathway" template would have included these. None of the cases reviewed were able to evidence this had been discussed or recorded on the notes.
- Staff read patients their rights under the MHA on admission and repeated this monthly. Patients said they knew their rights and staff explained their medication and treatment explained to them.
- An independent mental health advocate attended the wards weekly. Some patients said they had used the advocate and found them helpful.

## Good practice in applying the MCA

- Most staff had completed training on the Mental Capacity Act (MCA) as an elearning course. Staff's understanding of the principles of the MCA varied across the wards.
- Patients' mental capacity and consent to treatment had been assessed and recorded in their records. These had all been carried out during the previous month. Capacity assessments were completed and attached to medication charts including information on the patient's MHA status.
- Staff could access support on the MCA and Deprivation of Liberty Safeguards (DoLS) from the social worker on the ward. The trust had a MCA policy and guidance available on the intranet.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We saw kind and caring interactions between staff and patients on all the wards. We saw patients engaged in various activities and groups during our visit including baking, sewing, yoga and table tennis.
- Patients said they were happy with the care they received from staff. Some patients said they did not like that staff used their personal mobile phones while on the ward and taking them on escorted leave.
- Staff demonstrated a good understanding of patients' individual needs. Patients' names were displayed outside of their bedrooms along with their named nurse and consultant.

### The involvement of people in the care they receive

- Patients received a welcome pack and orientation when arriving on the ward. Information was provided about their rights, activity schedule, ward rounds, medication and meal times, smoking policy, activities, and how to complete a leave request. Where possible, patients would give tours of the ward and introduce them to patients and staff.

- On Chaffinch ward, new patients could spend a day on the ward to get to know staff and attend activities.
- Patients participated in ward rounds and CPA reviews and their views were documented in the meeting records.
- One patient on Spring ward was encouraged to join a choir. Staff supported this patient to the bus and ensured that someone was available to meet the patient when they arrived at their bus stop.
- The wards had daily planning meetings and weekly community meetings where patients could discuss and feedback issues on the wards. The patient representatives took the minutes for these meetings. Some wards had suggestion forms or boxes for patients to provide feedback. Whitley 2 ward displayed patients' positive and negative feedback about the ward.
- Effra ward won a bid from "Smile" project to fund a day trip. Patients decided to go to Hastings and helped to organise the trip that they took in August 2015.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Access and discharge

- Beds were not always available and wards operated a waiting list. Managers could not say how long patients needed to wait for a bed as prison referrals took priority. Staff always planned patients' admissions and discharges.
- Some patients were placed out of area in a private bed. Approximately half of these placements were outside of London. Six patients were referred to private bed over the last five month period.
- River House had a clinical pathway meeting every Wednesday to discuss referrals and discharges. Transfers between wards occurred when a patient from another ward was secluded on Norbury ward and remained on Norbury ward as a patient. Staff identified patients who were suitable for move on from Norbury ward every Monday.
- A few patients had a delayed discharge as a result of court procedures or wait for suitable accommodation.

### The facilities promote recovery, comfort, dignity and confidentiality

- There were a wide range of rooms available including clinic rooms and occupational therapy kitchens on each ward. River House had a visitor's room, gym, therapy room and multi-faith room. A barber and hairdresser regularly attended the wards. There was a computer available on the unit for patients to have supervised internet access with MDT approval.
- There was also a library and shop that patients could volunteer in for work experience. Once patients gained skills on stock taking, using the till and cash they could work in the hospital's community centre and get paid. Patients on Chaffinch ward who did not have leave could not access the other library and shop as they were located in another building.
- Chaffinch ward had a self-contained flat with three bedrooms where patients cooked for themselves to promote their independence.
- Spring ward had a sensory room that required staff supervision to access due to ligature points.

- River House had two visiting suites that patients could book. Children could access these rooms following a risk assessment.
- Some of the bedrooms on Spring ward did not have privacy screening and overlooked onto areas that had public access. The male patients' exercise garden had direct access to the windows on Spring ward. We observed one male patient looking through one of the windows during our visit. The bedroom doors on Spring ward were left open after they had been cleaned. Patients' personal belongings such as handbags were clearly visible and not secured.
- All of the wards had privacy curtains on the outside of the bedroom door viewing windows. This meant that patients did not have control over their privacy in their bedrooms. Some patients said staff opened the privacy curtains on their bedroom door without asking, did not always knock or wait for an invitation to enter their bedroom. One patient said they raised this issue in a community meeting but did not see any improvement.
- Patients had access to a pay phone that was in a private room off of the corridor except on Ward in the Community. One patient said they could use the phone to call a family member who lived in a different country. Patients on Chaffinch ward could have their own phones on the ward as long as it did not have a camera.
- Patients from all wards could access an outside "healing garden" area. Patients grew vegetables in the garden that they used in their cooking lessons. Wards coordinated with each other when they would access the garden to manage risks between patients. Some wards had private gardens that patients accessed with supervision.
- Patients said that the food was of poor quality and quantity. Management were aware of this issue. Staff on different wards reported this to the food company provider six months ago. Staff attended meetings with the food company to try and improve the food quality. However, patients said there was no improvement. Some patients said that the food did not always meet their dietary requirements, for example one patient with diabetes and another who required a soft food diet. On some wards patients could prepare and cook their own meals with staff support and supervision.

# Are services responsive to people's needs?

Requires improvement



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

- Some wards required patients to ask staff for hot water to prepare a hot drink. On Spring ward patients had to ask staff for a hot drink at set times.
- Patients could personalise their bedrooms. We saw that some patients had their own TV, stereo, sound systems, bedding and displayed family photos in their rooms.
- Patients had a key to lock their bedrooms. Patients also had lockers where they could store their possessions securely on the wards. There were lockers at reception for patients to store tobacco and lighters.
- Patients could access a variety of activities including baking, toastie and smoothie making, art, bingo, music groups, gardening creative writing and cycling. This year, five patients won Koestler awards for their paintings. Some wards had table tennis and pool tables. However, patients said there were limited activities available on weekends.
- On Ward in the Community, the communal TV room was small and there was a lack of games and books on the ward, the table tennis could only be accessed with staff supervision. Spring ward offered a rise and shine morning stretching and yoga groups. Patients made their own breakfast on Effra ward. Some patients accessed courses through the trust's recovery college.

## Meeting the needs of all people who use the service

- Each ward had a disabled access bedroom.
- Accessible information was not available on the wards, for example in easy read format or in other languages.

One patient whose first language was not English said staff had not given them any information in their first language although the trust has information available on their intranet in different languages.

- Patients had access to interpreters for CPA meetings, ward rounds and tribunals.
- Information was available on the wards on how to make a complaints, patients' rights and local services.
- There was a multi-faith room at River House, however no information was displayed about this on the wards.
- Staff on Waddon ward told us about an example where they admitted a transgender patient and the work they did to accommodate the patient and awareness of their needs.

## Listening to and learning from concerns and complaints

- Most patients said they knew how to make a complaint and would feel comfortable to raise any concerns to staff. Those who had made a complaint said staff acted on them accordingly.
- Staff knew how to handle complaints and the complaints process. The wards had complaints folders. On Effra ward, we saw good documentation of complaints including complaint resolution plans, lessons learnt and copies of a final letters sent to the patients.
- Patients made 60 complaints across the eight wards in the last 12 months, 27 of which were upheld. No complaints from the service were referred to the Ombudsman.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff on all of the wards knew and agreed with the trust's vision and values and this was evident in the care they provided.
- All staff were positive about senior managers within River House and said they were visible and approachable. However, staff said they did not know the senior managers of the trust who had not visited the service often, or only following an incident.

### Good governance

- Information was available to ward managers regarding performance of their wards. Electronic records were available for staff training, supervision and appraisals. The wards received monthly analysis of types of incidents on the ward in comparison to the previous year.
- The trust were actively recruiting to fill vacancies and ward managers tried to use regular bank staff where possible to ensure continuity of care for patients.
- Staff completed some ward-based audits, however this was not consistent across the wards.
- Ward managers had good authority over their wards and access to administrative support.
- Staff could submit items to the trust's risk register where required.

### Leadership, morale and staff engagement

- Most staff said they had job satisfaction and felt supported by their teams and managers. Staff were motivated, committed and enthusiastic about their roles and providing quality patient care. Staff said the team away days were good opportunities for team building.
- Some staff were concerned about their colleagues who had been assaulted by patients and off on long-term sick and felt there could have been more support from senior managers around these incidents.

- Staff could raise concerns without being victimised and were aware of the whistleblowing process. One staff told us they had accessed this process and felt well supported through it. Staff told us about one case of bullying that had been addressed by management.
- Staff were positive about the opportunities for leadership development. Several staff had completed a leadership course.
- Most staff felt positive about being able to provide feedback about the service and could contribute to service development. However, a few staff were concerned that the service was becoming too target driven and not as recovery focused as used to be. They felt this had a negative impact on the quality of patient care and the service needs more focus on supporting patients to live independently in the community.

### Commitment to quality improvement and innovation

- The wards used a "Buddi" tracker system for patients who went on escorted leave. Patients voluntarily wore a GPS tracker on their ankle. This meant that patients who were at high risk of absconding during their leave could be tracked and returned to the ward. Managers reported that this has reduced the number of patients absconding from the ward. One ward had a patient who requested to use the tracker when they went on leave as it made them feel in control about going into the community.
- The consultant on Norbury ward had completed various research projects including management of inpatient violence and monitoring physical health. One of the projects developed a "medication algorithm", an individualised medication plan for staff to support patients who were non-compliant or refusing medication. This was recently presented at a trust-wide conference and is in the process of being rolled out across the trust.
- Some patients participated in a restorative justice programme called Sycamore Tree run by the Prison Fellowship. This is a victim awareness programme and patients could learn about taking responsibility for their actions. Staff described a case where restorative justice was used to provide mediation between two patients. Sycamore Tree was due to train staff and run a pilot

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group on the Effra ward. Victims could access a positive prosecution policy where they could go through the restorative justice process even if they were not going down the prosecution route.

- Patients used video link and conferencing facilities for court and meetings. This meant that patients did not need to be handcuffed and attend court. It also saved time and resources required to facilitate a patient attending court.

- River House successfully completed the self and peer-review of the Quality Network for Forensic Mental Health Services through the Royal College of Psychiatrists Centre for Quality Improvement in September 2014.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust had not ensured that all patients' risks were appropriately assessed.

This was because all patients did not have an up to date HCR-20 risk assessment completed on admission or reviewed regularly. Patients' risk assessments were not updated following a risk event.

This was a breach of Regulation 12 (1)(2)(a)(b)(d)

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The trust had not ensured the care and treatment of patients was appropriate and met their needs and reflected their preferences.

Meals across the forensic wards for did not meet peoples individual preferences or needs.

This was a breach of regulation 9(1)