Oxleas NHS Foundation Trust

Forensic inpatient or secure wards

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	**Good** ●
Are services effective?	**Outstanding** ☆
Are services caring?	**Good** ●
Are services responsive to people's needs?	**Outstanding** ☆
Are services well-led?	**Good** ●

Our findings

Forensic inpatient or secure wards

Outstanding ☆ ↑

We carried out this unannounced, comprehensive inspection because we had not inspected these services since April 2017

Oxleas NHS Foundation Trust provides forensic services across eight wards, based on two sites. Joydens Ward provides care and treatment for female patients. All the other wards provide care and treatment for male patients. During this inspection, we visited Danson Ward, Crofton Ward, Heath Ward, Joydens Ward and Birchwood Ward. All these wards are at the Bracton Centre. We also visited Greenwood and Hazelwood wards at Memorial Hospital. Whilst our inspection activities focused on these wards, most of the data we reviewed covered all eight wards within this core service.

The previous comprehensive inspection of this core service was in April 2017. At that inspection, we rated the service as good. We rated the service as 'good' for the domains of safe, effective, caring and well-led. We rated the service as 'outstanding' for responsive.

Oxleas NHS Foundation Trust is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

Our rating of services improved. We rated them as outstanding because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. The service took a proactive approach to anticipating and managing risks to patients. This was embedded and is recognised as the responsibility of all staff. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. All staff were open and transparent, and fully committed to reporting incidents and near misses.
- The service took a holistic approach to assessing, planning and delivering care and treatment to all people who use services. This included addressing, where relevant, their nutrition, hydration and physical health needs. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. All staff were actively engaged in activities to monitor and improve quality and outcomes
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- People who were detained under the Mental Health Act 1983 (MHA) understood and were empowered to exercise their rights under the Act. The service supported staff to understand and meet the standards in the MHA Code of Practice. Staff worked effectively with others to promote the best outcomes with a focus on recovery for people subject to the MHA.

Our findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. Patients valued their relationships with the staff team and felt that they often go 'the extra mile' for them when providing care and support.
- There is a holistic approach to planning people's discharge, transfer or transition to other services, which is done at the earliest possible stage. As a result, discharge was rarely delayed for other than a clinical reason. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers.
- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had an inspiring shared purpose. They strived to deliver and motivate staff to succeed. Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes.

However,

- The service did not inform patients routinely that body worn cameras were being used by staff.

How we carried out the inspection

During this inspection, the inspection team:

- visited seven wards
- conducted a review of the environment on each ward and observed staff supporting patients
- spoke with 7 ward managers
- spoke with 27 staff including registered nurses, support workers and activity co-ordinators
- spoke with the director of forensic services and the head of mental health legislation
- spoke with 6 doctors
- spoke with 20 patients
- reviewed the records for 14 patients
- reviewed the medication charts for 25 patients
- attended handover meetings, a safety huddle, a staff meeting, multidisciplinary team meetings and a community meeting
- reviewed other documents, performance data and policies relating to the running of the service

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

During this inspection, we spoke with 20 patients. Overall, feedback from patients was positive.

Patients felt safe and said there were always enough staff on the wards. Patients spoke positively about staff. They said that staff were caring and supportive. Patients said that they engaged in activities. They told us about activities such as playing table tennis, visiting the library and using the computers. Patients said they met with their psychiatrist and

Our findings

multidisciplinary team every two weeks and felt involved in decisions about their care. They said they found medication, groups and individual therapies helpful in their recovery. Patients who were allowed leave said they valued this. They told us they were able to visit their families, attend activities in the community and go shopping in areas they were familiar with. Patients said that if they did have any concerns, they would talk to staff about this.

A small number of patients were unhappy about being in hospital. There concerns focused on the nature of their detention under the Mental Health Act and the restrictions this placed upon them.

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. Personal Emergency Evacuation Plans were completed for all patients. Wards carried out fire drills. For example, on Hazelwood Ward, a fire drill took place in January 2023. Lessons learned from this exercise were discussed in the team meeting.

Staff could observe patients in all parts of the wards. Most wards had an open layout, with the nurses' office at the centre of the ward. This allowed good visibility of corridors and communal areas. The risks presented by blind spots were mitigated by convex mirrors and closed-circuit television (CCTV). However, Birchwood Ward had an unusual layout of corridors, small areas and thoroughfares that made observations difficult. We raised this with the trust. They said that plans for improving the ward were included in the 5-year plan for improvements to the estate.

There was no mixed sex accommodation. All wards were single sex. Decisions about where transgender patients were placed were based on the specific needs and circumstances of the patient. In making these decisions staff considered the patient's preference and any associated risks.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Each ward had completed a ligature risk assessment. The assessment included information for staff, providing details and photographs of each ligature anchor point. Audits were reviewed and updated at least once a year. Minor problems, such as fittings coming loose or fittings that needed replacing, were passed to the maintenance department. Information on these audits shows that the maintenance department completed these tasks within 5 days. Larger items that needed updating, such as improvements to washrooms, were added to the 5-year capital expenditure programme.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried personal alarms. Nurse call buttons were installed in bedrooms, bathrooms, interview rooms, activity rooms and communal areas.

Our findings

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Wards were clean and bright. Attractive artwork was displayed on walls. Furniture was of a good quality and appropriate for the needs and risks of patients.

Staff made sure cleaning records were up-to-date and the premises were clean. Wards were routinely cleaned three times each day. A more thorough clean was carried out once a week. Cleaning records were up-to-date and checked each day by nurses.

Staff followed infection control policy, including handwashing. The infection prevention and control (IPC) nurse conducted an unannounced IPC audit on every ward at least once a year. The IPC nurse sent a report and action plan to the ward manager. Action plans covered all areas of the audit that scored below 85%. All wards achieved an overall compliance score between 84% and 93%. Staff conducted weekly hand hygiene audits.

Seclusion room

Seclusion rooms allowed clear observation and two-way communication. Seclusion rooms were situated off Crofton Ward and Hazelwood Ward. Both rooms were clean, tidy and ready to be used. They had en-suite toilets and a clock was visible from inside the rooms. The temperature in each room was controlled by air conditioning. Intercom facilities allowed communication between staff and the patient. A small area with four beds, originally designated as an intensive care unit, was used for patients requiring long-term segregation. This facility was not being used during our inspection.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Most wards had a well-equipped clinic room with an examination couch. Records showed that resuscitation equipment was checked once a week. At the Bracton Centre, emergency drugs were stored on Crofton Ward.

Staff checked, maintained, and cleaned equipment. Clinic rooms were clean. Staff attached stickers to all equipment to show when maintenance checks were due. None of the maintenance checks were overdue. Staff recorded the temperature of the clinic room and the medicines fridge to ensure that all medicines were being stored appropriately. Sharps bins were correctly labelled with the location and date on which they were opened.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received appropriate training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Staffing levels varied according to the size of wards and the acuity of patients. For example, on Danson and Hazelwood Wards there were 2 registered nurses and 3 support workers assigned to the ward during the day. This fell to 1 registered nurse and 2 support workers at night. Both these wards provided rehabilitation and had between 15 and 17 beds. All patients said they felt safe on the wards.

The service had low vacancy rates. The vacancy rate across the service was 15%, ranging from there being no vacancies on Joydens Ward to a 22% vacancy rate on Danson Ward. Wards were actively recruiting to fill vacancies.

The service had low rates of bank and agency nurses. None of the wards used agency staff. Bank staff were used to cover staff sickness and occasions when patients required longer periods of escorted leave.

Our findings

Managers limited their use of bank and agency staff and requested staff familiar with the service. In the first instance, bank shifts were offered as overtime to existing ward staff. If there were no ward staff available, shifts were offered to a small number of bank staff to maintain consistency.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had moderate turnover rates on some wards. The turnover rate for the service was 14%. The turnover rate was above 20% on Danson and Hazelwood Wards. The ward managers explained that staff retention could be difficult.

Managers supported staff who needed time off for ill health. For example, one member of staff explained they had been off sick after being assaulted by a patient. They said that they were given time off work and that their manager and colleagues were supportive.

Levels of sickness were low on most wards. The sickness rate across the service was 5%. Greenwood Ward had the highest sickness rate at 12%. Joydens Ward had a sickness rate of 6%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers used the Mental Health Optimal Staffing Tool (MHOST) to assess levels of patient acuity and dependency. They used this data to ensure that ward establishments reflected patients' needs.

The ward manager could adjust staffing levels according to the needs of the patients. For example, managers could increase the number of staff on the ward when a patient required enhanced observations.

Patients had regular one to one sessions with their named nurse. Patients' records showed that nurses frequently had individual time with patients.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients said there were enough nurses. They said that leave was sometimes delayed but never cancelled. They said there was always a member of staff available if they wanted to talk to someone.

The service had enough staff on each shift to carry out any physical interventions safely. All staff said there were sufficient staff on the wards. Staff from adjacent wards could also provide additional support in an emergency.

Staff shared key information to keep patients safe when handing over their care to others. Staff shared information about patients risks and presentation at handover meetings at the start of each shift.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Most wards employed a full-time consultant psychiatrist, a specialist doctor and a junior doctor. Birchwood, a smaller pre-discharge ward, employed a part-time psychiatrist. Hazelwood Ward had a locum psychiatrist for 3 days each week. Doctors provided medical cover outside normal working hours, based on rotas for consultants, specialist trainee and core trainees. The on-call junior doctor was based at a nearby hospital and could be onsite within 15 minutes.

Managers could call locums when they needed additional medical cover. The service employed two consultant psychiatrists on locum contracts.

Our findings

Managers made sure all locum staff had a full induction and understood the service before starting their shift. Locum doctors were employed on contracts lasting for at least three months. They received an induction to the service and were supported by their colleagues.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Overall, compliance with mandatory training was above 85% on all wards, ranging from 87% on Heath Ward to 97% on Birchwood and Danson Wards. The completion rate for all the specific courses was above 75%.

The mandatory training programme was comprehensive and met the needs of patients and staff. The trust's mandatory training programme consisted of 21 courses, covering health and safety, infection control, life support, personal safety and safeguarding.

Managers monitored mandatory training and alerted staff when they needed to update their training. The trust produced information on mandatory training compliance each month. This enabled managers to quickly identify any areas where compliance was low.

Assessing and managing risk to patients and staff

The service took a proactive approach to anticipating and managing risks to patients and themselves. This was embedded and was recognised as the responsibility of all staff. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme and were able to discuss risk effectively with people using the service.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff on each ward completed a risk assessment for each patient on admission and reviewed this after any incidents. The multidisciplinary teams completed a comprehensive historical and clinical risk management assessment (HCR-20) within the first 12 weeks of a patient's admission to the service.

Staff used a recognised risk assessment tool. Alongside the comprehensive risk assessments, staff on some wards used the Broset Violence Checklist each day to assess the risk of violence. These scores were discussed and reviewed at handover meetings.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Multidisciplinary teams monitored the risks of all their patients at a daily safety huddle. Patients were assigned a rating of red, amber or green to indicate their level of risk. The multidisciplinary teams conducted a more detailed review of each patient's risk as part of their ward rounds. Ward rounds were held every two weeks.

Staff identified and responded to any changes in risks to, or posed by, patients. When a patient's level of risk increased, the multidisciplinary teams agreed an appropriate response. Typically, this included increasing the frequency of

observation, increasing the level of interactions, reviewing their approach to the patient, providing additional support and offering additional medication on an 'as required' basis. Staff were aware of the need to carry out intermittent observations four times an hour at unpredictable intervals. Staff were moving to a new system of recording observations electronically, although this was proving difficult due to poor wi-fi coverage on some of the wards.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff conducted room searches at random and whenever they received information that a patient may have prohibited items. Room searches were carried out with the patient present. Staff searched all patients when they returned from leave. Staff also conducted urinary drug screening, both at random and when they believed a patient had been using drugs or alcohol.

Use of restrictive interventions

Levels of restrictive interventions were low. Between December 2022 and February 2023, there had been 44 incidents involving a restrictive intervention. Burgess Ward had the highest number of restrictive interventions during this period with 16. There had been one instance of prone restraint and 3 instances of supine restraint. There had been 3 instances of rapid tranquilisation. There had been 4 instances of seclusion and 1 instance of long-term segregation. Managers at the service reviewed all incidents. There had been a detailed review of the incident that involved prone restraint.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. A quality improvement project on an acute forensic ward had been set up to identify ways to reduce restrictive interventions. The project had introduced four interventions on the ward. These were a pre-admission conference for each patient being admitted, safety huddles for staff and patients, using the Broset violence checklist to assess changes in risks and creating crisis plans with each patient. Restrictions on all patients were consistent with the requirements for low and medium secure environments. For example, items that may cause harm to people at the hospitals were prohibited. In addition, wards preferred patients to return from leave before nightfall and the ordering of take-away food was usually limited to once a week.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. The service had introduced a trauma informed strategy as one of its main drivers for reducing restrictive interventions. Staff followed the principles of relational security. This involved staff having a good knowledge and understanding of each patient in order to respond appropriately to each patient's behaviour. When a patient had specific risks, staff created a care plan to address this. For example, one patient had a history of sexually inappropriate behaviour towards women. The multidisciplinary team ensured that all staff on the ward were aware of this and created a specific care plan to ensure that female staff did not work alone with the patient.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. These records showed that the use of seclusion was authorised and monitored in accordance with the Mental Health Act Code of Practice. For example, a seclusion record showed the reason for seclusion, a record of nursing reviews, record of medical reviews and showed that the seclusion was ended as soon as it was no longer necessary. The multidisciplinary team reviewed the incident, and the use of seclusion, the following day.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Our findings

Staff received training on how to recognise and report abuse, appropriate for their role. The trust provided three levels of training for safeguarding adults and safeguarding children. Most staff were required to complete safeguarding training for adults and children at levels 2 and 3. A very small number of staff were required to complete level 1.

Staff were kept up-to-date with their safeguarding training. Overall compliance with safeguarding training was 93%. Compliance with training at levels 2 and 3 was above 90%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, a member of staff talked about a safeguarding alert they made following sexual contact between two patients. They explained the steps that had been taken to ensure the safety of patients and made a referral to the safeguarding team. Another member of staff gave an example of when they contacted safeguarding following a fight between two patients.

Staff followed clear procedures to keep children visiting the ward safe. Visits from children were planned in advance and closely supervised. At the Bracton Centre, visits from children took place in a building outside the main hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff explained that they escalated their concerns to the nurse in charge, the ward manager and the safeguarding lead for the hospital.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. Content of progress notes were clearly written and reflected care plans in place. They provided clear evidence of one-to-one sessions with staff, involvement in psychology and details of other specific interventions. However, on one ward, records of multidisciplinary team meetings were not consistently completed. Although meeting templates were set up in the progress notes and completed by nursing staff, there were gaps in recording by other professionals and the actions section was left blank. Actions carried over from the last meeting were also left blank as none had been recorded previously. The outcomes of meetings were not always recorded, and the template was only partially completed in 3 of 4 meeting records reviewed.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff in different teams could access the patients' records.

Records were stored securely. The electronic patient record could only be access by entering a username, a password and entering a 'smart card' to the computer keyboard.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicine records when dispensing medicines to patients. The service had introduced an electronic medicines record system. This had had a positive impact in reducing the number of prescribing errors. Patients who were self-medicating kept medicines in their room. These arrangements were monitored by staff.

Our findings

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Each patient's medicines were reviewed by the multidisciplinary team at fortnightly ward rounds.

Staff completed medicines records accurately and kept them up-to-date. Two nurses checked medicine administration records at the end of each shift to ensure there were no errors or gaps in the record.

Staff stored and managed all medicines and prescribing documents safely. All medicines and prescribing documents were kept in cabinets in clinic rooms. Clinic rooms, medicines trolleys, cupboards and fridges were locked when they were not being used.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute of Health and Care Excellence (NICE) guidance. The multidisciplinary team met with each patient every two weeks to review their care and treatment. This included a review of the effectiveness and side-effects of medication. When patients received medicines that increased the risk of blood disorders, staff carried out regular blood tests and monitored bowel movements for possible signs of constipation. Approximately 5% of patients were receiving antipsychotic medicines above the recommended maximum dose. Staff provided additional physical health checks for these patients including more frequent blood tests and electro-cardiograms.

Track record on safety

The service had a good track record on safety. Between September 2022 and February 2023, there were 454 incidents. The rehabilitation and pre-discharge wards recorded the lowest number of incidents, with 15 on Birchwood and 17 on Danson. Heath Ward recorded considerably more incidents than the other ward, accounting for 41% of the total. We discussed this with staff. They explained that this was partly due to the ward providing care and treatment for patients with complex needs including patients with autistic spectrum disorders and patients with learning disabilities who could present challenging behaviours. They also explained that during the time covered by this data, there was a particularly challenging cohort of patients. Managers said there was a robust incident reporting culture on Heath Ward. Across all the wards, 21% of incidents were classified as 'Abuse and aggression – staff related'. Eleven percent were classified as relating to substance misuse and 10% related to abuse and aggression towards patients.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported incidents on an electronic incident reporting system. Entries on this system were reviewed and signed off by ward managers and monitored by senior managers as part of the clinical governance arrangements. The most common incidents related to drug use by patients whilst on unescorted leave. The trust had developed a substance misuse strategy to address this.

Staff raised concerns and reported incidents and near misses in line with trust policy. All staff, including support workers, were aware of how to report incidents.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff held de-briefing sessions with patients after incidents to talk about what had happened and whether any lessons could be learned. Staff spoke with patients whenever errors or mistakes were made.

Our findings

Managers debriefed and supported staff after any serious incident. Psychological therapists facilitated debriefing sessions for both staff and patients after serious incidents. Staff discussed incidents at team meetings and handovers. Staff also said that senior managers frequently visited the wards after incidents to talk informally to staff involved and provide support.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. When staff reported incidents, they rated the severity of the incident on a scale of 1 to 4. The extend of the investigation was based on the severity of the incident. Managers who were independent of the ward or service investigated the most serious incidents. Interviews with patients and their families were an integral part of these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff had a good knowledge of incidents that had happened across the service, including serious incidents that had taken place some time ago. Staff knew about changes that had been made following these incidents.

Staff met to discuss the feedback and look at improvements to patient care. For example, staff had met to discuss an incident in which a patient sustained an injury from an unwitnessed fall. This led to staff introducing a training session on how to manage falls.

There was evidence that changes had been made as a result of feedback. For example, following the high number of incidents on Heath Ward, the service had provided additional support and training for staff.

Is the service effective?

Outstanding ☆ ↑

Our rating of effective improved. We rated it as outstanding.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. There is a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. Care plans were personalised, holistic and recovery-oriented. They included specific safety and security arrangements and a positive behavioural support plan.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. The multidisciplinary team held a pre-admission conference for each patient. At this meeting, the team reviewed the patient's history and any treatment they were receiving prior to admission, such as medication. This enabled the team to have an initial care plan in place when the patient arrived. On admission, a psychologist completed a screening for learning disabilities, neurodevelopmental needs, personality disorders and unstable personality traits.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care plans and progress notes showed that patients' physical health needs were addressed. For example, the care

plan for one patient showed they were attending a diabetic clinic, diabetic eye screening, dysphagia assessment and cardiac appointment. Staff recorded observations of patients' physical health once a week using the National Early Warning Signs (NEWS2) assessment. NEWS2 scores were recorded and could be viewed as a graph (last 20 readings) on the electronic patient record enabling staff to identify trends or outliers.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans covered assessed needs including the risks identified in the assessment, including physical health and mental health needs. Care plans addressed the risks set out in risk assessments. Many care plans included details of personalised recovery goals.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery-orientated. For example, care plans included details of patients psychosocial, religious and cultural needs.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. This included addressing, where relevant, their nutrition and hydration needs. The service encouraged the use of innovative and pioneering approaches to healthcare, psychological therapies and occupational therapy programmes. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. All patients were admitted to hospital with severe mental illness, usually in the form of schizophrenia. The service provided treatment based on prescribing medicines, psychological treatment and occupational therapy. Psychologists provided programmes of group work and individual sessions. The structured programme included an offender behaviour group, a psychosis group, a psychotherapy group and a partners and relationship group that included a focus on sexual behaviour. Psychologists also facilitated ward-based groups, such as a group on understanding mental illness, positive problem solving and understanding personal risks. Psychological therapists had different professional backgrounds, enabling the service to provide individual therapies including mentalisation therapy, compassion focused therapy and trauma therapy. A small number of patients were receiving eye movement desensitisation and reprocessing therapy. The occupational therapy service operated from 8am to 8pm, 7 days per week, providing an extensive range of therapeutic, recreational, social and creative activities. Patients talked enthusiastically about the groups and activities they were involved in.

Staff delivered care in line with best practice and national. Doctors used guidance from the National Institute of Health and Care Excellence (NICE), and other specialist prescribing guidance, when deciding the type and dose of medicine to prescribe to patients. Doctors frequently sought advice from pharmacists and other doctors when making these decisions, particularly when prescribing more than one anti-psychotic medicine.

Staff identified patients' physical health needs and recorded them in their care plans. Approximately 20% of patients were diagnosed with diabetes. These patients received blood sugar checks each week, along with chiropody and eyesight checks in accordance with guidance. Staff also completed assessments of patients risks relating to pressure ulcers. When a patient's risk score was high, the service provided special mattresses and pillows.

Our findings

Staff made sure patients had access to physical health care, including specialists as required. The provision of physical health care for patients was led by a full-time physical health lead. They were supported by 3.2 whole time equivalent assistant practitioners or nurse associates. This was due to increase to 4.8 staff in April 2023. The team held a well-being session on each ward every week. At these sessions, staff met with patients individually to take their physical health observations, provide health promotion information and discuss any concerns the patient may have. The service employed a general practitioner (GP) on a long-term contract. The GP had access to patients' electronic records. Regular clinics were held by specialists in dentistry, chiropody, physiotherapy and retinopathy. The service had recently appointed a new optician who had carried out a screening of all patients. This screening found that 25 patients would benefit from wearing glasses.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. A dietitian worked across all eight wards. When there were specific concerns about a patient's diet, such as a patient refusing food or a patient having a very high body-mass index, staff completed a food and fluid record.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service had held well-being clinics on each ward since 2015. The service had been 'smoke-free' since 2012. The service provided patients with nicotine patches and gum to help reduce cravings for cigarettes. E-cigarettes were also available. The service also provided screening for blood borne viruses. Staff on Joydens Ward provided patients with wrist watches that enabled them to monitor their physical activity.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The multidisciplinary teams measured the severity and progress of patients' conditions using the Health of the Nation Outcome Scores (HoNOS). Psychiatrists used the Scale for the Assessment of Negative Symptoms (SANS) to measure the severity and progress of patients experiencing negative symptoms of schizophrenia. The Forensic Services Recovery College measured patients' progress towards their recovery using a goal-setting approach around the themes of environment, well-being and life outside the hospital. Students at the college were asked to rate their position on a scale from 1 to 5 in relation to four questions under each theme. Students were asked to repeat this exercise each term in order to measure their progress. Psychologists used the Clinical Outcomes in Routine Evaluation framework to monitor change and outcomes for patients, and other standardised measures of patients' well-being.

Staff used technology to support patients. For example, the service was introducing a method of recording patients physical health observations simply by patients holding an electronic tablet.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, the psychology team carried out regular audits of engagement in their group sessions. They also carried out audits of data from their outcome measures.

Managers used results from audits to make improvements. Ward staff carried out audits of infection control, hand hygiene, mattresses, food safety and care plans. Care plan audits included an action plan to address concerns. For example, one action plan audits stated there needed to be more evidence of the patient's views.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Our findings

The service had a full range of specialists to meet the needs of the patients on the ward. Each ward employed nurses, support workers, doctors, occupational therapists and a psychological therapists. Most wards had a psychology assistant.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The adult education teacher had a specialist background in working with students with dyslexia, conduct disorders and working with people who had been excluded from school at a young age.

Managers gave each new member of staff a full induction to the service before they started work. The initial induction for staff took place over two weeks. This included a corporate induction to the trust and a specific induction to the ward. During this time, new staff were expected to work alongside experienced staff to familiarise themselves with the ward and the patients. New staff were also required to complete their mandatory training. A probationary period for new staff lasted for six months. During this time, they met with the ward manager every month to provide support and monitor their progress.

Managers supported staff through regular, constructive appraisals of their work. Managers carried out a performance and development review each year. In January 2023, 171 staff out of 183 received a performance and development review in the previous year, giving a compliance rate of 93%.

Managers supported staff through regular, constructive clinical supervision of their work. Nurses and support workers received supervision at least once every six weeks. Supervision sessions followed a structured template, including discussions about key responsibilities, professional boundaries, clinical matters and mandatory training. Doctors received supervision from a specialist psychologist every two weeks.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff on each ward held monthly team meetings. Typically, they discussed feedback from patients, the therapeutic programme, safeguarding, incidents, referrals and plans for patients' discharge. Consultant psychiatrists met each month to talk about clinical work. Most wards also held staff well-being and reflective practice groups.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers supported staff to develop their skills and focus on their strengths. Managers assigned ward specific are of responsibility, such as being the ward lead for safeguarding or physical health, to encourage staff development.

Managers made sure staff received any specialist training for their role. Staff had received specific training on security awareness and ligature management. Training also took place within staff meetings, such as the regular 'positive slant' meetings that were held to encourage staff to understand patients' strengths. Psychological therapists were involved in developing and implementing trauma informed care. This included support to nursing staff to ensure they had a good understanding of trauma. Staff said this training had been helpful and had changed their perspective on supporting patients. One clinical psychologist worked as an approved clinician under the Mental Health Act 1983. A second psychologist was completing their approved clinician training. The trust was encouraging all band 2 support workers to complete the Care Certificate training. These staff were regraded to band 3 when they completed this training. A ward manager was preparing to participate in the trust's leadership programme. Training on working with patients with autism or learning disabilities had been provided to staff on Heath Ward by the Forensic Neurodevelopmental Disabilities Team. Most patients with autistic spectrum disorders were placed on this ward. However, this training had not been provided to all the other wards. There were plans to provide this training before the end of 2023.

Our findings

Multi-disciplinary and interagency teamwork

Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The multidisciplinary team reviewed each patient's progress in detail every two weeks.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff on each ward held a handover meeting at the start of each shift. During these meetings, staff went through the entries made on each patient's record during the previous shift, highlighting any risks, concerns or changes in behaviour. Staff also planned the shift and allocated staff to specific tasks and responsibilities.

Ward teams had effective working relationships with other teams in the organisation. Each ward had good working relationships with other teams that worked with patients along the forensic pathway. For example, ward teams worked closely to support patients moving from an acute ward to a pre-discharge ward. Pre-discharge wards worked closely with the community forensic service to support patients on extended leave and preparing for discharge. A general practitioner (GP) visited wards each week.

Ward teams had effective working relationships with external teams and organisations. The wards worked well with the probation service, the police liaison service, social work teams, hostels and supported accommodation. The service had a specific officer within Kent Police who responded to any crimes that took place at the hospitals and had regular meetings with the head of nursing. The service actively sought to build relationships with groups in the community that could support patients in their recovery. This included arranging sports activities with Kent police, a local gym, and a local boxing club.

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

Patients detained under the Mental Health Act 1983 (MHA) understood and were empowered to exercise their rights under the Act. The service supported staff to understand and meet the standards in the MHA Code of Practice, working effectively with others to promote the best outcomes with a focus on recovery for people subject to the MHA.

All patients were detained in hospital under of the Mental Health Act 1983, mostly under part 3 of the Act. This part of the Act relates to patients concerned in criminal proceedings or patients under sentence. Most patients had been placed under a hospital order by the court, usually with restrictions on their discharge. Some patients had been transferred to the hospital from prison. A small number of patients were detained under part 2 of the Act, meaning that their detention had been authorised by two doctors and an approved mental health professional without the involvement of the courts.

Staff received, and kept up-to-date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. An e-learning course on the Mental Health Act was mandatory for all qualified staff. Ninety-eight percent of staff required to complete this training had done so. The course covered both the Mental Health Act and key components of the Code of Practice such as the principles of the Code of Practice, patients' rights and restrictive practices.

Our findings

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff could access support from colleagues at the Mental Health Act administration office, either by phone, email or in person. For complex cases, the Head of Mental Health Law could seek advice from the trust's solicitors.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The trust had comprehensive policies and procedures, in accordance with the Code of Practice. This included policies on consent to treatment, patients' rights, assigning responsible clinicians and patients who are absent without leave.

Patients had easy access to information about independent mental health advocacy. Independent Mental Health Advocates visited the wards each week. The trust policies state that staff should consider referring patients who lack capacity to consent to admission or treatment to the advocacy service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff took reasonable steps to ensure that patients understood the relevant provisions of the Mental Health Act when the patient arrived at the hospital. Staff recorded whether the patient understood this. If the patient did not understand, staff repeated this. Staff confirmed they explained patients' rights to them every 3 to 6 months, often as part of the preparation for care programme approach meetings.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and with the Ministry of Justice. Wards assigned a member of staff to facilitate leave when planning each shift at handover meetings. Staff managed risks appropriately. For example, staff always completed and assessment of patients before they went on leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Original records were stored in locked filing cabinets at the trust's headquarters. These documents were uploaded to the electronic patient record so staff could easily access them.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Patients' care plans, along with records of multidisciplinary team meetings and care programme approach meetings, included details of plans for patients' discharge. These records included details of the arrangements for funding their aftercare.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Ward staff completed monthly audits of information given to patients in accordance with the requirements of the Mental Health Act. Mental Health Act administrators completed audits of the arrangements for authorising treatment for patients who were approaching the end of their first three months of treatment. Reports of audits were sent to the trust's board. Matters relating to the governance of the Mental Health Act were reviewed and discussed every three months at the Mental Health Legislation Oversight Group. This group was chaired by a non-executive director.

Our findings

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Practices around consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. The trust provided two levels of training on the Mental Capacity Act for qualified and unqualified staff. Compliance with mandatory training for registered nurses was 84%.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. The trust policy on the Mental Capacity Act and deprivation of liberty safeguards was available to all staff on the trust's intranet.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff could receive advice and guidance from the trust's Mental Capacity Act Lead.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. For example, one patient was refusing food and fluid. Staff spent time with the patient encouraging them to eat and offering different types of food and drink. Staff completed an assessment of the patient's mental capacity after giving them lots of encouragement and support.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When patients were admitted to the service, a consultant psychiatrist completed a comprehensive assessment of their capacity to consent to treatment. Records included a clear assessment of each component of mental capacity. When staff were unsure of whether a patient had mental capacity, or when the decision was particularly complex, they sought advice from colleagues and sought assessments from independent doctors.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. For example, staff involved a patient's family member to help a patient with fluctuating capacity to make a decision. For another patient, staff read the patients' historical records to gain a better understanding of the patient's previous views on decisions.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary. The trust's legislation oversight group monitored the implementation for the Mental Capacity Act and made changes to practice when appropriate. For example, this group was overseeing the trust's plans for the implementation of new legislation relating to deprivation of liberty safeguards. Matters relating to the governance of the Mental Capacity Act were reviewed and discussed every three months at the Mental Health Legislation Oversight Group.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The trust was implementing Mental Capacity Act audits. This involved ward staff selecting five patients' records at random and reviewing records of consent to treatment and assessments of mental capacity.

Is the service caring?

Good 

Our findings

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Throughout the inspection, there was calm atmosphere on all the wards and we saw positive interactions between staff and patients.

Staff gave patients help, emotional support and advice when they needed it. Patients said that there were always staff available to talk to. Staff said they prioritised the needs of patients. They said they spent time getting to know patients well in order to understand their needs and know how to respond when patients were agitated.

Staff supported patients to understand and manage their own care treatment or condition. Patients had a good understanding of their own care and treatment and how this was helping them to progress. Patients talked positively about the psychology groups they had attended and explained that these groups had given them insights into their illness, their behaviour and their offending.

Staff directed patients to other services and supported them to access those services if they needed help. For example, staff supported patients to access care and treatment for physical illness.

Patients said staff treated them well and behaved kindly. Patients' feedback about staff was consistently positive. Patients said that staff treated them well, that they were caring and very supportive. Other patients said that staff were friendly and considerate. One patient described the ward as being like a family. Another patient said they had turned their life around thanks to the support and encouragement from staff.

Staff understood and respected the individual needs of each patient. Throughout the inspection, staff demonstrated a good understanding of every patient, and they respected their individual needs. Staff were aware of patients' history, their family circumstances and their plans for the discharge.

Staff followed policy to keep patient information confidential. All information about patients was kept in the nurses' offices. Staff did not talk about patients outside of their offices.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. When patients were admitted to each ward, they received a 'Welcome Booklet' with information about the ward, treatment, staffing and activities. However, the welcome pack did not include any information about body worn cameras that were used by staff.

Staff involved patients and gave them access to their care planning and risk assessments. Patients said they always felt they views were heard by staff and that staff always kept them up-to-date on any decisions that were being made. On most wards, patient's views were recorded in care plans. Most patients said they were given a copy of their care plan.

Our findings

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Patients said that they met with their psychiatrist at least once every two weeks. They said that the whole multidisciplinary team listened to what they had to say and that they spoke to patients about any proposed changes to care and treatment. Specialist nurses created 'communication passports' for patients with specific communication needs.

Staff involved patients in decisions about the service, when appropriate. Each ward held a community meeting once a week. These meetings were structured and recorded. They typically involved discussion about changes to ward staff, the physical environment, access to the internet and ward-based activities. During these meetings, patients engaged freely. Staff listened well and responded appropriately. On Danson Ward, staff and patients at the community meeting had worked together to create a statement of values and mission for the ward. A service user forum, made up of representatives from each ward, was well-established. The forum met every two weeks. Topics for discussion typically covered food, access to vapes and access to mobile phones. The trust was also looking at ways of involving current and former patients in becoming peer mentors for other patients.

Staff made sure patients could access advocacy services. An advocacy service was available for all patients. An advocate visited each ward once a week. The advocacy service could support patients at ward rounds, help patients prepare for tribunals and help patients to convey their concerns to staff. On some wards the advocacy service attended the community meeting each week.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. When patients had contact with family members, staff encouraged this and involved family members in patients care when this was possible. Hazelwood Ward held a specific clinic once a month for family members to attend. Family members could attend the ward or speak with the multidisciplinary team through an online meeting.

Is the service responsive?

Outstanding ☆ ➔➔

Our rating of responsive stayed the same. We rated it as outstanding.

Access and discharge

There was a holistic approach to planning patient's discharge, transfer or transition to other services, which was done at the earliest possible stage. Staff worked well with services providing aftercare and managed patients' moves to another inpatient service or to prison. As a result, patients did not have to stay in hospital when they were well enough to leave.

Bed management

Bed occupancy was 100% on all the wards.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The typical length of stay varied. On low-secure and rehabilitation wards, most patients had a clear plan for their discharge, so the length of stay tended to be lower. For example, on Hazelwood Ward, a typical length of stay was between a year and 15 months. On Joydens and Greenwood Wards, patients stayed approximately 2 years.

Our findings

The service had low out-of-area placements. The service was the lead provider with the South London Partnership (SLP). The SLP was a collaborative provider of three NHS trusts, set up with the aim of reducing the number of forensic patients placed outside the local areas. Trusts within the partnership were keen to return patients to the local area in order for patients to be closer to their families, to have leave in areas they are familiar with and be close to the areas they will be discharged to. During 2022, the SLP enabled 20 patients to return to their local area from out of area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready. Discharge was carefully planned in collaboration between the multidisciplinary team, the community forensic team and other agencies who would be supporting the patient in the community. When patients were discharged to hostels or supported accommodation, staff from these premises were involved in discharge planning. Patients visited any proposed placement before any move was agreed.

When patients went on leave there was always a bed available when they returned. Leave was carefully planned. There was always a bed available for patients on leave to return to. Patient were also able to return to the hospital if placements in the community were unsuccessful.

Patients moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. All patients were on the forensic pathway. Patients moved along the pathway to less restrictive wards when the multidisciplinary team agreed this was appropriate.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. Patients moved along the forensic pathway according to their needs. If a patient was struggling on a ward with fewer restrictions, they could be moved to a ward providing more intensive care.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Discharging patients from the hospital was complex. Most patients had restrictions on their discharge imposed by the courts. Discharging patients also involved assessing and managing high levels of risk.

Patients did not have to stay in hospital when they were well enough to leave. The service was making plans for discharge for all patients who were approaching the point of being ready to leave the hospital.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The service had good relationships with organisations providing step down accommodation. For example, staff from a service providing accommodation for women leaving secure hospitals met with the multidisciplinary team on Joydens Ward every 2 weeks.

Staff supported patients when they were referred or transferred between services. All transfers between wards were carefully planned. Each ward had its own waiting list of patients scheduled to be transferred to the ward. For example, Danson Ward had a waiting list of four patients. Two of these were transfers from acute wards within the Bracton Centre. Two were transfers from a high security hospital.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Our findings

Each patient had their own bedroom, which they could personalise. On most wards, patients had a key to their bedroom. Bedrooms were fitted with sinks. Patients shared bathroom and toilet facilities. Patients displayed personal items in their bedrooms.

Patients had a secure place to store personal possessions. Patients had keys to their bedrooms. Each patient had a personal locker in a secure room for storing their personal possessions.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access these rooms. Most wards had activity rooms, interview rooms, kitchens and spacious communal areas. At the Bracton Centre, patients had supervised access to a low stimulus room.

The service had quiet areas and a room where patients could meet with visitors in private. These areas were situated off the wards. However, visits to the hospital were restricted for most patients. Visits required the authorisation of the multidisciplinary team.

Patients could make phone calls in private. All patients were provided with a basic mobile they could use for phone calls and text messages.

The service had an outside space that patients could access easily. On all wards, patients had access to well-maintained garden or courtyard areas. Gardens were secured with high fences, appropriate to the level of security for each of the wards.

Patients could make their own hot drinks and snacks and were not usually dependent on staff. On most wards, there was a small kitchen where patients could store food and makes snacks and drinks. The hot water dispenser limited the temperature of the water to 60 degrees centigrade to reduce the risks of harm to patients. On some wards, patients had to ask staff to allow them into the kitchen to make drinks.

The service offered a variety of good quality food. The service offered a menu of varied, healthy and good quality food that was mostly cooked on the wards using fresh produce.

Patients' engagement with the wider community

Patient's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work. The service employed a teacher to provide adult education classes in literacy, numeracy and computing to patients on all the wards. One patient was also learning Spanish. Each ward had an activity room with two computers that patients could use for their studies. The service arranged employment training placements with a national charity that provided training and employment opportunities to people with mental illness. Patients had attended training placements in catering and mechanics. The service had also engaged with local organisations that provide virtual training in motor mechanics, catering and construction. This training involved patients using headsets, linked to a computer, that simulated the garage or kitchen to create a realistic learning environment. This meant that patients could complete levels 1 and 2 of the training programme without leaving the hospital. Patients could progress to level 3 which was run by a third sector organisation at a local garage.

Our findings

Staff helped patients to stay in contact with families and carers. For example, the service made arrangements for patients to have video calls with family members using an online messaging application.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients with escorted or unescorted leave engaged in community activities. For example, one patient went to college 3 times a week. Other patients went shopping, visited libraries and attended a local gym. The service was appointing a social inclusion worker to support patients to engage in activities such as charity work. The service supported groups of up to 6 patients to participate in sports activities in the community. This included patients attending a boxing club, a local gym and a local swimming pool.

Meeting the needs of all people who use the service

The service had a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promotes equality. The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Approximately 70% of patients were from black and minority ethnic groups. Staff knew patients well and could respond to their specific needs. For example, a male patient identified as a woman. Staff understood this and worked sensitively to meet their needs relating to their gender identity. Staff had completed quality and diversity training and were planning further training on inclusion and working with lesbian, gay, bisexual and transgender patients. All wards were accessible for patients with impaired mobility. A learning disability nurse supported patients to create communication passports with patients who had specific communication needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Staff provided information to patients about mental health and physical health in ward information booklets. On most wards, information about patients' rights, advocacy services and guidance on how to complain was displayed on notice boards.

The service had information leaflets available in languages spoken by the patients and local community. Information in specific languages could be ordered through the trust. Some information displayed on notice boards was in different languages.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Wards were able to provide kosher and halal meals, as well as vegetarian, vegan and gluten-free meals.

Patients had access to spiritual, religious and cultural support. There was a multi-faith room at the hospital. A chaplain and Imam visited the wards.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. For example, a patient had recently submitted a complaint as they were unhappy about what their social worker had written in a tribunal report.

Our findings

The service clearly displayed information about how to raise a concern in patient areas. Information on notice boards provided information on how to complain to the trust and how to raise concerns with the Care Quality Commission.

Staff understood the policy on complaints and knew how to handle them. Staff followed the trust's policy for receiving and investigating complaints. Staff investigated incidents and sent the complainant an outcome letter containing the findings of the investigation. However, most complaints were resolved in more than the 30-day target set by the trust. During 2022, it took between 30 and 45 days to resolve most complaints.

Managers investigated complaints and identified themes. The service assigned an independent manager to investigate incidents. A report on complaints was presented to the Patient Experience Group meeting which was held every 3 months. The report presented to the meeting in January 2023 showed there had been 5 complaints between October and December 2022. Within these five complaints, there were 17 matters raised. Five related to the environment, 4 were about staff attitude and behaviour and 3 were about communication. Investigations had been completed for 4 of the 5 complaints. Two out of 12 concerns raised were upheld, one relating to communication and one relating to the environment.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, a patient raised a complaint about sandwiches and salads being out of date. In response, staff reviewed the protocols for food delivery and monitoring food in the fridges. Staff on each ward discussed the learning from complaints across the service at their monthly Quality and Governance Meeting.

The service used compliments to learn, celebrate success and improve the quality of care. Between October and December 2022, the service received 5 compliments. All of these related to support and patient involvement. Staff displayed thank you cards from patients and their families in nurses' offices. Staff discussed compliments at monthly team meetings.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They had a good understanding of the services and were visible and approachable for patients and staff.

Ward managers were all experience registered nurses. The service employed three matrons to manage the ward managers. A head of nursing who covered all the inpatient services. Staff said that all these managers were friendly visible and approachable. Staff said they found managers supportive and that managers engaged well with both staff and patients.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Our findings

The vision and philosophy of care were displayed in the nurses' offices, along with the trust and team objectives. All staff were familiar with the trust's values of being kind, fair, listening and caring. Staff felt that these values were applied well on the wards. Managers aspired to deliver high quality, patient focussed care

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff are proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patient's experiences.

The staff said they found the service a good place to work. All staff said they felt involved in the multidisciplinary team and were asked their views when the team made decisions. Staff said they valued the opportunities for career progression, both within the trust and across the South London Partnership. Almost all the staff we spoke said they felt able to talk about any worries or concerns.

The trust supported networks for staff with protected characteristics, such as the black and minority ethnic staff network and the lesbian, gay, bi-sexual and transgender staff network. The trust also ensured there were mixed recruitment panels in terms of race and gender.

The trust celebrated staff achievements. The trust had sent gift vouchers to staff last year in recognition of their work. A ward manager had been nominated by their colleagues to receive a governors recognition award at an awards event in 2022. The service was keen to support staff well-being. Staff support groups were held every two weeks. The service was introducing a Professional Nurse Advocate scheme in order to improve well-being and retention.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. Governance arrangements were proactively reviewed and reflected best practice. Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.

Each ward held a monthly Quality and Governance Meetings attended by all staff on duty. At these meetings staff typically discussed quality reviews, patient feedback, the needs and management of specific patients, learning from complaints and any recent incidents. The forensic services sub-directorate covered both inpatient and community forensic services. The directorate held four clinical governance meetings covering clinical effectiveness, patients' experience, patients' safety and patients' physical health. The clinical effectiveness group meetings included a review of compliance with NICE guidance, outcome measures and audits. The patient experience group reviewed complaints, feedback from the user forum and feedback from the carers network. The physical health oversight group discussed long-term conditions, complex cases, health promotion, physical health clinics and specific quality initiatives. The patient safety group met each month and included a review of incidents. These meetings provided robust oversight of work within the service. The minutes of meetings clearly set out action that had been agreed and the progress that had been made towards completing these actions. Doctors met each month to discuss governance and operational matters.

Management of risk, issues and performance

There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. Performance issues were escalated to the appropriate committees and the board through clear structures and processes.

Our findings

The forensic service directorate maintained a risk register that was reviewed at clinical governance meetings. There were 3 risks on the risk register. The first related to unreliable wi-fi connectivity that made it difficult to record observations of patients. There were risks around staffing, including vacancies for psychologists, psychiatrists and difficulties in retaining nurses. The third risk related to a servery hatch being too low, creating the risk of patients entering the kitchen without authorisation. The risk register included details of how the risk was being managed and how it would be resolved. Each ward had its own risk register that staff discussed at team meetings. For example, at one team meetings staff discussed two items on the risk register relating to the heating system and difficulties in using the air lock at the entrance to a ward.

Information management

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff reviewed clearly presented data at clinical governance meetings. This data covered key areas of performance such as admissions and discharges, restrictive interventions, incidents and complaints.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the partnerships.

The trust led the South London Partnership, a collaboration of 3 mental health trusts. The purpose of the partnership was to enhance patient care through improved clinical leadership, innovation, patients' involvement and workforce development. Staff spoke positively about the opportunities the partnership provided for professional development and sharing good practice. The partnership had been successful in enabling patients placed elsewhere in the country to return to the local area they were familiar with.

Within the trust, staff were actively involved in developing policies and procedures. For example, Psychological therapists were involved in revising the supervision policy to ensure that it reflected the trust's commitment to trauma informed care.

Learning, continuous improvement and innovation

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Some wards were piloting small quality improvement initiatives that could make a difference to patients' quality of life. For example, Danson Ward was piloting a project to improve the quality of bedding for patients. This involved using a type of semi-fitted sheet that would be compliant with anti-ligature requirements. Staff on Greenwood Ward were carrying out a project on managing obesity. The service had introduced technology to improve patients' contact with their families, enabling this to take place through an online messaging application.

Our findings

Outstanding practice

We found the following outstanding practice:

- The service provided a high standard of physical healthcare for all patients. The team held well-being sessions every week to take their physical health observations, provide health promotion information and discuss each patient's health concerns. Regular clinics were held by specialist in dentistry, chiropody, physiotherapy and retinopathy.
- Patients talked enthusiastically about the groups and activities they were involved in. A local organisation provided virtual and hands on training in motor mechanics, catering and construction. The virtual reality training involved patients using headsets, linked to a computer, that simulated the garage or kitchen to create a realistic learning environment, enabling patients to complete parts of the training programme without leaving the hospital.
- The service had worked collaboratively with other local NHS trusts within the South London Partnership to enable patients to move to their local area from placements in other areas of the country. This meant that patients were closer to their families, able to have leave in areas they are familiar with and were close to the areas they would be discharged to.

Areas for improvement

Action the trust should take to improve:

- The trust should ensure that patients are routinely informed about the use of body worn cameras on the wards.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, 2 inspection managers and 2 other CQC inspectors, 2 specialist advisors with a professional background in forensic mental health nursing and an expert by experience. The inspection team was overseen by a Head of Hospital Inspection.

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	Regulation

This section is primarily information for the provider

Enforcement actions

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	Regulation