

# Trust Headquarters, 350 Euston Road

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced desktop, follow-up inspection of healthcare services provided by Central and North West London NHS Foundation Trust (CNWL) at HMP Coldingley on 17 March 2023. This was in response to a joint inspection carried out by His Majesty's Inspection of Prisons (HMIP) in January 2022 (report published April 2022) when we found the quality of care needed improvement. We issued a Requirement Notice in relation to Regulation 9: Person Centred Care. Systems and processes did not always ensure the maintenance and quality of care. There were gaps in psychological therapy provision which resulted in unmet patient need. The purpose of this follow-up inspection was to determine if the healthcare services provided by CNWL were now meeting the legal requirements of the above regulation, under Section 60 of the Health and Social Care Act 2008.

At this inspection we found that required improvements had been made and the provider was meeting the regulations and were no longer in breach. The Requirement Notice was lifted.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection we found:

- Systems were effective in ensuring the management of patients waiting for assessment or treatment for psychological therapy.
- The number of patients waiting for their treatment to start had reduced since the previous inspection.
- Improved monitoring of patients with complex needs meant most patients (83%) were seen within the 18-week NHS target.
- The number of patients waiting for an assessment for psychological therapy was similar to the last inspection; however, clear plans were in place to see each patient within a short timeframe.
- The staffing model had been reviewed in line with patient demand, and increased counselling and psychological assistant hours were available.
- Most vacancies were filled and regular bank staff covered vacant shifts.

## Our inspection team

The desktop inspection was carried out by a CQC health and justice inspector.

Before this inspection we reviewed information that we held about the service and asked the provider to share a range of evidence with us. Documents we reviewed included:

- A staff organogram.
- A summary of change in the mental health service and staffing situation since the previous inspection.
- The number of patients assessed and accepted for psychology therapy and length of wait times for treatment to start.
- The number of patients awaiting a psychological assessment and the length of time waiting for an appointment.
- A summary of action taken to mitigate risks should patients have a lengthy wait for assessment or therapy.
- The number of patients receiving a counselling service and the number waiting for a first appointment.
- A copy of an action plan for the mental health team.
- Minutes of the last 2 clinical governance and quality board minutes.
- A copy of the mental health service's local risk register.

## Background to Trust Headquarters, 350 Euston Road

HMP Coldingley is a category C training prison near Bisley, Surrey and holds approximately 430 convicted and remanded men. The prison is operated by His Majesty's Prison and Probation Service.

CNWL is the health provider at HMP Coldingley. The trust is registered to provide the following regulated activities at the location: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

The last HMIP comprehensive joint inspection was in January 2022 and was published on the HMIP website in April 2022 when we found not all fundamental standards were being met in relation to Regulation 9: Person centred care. The inspection report can be found at:

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2022/04/Coldingley-web-2022.pdf>

# Are services effective?

In January 2022, we found there were gaps in psychological therapy provision which resulted in unmet patient need. As a result of staff shortages, approximately 40 patients who had been assessed and accepted for psychological therapy were waiting for their treatment to start. Seventeen of these patients had waited for over 3 months for their therapy, with one patient waiting for 13 months. A further 15 patients were awaiting an assessment for psychological therapy. This meant that the needs of service users were not being met.

During this inspection we found the following improvements had been made:

- While there had been some recent staff instability in the team, a review of the staffing model had been undertaken to reflect increased patient need within the service. Assistant psychologist and counselling provision had recently increased by 1.0 whole time equivalent (wte) and 0.3 wte respectively. A trainee counsellor was also due to begin a 12-month placement in April 2023.
- There had been a change in the mental health lead since the previous inspection and, additionally, 1 of 2 registered mental health nurse (RMN) vacancies was under offer at the time of this inspection. Regular bank staff filled RMN gaps in the rota enabling consistency for both patients and the team.
- Saturday assessment clinics supported managing the high number of referrals received by the service. Assistant psychologists and a consultant psychologist assessed patients on the waiting list to ensure they were allocated to the appropriate treatment pathway.
- Psychoeducational workshops were due to begin in April 2023 to support patients assessed as requiring a Step 2 model of care, such as those with mild to moderate anxiety disorders. (The stepped care model is used to make clinical decisions as to which sort of treatment is the most appropriate). All patients on the Step 2 waiting list would be offered support within the group environment, while those who declined would continue to be offered one-to-one support.
- The NHS 18-week referral to treatment (RTT) target had been adopted to monitor patients identified as requiring a Step 3 model of care, such as patients with a moderate to severe depression or anxiety disorder. Increased oversight had led to a reduction in wait times and 83% of patients had begun treatment within 18 weeks at the time of our inspection. This was above the 75% RTT target.
- The number of patients awaiting an assessment for psychological therapy at the last inspection was 15 while a similar number, 16 patients, were on the waiting list at the time of this inspection. Increased capacity in the staff team and a renewed focus on systems and processes from the point of referral meant leaders were able to forecast that the 2-week target for assessment would be met by April 2023. There was a clear plan to assess each patient on the current waiting list and 2 of the 5 patients with the longest wait time of 5 weeks had an appointment booked.
- Staff shortages meant 40 patients assessed and accepted for psychological therapy at the last inspection were waiting for treatment to start, with 17 waiting for over 3 months. At the time of this inspection, 17 patients waited for treatment to start. While this represented improvement, 7 patients had waited more than 18 weeks for treatment. The service had a clear plan in place to address the wait times with the recent staff increase in the team, and through the offer of group therapies or psychoeducational workshops.
- Counselling provision had increased since the last inspection meaning the 6 patients waiting to start therapy would receive an appointment within the next 4 weeks.
- Patients on a waiting list were sent a letter each month reminding them they were on a waiting list and of how to access support if needed. Self-help workbooks were also provided to enable patients to begin to consider their needs. Waiting lists were regularly reviewed and patients were seen according to their clinical needs and escalated for treatment subject to presenting risks.

# Are services well-led?

## Leadership capacity and capability

In January 2022, there had been temporary gap in the leadership team and staff shortages elsewhere across the service. At this inspection we found:

- There had been some recent instability within the mental health service that included a change in local leadership; however, most vacancies had recently been filled or were under offer, with any gaps in the rota being covered by regular bank staff.
- Leaders had been proactive in reviewing increased demand for psychological therapies against the staffing model and additional counselling and assistant psychologist hours were available. This had made a positive impact on improving outcomes for patients awaiting assessment or receiving psychological therapies.
- A provider recruitment fair was attended during the week of the inspection and leaders were optimistic that this would support recruitment and that the service would soon be fully staffed.
- There was investment in clinical supervision and reflective practice to support staff wellbeing and the delivery of psychological services to patients.

## Managing risks, issues and performance

- CNWL was aware of the risks to the quality of the service and maintained a risk register. Action had been taken to drive forward improvements following the previous inspection, such as regular oversight of waiting lists and times; monitoring of tasks through supervision and business meetings; prioritisation of therapies according to clinical need; and maintaining a focus on staff welfare through regular supervision.
- Saturday assessment clinics meant patient risks could be assessed and mitigated quickly for those awaiting an assessment for psychological therapies.