Tavistock and Portman NHS Foundation Trust

Community forensic mental health team

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Community forensic mental health team

Inspected but not rated

We carried out this short notice announced, focused inspection in line with our inspection methodology. As this was a focussed inspection, we have not rated the service.

At our last inspection visit in 2016 we rated the Portman clinic overall as good and requires improvement in safe. This inspection included a follow up on our last inspection to see if improvements had been made.

During this inspection we looked at three key lines of enquiry. We looked at safe, responsive, and well led.

The Tavistock and Portman NHS Foundation Trust provides specialist psychological therapy services. The Portman clinic provides outpatient assessment and treatment to both adults and children. The Portman clinic provides assessment and treatment for patients primarily presenting with difficulties relating to violence and sexual compulsions. Using psychoanalytically informed psychotherapeutic help to provide services for people who may be excluded from other services due to their past or present behaviours.

The clinic offers individual therapy, group therapy and occasionally couples therapy. They also offer a mentalisation-based treatment programme for men with a diagnosis of antisocial personality disorder which comprises of group and individual sessions.

The staff are trained as psychoanalysts, psychoanalytic / psychodynamic psychotherapists, child and / or adolescent psychotherapists with backgrounds in nursing, psychiatry, psychology, probation and social work.

Five months before our inspection, the trust had experienced a malware attack effecting the trust's electronic patient record system. We took this into account during our inspection and assessed how the service had managed this. This issue had affected several NHS and independent health providers.

We did not rate this service at this inspection. The previous rating of good remains. We found:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their care and treatment. They provided emotional support to patients, families, and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. At a service level, staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Our findings

However:

- Although there were overall improvements since our last inspection, adult case records sometimes lacked consistency in case recording and completion of risk documentation.
- Staff survey results indicated there was significant work needed to address staff morale and wellbeing as scores were lower than the trust average in several key areas.

How we carried out the inspection

Before the inspection visit, we reviewed information that we held about the location.

As part of the inspection, the inspection team:

- Visited the clinic and looked at the quality of the environment
- Spoke with 7 people who were using the service
- Spoke with 16 staff including the service manager, clinical lead, administration, and therapy staff
- Looked at 25 care and treatment records
- Looked at a range of policies, procedures and other documents relating to 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

We spoke with patients during our inspection and the feedback was overwhelmingly positive. Patients said that the treatment had changed their lives for the better and helped them understand themselves better.

Patients told us all the staff treated them with kindness, compassion, and respect. They told us the treatment had enabled them to feel safe whilst exploring the issues that had impacted their lives in some cases for decades.

Patients told us staff were always available by phone if they needed them and that they asked about their physical as well as mental health. For example, some patients told us accessing support at the Portman for the psychological wellbeing had given them the confidence to access services for their physical health.

Patients said they felt supported and safe.

Is the service safe?

Inspected but not rated

Safe and clean environments

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Our findings

Although the clinic was based in an old residential building, areas were clean, well-furnished, and fit for purpose. Some furniture was a little worn down.

There was sufficient sound proofing in therapy rooms that conversations could not be heard from outside the room. Each therapy room had a sign on the outside that could be changed from 'vacant' to 'engaged,' so that it was clear when a room was in use and sessions would not be interrupted.

Staff followed infection control guidelines, including handwashing. There were handwashing signs in all bathrooms. Where staff treated children and young people, we saw cleaning wipes and cleaning records to show toys were cleaned on a weekly basis.

Access to the service was controlled by reception staff who had a video monitor to see who was ringing the bell. Those inside could leave at will and did not require a staff member to unlock the door for them.

When we last inspected, the Portman clinic did not offer separate waiting rooms for children and adults. This time we found that adults and children had separate waiting areas, and this has been implemented shortly after our last visit. Both waiting rooms were on the ground floor. One was for people over 18 and the other was for people under 18 and their parents or carers. The waiting room for people under 18 was furnished and decorated in a child friendly way.

There were information posters about how to make a complaint about care on the wall in each of the waiting rooms.

There were enough therapy rooms for staff to see clients. There were larger rooms available for staff meetings.

The Portman clinic fire safety checks were carried out regularly by a member of the estates team. Fire extinguisher checks were in date and fire exits clearly signposted. The last fire drill for the Tavistock centre and Portman clinic buildings was within the past 12 months and no concerns were highlighted.

Fire exit and evacuation plans were visible on corridor walls. Fire doors did not automatically close when the fire alarm was raised. However, the trust had plans to replace all fire doors in the building.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

The Portman clinic had 11 adult psychotherapists and 5 child psychotherapists. The service also had a research assistant and between 9 and 15 trainees at any one time. A research psychologist post was vacant at the time of the inspection.

In addition to a clinic manager, there was 5 admin staff. However, at the time of the inspection 1 post was vacant and one person was on extended leave.

Staff we spoke to told us they had enough time to manage their caseloads.

The service had low turnover rates. At the time of the inspection 81% of staff had been employed at the service for 3 years or more.

Our findings

Staff could get support from a psychiatrist quickly when they needed to. As well as psychiatrists employed in the service, they also made links with local mental health services where appropriate.

The service had clear plans in place to cover sickness, absence and leave of staff. Staff gave an explanation to patients of unplanned staff absences and cancellations of appointments.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. At the time of the inspection, overall compliance for the Portman clinic was at 89%.

The mandatory training programme was comprehensive and met the needs of patients and staff. It included safeguarding children and adults, Freedom to Speak Up, Mental Capacity Act awareness, fire safety, infection prevention and control and information governance and data security.

At the last inspection, individual training data was not available. This meant managers were not aware of staff in their teams who had not completed their mandatory training requirements. This time, we found that mandatory training was being monitored for each member if staff and managers alerted staff when they needed to update their training or when a module was due to be updated. The trust produced a monthly report on compliance for each service line, which was shared with managers to follow up with staff who have outstanding mandatory training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients to develop crisis plans. Staff followed good personal safety protocols.

Assessment of patient risk

At the last inspection, we noted that the quality of the assessments sometimes lacked important detail and they were not always regularly updated during treatment. This time we found that improvements had been made in recording of risk assessments and crisis plans. Staff completed brief risk assessments of patients at an initial consultation, which incorporated historical and known risks.

We reviewed adult, children, and adolescent patient care records across a range of different treatment pathways. Out of 25 records, 18 had risk assessment and risk summaries recorded clearly. 16 had crisis plans recorded. Of the seven records without clear risk assessments, 2 were new referrals so risk had not been fully assessed yet, and 2 had risk information contained in other parts of the electronic records.

Risk assessments were updated during the assessment process, although there was an inconsistent approach, with some records including a greater level of detail than others.

Staff could recognise when to develop and use crisis plans according to patient need. We saw good evidence of patient involvement in crisis planning. For example, including who the patient had as their preferred contacts or places to go should they feel unsafe or be in crisis.

The quality of patient records that we reviewed varied from extremely detailed to basic. However, the service had only just gained access to the patient electronic record system following a malware-attack which meant it had been offline for 6 months prior to the inspection which had impacted on patient recording.

Our findings

Since the last inspection, the clinic had appointed a lead for clinical governance. They had begun to implement improved processes to monitor and track case recording which included risk assessment and crisis plans. For example, regular case notes audits where results were followed up with action points. This had resulted in improvements of up to 100% in recording compliance prior to the malware-attack.

Management of patient risk

Staff followed clear personal safety protocols, including for lone working. There was a lone working policy specific to the Portman clinic which all staff were made aware of. Staff did not see patients after 5pm except on Wednesdays when provision is made for administrative staff to support this. Staff told us they felt safe working in this way.

Access to the service was controlled by reception staff who had a video monitor to see who was ringing the bell.

None of the office and therapy rooms were fitted with panic alarms and staff did not carry personal alarms. Therapy rooms were located away from busy areas in the centre. Staff told us that they ensured safety by assessing potential risks from their patients. Staff would only see patients if another clinician and reception staff were in the building. The service planned to introduce a software application for reception where staff could raise the alarm to call for assistance, if they needed to.

At the last inspection we noted some patient records had limited risk management plans and did not clearly show how the service was managing the identified risk. This time we noted that overall risk management recording in patient records had improved. Staff completed brief risk assessments of patients at an initial consultation, which incorporated historical and known risks.

Staff continually monitored patients on waiting lists for changes in their level of risk and responded when risk increased. The service had a system in place to make sure people waiting for assessments were reviewed regularly which included a short telephone consultation to assess whether their risk had changed or increased.

Case records we looked at indicated that care was delivered in a collaborative and coordinated way with other agencies when they were involved. This was particularly evident in the care records of children and young people.

At the last inspection crisis plans were in place for only 7% of patient records we reviewed. This time 64% of records we looked at had a crisis plan completed.

However, although we observed that crisis plans had been created in collaboration with the patient, the majority of those that we looked at had mostly limited information included. Where the patient had other professionals or teams working with them these details were included. For example, liaising with patient GPs, schools, social services, and mental health teams.

Prior to the care notes malware-attack, the service had begun to make improvements in case recording. Case records we reviewed indicated they would benefit from further work to build on the existing progress made to be consistent in regular completion of the available documentation. For example, assessment and review summaries, particularly for adult patients. Although staff did identify and respond appropriately to changing risks, this information was not always clearly and easily accessible in the adult case records we reviewed.

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. Staff kept up to date with their safeguarding training. At the time of the inspection, staff were 86% compliant with their training on safeguarding adults and children level 3.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, staff we spoke to showed an awareness of the impact of race and gender in the therapeutic relationship and worked hard to address this openly with patients. The service had also introduced a group therapeutic pathway for men with antisocial personality disorder, a patient group that is often excluded from other services.

Staff knew how to recognise adults and children at risk of harm and worked with other agencies to protect them. Staff we spoke to knew how to make a safeguarding referral and who to inform if they had concerns. Patient care and treatment records showed evidence of appropriate safeguarding referrals being made, where necessary and follow up discussions in the multidisciplinary Team (MDT).

The trust had designated safeguarding leads and staff we spoke to knew who they were and how to contact them. There were quarterly trust-wide forums where safeguarding was reviewed, including oversight of safeguarding supervision compliance. The trust was also looking at developing a safeguarding newsletter for all staff.

Staff access to essential information

Staff working for the mental health crisis teams kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.

At the time of the inspection, the patient electronic record system had just been reinstated following a malware-attack which an external company worked to fix. This issue had affected several NHS and independent health providers. The trust had a plan in place to mitigate the risk associated with this and we found it had not impacted patient safety or quality of care.

At the last inspection, not all teams were using the new electronic patient record system. This time, the Portman had access to an electronic patient record system and all staff knew how to use this.

Staff could access patient records easily. All information about a patient's care and treatment was stored on the electronic record.

Records were stored securely. Records could only be accessed by staffing entering a username and confidential password.

Track record on safety

The service had a good track record on safety.

In the 12 months prior to the inspection visit there had been 5 incidents at the Portman clinic. None of which reached the threshold to be a 'notifiable safety incident' under duty of candour legislation. This meant none were thought to result in severe or moderate harm to anyone using the service.

These incidents were discussed in clinical governance meetings which showed clear actions points to named individuals with completion dates. These actions were followed up in subsequent meetings.

Our findings

The clinic was trialling new ways of sharing learning from incidents which included all staff emails, in team and 1:1 meetings.

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 we spoke were aware of how to report an incident.

All incidents were reviewed by the health and safety manager and discussed with operational, general, and service managers. The monthly clinical governance meetings reviewed all incidents. This ensured the most appropriate response was taken and lessons learned were discussed jointly. For example, when a staff member was injured trying to access the building through a locked gate, this was reported and led to a review of the safety of the building.

The trust highlighted lessons learned from incidents in the quality newsletter, which was sent to all staff every three months. Staff told us that incidents and lessons learned were discussed in unit team meetings.

Staff said they felt very well supported by their peers and line managers. Team meetings and regular supervision sessions provided an opportunity to debrief and discuss their feelings.

Staff we spoke with understood what duty of candour meant in practice. Staff were able to describe how they were open and transparent and said they would provide an apology when things went wrong. For example, when a patient group therapy session had been interrupted by a member of estates team looking into the window, staff apologised and followed this up with the estates team to avoid it happening again.

Is the service responsive?

Inspected but not rated

Access and waiting times

The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.

The service ensured that patients, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.

The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists. Referrals were received via a single point of entry. Referral pathways came through a variety of different ways. For example, community mental health teams, the patient's GP, social services, prison or self-referral.

Our findings

Data showed that in the last financial year the service had received 184 referrals, of which 129 were accepted for treatment. The service aimed to see people for their initial appointment within 11 weeks of referral date. Data shows that 70% of patients referred were seen for their first appointment within 11 weeks and 96% were seen within 18 weeks for their 2nd assessment appointment.

An intake meeting took place on a weekly basis and provided an opportunity for staff to discuss levels of risk and to determine a patient's pathway to treatment. The service had clear criteria for offering people a service. Most of the patients that were accepted into services had used many other primary and secondary care services in the past or had been rejected by other services for being too complex.

Staff actively tried to engage with patients who did not attend appointments. They would attempt to contact a patient either via the telephone or by letter if they did not attend an appointment. Case managers would also attempt to make contact with the referrer to assess the reason for the patient not attending.

Managers told us that some patients did not always attend at the beginning of treatment. This was sometimes due to the patient feeling overwhelmed by the experience. The patient's motivation for attending therapy was explored during assessment. Patients we spoke to confirmed staff would make contact by phone and offer support if they did not attend an appointment.

Staff worked hard to avoid cancelling appointments. When they had to cancel an appointment, they gave patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not. Staff told us that it was important to make sure dates and times were consistent to build up a trusting relationship with patients.

The service was changing the way it managed waiting lists which had previously been managed by the clinical team but were now being overseen by operational managers. They planned to introduce patient tracking lists and use the patient electronic record to run reports which could be measured against key performance indicators (KPI). At the time of the inspection the service was finalising these KPIs which would follow each patient pathway and be reviewed every two weeks.

Staff supported patients when they were referred, transferred between services, or needed physical health care. For example, staff and patients we spoke to told us that accessing the treatment the service offered had enabled some patients to feel confident accessing other healthcare services, such as their GP, to get their physical health needs met.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

The facilities at the Portman clinic supported treatment and care. There was a range of therapy rooms which included comfortable seating.

There was sufficient sound proofing in therapy rooms that conversations could not be heard from outside the room. Each therapy room had a sign on the outside that could be changed from 'vacant' to 'engaged,' so that it was clear when a room was in use and sessions would not be interrupted.

Meeting the needs of all people who use the service

Our findings

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.

Teams were accessible Monday to Friday, between 9am and 5pm. Clinicians also offered evening appointments. This provided flexible access to patients who were unable to attend in core working hours.

At the last inspection, the Portman clinic did not provide access for patients or carers with physical disabilities. Since our last visit, a wheelchair ramp had been installed at the back of the building which provided access into a large room on the lower ground floor of the building. This room could be used for individual or group therapy sessions.

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.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

Six out of 7 patients we spoke to told us they knew how to make a complaint if they wished to. Most patients said they would feel comfortable raising any issues with their therapist. Information about how to make a complaint and access the patient advice liaison service (PALS) were displayed clearly in the clinic.

In the 12 months prior to the inspection visit, the service had received no complaints from patients.

Team managers understood how to handle complaints appropriately and the complaints process. Staff received feedback from outcomes of incidents and complaints in team meetings where lessons learned were discussed.

Is the service well-led?

Inspected but not rated

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The team managers were very experienced and provided good leadership. Staff told us they felt very well supported by peers and supervisors. Low turnover rates reflected this, and several staff had worked at the trust for many years.

All members of staff were extremely dedicated and showed that they took a lot of pride in their day-to-day work. They showed huge compassion for the patients they worked with and this was reflected in the patient feedback.

The trust's senior leadership team had changed considerably in the year prior to the inspection. Staff told us the senior leadership team were visible and approachable. Staff told us the leadership team at the Portman clinic had worked hard to support them and provide links with the wider trust.

Staff we spoke to were aware of how to formally escalate concerns and knew about the whistle-blowing policy.

Our findings

Vision and strategy

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

Staff understood the vision for the trust and were able to describe the commitment to their work.

Culture

Staff felt respected, supported and valued within their team. Staff we spoke to said they could raise any concerns without fear. However, not all staff thought the wider organisation provided opportunities for development and career progression and promoted equality and diversity as well as it could.

Most of the staff we spoke to told us they felt supported and valued by their immediate managers and peers. Some told us of opportunities they had to develop and progress. For example, the service had an outside consultancy come in to work with staff on reflective practice by delivering sessions on specific issues they chose to focus on to support staff to work through them. The trust also offered training specific to staff roles such as leadership, audit, and procurement training.

Staff we spoke to felt very connected to the Portman clinic and very aligned to its principles of working in collaboration, providing education and care to people who are often excluded from other services.

The general manager had delivered a presentation to promote the trust's Freedom to Speak Up Guardian. This was reflected when we spoke to staff who said they felt comfortable raising any issues with their manager and that they would be supported in doing so.

Staff at Portman clinic indicated high scores in the trust staff survey around their job. For example, 95% of staff said they felt trusted to do their job and 85% were able to make suggestions to improve the work of their team.

However, staff survey results were low in several key areas, and below the trust average. Poor scores were reflected in questions around staff health, wellbeing, and safety at work and personal development. For example, only 16% felt the wider organisation would address any concerns they had and just 21% said the organisation acts fairly when it comes to career progression.

Not all staff felt the wider trust promoted equality and diversity in daily work. The trust had recently implemented a strategic review which had impacted negatively on staff morale and had disproportionately impacted staff at lower grades. The results of this were reflected in the trust's Workforce Race Equality Standard (WRES) data which indicated a poor performance nationally in several indicators.

The Portman clinic had taken active steps to address these results through a range of different measures including adding equality diversity and inclusion on the team meeting standing agenda to increase awareness. Other examples included the introduction of a new supervision policy to make the structure clearer, job planning and redesigning how the administration staff worked to clarify expectations and ensure a manageable workload.

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.

Our findings

There were clear governance structures in place across all teams. The trust carried out regular audits which included action points to drive improvements. We reviewed audits completed before the electronic system was impacted by the malware-attack.

The care plan and risk assessment audit completed for Q1 2022/ 2023 showed that the target of 90% was exceeded for all domains including completed assessment summaries, care plans, and relevant risk information. There was also good use of other risk forms where required, such as the safeguarding and risk form for under 18s.

The consent to treatment audit completed for Q3 2021/2022 showed that the target of 90% was exceeded for all domains apart from discussing alternatives to treatments which was 40%. The audit included an action plan to address this shortfall.

The service was aware that re-auditing was required to ensure improvements had been made. The Portman clinic had a standard operating procedure and clinical governance handbook which was a live document all staff had access to. This document outlined the key clinical governance processes throughout a patient's journey as well as the responsibilities of all staff in facilitating this.

The systems in place meant staff received regular mandatory training and supervision and had annual appraisals. Staff told us that incidents and complaints feedback was discussed within team meetings. At the last inspection we noted that staff did not document meetings and there was no evidence available to confirm specific items had been discussed. This time we were able to review meeting minutes which showed standing agenda items including incidents and complaints.

Management of risk, issues and performance

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

The trust did not provide individual teams with risk registers, however since our last visit each individual service line had a risk register which staff were able to add any concerns to. Team managers said they were able to escalate concerns centrally. Concerns were discussed and addressed in team meetings.

We reviewed the risk register for the complex mental health service line which included the Portman clinic. Service level risks reflected those recognised by staff and there were clear action plans to mitigate any risks identified. The risk register reflected the key challenges and risks faced by the clinic.

Leaders and managers had oversight of the service faced and demonstrated a clear understanding of how to improve performance. Managers monitored performance indicators including serious incidents, infection control, outcome measures.

Information management

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

At the last inspection, the Portman clinic had not yet implemented the electronic patient record system which meant that key performance and patient outcome data could not be extracted from the records. This prevented comparison with other services and restricted opportunities for trust oversight of the Portman clinic.

Our findings

This time, we found that improvements had been made in recording information. The service had appointed a lead for clinical governance who had made changes to the electronic patient record system to drive through improvements in recording. For example, developing a tick box to ensure consent was recorded before initial assessments could be uploaded and saved.

The service had up to date key performance indicators and staff knew that there was a requirement to meet targets. The reporting schedule for 2023 had a range of targets including timescales for the completion of assessments, care plans and reviews, demographics, and outcome measures. This information was captured and monitored using data quality reports and a dashboard.

Teams used specific outcome measures to gauge performance, and these were detailed in the complex mental health service line action plan for 2022/2023. We reviewed this document and noted a range of aims including increasing methods and volume of outcome measure collection to increase evidence of treatment effectiveness, improve patient experience and identify areas for improvement.

Engagement

Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector). There were local protocols for joint working between agencies involved in the care of children and young people.

The role of the care management was clearly set out in the statement of purpose and clinical governance handbook all staff had access to. This provided up to date clarity on roles and responsibilities in relation to joint working. This included specific processes for working with children and adolescents including the offer of regular consultations to the professional network.

Staff we spoke to were aware of their roles and responsibilities when it came to safeguarding and managing risk and knew who to contact should these issues arise. We found evidence of good joined up working in the patient care records we reviewed. For example, working alongside schools, special educational needs coordinators and social workers.

Learning, continuous improvement and innovation

The trust had a quality improvement (QI) strategy which included QI projects run by the complex mental health service line. However, the Portman clinic had 7 additional QI projects that were ongoing and included evaluating obstacles and challenges to the implementation of specific therapeutic pathways and enhanced outcome monitoring and service evaluation.

The clinic offered opportunities to patients to take part in research. For example, the roll out of a national mentalisation-based treatment for people with anti-social personality disorder (ASPD) in partnership with the University College London. The results of this had not yet been published however it was one of very few high-quality trials to evaluate therapeutic interventions for offenders with a primary diagnosis of ASPD.

The service provided training and education to other organisations such as prisons and probation services to support effective ways of working with people. For example, reflective practice and consultations.

In response to an increased spotlight on racism and equality, the clinic had started a anti-racism reading group which was open to all staff with the aim of encouraging open discussion on issues of race.

Our findings

Areas for improvement

Action the trust should take to improve:

- The trust should ensure that quality improvement work on case recording continues. In particular around the completion of risk documentation in adult case records to address the lack of consistency.
- The trust should consider how to address the staff survey results which indicated significant concerns around staff morale and wellbeing.

Our inspection team

The team that inspected the service consisted of 1 inspector, 2 inspection managers, 2 specialist advisors with experience working in forensic mental health services and an expert by experience. An expert by experience is someone who has experience of care and treatment in a mental health service.