



# Enter and View Visits to Holybourne Hospital

25<sup>th</sup> September and 28<sup>th</sup> October 2025

**healthwatch**



### **Authorship**

This report is a result of a collaborative project undertaken by Healthwatch Wandsworth and Healthwatch Richmond upon Thames. The two organisations worked together to design this project, produce the data collections tools and gather the data. Healthwatch Wandsworth led on the data analysis and the writing of this report.

### **Acknowledgement**

We would like to thank the management, staff and patients of Holybourne Hospital who welcomed and assisted us in carrying out our visits.

### **The Project Team**

We would also like to thank all the Enter and View Authorised Representatives who helped with designing the data collection tools, gathering the data and producing the final report. This includes:

Annette Arnold, Tadek Cordell, Mike Derry, Martin Haddon, Suzanne Kapelus, Colombine Nuquet, Maximilian Russel, Nina Smith and, Sara Turner.

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## Report Summary

### Overview

Holybourne Hospital (formerly Huntercombe Hospital) in Roehampton was originally used as a Psychiatric Intensive Care Unit (PICU) by the Huntercombe Group but transitioned to its new identity as an Adult Acute unit under the Active Care Group (ACG) around 2022/23.

Holybourne Hospital cares for NHS patients referred by South West London and St George's Mental Health Trust (SWLSTG).

We conducted Enter and View visits to Holybourne in order to provide independent insight to service providers, commissioners, and the general public. This insight concerns patient experiences of the care provided as part of the SWLSTG pathway.

We also wanted to speak to staff about their experience of working at Holybourne and for Active Care Group.

We conducted two Enter and View visits in which we spoke to patients and staff on the wards:

- Thursday 25th September 2025 - we visited all three wards in use, Barnes, Richmond and Kingston
- Tuesday 28th October 2025 – we visited two out of three wards in use, Barnes and Kingston

### Our Findings

- **Most patients were generally very satisfied with the support from therapy staff and the activities associated with this.**
- **The majority of patients felt the activities on offer could be improved.**
- **Some patients were not aware of aspects of their care plans.**
- **Two patients reported a lack of consistent recognition of serious dietary restrictions.**
- **The majority of care staff were passionate about working at Holybourne to help patients get better.**
- **Some staff reported issues in the organisational culture.**
- **We witnessed some instances of concerning behaviour from care staff on the wards.**
- **There was a general “uninviting” environment on the wards due to low ceilings, fluorescent lighting and a lack of natural light.**

[Further detail on our findings can be found in the full report in Section 3.](#)

## Our Recommendations

- Improve the consistency of kindness and compassion that care staff treat patients with, particularly on Kingston Ward.
- Improve the organisational culture at Holybourne, including but not limited to: staff gossip and consistency between staff ward teams.
- Improve the range and frequency of activities offered to patients, especially on weekends.
- Improve the ward environments.
- Ensure that patients are kept informed about their care plans, including why they are taking each specific medication.
- Ensure that patients dietary requirements are respected by all staff and that food meets patients' dietary requirements.
- South West London and St George's Mental Health NHS Trust (SWLSTG) to ensure their contract monitoring of Holybourne Hospital has Key Performance Indicators (KPIs) that monitor patient experience

[The detail behind these recommendations and their potential impact can be found in the full report in Section 4.](#)

## Official Response from Holybourne Hospital Management

*'I want to thank [Healthwatch Wandsworth and Healthwatch Richmond] for taking the time to visit and understand Holybourne Hospital and for the time your team have taken to ensure the report is accurate and detailed. I also want to thank you for the opportunity to address the outstanding issues.'*

*Kind regards,*

**Steve Bradford**  
Hospital Director

[The full response from Holybourne Hospital Management to our recommendations can be found in the full report in Section 5.](#)

## Official Response from South West London and St George's Mental Health NHS Trust (SWLSTG)

*'Since the visit, the issues raised in the report have been tracked through monthly contract and operational meetings, including progress against actions which are closely monitored by SWLSTG Senior Managers of this group.'*

*The Hospital Director confirmed that the Healthwatch action plan has been finalised and the team is in the process of completing the associated action plan involving both patients and staff.'*

[The full response from SWLSTG to our recommendations can be found in the full report in Section 6.](#)

## **Holybourne Hospital, Acute mental health service for adults.**

### **Report of Enter and View visits 25<sup>th</sup> September and 28<sup>th</sup> October 2025**

## **1. Introduction**

### **1.1 About Healthwatch**

Healthwatch is the local, independent patient and public champion for health and social care services, established by the Health & Social Care Act of 2012.

Healthwatch Wandsworth (HWW) and Healthwatch Richmond (HWR) are both funded by the Department of Health and Social Care through the local authorities, Wandsworth and Richmond Borough Councils respectively.

HWW's staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA) and governed by an Executive Committee consisting of four members directly elected by the community and up to four WCA Trustees.

Healthwatch Richmond is an independent charity.

We both send our reports to Healthwatch England to have an influence at national level.

### **1.2 Enter and View**

Local Healthwatch's purpose is to gather patient experiences in order to inform improvements in health and social care services. As part of the legislation establishing Healthwatch, we are entitled to "Enter and View" health and social care premises used by our residents. This can include services outside of their Local Authority.

In practice, Enter and View consists of a team of trained Authorised Representatives visiting health and social care premises to understand how services are being provided. This includes talking to service users and staff and making observations about the service. Importantly, Enter and View is not an inspection. Authorised Representatives have a lay perspective and focus on understanding the views and experiences of service users.

### **Data and Sampling Limitations**

It is important to note that our findings in this report relate to observations and reflect what we were told by the people we were able to speak to on particular days. The information gathered is therefore limited and this report presents a snapshot view of the service.

### 1.3 Holybourne Hospital

Holybourne Hospital (formerly Huntercombe Hospital) in Roehampton was originally used as a Psychiatric Intensive Care Unit (PICU) by the Huntercombe Group but transitioned to its new identity as an Adult Acute unit under the Active Care Group (ACG) around 2022/23. ACG provides complex care for a variety of conditions including mental health conditions in care homes and hospitals across the UK.

Holybourne was inspected by the Care Quality Commission (CQC) in March and April 2023 and was rated **Requires Improvement**. In their report, the CQC made a number of recommendations around patient safety and leadership.<sup>1</sup> The CQC inspected Holybourne again in April 2025. This most recent assessment rated Holybourne as **Good** and found that improvements had been made to the areas highlighted in the previous inspection.<sup>2</sup>

Holybourne Hospital currently cares mainly for NHS patients referred by South West London and St George's Mental Health Trust (SWLSTG), but referrals are also accepted from other NHS Trusts and independent providers. In 2024, SWLSTG commissioned up to 41 beds at Holybourne split over four wards:

- Richmond Ward (1st floor) – Male acute (10 beds)
- Barnes Ward (1st floor) – Male acute (9 beds)
- Kingston Ward (1st floor) – Female acute (9 beds)
- Osman Ward (Ground floor) – Female acute (13 beds)

SWLSTG has now reduced the number of beds it commissions to 18.

Holybourne provide SWLSTG with criteria for referrals and each referral is looked at individually. Holybourne are registered with the CQC for certain activities and cannot admit outside of their registration.

Holybourne do accept patients with mild to moderate learning disabilities, Autism and people with physical health conditions, but not where this is the primary reason for admission.

All admissions and referrals are discussed in bed management meetings with SWLSTG and weekly in the escalations meeting.

Holybourne management supplied us with anonymised quantitative data from the last 13 months. From June 2024 to July 2025, SWLSTG sent 453 patients to Holybourne. Over that same time frame, there were only seven patients who were not from SWLSTG. Some key statistics are:

- Of the total SWLSTG admissions to Holybourne 12.4% were informal (voluntary) admissions, the remaining 86% having been compulsorily admitted under Section 2 or 3 of the Mental Health Act

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<sup>1</sup> [Holybourne Hospital Inspection Report 2023 - Care Quality Commission](#)

<sup>2</sup> [Holybourne Hospital Inspection Report 2025 - Care Quality Commission](#)

- 57.3% (260) admissions were from a variety of Emergency Departments, with St George's Hospital Emergency Department accounting for 105
- The largest number of admissions were from Wandsworth at 186 (41.0%). Of the other 4 boroughs for which the Trust is normally responsible, Merton was the next largest source at 85, then Richmond at 55, Sutton at 54, and Kingston at 53
- 54.3% of patients were recorded as female and 45.7% as male
- The average length of stay was 6.3 weeks with a median length of stay of 3.6 weeks

Both Holybourne and SWLSTG assured us of their close collaboration marked by frequent operational contacts and a monthly contract review meeting. The monthly contract monitoring of Holybourne by SWLSTG covers performance stats including:

- Admissions
- Current caseload
- Discharges and length of stay
- Incidents
- Safeguarding
- Complaints
- Physical health and risk assessments

## **2. Methodology**

### **2.1 Objectives**

We conducted Enter and View visits to Holybourne in order to provide independent insight to service providers, commissioners, and the general public. This insight concerns patient experiences of the care provided as part of the SWLSTG pathway.

We also wanted to speak to staff about their experience of working at Holybourne and for Active Care Group.

### **2.2 Preparation**

#### **2.2.1 Meeting with service providers and initial visit**

We conducted two meetings with Holybourne ahead of the Enter and View visits. The first meeting was online and took place on 15<sup>th</sup> July 2025 with Stephen Bradford, Hospital Director, and Andy Acquaye, Head of Nursing/Matron. We explained our interest in conducting Enter and View visits to Holybourne. They were receptive to our desire to visit, and we planned to conduct an initial visit to understand the layout of the facility and how it functions.



We also requested anonymised quantitative data from the last 12 months to better understand the average length of stay of patients, their referral route to Holybourne, and which borough patients had originated from, among other things.

The second meeting was in person and took place at Holybourne on 1<sup>st</sup> August 2025. Andy Acquaye gave us a tour of the hospital and explained how it functioned. Andy explained that ACG planned to convert Osman Ward into a female Psychiatric Intensive Care Unit (PICU) and that when this happens female patients would be transferred upstairs to Kingston Ward. He added that they had recently undertaken some renovations to the other wards. We were also shown the layout of a patient's room as well as activity rooms which included a gym, an occupational therapy (OT) kitchen, and a room for music and art therapy. There was also a communal garden on the ground floor and a games room on the first floor.

This initial visit helped us to make sure that on the days of our following Enter and View visits we could focus on speaking to patients and understanding their experiences without having to ask for clarifications related to the service the facility provides.

### **2.2.2 Data Collection tools**

We created the following data collection tools: a semi-structured patient interview; a semi-structured staff interview; and an observation checklist.

The patient interview questions focused on admission, experience and perceived quality of care, the environment, and concerns and complaints. We tried to ensure the questions were both engaging but could also be easily understood by patients.

The staff interview questions focused on work environment, support and training, and patient care.

## **2.3 The Enter and View visits**

We conducted two Enter and View visits in which we spoke to patients and staff on the wards:

- Thursday 25th September 2025 - we visited all three wards in use, Barnes, Richmond and Kingston
- Tuesday 28th October 2025 – we visited two out of three wards in use, Barnes and Kingston

Ahead of both visits, we asked Holybourne to display posters on the wards to ensure staff and patients were aware of our visit. We also asked management to inform us of any patients that may react negatively to us attempting to speak to them.

### 3. Our Findings

Across our two Enter and View visits we spoke to a total of 16 out of the 36 patients present. One patient was present and spoken to on both visits. Of these 16 patients we spoke to:

- Two male patients on Richmond Ward
- Six male patients on Barnes Ward
- Eight female patients on Kingston Ward

We also spoke to 13 staff across the three wards:

- Four staff on Richmond Ward
- Eight staff on Barnes Ward
- One member of staff on Kingston Ward

#### 3.1 Patient Feedback

It was not possible or appropriate to talk to all patients but where possible, we observed their interactions with staff and the environment.

Of the 16 patients we spoke to, 15 of them informed us of how long they had been at Holybourne. The most recent patient had arrived two days ago while the patient that had spent the longest time had been there 13 and a half weeks.

##### 3.1.1 Admission and information provided to patients

We asked patients about their experience of admission to Holybourne. Two patients could not clearly remember their admission to Holybourne.

Of the remaining 14 patients only one said that they had been given a choice of where to be sent and had chosen Holybourne because they had been before and it felt familiar.

Six patients said that they were shown around by staff on admission and provide leaflets with information about Holybourne.<sup>3</sup> Four patients felt that they had not been given appropriate information on admission while four other patients said that they could not remember if they had been given information on admission.

Holybourne management informed us 'On admission to the ward all patients receive an orientation to the ward environment and [are] introduced to the patients and staff working on the day' they are also given 'a welcome pack which contains a leaflet and other information about their stay'.

##### 3.1.2 Care and staff

13 of the patients we spoke to told us about their experience of care and the staff at Holybourne. The majority of patients felt that the care they received

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<sup>3</sup> [You can find an example of this leaflet in the Appendix](#)

was good or adequate. In particular, patients praised the therapy and psychology teams and reported that they had built up a positive relationship with these staff members.

Other patients felt that they had not built up relationships with care staff. Some patients also said that they did not know the names of care staff.

Most patients told us that they felt safe at the hospital, with one patient stating it was the reason they chose to return to Holybourne. One patient did flag that they did not feel safe because they felt their medication makes them feel out of control. Another patient said that they felt generally safe however they also told us that they had been able to find objects with which they could self-harm with while at Holybourne.

Eight patients said that they felt they either had a limited amount of involvement and understanding of the medication they were receiving or that they were not informed at all of what they were prescribed. Three other patients said that they felt actively involved in decisions about their care and that they had discussions with staff about their medication.

Six patients felt that being at Holybourne was actively assisting in their recovery. These patients highlighted that the therapy support had been important.

Four patients said that they felt their time at Holybourne was not helping them get better. Two patients said that they felt they would be better off being discharged and receiving support at home and from the community. It was unclear to what extent this was a response to their situation at Holybourne Hospital or part of their condition. One patient indicated that they generally found the hospital very boring and did not want to engage in any of the activities or therapy as they were fixated on going home.

The majority of patients reported having conversations with staff about discharge and felt they had received clear information. Two patients said they had not had any conversations about discharge.

### **3.1.3 Hospital and ward environment**

We spoke to 14 patients across three wards about what they thought of the environment. Opinions about the ward environment were very mixed and varied from ward to ward.

The two patients we spoke to on Richmond Ward said that the ward was clean and that it was mainly quiet and calm at night. One patient did say that they could hear doors opening and closing at night but that this was a consequence of having to have their door open to be under watch at night by staff. Both patients said that they had been able to take part in group activities and enjoyed these.

We asked six patients on Barnes Ward about their thoughts on the environment. Three patients had mixed feelings towards the ward and the hospital: one wished that they could have a private bathroom, while another felt it was like a prison but were pleased there was a garden. Two patients

felt very negative about the ward and the hospital stating that it felt very utilitarian. One said that there was graffiti in their room that had not been painted over since their admission just over two weeks ago.

The majority of patients said they felt that night times were okay except for some noise from staff talking or sometimes slamming doors.

The patients on Barnes Ward all said that they were willing to or had taken part in activities. One patient highlighted that they particularly enjoyed the gardening activities while another mentioned that they enjoyed the origami therapy.

On Kingston Ward, six of the eight patients responded to our questions about the environment. Two patients noted that the environment on the ward was very dependent on the staff present. One patient said that some of the general care staff allow other patients to be disruptive.

Four patients on Kingston Ward said that the night times were bad and very loud due to noise from other patients. Another patient said that they generally had trouble sleeping and felt that staff would not engage with her if she wanted to discuss something during the night.

#### **3.1.4 Food**

11 out of the 13 patients who we spoke to about the food at Holybourne rated the food as adequate to good. They felt that there was a reasonable amount of choice, provided they told staff in advance, and that the portions were a good size.

Two patients reported a lack of consistent recognition of serious dietary restrictions or requirements. One patient said that their fish and seafood allergy had not been put on the ward whiteboard with the others. As the Enter and View team we experienced this ourselves: on both visits we requested meals without gluten due to allergies but were asked on the day if "plain flour" was ok. We were served lunches which clearly contained gluten.

#### **3.1.5 Keeping in touch with family and friends/visiting opportunities**

Patients were particularly positive about keeping in touch with friends and family. 12 out of 13 patients felt that they were able to use their own phones or a designated mobile phone to contact family and friends. Patients also said that they were able to have regular visitors and were able to use the side rooms located on the wards for privacy.

#### **3.1.6 Raising of concerns and complaints**

We asked patients if they would feel comfortable raising a concern or complaint and how they would go about it. The majority of patients felt comfortable in approaching staff to raise a concern or mentioning it during their meetings with the Multi-Disciplinary Team (MDT).

Two patients said that they would not raise a concern. One patient said they found it hard to speak to staff about issues while the other felt that staff should be allowed to do their jobs and therefore would not raise any concerns.



Patients also told us that they were able to provide feedback during ward rounds but were not asked for feedback outside of this time.

### **3.1.7 Patient suggestions for improvement**

We asked patients if there was anything they would like to see improved at Holybourne.

One patient said they were very happy with their time there. Another mentioned that they were generally very unhappy at being placed into an acute adult mental health facility. Eight other patients gave recommendations about things they felt would improve their stay:

- Three patients asked for more activities. One patient said that the weekend was very boring due to a lack of activities
- Three patients asked for more information about their medication and their rights
- Two patients asked for more accompanied leave off the premises
- One patient asked for less harsh lighting on the ward
- One patient asked for a private bathroom

### **3.1.8 Follow-up interviews after discharge**

We asked patients if they would be interested in speaking to us after they had been discharged from Holybourne so we could understand more about their discharge experience and post-discharge support. Five of the 16 patients said they would be interested in speaking to us once they had been discharged; we would like to thank them for their cooperation and interest in sharing their experience after discharge. We attempted to contact these five patients on the 2<sup>nd</sup> of December 2025 to confirm if they would want to speak to us about their experience but unfortunately, we did not receive any responses.

## **3.2 Staff feedback**

We conducted semi-structured interviews with 13 members of staff at Holybourne.

### **3.2.1 Staff training and knowledge of protocols**

All staff we interviewed felt confident reporting safeguarding concerns and how to escalate and raise an issue with senior staff and management. Staff informed us that they use Datix (incident reporting and risk management software) to log incidents. These can then be escalated to management and SWLSTG when necessary. Staff were knowledgeable and confident about these procedures.

When asked about training and opportunities for career development, the majority of staff said that there are free e-learning courses they can access and other training that can be requested for career development. One staff member did say that they had not been offered further training but would be keen to do so.

### 3.2.2 Staff Interactions with Patients

Eight of the 13 staff said that the best part of their job is being able to see positive changes in the patients and support them in their recovery. Two staff members specifically said that they felt they are able to develop a connection and understanding with patients and that they become more receptive to working with them throughout their stay at Holybourne.

On the other hand, six staff members said that it can often be hard when there are patients with challenging behaviour. Specifically, two staff members mentioned that they have faced racist comments and two staff members also said that they have had to deal with patients with aggressive behaviour.

### 3.2.3 Work Culture

A prominent theme that emerged from our discussions with staff over our visits and from our general observations was the challenging work culture at Holybourne, including relations between staff. Seven of the 13 staff we spoke to specifically mentioned that they felt that there were issues with the staff culture. This revolved around staff making complaints against each other and a general “culture of gossip”. There also seemed to be a fractious relationship between the staff on different wards, and that staff often requested to only work on a certain ward. One staff member highlighted that they had requested to move ward due to interactions with certain other staff.

Staff members also mentioned that there had been changes in the culture due to the new management. Some staff felt it had made the environment fairer while others expressed that they felt negative towards this change.

## 3.3 Enter and View Team’s observations of staff-patient interactions and ward environments

While we aimed to speak to as many patients as possible on both of our Enter and View visits to obtain their views, it was not possible or appropriate to speak to some patients. To mitigate this, we spent some time observing the environment and staff-patient interactions on the wards.

### 3.3.1 General observations

Holybourne Hospital is well signposted from the nearest road and provides sufficient parking for staff and visitors. At the main entrance, one has to ring the doorbell for reception and are then buzzed in. The reception is functional with two chairs and one table. There is a TV monitor that provides information about the hospital and the weekly timetables for patients on each ward. There were also a range of pamphlets available mainly aimed at visitors.

The doors through reception can only be opened by those with electronic key fobs. These controlled access doors are throughout the building, although some doors must be opened with a regular key.

At the time of our visits there were extensive renovations taking place at Holybourne which mainly affected the ground floor and had led to the

closure of Osman Ward. The three wards on the First Floor and the staff rooms and Therapy Corridor on the ground floor seemed to be largely unaffected.

During our visit on the 25<sup>th</sup> of September, we encountered issues with the controlled access doors. This meant that staff had to use keys to open the doors manually. We had also encountered this issue during our initial visit on the 1<sup>st</sup> of August. This raised a concern about safety and fire risks for those on the wards, if this was a repeating occurrence.

### **3.3.2 Barnes Ward**

The common areas on Barnes Ward contain a large meeting room, a central lounge/dining area and a visitors' rooms. In the central lounge/dining area there are sofas, tables, chairs, a TV behind a secure case and a pool table. There is also a secure nurses' area. The common area felt cramped due to the low ceilings and a lack of natural light. The space felt lacking in colour despite the recent addition of some landscape photos.

On our visit on the 25<sup>th</sup> of September, the majority of the six patients spent time in the common area. The TV was on but the sound was very quiet. Patients sat together at a common area table taking part in an activity with staff. Care staff also made conversations with the patients throughout the day.

During lunchtime patients sat together in the common area while staff sat on the table next to them, observing. There was a You Said/We Did Notice Board on the ward with suggestions from patients and proposed solutions from staff.

Of the three wards we observed on our visit on the 25<sup>th</sup> of September we felt that the atmosphere on Barnes Ward was the most positive.

On our visit on the 28<sup>th</sup> of October, we witnessed less staff-patient interactions on Barnes Ward. There were times during the morning where there were no staff in either the nurses' area or on the common areas.

We also observed lunchtime on the 28<sup>th</sup> of October. We found the lunchtime uncomfortable with patients sat in silence and a health care assistant standing up watching people eat their meals.

We also noticed a Meet the Staff Poster which provided a photo accompanied by their name as well as their likes and dislikes. The likes included 'pizza', 'watching football' and 'music'. The dislikes included: 'liars', 'hypocrites', 'dishonesty', 'arguments', 'conflict' and 'aggression'. We wondered if the comments around dislikes were appropriate or unhelpful in regard to the mental health issues encountered in this specific service.

### **3.3.3 Richmond Ward**

The common areas of Richmond Ward contain a large meeting room, a central lounge/dining area and a visitor's room. In the central lounge/dining area there are sofas, tables, chairs and a TV behind a secure case. There is also a secure nurses' area. We found the ward common areas clean on our visit; however, there was a towel placed under the water cooler, presumably to catch drips.

On the day we visited, we observed that there was not as much interaction between staff and the patients as on Barnes Ward. We witnessed one staff member watching the TV with one patient. The other three patients on the ward did not stay in the common area. We did not witness any activities take place. We asked a staff member what activities were planned for the afternoon, and they responded that they didn't know. In addition, a health care assistant asked a patient if they wanted to use the games room which was out of use for the day. We did not witness lunch time on this ward.

### **3.3.4 Kingston Ward**

Kingston Ward has the largest common area of the three wards we visited. Like the others, the common area contains a large meeting room, a central lounge/dining area and a visitors' rooms. In the central lounge/dining area there are sofas, tables, chairs and a TV behind a secure case. There is also a secure nurses' area. We felt that the ward common area despite being larger than the two male wards still felt quite uninviting with low ceilings and fluorescent lighting.

On both visits, we did not witness much staff-patient interaction. In the morning of the 25<sup>th</sup> of September visit, most staff sat in the common area, not interacting with patients. There was an art group that had a dedicated staff member. We also witnessed at one point five staff within the ward office with two patients standing outside waiting with no one seeming to take notice of them. The lack of staff patient-interactions seemed contrary to the interactions and support that is helpful for patients dealing with mental health issues.

We also observed lunch on Kingston Ward on both our visits. On our visits on the 28<sup>th</sup> of October before lunch the tables in the communal area on Kingston Ward were covered with colouring materials and wordsearches. These were not cleared by staff for the lunch service.

On both visits, we didn't witness any structured activities in the afternoon.

On both visits, the TV in the common area was playing very loud music constantly, with seemingly no one paying attention to it. We felt that the constant loud noise from the communal TV was contrary to creating a calming environment for patients' recovery. On the visit on the 28<sup>th</sup> of October Authorised Representatives asked for the music to be changed and felt that this indicated a lack of staff attentiveness towards the ward environment for patients.

During the 28<sup>th</sup> of October visit, we witnessed some concerning staff behaviour in both the morning and afternoon. This included staff shouting at each other across the ward and staff not treating patients with kindness or compassion or making to sure to seek consent or communicate effectively with a patient when providing care. We raised this with a senior clinical and member of management staff at Holybourne on the day.



### 3.3.5 Observation of Kingston Ward Round

On our Enter and View visit on the 28<sup>th</sup> of October one member of our team observed the ward rounds which consisted of Multi-Disciplinary Team (MDT) meetings with individual patients. This took place in the ward meeting room. These meetings with each patient were structured in the same way.

Staff gave updates to the patient and then time was dedicated to the patient giving their own insight on their progress, recovery and mental health state. From there, the doctors asked follow-up questions about progress, next steps, medication and general concerns. One person was taking notes during the meeting.

The discussions between the patient and the MDT reflected a practice led by compassion, placing the patient at the centre of the care and treatment plan.

The MDT was methodical, considerate, kind and took the time to explain to every patient their next steps in terms of medication, support, and discharge when appropriate.

## 4. Conclusions and Recommendations

### 4.1 General conclusions

From our visits we saw some examples of positive and sensitive practice in working with people. However, we saw variation in experience and care from staff members, and we left Holybourne with some concerns about the culture of the organisation as well as the consistency of care provided to patients.

Our findings in this report relate to observations and what we were told by the people we were able to speak to on particular days. Our conclusions therefore reflect this:

#### Patients

- **Most patients were generally very satisfied with the support from therapy staff and the activities associated with this.** Patients highlighted that they were able to develop positive relationships with the therapy staff. They also mentioned that art and/or music therapy was beneficial
- **The majority of patients felt the activities on offer could be improved.** Some patients highlighted that they enjoyed activities when they were available. However, they often felt there weren't enough activities to keep them occupied and were unsure what activities were on offer. One patient also highlighted that weekends were particularly "boring" as there are no planned activities and the therapy rooms cannot be accessed
- **Some patients were not aware of aspects of their care plans.** Patients mentioned that they were given medication without any explanation and that they would appreciate information about this

- **Two patients reported a lack of consistent recognition of serious dietary restrictions.** This was also experienced by two members of the Healthwatch team who are coeliac but were given a meal containing gluten

### Staff members

- **The majority of care staff were passionate about working at Holybourne to help patients get better.** Staff were knowledgeable about safeguarding and the majority felt well supported by management. They also reported that they could access further training
- **Some staff reported issues in the organisational culture.** This included a “culture of gossiping” and a fractious relationship between the staff on different wards. Some staff reported requesting to work on different wards because of other staff members. On our visits, we observed poor communication and tension between healthcare assistants and nursing staff

### Enter and View Team observations

- **We witnessed some instances of concerning behaviour from care staff on the wards.** This included: leaving patients alone, patients pacing the common areas, or patients sitting alone for extended periods of time. We also witnessed a lack of kindness and compassion from staff when interacting with vulnerable patients. On our 28<sup>th</sup> of October visit this was sufficiently concerning that we reported some instances to the provider on the day. Patients told us that their enjoyment of Holybourne was directly impacted by which care staff were present, indicating negative feelings were tied to how some care staff treated them
- **There was a general “uninviting” environment on the wards due to low ceilings, fluorescent lighting and a lack of natural light.** Patients in Barnes Ward also commented on this. On Kingston Ward we also found the constant loud music coming from the communal TV, with no one watching, which could be unhelpful to mental health patients’ recovery

## 4.2 Recommendations

Part of our remit for Enter and View is to make recommendations from what we were able to gather to inform the delivery and development of services. Providers have 20 working days to respond to these recommendations as well as provide any factual corrections.

### **Improve the consistency of kindness and compassion that care staff treat patients with, particularly on Kingston Ward.**

This would ensure that patients can expect a consistent level of care and kindness during their stay at Holybourne Hospital regardless of which ward they are placed on and which staff they are in the care of. It would also reduce the instances of negative feedback patients gave in which they

indicated that their experience of Holybourne was largely influenced by the staff.

**Improve the organisational culture at Holybourne, including but not limited to: staff gossip and consistency between staff ward teams.**

This would address the inconsistencies we witnessed between the three different wards on our visits to Holybourne Hospital. It would also improve the work experience for all staff at Holybourne as well as for patients, who can feel assured that all staff will work together holistically to ensure they receive the best care possible.

**Improve the range and frequency of activities offered to patients, especially on weekends.**

We recommend that patients are involved in this process.

This would help reduce the instances of patients feeling bored or aimless during certain parts of the day and on the weekends. It would also ensure that the activities on offer have been designed with patient's interests and wants in mind, thus hopefully encouraging greater participation.

**Improve the ward environments.**

We would recommend increasing the natural light present or changing the fluorescent lighting to be less harsh.

This would hopefully help to make the wards on Holybourne feel more inviting and relaxing for both patients and staff. This could encourage patients to spend more time in communal areas instead of their rooms and engage in more activities.

**Ensure that patients are kept informed about their care plans, including why they are taking each specific medication.**

This would make sure patients felt they have been fully informed and providing with all the relevant information they need during their stay at Holybourne. If all patients can be informed of their care plan and the medication they are receiving, and why, it would hopefully make patients feel more involved and that they are able to discuss these aspects with staff.

**Ensure that patients dietary requirements are respected by all staff and that food meets patients' dietary requirements.**

This will ensure that there is no chance of patients not being able to eat at meal times and be provided the nutrition they need. It would also ensure that all patients can feel confident that staff are aware of their specific dietary requirements and that these are taken seriously.

**South West London and St George's Mental Health NHS Trust (SWLSTG) to ensure their contract monitoring of Holybourne Hospital has Key Performance Indicators (KPIs) that monitor patient experience**

The majority of concerns we picked up on during our visits to Holybourne Hospital would not have been flagged through the current monthly reporting Active Care Group provides to SWLSTG.

We would recommend that the KPIs in this reporting are expanded to ensure that SWLSTG records the patient experience of Holybourne. SWLSTG could also implement Patient-Led Assessments of the Care Environment (PLACE as already used in other NHS environments. These assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

## 5. Official response from Holybourne Hospital Management

*'I want to thank [Healthwatch Wandsworth and Healthwatch Richmond] for taking the time to visit and understand Holybourne Hospital and for the time your team have taken to ensure the report is accurate and detailed. I also want to thank you for the opportunity to address the outstanding issues.'*

### **Improve the consistency of kindness and compassion that care staff treat patients with, particularly on Kingston Ward.**

*'As a leadership team we were disappointed to hear the feedback given and responded immediately regarding this issue. This does not reflect the feedback provided by the CQC and our patients in general. Many patients request admission to Holybourne based on their experience with us and other providers. However, we respect your experiences on the day were not optimal. We recognise that acuity and certain pressures can impact on our care delivery. We work hard with our staff to reflect on these situations when they happen to learn and ensure these do not happen again.'*

*We are proud of our organisations [values](#) and promote these values with integrity. Where staff do not support and promote these values we act accordingly to address them through support, supervision and if necessary through HR processes and procedures.*

*On the 28<sup>th</sup> October 2025 Kingston Ward was supported by staff from other wards who had been moved to the ward to ensure safe staffing due to absences. These staff were not familiar with the ward and patients. Whilst this provides context, it is not an excuse for the actions of the staff and what your team experienced.*

*We addressed this immediately with the ward team and senior nurses on duty that day. It has been raised with the individuals on duty and the senior nurses. We have been working with the Ward Manager, Clinical Team Leader, Consultant Psychiatrist and Leadership team to address these concerns with a focus on Kingston Ward, but also across the wider Hospital.*

*We have also recently developed our Positive Behavioural Support Plan (PBSP) approach with patients, developing and communicating relevant plans. All staff are currently being trained in an externally facilitated PBS training programme. All of these interventions are to foster a culture of more therapeutic and engaging communications between patients and staff.'*



**Improve the organisational culture at Holybourne, including but not limited to: staff gossip and consistency between staff ward teams.**

*'We are undertaking a number of ongoing pieces of work with staff to address this issue and promote positive change across Holybourne Hospital. We are aware that Gossip can be unpleasant and harmful to individuals and the organisation. Gossip and rumours are not compatible with the Active Care Group core beliefs.*

- We have a monthly Staff Nurse Forum where this issue is being addressed. We have also introduced a Support Worker Forum where this issue will be further addressed.*
- We are addressing this issue with all staff individually through supervision.*
- We are adopting a no tolerance approach to gossip and will address individuals through the HR route where it is found that individuals feel that gossip is appropriate, we undertake reflective supervision with these staff.*
- We will be shortly opening a PICU and as part of this project it will be necessary to review the staffing across the hospital with a number of changes within the teams. We will manage this carefully and closely to ensure within this approach that we improve team dynamics, positivity and culture.*
- We are working closely with one of our quality leads to tackle this issue and develop training to address this issue.*
- We have increased senior leadership visibility across the wards to encourage engagement and promote leading by example.*
- We have advised and provided electronic copies to staff and brought their attention to the Active Care Group Staff Handbook and Values.*

**Improve the range and frequency of activities offered to patients, especially on weekends. We recommend that patients are involved in this process.**

*'We are currently discussing this point with our ward teams and therapy staff. Activities are not just the responsibility of the therapy staff and we are currently discussing options such as activity grab packs with the ward staff. One ward has recently introduced a Friday movie night and we are looking at how we can make this more authentic by purchasing more equipment to facilitate this. We have also recently successfully trialled a dedicated activity co-ordinator of a weekend and are discussing this more widely in light of the service changes and PICU.*

*We have a dedicated Gym with a number of pieces of modern equipment and 10 staff trained to support patients in the Gym. We will be shortly training an further 10 staff.*

We have a dedicated activities room with a pool table and games console. We are currently looking to develop this into a community hub with more activities, seating areas and refreshment options such as tea and coffee to create an 'off ward' area for our patients.'

**Improve the ward environments. We would recommend increasing the natural light present or changing the fluorescent lighting to be less harsh.**

'We are currently working on a number of improvements across the Hospital. The focus will initially be on the PICU as this is a major investment and change to the infrastructure and service line.

We are currently repairing and undertaking major works to the perimeter wall.

Several improvements are currently in the planning stages for the other wards including replacing bedroom doors, refurbishment of the bathrooms and updating the colours and tones of the ward from grey to warmer more therapeutic colours. This will be co-produced with the patients at various stages. We are currently looking to replace the dated plastic dining tables, chairs and bedroom furniture with more modern, homely pieces.

We are in the process of installing ward info/media screens on all three wards. We expect this will be functional by Feb 2026.

We are looking to develop the 'Activities room' into a Social Hub to provide a protected off ward area for patients with games, activities, refreshments.

We recently refurbished our Gym and have plans to refurbish the Therapy room and Arts/Craft room.'

**Ensure that patients are kept informed about their care plans, including why they are taking each specific medication.**

'Patients are provided with a written information leaflet regarding their medication. These are provided by Ashtons Pharmacy and are printed and given to patients when prescribed medication. Where medication is further prescribed or at any time when the patient may be uncertain about their medication, they will be provided with further copies.

When patients are given these materials they may be at the early stages of their admission and we respect and understand that this can be an overwhelming and confusing time, therefore we ensure that patients are offered this information throughout their admission. Staff are available to discuss any concerns or answer any questions.

We are currently in the process of putting information screens onto the wards. These are large, remotely programmed by the admin/clinical teams and will provide rotating and repeating information for the patients on the wards. This will include information such as:

- Who and how to contact the Advocate

- *Who and how to contact the IMHA (Independent Mental Health Advocate)*
- *Who and how to contact our Mental Health Act Administrator.*
- *Who the relevant staff are – Ward Team, MDT, Leadership team.*
- *Who the Safeguarding / Infection Control Leads are.*
- *The weeks Menu and how to request alternative meals or inform us about any allergies/intolerances/preferences.*
- *How to request information on Mental Health Act Sections.*
- *Informal Patient rights.*
- *How to raise a concern/complaint.*

*Our information leaflets are available in a number of languages and also in easy read formats.'*

**Ensure that patients dietary requirements are respected by all staff and that food meets patients' dietary requirements.**

*'We have recently been successful in recruiting an experienced Head Chef who commenced on the 5<sup>th</sup> January 2026. Patient dietary needs, allergies and intolerances are taken seriously and we will be working closely as a leadership team with the Head Chef to restructure the Kitchen, menus and dietary offerings. On the whole we generally receive positive feedback on our food, however, we recognise there are area's we need to improve upon such as providing less frozen vegetables and become 100% fresh produce.'*

**Kind regards,**

**Steve Bradford (Hospital Director).**

We thank Active Care Group for their positive and constructive consideration of our report and response to our recommendations in which they commit to making extensive improvements to their provision. These address many of our recommendations and should lead to material improvements to their patients in terms of the care and quality of experience. They should also improve the experience and cohesion of staff.

We commend the provider on embarking on this programme of improvement and wish them the best of luck with implementation.

## **6. Official response from South West London and St George's Mental Health NHS Trust**

*'Since the visit, the issues raised in the report have been tracked through monthly contract and operational meetings, including progress against actions which are closely monitored by SWLSTG Senior Managers of this group.'*

*The Hospital Director confirmed that the Healthwatch action plan has been finalised and the team is in the process of completing the associated action plan involving both patients and staff.*

*During the most recent contract meeting on 29<sup>th</sup> January 2026 the Hospital Director for Holybourne advised the Healthwatch report highlighted suboptimal staff-patient interactions particularly on Kingston Ward and noted a cultural issue of gossip among staff, with the team already addressing these through ongoing change and performance management. The Hospital Director went on to confirm actions are being added to the Site Improvement Programme. This will be monitored through their clinical governance and regional operations meetings, ensuring ongoing oversight and accountability. The update and progress on these action plan will be shared and review by members of this group through the monthly contract and weekly operational meeting.'*

**South West London and St George's Mental Health NHS Trust (SWLSTG) to ensure their contract monitoring of Holybourne Hospital includes Key Performance Indicators (KPIs) that highlight patient experience**

*'We hold a joint monthly meeting that provide assurance to Board of Directors in both organisations that there is an effective system of risk management and internal control across the clinical activities that support the organisation's objectives and ensure delivery of the contractual agreement to provide excellent quality care by staff. In addition, having a clear communication and process between both organisations aims to support high-quality patient care and safety.*

*We will be exploring how to include Holybourne in the weekly patient/carer feedback framework implemented across our acute wards in SWLSTG. This could be completed by our allocated discharge co-ordinator, with the results of this feedback will be discussed in our monthly contract meeting.'*

## **7. Disclaimer**


Please note that our findings in this report relate to observations and interviews on a particular day. It should not be taken as a representative portrayal of the experiences of all service users and staff associated with the service over time.

We must acknowledge that the responses we received and the trends and themes that arose were from a sample size of 16 patients and 13 staff.



## 8. Appendix

### 8.1 Kingston Ward Patient Leaflet



**Welcome to Kingston Ward**

Guide and information about Kingston Female Acute Ward

*We hope we can make your stay a positive experience and are all committed to supporting you in your recovery*

Hospital address:

The Holybourne Hospital  
Holybourne avenue  
Roehampton  
SW15 4JD

**Introduction**  
Welcome to the Holybourne Hospital Roehampton, Richmond ward. Our hospital is an adult In-patient Psychiatric Unit and Richmond is a male acute ward. All our staff are here to support your recovery.

#### Key Individuals in Your Care

Your Primary Nurse is:

Hospital Director:  
Your Responsible Clinician:  
Ward doctor:  
Ward manager:  
Mental Health Act Administrator:  
Housekeeper:



Stephen Bradford  
Dr Kunal Choudhary  
Dr Danem Smart  
Craig Edwards  
Ellie Myles  
Comfort Duodoo


The nursing team will help orientate you to the ward. Please feel able to ask if you have any questions, concerns or queries. The Therapy Team work Monday to Friday and will introduce themselves to you as soon as they can.

#### Visiting

Visitors are very welcome at the hospital and we encourage everyone to book ahead and plan around protected times, such as meals, therapy groups and out of hours. Staff may supervise visits and visitors may be asked to consent to a search on entry to the ward.

Please note that there are certain items that are not allowed on the ward. The list of prohibited items is available on the ward and in Reception, this will be explained to visitors when they arrive.

If minors are present, a room will need to be booked off the ward.

**Patient phone**  
The patient phone number is: 020 8789 5589. You can use this phone on request. Please consider this phone is for the whole ward and so needs to be shared equally amongst all patients.

#### Ward Rounds

This is a weekly review of your progress with the Multi-Disciplinary Team. During this meeting we will discuss your treatment including medication, therapy groups and ward activities you have participated in. It is also an opportunity for you to raise any issues or concerns.

Ward rounds are on Tuesdays and Thursdays with your Responsible Clinician (RC) and the MDT. Both your RC and ward doctor work 5 days a week. Outside of these times there are on-call doctors available 24/7.

You can invite your care coordinator, relatives, friends or an advocate to join. Please speak to nursing staff to help arrange this with you. Nursing staff can also help you prepare for your ward round.



#### Mealtimes

Breakfast foods (cereal & toast) are available from the servery. Hot breakfast is served on the weekends at 9:00am.  
Lunch from 12:30pm to 1:00pm  
Dinner from 5:30pm to 6:00pm

Each morning and evening there is an opportunity to make meal or dietary requests. The chefs are happy to facilitate individual requests when possible. Religious and cultural needs are always respected in food preparation and choice.

#### Toiletries/clothing

Toiletries and basic clothing can be provided on the ward for patients who do not have these, speak to nursing staff for these items if required.



#### Hospital Bank Account

You can make use of the service user bank account. Relatives and carers can transfer money to this account or you can make a deposit. This account is run by the finance department (Mon-Fri 8-4pm). For more information please speak to nurses for the account details.

#### Therapy sessions

There are a variety of therapy groups and individual sessions available. These include Occupational Therapy, Psychology, Art Therapy and Music Therapy. For details of these, take a look at the therapy timetable. A member of the Therapy department will go through the timetable with you soon after you are admitted.

#### Ward activities

Nursing staff also provide some out of hours activities such as access to the gym or other hospital facilities.

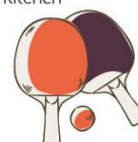
#### Leave outside of the hospital grounds

Patient leave is agreed individually in Ward rounds. There are a few small shops, a public library, ATMs and cafes are within walking distance.

#### Hospital facilities

The hospital has these facilities available to you.

- Occupational Therapy Kitchen
- Therapy garden
- Patient Gym
- Multi-faith room
- Large garden
- Art therapy room
- Activities room



#### Advocacy Service

The ward team will always try to facilitate all your needs and requests. If you feel you need additional support, advocacy services are available.

Advocates provide a free independent and confidential service that offers support for:

- Understanding your rights e.g. appeals/tribunals
- Support with care and treatment e.g. medication, leave,
- Preparing for meetings e.g. ward rounds, tribunals, CPA's
- Making complaints to the hospital
- Accessing medical records
- Express your views with your care and treatment
- Food issues, religious requests, money issues

The advocacy service that you use is dependant on the borough you live in. One of the advocacy providers is called Rethink Advocacy. They provide Independent Mental Health Advocacy (IMHA) services and visit the hospital weekly. Their contact number is 0203 513 6055.

#### The Care Quality Commission (CQC)

The Care Quality Commission ensures that mental health law is used properly and that patients are cared for properly while they are in hospital.

You can contact them here:

Tel: 03000 616 161

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

Email: [feedback@cqc.org.uk](mailto:feedback@cqc.org.uk)

CQC National Customer Service Centre  
Citygate Gallowgate  
Newcastle upon Tyne NE1 4PA.

#### Money and Valuables

We encourage you to leave valuables at home. If necessary, the hospital has a safe to store items for a short period. You will have a ward locker to store essential belongings.

Any cash you have can also be kept in the lockbox in the nursing office. The staff can lock your room on request.

#### Mental Health Act

Some patients may be detained under the Mental Health Act. If this applies to you, your rights will be explained to you by the team every Saturday. You can also request to speak to the mental health act administrator or be referred to an Independent Mental Health Advocate (IMHA).

If you are not detained, the team will agree a treatment contract with you.

#### Smoking

Cigarette smoking is not permitted on the hospital grounds. Nicotine Replacement Therapy (NRT) is available. You can smoke cigarettes on leave outside of the hospital grounds.



Approved vapes can be used on the hospital premises.

#### CCTV

Please be aware that CCTV is in constant use on all ward and therapy areas. This is for everyone's safety. If you have any worries about this, please discuss it with the team.

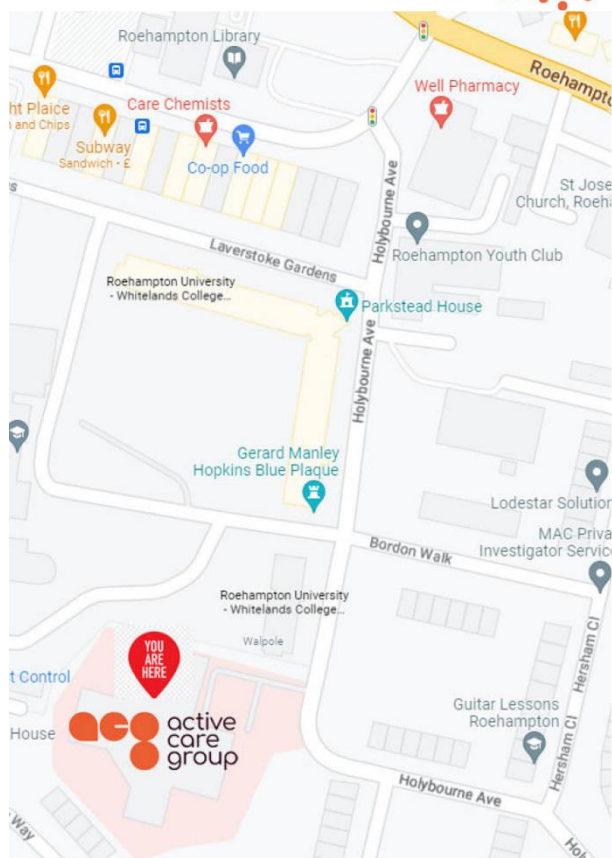
#### Compliments and Complaints

If you would like to make a compliment or complaint about your care please speak to a member of nursing staff, ward manager, hospital manager or the visiting advocate.

#### Discharge survey & patient feedback

We invite feedback before discharge. Please scan the QR code below. This is an anonymous survey for you to complete about your admission here at Holybourne.

For each question, please select which option is most relevant to you. Please do not write your name or address anywhere on the questionnaire.





Healthwatch Wandsworth  
3rd Floor Tooting Works  
89 Bickersteth Road  
Tooting, London  
SW17 9SH

[www.healthwatchwandsworth.co.uk](http://www.healthwatchwandsworth.co.uk)  
t: 07434633745  
e: [info@healthwatchwandsworth.co.uk](mailto:info@healthwatchwandsworth.co.uk)  
🐦 @HWWands  
📘 Facebook.com/hwwands

Healthwatch Richmond upon Thames  
82 Hampton Road  
Twickenham  
TW2 5QS

[www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk)  
t: 020 8099 5335  
e: [hello@healthwatchrichmond.co.uk](mailto:hello@healthwatchrichmond.co.uk)  
🐦 @HW\_Richmond  
📘 Facebook.com/healthwatchrichmond