



Enter & View Report St Charles Mental Health Centre

February 2026

This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors, and patients who met members of the Enter & View Team on that date.

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Completion Date of Enter & View Visit:

19 November 2025 and revisited on 6 February 2026

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Introduction

At Healthwatch Kensington & Chelsea, our mission is to gather the perspectives and experiences of individuals, especially those whose voices are often unheard, and provide them with a platform to share their views about NHS and social care services.

The purpose of an Enter and View visit is to collect feedback from both residents and staff, while also assessing the overall quality of the environment.

During our 2024–2025 Enter and View programme, Healthwatch Kensington & Chelsea carried out visits to two care homes within the borough and conducted a revisit to one mental health residential unit, which had previously been visited three years earlier. The mental health unit visited in 2024 was St Charles Mental Health Unit. The purpose of this revisit was to assess the effectiveness of safeguarding measures in protecting residents, identify any challenges residents may face regarding their care and sense of safety, review complaints procedures to ensure residents can raise concerns confidently, and evaluate any improvements made since our last visit.

Particular attention was given to residents who may be more vulnerable in understanding what constitutes abuse and in feeling confident to report concerns.

All Enter and View visits were carried out by authorised representatives who have the authority to visit health and social care facilities, either announced or unannounced. All visits conducted in Kensington & Chelsea during this period were announced.

On 19 November 2024 and again on 6th February 2026, Healthwatch Kensington & Chelsea conducted announced visits to St Charles Mental Health Unit. The unit manager greeted the team on arrival and provided a tour of the facility. Feedback was gathered from both residents and staff, and observations of the environment were made. These findings form the basis of this report, highlighting examples of good practice as well as areas for improvement.

As an independent charity funded by the local authority, Healthwatch Kensington & Chelsea does not make judgments or express personal opinions. Our reports are based solely on the feedback received and our objective observations.

Before publication, the draft report is shared with the care home manager to allow them the opportunity to review and provide a response. Once finalised, the report is published on the [Healthwatch Kensington & Chelsea website](#).

Additionally, a follow-up visit may be scheduled to review progress on any recommended improvements. The final report is also shared with the Care Quality Commission (CQC), Healthwatch England, and other relevant organisations.

General Information

St Charles Hospital Mental Health Unit provides acute mental health care for adults experiencing severe mental health conditions. The hospital operates four adult inpatient wards—**Amazon, Danube, Ganges, and Thames**—which were the focus of the Enter & View visit. These wards offer a safe, therapeutic, and structured environment to support recovery for individuals with acute mental health needs.

Wards Visited During Enter & View

- Amazon Ward
- Danube Ward
- Ganges Ward
- Thames Ward

These wards provide care for adults aged 18 and over who are experiencing an acute phase of serious mental illness, including relapse of long-term conditions. The wards also support individuals detained under the Mental Health Act.

Therapeutic Environment and Care

The unit focuses on delivering patient-centred, recovery-focused care, ensuring that treatment is purposeful from admission. Residents have access to:

- Daily one-to-one sessions with healthcare professionals
- Regular meetings with consultants and multidisciplinary teams
- Culturally appropriate activities, creative and leisure sessions, exercise, and self-care opportunities
- Support for community access where appropriate
- Pharmacological, psychological, and psychosocial treatments in line with NICE guidance

Admission and Eligibility

The wards cater to individuals who cannot be safely managed in community or residential settings due to acute mental health needs. They do not admit

patients under 18, those without an acute mental illness, or individuals whose primary need is substance misuse or physical illness without a co-occurring mental health condition.

Safety and Safeguarding

The wards maintain a high standard of safety and safeguarding. Staff are trained to recognise and respond to abuse, and all incidents are reported, investigated, and addressed promptly. Protective measures are in place to reduce risks, including careful supervision of residents during high-risk activities.

Engagement with Residents and Families

Residents are welcomed into a supportive environment where they are involved in shared decision-making regarding their care. Families and carers are kept informed and can participate in care planning and ward activities. Information about ward rules, services, rights, and responsibilities is provided verbally and in writing.

Additional Services

St Charles Hospital also provides Psychiatric Intensive Care Units (Nile and Shannon Wards) for residents requiring secure environments due to acute distress, suicidal or challenging behaviours. Older adults' mental health care is provided on Kershaw and Redwood Wards, with multidisciplinary assessments and treatment plans tailored to both patients and carers.

Accessibility

The wards operate 24 hours a day, seven days a week, and have established visiting times for family and friends, ensuring residents maintain connections with their support networks.

Engagement & Methodology

During the announced Enter and View visits Healthwatch Kensington & Chelsea representatives engaged with 18 residents and 6 members of staff to gather feedback about their experiences of care and safeguarding within the home. We also had the opportunity to speak to two carers who each had a family member receiving in patient treatment at St. Charles.

To ensure a structured and inclusive approach, resident questionnaires were used to capture individual experiences and perceptions of safeguarding, as well as how safe and supported residents felt in their day-to-day care. Residents were also encouraged to share suggestions for improving the care home, offering feedback on safeguarding procedures, staff training, communication, and the overall living environment.

Similarly, staff questionnaires were distributed to gather insights from care staff about service provision, safeguarding training, staffing levels, and management support. Staff were also invited to comment on training opportunities, team communication, and any challenges they face in maintaining a safe and caring environment for residents.

In addition to collecting feedback, Healthwatch representatives conducted direct observations of both the internal and external environments of the Mental Health Unit. Observations focused on identifying any potential safeguarding concerns, barriers to accessibility, and assessing the friendliness, approachability, and communication skills of staff when interacting with residents.

To protect the confidentiality and anonymity of everyone who took part, all names, pronouns, and other identifiable details have been removed from this report.

Summary of Management Feedback

The Service Manager provided detailed information about the unit's safeguarding policies, procedures, and daily practices across the four adult inpatient wards—Amazon, Danube, Ganges, and Thames. They highlighted key points relating to care provision, safeguarding, and ward operations.

1. Therapeutic Environment and Recovery-Focused Care

- The wards provide a structured and safe environment aimed at supporting recovery for residents experiencing acute mental health episodes.
- Staff work to ensure care is purposeful, patient-centered, and recovery-focused from admission, in line with NICE guidance and CQC expectations.
- Management reported increased staffing levels and a wider mix of staff, enabling more therapeutic interventions, structured activities, and individual support for residents.

2. Safeguarding and Resident Safety

- A strong safeguarding culture is embedded across all wards. Staff are trained to recognise signs of abuse and are confident in raising concerns promptly.
- Incident reporting procedures are clear and consistently followed, ensuring timely investigation and appropriate communication with families and relevant authorities.
- Residents are supported to understand their rights and how to raise concerns, including access to independent advocacy where needed.

3. Resident Engagement and Choice

- Management emphasised the importance of involving residents in decisions about their care, daily routines, and therapeutic activities.
- Residents receive verbal and written information about ward rules, activities, treatments, and visiting arrangements.
- Efforts are made to provide meaningful activities seven days a week, including creative, leisure, self-care, and community access activities.

4. Multidisciplinary Collaboration

- Regular multidisciplinary meetings are held to review and coordinate care plans.
- Residents, their advocates, and family members are encouraged to participate in care discussions, particularly regarding Mental Health Act-related decisions.
- Staff work closely with community services to ensure continuity of care during admission and discharge.

5. Staff Training and Support

- Staff receive ongoing training in safeguarding, mental health care, and therapeutic approaches, ensuring consistent patient-centred care.
- Management reported proactive supervision and monitoring of staff to maintain high standards of care.

6. Areas for Continued Focus

- Ensuring sufficient staffing levels to maintain high-quality therapeutic engagement for all residents remains a priority.
- Management highlighted ongoing efforts to enhance access to psychological and psychosocial therapies, in line with NICE guidance.
- Continuous improvement in documentation and care planning is encouraged to ensure individual resident needs, risks, and preferences are fully captured.

Enter & View Observations

Location and External Environment

St Charles Mental Health Unit is located on Exmoor Street in the Royal Borough of Kensington and Chelsea, within a predominantly residential area of London. The unit is surrounded by a mix of housing, local shops, cafés, and community facilities, reflecting the diverse and active character of the neighbourhood.

The site has convenient access to public transport, with nearby bus routes and Underground stations, making it easily reachable for visitors, staff, and relatives. The surrounding area also includes local parks, health services, and community resources, which can support patients' engagement with the wider community during their recovery.

Despite being in a busy part of London, the mental health unit provides a secure and calm environment, offering patients safety, privacy, and access to therapeutic care. The setting supports the unit's focus on recovery, wellbeing, and independence for adults experiencing acute mental health difficulties.

Internal Environment and Waiting Area

Healthwatch staff were guided through security and their credentials checked before being accompanied to meet staff working on the units visited. The staff were prepared for our visits and were attentive and welcoming. Authorised representatives from Healthwatch were invited to meet the Unit Manager for a brief discussion before entering the units themselves accompanied by senior staff members.

Ward environmental observations

Healthwatch visited four wards (**Thames, Ganges, Danube, Amazon**).

1. Thames (acute adult admission ward)

What stood out: On previous visits here had been reported graffiti on communal walls, staining and cleanliness issues in food prep areas, and an unpleasant smell on entry. Improvements were suggested for hygiene and general upkeep.

These improvements have successfully been carried out. The walls were clean and it was clear that recent upkeep had taken place. The unit smelled fresh and clean. There was no evidence of graffiti.

2. Ganges (adult inpatient ward)

What stood out: Ganges was graffiti free and staff maintain a clean and pleasant environment. Authorised representatives from Healthwatch were encouraged to see that patients had the opportunity to channel their creativity into therapeutic art and music practice. As part of the 'Culture of Care' programme, residents were also given journals to record their thoughts and experiences and to note down anything they wanted to remember. Staff actively encourage journaling and support people reflect upon their experiences in the recovery process.

3. Amazon, Danube, (and Thames) – adult acute wards overview

We are concerned that these units need more resources to maintain older buildings which need substantial upkeep and capital to ensure that services can be delivered safely. There were repairs underway during our visit and evidence of prompt attention and reporting from senior staff and the unit manager. Greater investment in building maintenance and standards is vital to maintain patient and staff morale, especially in acute settings. As well as the leaks that were being fixed while we were in attendance, we noticed that the ventilation in some areas could be improved to ensure more effective air flow and prevent stale smells.

There had been reported issues with pest control in the past but we noted during our visit that effective pest control measures were in place and that sightings of mice are a thing of the past.

It is clear that much work has been undertaken to improve the appearance of the wards. Residents have been encouraged to display their artwork and create a more human-centred and welcoming, colourful space.

Resident Involvement

Interactions between staff and patients were observed to be respectful, calm, and supportive. Staff were seen engaging with patients in a considerate and professional manner, taking time to listen and respond to individual needs. Patients appeared comfortable approaching staff for assistance or conversation, suggesting an overall atmosphere of trust and approachability.

It was clear that staff had built positive relationships with patients, showing patience and understanding, particularly during moments of distress or agitation. Staff demonstrated awareness of each patient's care needs and adapted their communication style, accordingly, helping to promote inclusion and emotional wellbeing.

Overall, the unit demonstrated a caring and person-centred approach, though improvements in building maintenance would enhance both patient confidence and the overall therapeutic setting.



Patient feedback

Do you know how to report abuse or harm?

As part of the visit, residents were asked the question, **“Do you know how to report abuse or harm?”** Some residents were aware that they could speak to a senior member of staff, the manager, or a trusted carer if they had any worries about their safety or wellbeing. Three residents, however, were unsure of the formal reporting process, indicating that while awareness is generally good, there is room to further strengthen residents’ understanding of safeguarding procedures. This suggests that continued communication and accessible information about how to raise concerns would be beneficial in maintaining a transparent and safe environment.

Do you feel safe reporting abuse or harm?

Patients at St Charles Mental Health Unit said they feel safe and confident raising concerns with staff. They generally expressed a reliable understanding of who to speak to. Obviously, there were new patients amongst those we spoke to and they appeared to have less specific knowledge about their right to independent advocacy. However, we did notice that there were signs displayed prominently throughout the units indicating how to access independent support.

Do you feel isolated?

Most residents said they generally did not feel isolated and praised staff for being supportive and approachable. Several commented that staff take time to talk with them and encourage social interaction. However, a few residents expressed feelings of loneliness or boredom, especially when activities were cancelled or rescheduled. Some residents mentioned that there are limited group sessions or recreational options on certain days, which can make the wards feel quiet and isolating.

Have you witnessed any form of abuse towards other residents?

All the patients we spoke to stated that they had not witnessed any abuse or mistreatment within the unit. Most expressed confidence that staff treat patients

with dignity and respect, and that any issues between residents are addressed quickly and fairly.

Do you know who to speak to if you wish to make a complaint?

Patients identified different members of staff that they could speak to confidently speak to if they wanted to discuss an issue or make a complaint. We heard examples of how staff had responded to address concerns promptly and to the satisfaction of the patients themselves.

Suggestions for Improvement

Residents suggested several areas for improvement, including:

- Ensuring planned activities go ahead as scheduled
- Increasing access to more activities
- Making sure that there are staff available to support people who are given permission to visit the local area with support so that they can make progress on their therapeutic journey more quickly.

Overall, most residents expressed that they feel safe and supported by staff and appreciate the efforts made to promote wellbeing and recovery. However, making sure that these units are well resourced to ensure staff are available to enable patients to feel supported to their recovery journey is paramount.



Staff feedback

As part of the Enter & View visit, three reception staff members at St Charles Mental Health Unit completed a short questionnaire to share their views on safeguarding, management support, and workplace safety. Staff were observed engaging with patients and visitors in a calm, professional, and compassionate manner. Their feedback reflected a clear understanding of safeguarding responsibilities and the importance of maintaining a safe, welcoming environment for all who attend the unit.

Do you feel your training adequately prepared you to deal with safeguarding concerns?

All staff agreed that their training had equipped them with the knowledge and confidence to identify and respond to safeguarding issues. They explained that the training includes practical examples and guidance on how to escalate concerns through the correct internal channels. Safeguarding is regularly discussed in staff meetings and risk management is a priority in this unit.

Are you confident that management would act appropriately if a safeguarding concern was to be raised?

Staff reported that they feel well supported by the management team and confident that any safeguarding concern raised would be treated seriously. They described management as approachable and responsive, noting that previous issues or concerns had been addressed promptly and transparently. Staff mentioned that managers encourage open communication and frequently remind staff of safeguarding policies, which helps build trust and accountability across the team.

Are there enough staff on duty in every shift to keep staff safe?

We noted the clear dedication of the long-standing members of staff that we spoke to whose extensive experience help to ensure that safety standards are rigorously maintained.

How often do you have safeguarding training?

All staff confirmed that safeguarding training is mandatory and refreshed every 12 months. They added that updates or additional guidance are provided when new policies are introduced or following any safeguarding incidents that highlight the need for learning. Staff also said that safeguarding is regularly discussed during team briefings and that reminders about procedures are circulated through internal communications.

Are there any areas where you feel safeguarding could be improved?

Overall, staff expressed confidence in the current safeguarding culture at **St Charles Mental Health Unit**, describing it as open, supportive, and well managed. They reported that safeguarding is viewed as a shared responsibility across all roles, and they felt their contributions to patient safety were both valued and recognised.



Summary and Recommendations

Key Strengths

- **Positive staff–patient relationships:** Interactions between staff and residents were generally calm, respectful, and supportive. Staff were observed engaging with residents in a compassionate manner, demonstrating patience and understanding of individual needs.
- **Commitment to safeguarding:** Staff displayed a clear awareness of safeguarding principles and felt confident in management’s ability to handle concerns appropriately. Safeguarding procedures are well established and discussed regularly in team meetings and supervision.
- **Welcoming environment:** We found all the staff we encountered to be professional, friendly, caring and efficient. Staff had taken the trouble to provide refreshments for us and to create posters to raise awareness of the date and purpose of visit and to encourage patients and their families to share their feedback with us.
- **Accessible leadership:** Managers were described by staff as approachable, supportive, and responsive when concerns are raised. This open culture promotes trust and encourages transparency in reporting. Healthwatch representatives were impressed with the clear commitment from managers and staff to improving the quality of service and the experience of patients in their care.
- **Staff training and awareness:** Staff confirmed that safeguarding training is delivered annually and supplemented by refresher sessions or updates following incidents or policy changes, helping maintain good awareness of procedures.

Areas for Improvement

- **Building Maintenance :** It was clear from our visits that building maintenance is an ongoing challenge which impact patient and staff morale and potentially the extent to which staff can deliver safely. More resources are needed to ensure that these acute services can be provided in an environment which are safe, clean and well maintained.
- **Improvement in Activity Schedule :** A range of activities are available at St. Charles and staff spoke about the provision for gym sessions and art workshops as well as the enhanced support available through the Culture of Care initiative. We recommend that, subject to the necessary funding being in place, activity sessions should not be postponed at the last minute and where possible, the activities programme should be codesigned with patients to ensure that it activities are meaningful and engage patients’ interest.

Overall Summary

St Charles Mental Health Unit demonstrates a strong commitment to patient safety. However, our concern is that building maintenance issues hamper staff from delivering the service they are committed to providing.

We are encouraged to see the level of dedication and care offered by management and staff and congratulate them on the considerable improvements to the environment achieved since our last visit.

Provider response

Having access to recreational activities on inpatient wards is crucial for service-user recovery, but can be difficult to provide in inpatient settings where staffing levels are challenged and immediate clinical needs take priority. In addition, recreational activity can get confused with “Therapy” particularly in the provision

of dignity, and respect through its approachable staff and transparent safeguarding culture.

In 2022 NHS England issued guidance on the "Culture of Care" standards, one of which revolves around "Things to do on the ward".

This guidance states that we should have:

- a clear, structured activity programme co-designed by people on the ward
- a range of patient-requested distraction and soothing activities
- opportunities for people to do things that matter to them, for example cooking, shopping, watching films, exercise, available 7 days a week
- service users participating in physical exercise every day and are encouraged to do so, by having the benefit explained to them in a meaningful way

In November 2024 CNWL submitted a business case to the NWL Integrated Care Board as part of the Inpatient Quality Transformation and Culture of Care to request additional funding to enable 7 day activities to become a reality. As of March 2025, CNWL has been awarded funding for the Riverside Centre at Hillingdon and St Charles Hospital in Kensington & Chelsea, to create additional roles to facilitate the 7 days a week activities.