



Ashurst Ward at Littlemore Mental Health Centre

Enter and View Report
April 2026

healthwatch
Oxfordshire

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Visit details

Service	
Service Name	Ashurst Ward
Service Address	Littlemore Mental Health Centre Sandford Road Oxford OX4 4XN
Service Provider	Oxford Health NHS Foundation Trust
Date and Time of Visit	17th February 2026 10am-1pm
Authorised Representatives	Amier Alagab Carol Ball, Tania Wickham
Visit Status	Announced visit
Contact details	Office F20 Elmfield House New Yatt Road Witney Oxfordshire OX28 1GT T: 01865 520520

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff; it is merely an account of observations and contributions made at the time of the visit.

About Healthwatch Oxfordshire

Healthwatch Oxfordshire works to make sure NHS and social care leaders, and other decision-makers hear your voice and use your feedback to improve health and social care services. We can also provide you with reliable and trustworthy information and advice about local health and care services. We are an independent charity.

What is Enter and View?



Healthwatch Oxfordshire gathers information on people's experiences of using health and care services. One of the ways we do this is by visiting places where publicly funded health and care services are being delivered. This enables us to see and hear how those services are being provided.

These visits are called **Enter and View** visits and can be announced or unannounced. In an announced visit we will work with the service provider to agree the visit. As the local Healthwatch for Oxfordshire, we have statutory powers under the Health and Care Act 2012, and Local Government and Public Involvement in Health Act 2007, to carry out Enter and View visits to local health and care services.

Enter and View visits are carried out by a team of trained and DBS checked volunteers and staff. We call these our authorised representatives. We use what we hear and see on the day of our visit to report to providers and others with recommendations to inform change for the health and care services we visit. Enter and View visits are not an inspection and will always have a purpose.

Purpose of the visit

- To observe how Ashurst Ward operates and provides its services.
- To collect views from patients and staff on the service.
- To identify 'Best Practice' and highlight any areas of concern.
- To report what we observe and hear about the quality of the services.

Strategic drivers

- These Healthwatch Oxfordshire Enter and View visits are part of a programme of visits to a range of services within Oxfordshire.
- These visits were planned and implemented in 2025 – 2026 with full support of Oxford Health.

Summary of findings

During our visit to Ashurst Ward we heard from three patients and six members of staff.

Signage and information



The ward was clearly signposted from the main health centre's entrance, which featured a secured building and a reception desk where staff were available to assist visitors as needed. Inside the ward, prominent signage and extensive displays provided information about mental health care and Trust services, including an information board with details about Patient Advice and Liaison Service (PALS).

The following information was on display:

- ✓ Ashurst physical health board
- ✓ Quality improvement board
- ✓ Thank you board
- ✓ Smokefree board
- ✓ Infection control board
- ✓ Patient's activities board
- ✓ LIO – patients' information
- ✓ Restricted items
- ✓ Psychology treatment groups timetable
- ✓ Physical health board
- ✓ Staff pictures
- ✓ Care Quality Commission report



The general environment



There was a welcome sign at the ward entrance, and big welcoming signage inside the ward upon entering.

Ashurst ward was spotlessly clean, tidy and well-maintained, reflecting the high standards upheld by the staff and management. There is secure access to and from the building. Upon arrival, all visitors are required to sign in and out. Inside, there is clear and thoughtfully placed internal signage to support easy navigation for

patients, visitors and staff alike, reducing confusion and enhancing the overall experience. We were made to feel very welcome with a thorough tour of the ward and introductions to the staff.

Ashurst Ward consists of 11 bedrooms. Each room is furnished with a comfortable bed, shelving, and a private en-suite bathroom that includes a toilet, shower and sink, providing patients with convenience and privacy during their stay. Patients have access to a personal safe with access via a key held by staff. The ward had a lounge with a television, table and chairs and comfortable sofa sets. There were toilets with a shower and bath in the corridors and there is a laundry room available. The garden had a calm atmosphere with seats and a table tennis table facility. The activity room is very well established and was in use on the day of our visit.

The atmosphere on the ward was surprisingly calm throughout our visit; even when some patients became upset, the staff remained composed and demonstrated clear expertise in de-escalation techniques.

On the ward there was a room set aside for de-escalation. However, during our visit, the two de-escalation rooms were occupied for a patient consultation.

The staff room was small and equipped with the safety boxes, sofa sets, information boards for staff and students.

There was no hearing loop available on the ward.

Patient and staff feedback



The ward had a calm and quiet atmosphere throughout our visit. The staff were friendly and open with the patients. We saw one interaction where a member of staff explained to a patient that they would come and see them within half an hour, and even though the patient was becoming agitated, the member of staff remained calm and professional.

The staff were clearly well trained and dealt with the patient with empathy and clarity.

The staff on duty were consistently friendly, welcoming and appeared very approachable, creating a warm and supportive atmosphere for the patients and calling them by their names.

During our conversations with patients, many expressed appreciations towards the staff members.

The patients we spoke to said in general:

'I like everything here, the staff are nice and kind and the food is good. The rooms are clean, but I can have my window open a little bit. I don't think there is anything that's not good, everything is fine. The staff are helping me, and I do feel respected I think you treat others as you would like to be treated.'

Overall, most patients told us that they felt safe in the ward and well cared for and appreciated the quality of attention provided by staff throughout their stay at the ward.

The staff team is highly dedicated, and the members we spoke with expressed that they felt well supported in their career development and training, which not only enhances their skills and confidence but also contributes significantly to greater job satisfaction and increases their likelihood of remaining in their roles for the long term.

Recommendations

- 📌 Install hearing loops in the ward to enhance accessibility for patients with hearing impairments.
- 📌 Provide and display clear information on how people can access an interpreting service.
- 📌 Continue to make effective use of any underspend to further enhance the quality of life for patients on the ward (for example, the sensory room).

Service response to recommendations

Response received by email from the Interim ward matron on 21st April 2026.

Dear Amier,

Thank you once again on behalf of Ashurst Ward for coming to review our service. We were so pleased to receive the report from Healthwatch which highlighted positive feedback and a few areas for development.

On review of the report, we can see that recommendations were:

- Install hearing loops in the ward to enhance accessibility for patients with hearing impairments.
- Provide and display clear information on how people can access an interpreting service.
- Continue to make effective use of any underspend to further enhance the quality of life for patients on the ward (for example, the sensory room)

In response to these recommendations, I can confirm that we are working on resolutions to ensure that we are providing the highest possible quality of care to those using and working within our service.

We have now received funding for the sensory room. We have decided to repurpose an old storage room and turn this into a sensory space where patients can de-escalate and benefit from the therapeutic environment. We have ordered a range of high quality and safe equipment to ensure that the sensory room meets the needs of our patient group.

We have clearly displayed information on how to access interpreting services. In doing so, our patients of whom speak alternative languages to English are able to express themselves confidently.

We have spoken to estates to discuss logistics of installing a hearing loop to enhance accessibility for those with hearing impairments.

Kind regards,

Dominique

Interim ward matron

Report

Methodology

When organising an announced Enter and View we follow the steps below:

➤ **Plan:**

- Appoint an Enter and View lead for the visit.

➤ **Communicate:**

- Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit and the name of the lead person.
- Prepare visit posters including the purpose of the visit, time and date, and dispatch these to the provider for display, so that people using the service are clear why the visit is taking place.
- Include information about how members of the public can contact Healthwatch Oxfordshire if they are not able to when the visit is taking place.

➤ **Prepare:**

- Prepare resources such as surveys and questionnaires.
- Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.
- Meet with the service provider before the visit.

➤ **Report:**

- On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 7 - 20 working days.

➤ **Follow up:**

- The final report is published on Healthwatch Oxfordshire's website and shared with the Care Quality Commission (CQC) and service provider.

The visit took place from 10am to 1pm on 17th February 2026, with three trained Enter and View representatives.

During the visit, the team were able to spend time observing the daily work of the Ashurst Ward, noting the general environment, such as cleanliness, comfort and information displays, and to speak to both patients and staff.

About Ashurst Ward



Ashurst Ward at Littlemore Mental Health Centre is a men's psychiatric intensive care unit (PICU) with 11 beds. They specialise in caring for people with a range of mental health challenges who, for a variety of reasons, may have difficulty in a standard acute mental health ward.

More details about Ashurst Ward and the services they offer can be found at the following link:

<https://www.nhs.uk/services/hospital/littlemore-mental-health-centre/>

Our visit



During our visit, we were welcomed by administrative staff at the reception and escorted around the ward by the Ward Manager, who explained about the ward. We had a tour of the building and then proceeded with the visit. On the day of our visit, we engaged with three patients and six members of staff.

Access and signage

The ward was clearly signposted from the main entrance of the health centre, where reception staff were available to guide visitors to their desired destinations. Following the signage, it was straightforward to find and access the ward directly.



The ward environment

All visitors are required to use the intercom to gain access to the ward, which is a secure environment. Once inside, the ward had a calm atmosphere, even with the high visibility of some patients and staff members. The staff were welcoming and actively engaged in friendly interactions with patients. Additionally, the ward remained securely locked, with visitors needing to sign in and out.

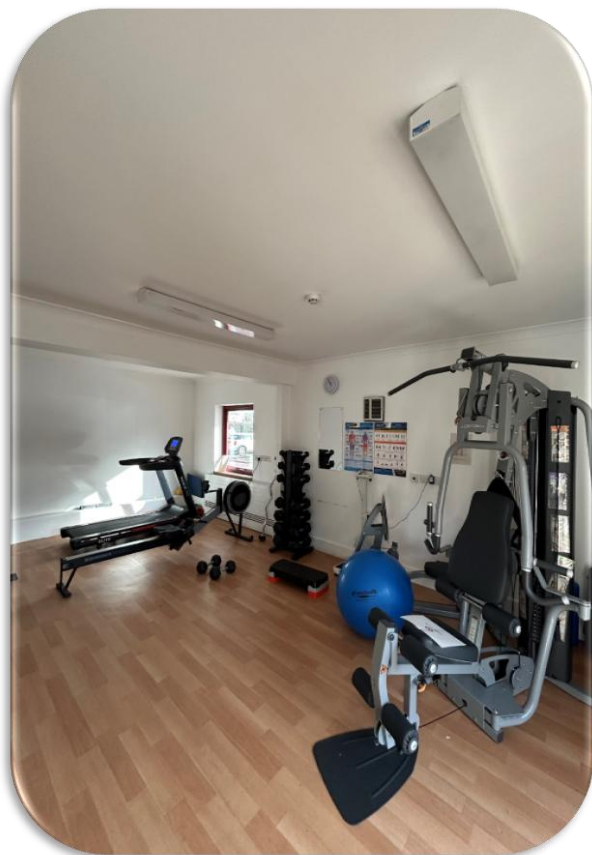
There was a monitoring device (**OXEVISION**) installed in each patient's room to help keep patients safe without interrupting them overnight - by giving staff a reading of

patients breathing rate and pulse. Patients are given a choice in this and are asked if they want the system switched on or if they would like it switched off only be monitored in person.

During our tour, the dining room was being cleaned whilst the activity coordinator assisted a patient in making pancakes to celebrate Pancake Day. Meanwhile, other staff members were updating the menu board with the meals planned for the day, and fresh fruit was placed on the dining room table.

The activities room appeared to be well-stocked with a wide variety of materials for different activities; during our visit, we observed one of the staff members playing cards with a patient.

We were told that some of the patients on the ward are neurodivergent and to support those patients the ward was converting an empty space into a sensory room.



Gym



Activity Room

The activity room is a vibrant and engaging space, thoughtfully designed to cater to a wide range of creative and therapeutic needs. It featured an array of equipment and materials that encourage patients to explore their creativity and participate in meaningful activities. The walls are adorned with pictures drawn by patients, adding a personal and colourful touch to the room while showcasing their artistic talents.

Beyond visual arts, the activity room offers a variety of other activities organised by the activity coordinators, ensuring there is something for everyone to enjoy. Some of the activities available include creative sessions, such as clay modelling, origami and arts and crafts, which allow patients to express themselves and develop new skills.

The patients on the ward with permission had access to a well-equipped gym, staffed by a qualified trainer. During our visit, we observed one patient using the gym who was actively engaged in exercise activities. The gym walls displayed useful materials, including information about the equipment and interesting facts highlighting the benefits of exercise. Additionally, feedback forms are available for gym users to share their comments and suggestions. The gym has recently been refurbished with some of the ward small underspend and looks like a good useful facility.



The garden

There are two garden areas: one leading off from the activity room and the other from the dining room. Both gardens are secure, but the fencing has been covered by murals

of woods, creating a real feeling of space and making the areas feel less enclosed. The garden featuring sports facilities such as a basketball hoop and a table tennis setup, which together provide a healthy and engaging environment for patients. Considerable effort has been made to create a welcoming and pleasant atmosphere in the ward, with some walls decorated with colourful stickers and paintings that add a cheerful touch. Inside the ward, cleanliness is consistently maintained, and the furniture in the dining room appears to be new and in excellent condition, contributing to a comfortable and inviting space for patients to enjoy their meals.

Cooking activities, like making pizza or fried rice, provide a fun and interactive way for patients to engage in practical tasks while fostering a sense of accomplishment. The lounge room also hosts seasonal and festive events, such as Halloween and Christmas celebrations, which bring a sense of community to the ward.

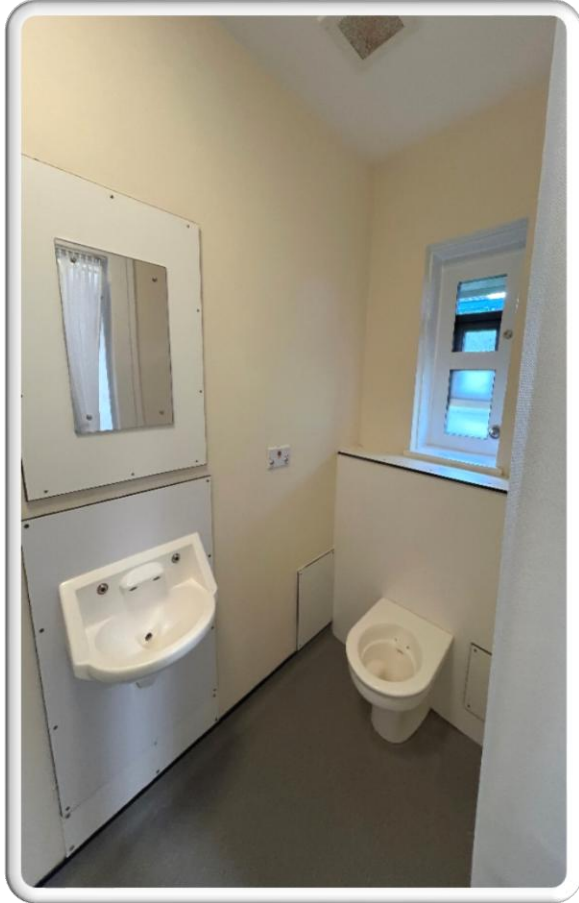
For those who enjoy physical activities, sports like basketball and football are available, along with indoor games such as chess and Monopoly, which encourage social interaction and strategic thinking. Relaxation activities, including yoga, meditation and karaoke, are offered to help patients unwind and manage stress. Additionally, personalised one-on-one chats with staff provide emotional support, helping patients cope with stress and build trust in a safe and supportive environment. This diverse range of activities not only entertains but also contributes positively to patients' overall well-being, offering opportunities for self-expression, socialisation and emotional growth.

Activities are available in the evening and at weekends as well as during weekdays as the ward has two full time activity co-ordinators.

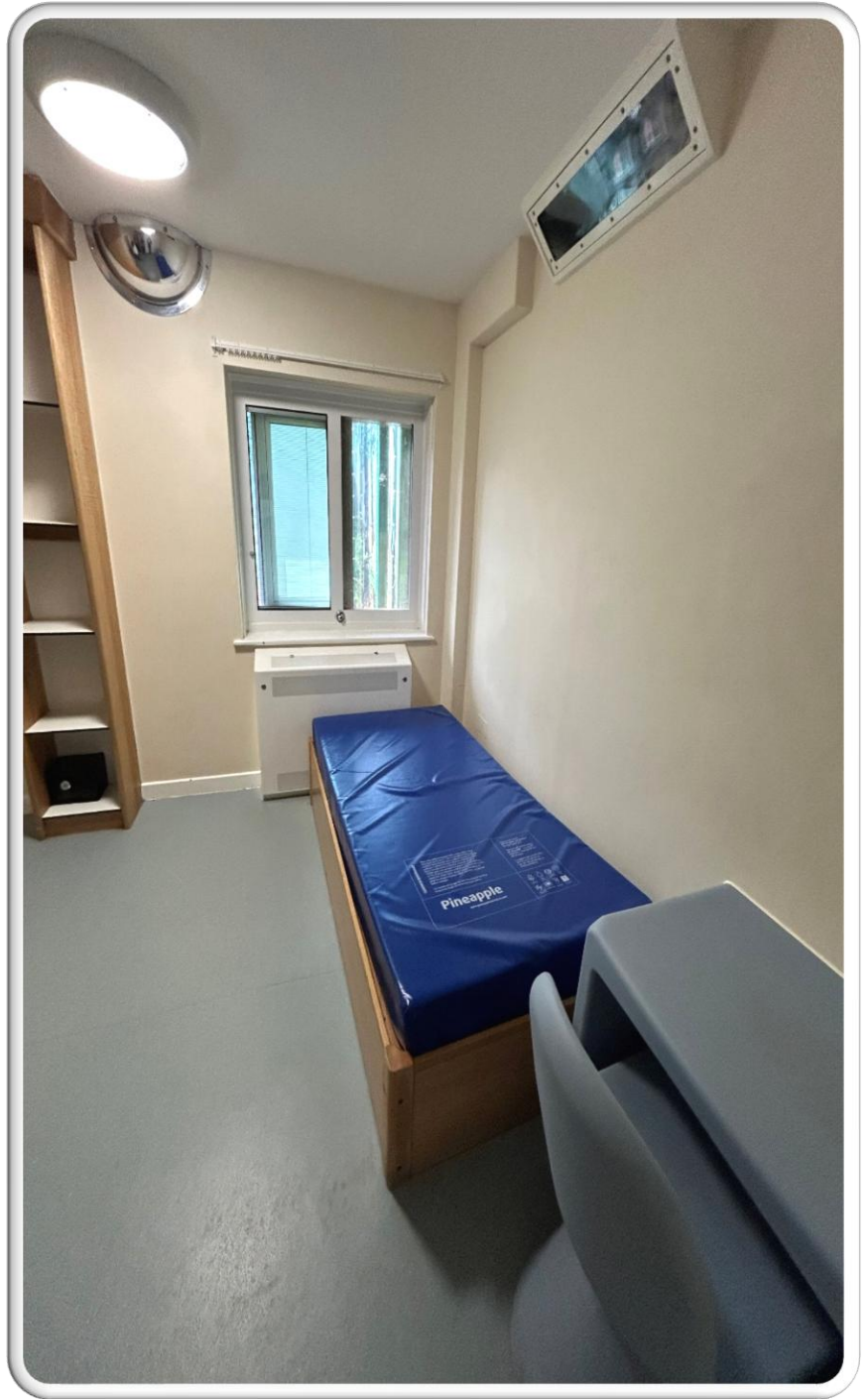


The lounge

The lounge was furnished to create a comfortable and inviting space, featuring a television positioned for easy viewing, several tables and chairs arranged to encourage social interaction and provide convenient surfaces for drinks or reading materials, a sofa that offered a relaxing spot to unwind, and a selection of books available for those who wished to enjoy some quiet reading time.



Toilet



Patient's room

The ward bedrooms, all of which were very clean and tidy, contained a single bed, a table, and chair and shelves, with en-suite toilets, showers and sink. Each bedroom is designed to ensure maximum safety.



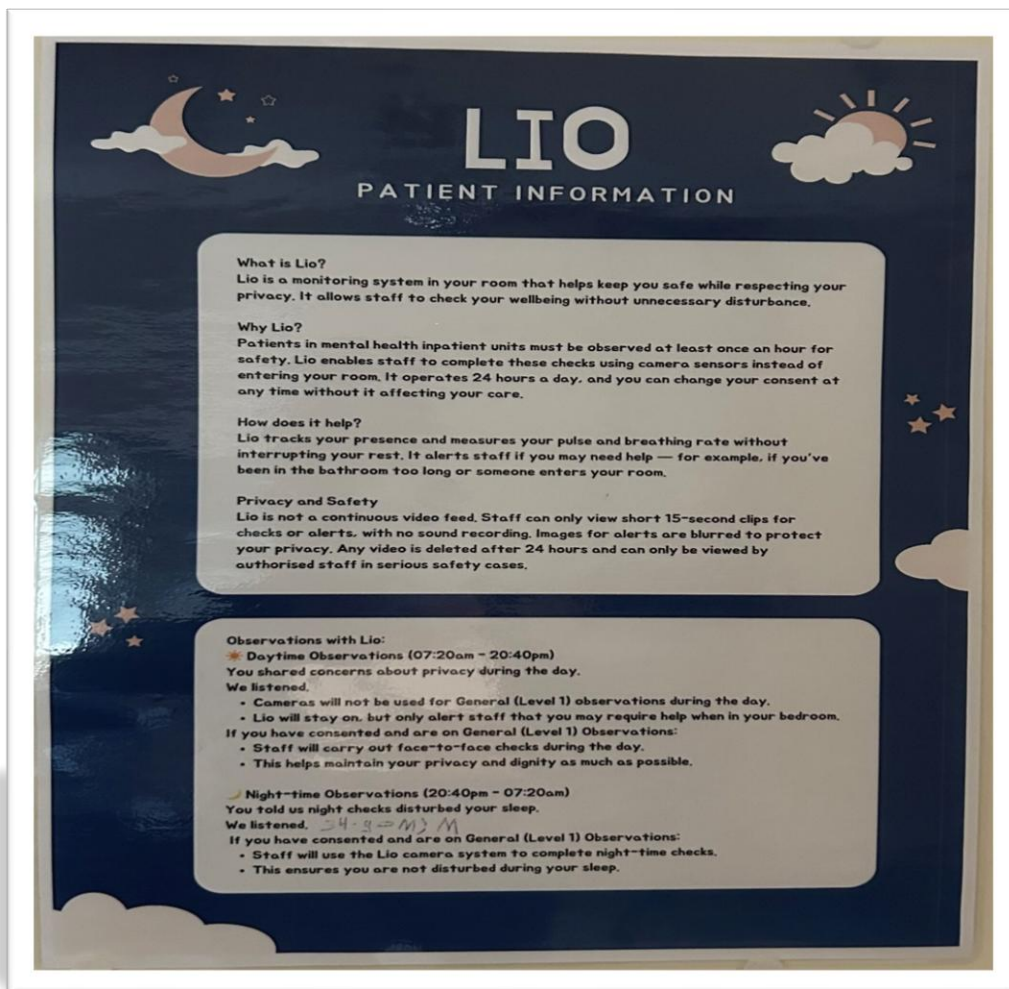
Dining area

The dining area is well maintained with information on display about healthy food.

Information on display

Ashurst Ward featured comprehensive informational materials and leaflets prominently displayed throughout the area, including a physical health board, patient activity updates, quality improvement initiatives, Smokefree guidance, LIO patient information, staff photographs, Thank you notes, infection prevention control protocols, a contraband list, and the Care Quality Commission (CQC) rating report. On the entrance to the main ward there was a television screen in front of the reception area which normally would have on display staff names, however, the television was being updated on the day of our visit.

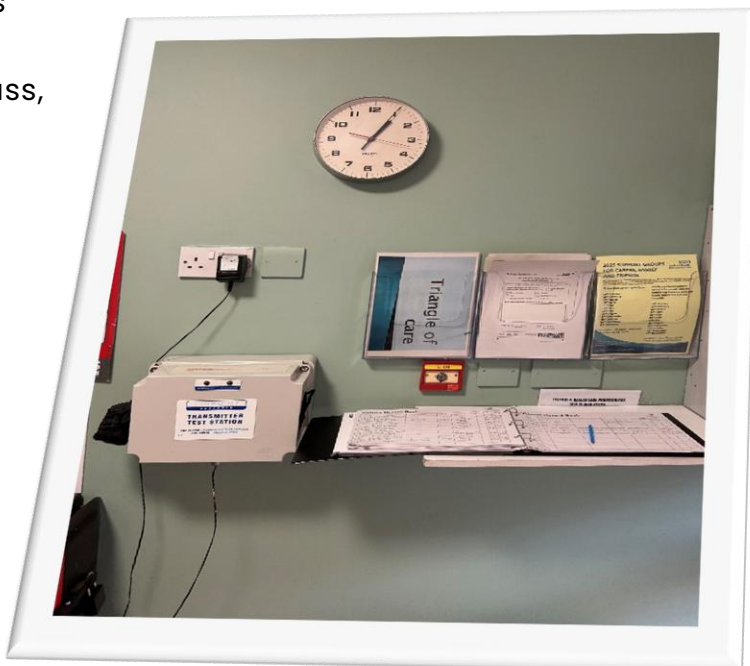
A clearly visible notice board displaying the contraband list of prohibited items was strategically placed around the ward to ensure awareness and compliance. Additionally, healthy eating information was showcased in the dining room, promoting patient recovery and overall wellbeing by encouraging nutritious food choices that support both immediate health and long-term disease prevention.



LIO is a monitoring system in the room that helps keep patient safe while respecting their privacy.

Contraband items are strictly prohibited to ensure the safety and well-being of patients, staff, and visitors. These items include anything that could be used to cause harm, such as sharp objects, glass, lighters, drugs or alcohol.

All visitors were required to sign in at the reception before entering the ward.



PSYCHOLOGY TREATMENT GROUPS TIMETABLE

Distress Tolerance Group

Aim: Build up skills to cope with distressing emotions at it's peak

Day & Time: Tuesday 2pm

Location: Assessment Hub

Substance Misuse Group

Aim: Facilitated by Turning Point to offer support with Substance Misuse (invite only)

Day & Time: Thursday 11am

Location: Assessment Hub

Psychosis and Unusual Experiences Group

Aim: To learn and share different perspectives of unusual experiences and coping strategies (invite only)

Day & Time: Friday 11am

Location: Assessment Hub

Tree of Life Group

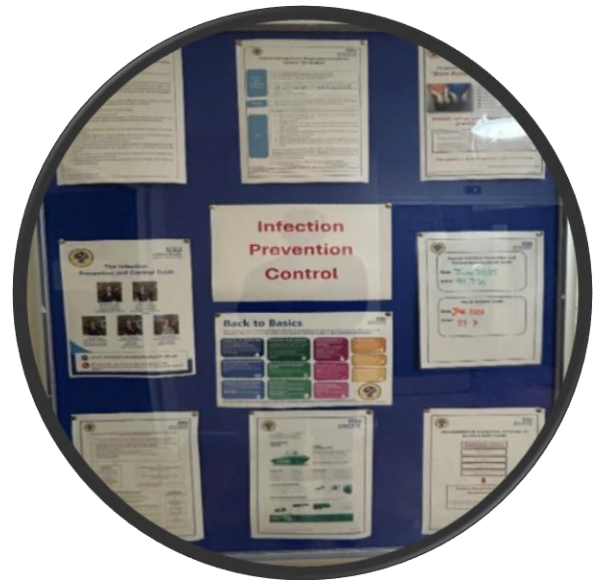
Aim: A workshop focusing on telling your story thinking about parts of your life that is important to you and your identity

*This group is still in the planning stage and we hope to get started with it soon

If you have any questions about any of the groups, please speak to the psychology staff on the ward



CQC report

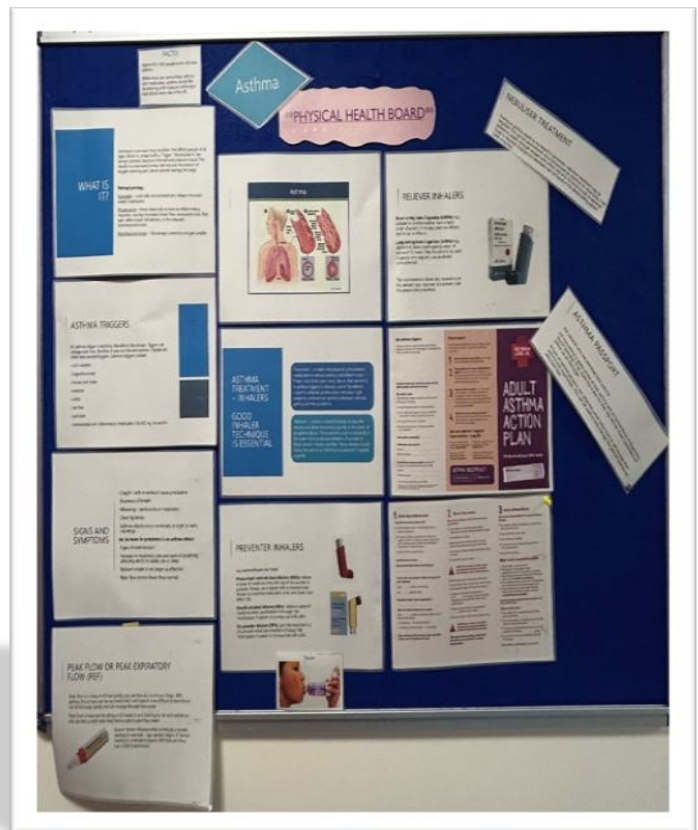


Infection prevention control

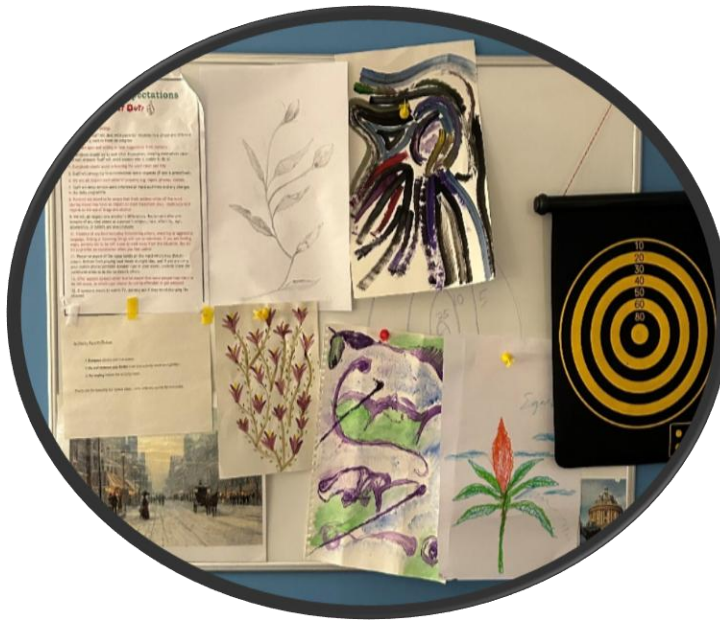
There were many resources available on display to help support people to successfully manage their recovery. There was also an infection control board on display and Care Quality Commission (CQC) rating report, "Your feedback helps us grow" and physical health board.



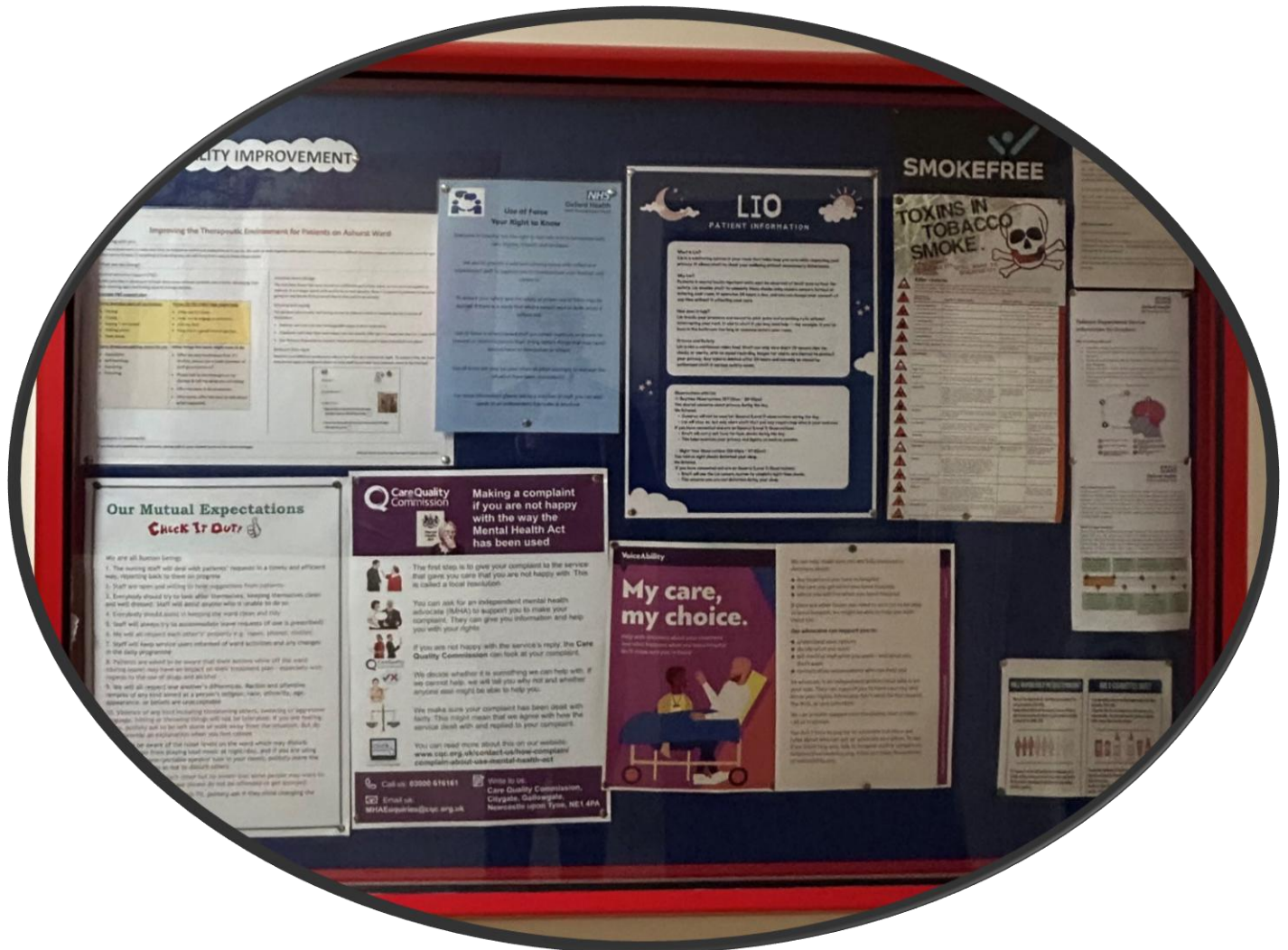
Your feedback



Physical health board



Patient's activities



Quality improvement board

During their stay in the ward, patients participated in various creative activities, producing pictures and artwork that were displayed around the ward. This artwork not only highlight their talents but also provide a meaningful outlet for self-expression and emotional well-being. The displays create a welcoming and positive atmosphere, reflecting the patients' progress and fostering a sense of accomplishment during their recovery.



Thank you board

Summary of patient and staff feedback

Patients feedback

During the visit to the Ashurst Ward, we spoke to three patients.

We asked patients to tell us about information provided in the ward. The patients said they were aware of the services available and why they were on the ward. We heard praise for the efficiency of the service provided and the staff.

Some patients noted that they could not take in information on arrival, if they were unwell – perhaps highlighting the need for ongoing communication and information throughout their stay. What we heard from patients included:

'About three weeks, I was transferred from another ward. I was told what was happening, but I didn't really take it in at the time.'

'I do have a care plan, and I have a copy, but I don't remember being involved in its planning and I know my visitors when they come, they have been talking about my care plan.'

'I have been here about five days, I wasn't given any information about the ward, but I've been here before, so I pretty much knew what to expect.'

We asked patients “when speaking with health and care professionals, how involved were you in your care plan? If you had any concerns, were they listened to?”

They said:

'I have a care plan. I did feel listened to but I'm not sure what is in my plan as I think I've only seen it once. I know all about my medication and I take it every day; I know what each tablet is for. If I'm worried, I know I can talk to anyone, I have someone with me all the time at the moment.'

'I haven't seen my care plan but there is one - think I'ts normally shared on a Wednesday - but I haven't seen it yet. I know about my medicines and the care I will have whilst I am here. To be honest it's been a bit hectic, but I am settling in now, I could do with speaking to someone, and they have arranged for me to speak to a psychologist tomorrow.'

We asked patients about the advocacy service and if they knew how to contact them. We heard:

'There is an advocacy service I think it's called Voiceability to be honest I found them bit unhelpful they do come here weekly, but yeah, they were just not very helpful.'

'I feel safe here, probably safer than I feel on the outside, I know how to complain, there is lots of phone numbers around the ward and Voiceability came and they come on to the ward weekly and I have met them.'

'I met the people from the advocacy service as they came to see me last week.'

We asked patients whether they feel able to speak to someone if they have concerns or worries, and if so, whether they know who to speak to. We heard:

Patients appreciated the care and support provided by the team members. The patients we spoke to said:



'I do feel able to talk to the staff here sometimes it's a bit noisy, but when it gets a bit noisy, I just go to my room at the moment and planning to go home but before then I'll step down to Vaughan Thomas and then will plan my going home.'

'If I'm worried, I know I can talk to anyone, I have someone with me all the time now.'

'I could do with speaking to someone, and they have arranged for me to speak to a psychologist tomorrow.'



When we asked the patients if they knew about how to give feedback and complaints we heard:

'I'm not sure how to give feedback.'

'The staff are really helpful I feel that I could make suggestions about activities and things if I want to and to be honest, I will feel comfortable talking to them and giving feedback. Sometimes I don't feel entirely safe here as some of the other patients are really unwell and some patients lift chairs and can be a bit aggressive. It is comfortable and the food to be honest isn't too bad get meals on a regular time which is really good. If you use the music room and I'm looking forward to creative writing does not use the

garden yeah, but I have used it last time I was here. As I said the activities, there is a choice of activities, and I do think if I wanted to do anything in particular, I could ask and I think that they would be open to that can't go in the garden never want to just haven't done it yet.

We asked the patients about when leaving the ward, what support they will have and who from? They said:

'I am waiting for my accommodation as the previous one didn't meet my needs. I was updated about this yesterday my life is a bit up and down. I do want to go home once I am better.'

'I'm really not sure what will happen when I leave Ashurst, but I think it's too early to be planning for that because it's just too early because I've only just got here. I think I haven't had any carers or family involved but before I came on to the ward Age Concern were really very helpful.'

We asked patients on the Ashurst Ward to tell us what it is like being here, what works well and what isn't working well? We heard:

'It's heaven, no I really mean it. I like everything here the staff are nice and kind and the food is good. The rooms are but I can have my window open a little bit. I don't think there is anything that's not good everything is fine. The staff are helping me, and I do feel respected I think you treat others as you would like to be treated. The cleanliness is 50/50 as I like everything to be clean. Every day at 10.15am I find out what is happening on the day, today I have made pancakes. There are lots of things to do but I haven't used the music room, but I don't really know where it is. I can't use the gym as I am not allowed at the moment as I am not at level 2 yet. The garden is really nice.'

'The ward is absolutely heavenly I like it here it would be really hard to leave and miss the staff and I'll even miss some of the patients I'm waiting for a bed in Vaughan Thomas ward which will be better because I'll have more freedom there it would be less restrictive and I should be able to spend more time in the garden.

I don't use the garden as a garden, but I like to play football and on Vaughan Thomas ward they had artificial grass the activities here keep you very busy. I've got psychology this afternoon there's lots to do even did some karaoke which was really good fun. The food is great can be a little bit repetitive I think I'd probably like more of choice of healthy foods more rice and vegetables not as many carbs.'

We asked the patients if they have anything else to add? We heard:

'The staff are really helpful.'

Staff feedback

On the day of our visit, we received feedback and comments from six staff members representing a variety of roles. Staff demonstrated a positive approach to their work, in their interactions with patients, and the quality of care they provide. This shared optimism contributes to fostering a supportive and friendly atmosphere within the Ashurst Ward.

Furthermore, every staff member confirmed that they had completed the necessary training to carry out their duties effectively.

What is the best thing staff said about the job?

Staff indicated that they are satisfied with their jobs and value interactions with patients. We heard:

'Seeing patients recover, seeing the team enjoy their jobs and progress.'

'Meeting people who are at their worst in the mental health episode and treating for their recovery.'

'Watching a change in the patients' lives, you see them come in unwell, watch them get better and see the difference.'

What are the challenges staff raised?

We inquired about any frustrations, difficulties or challenges staff may encounter in their roles and the services they deliver. The feedback we heard included:



'Bed pressures and not being able to step down patients quicker.'

'Violent and aggressive patients declining treatment.'

'Balancing clinical role and leadership – other wards have vacant posts so I'm required to cover some of this, need to prioritise things.'

'At times, due to staff dynamics and bed pressures, I find it difficult not being able to support patients when they are due for discharge.'

'Bed flow issues.'



We asked staff if they would raise concerns? We heard:

'Yes, I do feel heard by my seniors.'

'Yes, my management are supportive throughout my years here I have felt supported with every concern raised.'

'Yes, I'm part of the ward leadership team and feel able to make suggestions.'

'Yes, I once suggested that a patient be stepped up from level 3 to 4 due to risk of fall and the patient was immediately stepped up.'

We asked the staff about how they liaise with the Mental Health team in the community after patients have been discharged. We heard:

'Patient flow meetings, discharge CAPS, outreach meetings, crisis support. Family involvement.'

'Gathering collateral information. E.g. On functioning in the community. Where possible setting up community activities, structure and handing this over. (This is more likely to be done when patient steps down to acute ward). Focus is on functioning structure, needs after discharge and addressing this on the ward.'

'We involve them in ward round meetings weekly, inform them of administrations/changes. When discharged crisis/community team get involved. They are informed and things are in place before discharge.'

We asked how staff thought the Ashurst Ward and service they provide could be improved? We heard:

'Patients remaining in the ward for longer than necessary they can step down to acute ward, some patients stay for an extra four to eight 8 weeks after not needing PICU.'

'Yes, more sports for staff and patients. More sports and activities on the main ward other than the gym.'

'Better patient flow - complex issue, funding social care, housing, reduced cost, considering better exchange / swap of patients.'

'Better staffing.'

'I have found changes made on the ward recently very productive. I'm also aware bed pressures are something that can't be changed and is not a representation on Ashurst ward.'



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If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:

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