

Enter and View Report

**Newport House at St George's Hospital
Forensic Mental Health**

10th March 2025



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 10th March 2025

Service Visited:

Newport House Forensic Mental Health Unit Open 24/7 365 days a year.

St George's Hospital, Corporation Street, Stafford. ST16 3SR

Tel: 0300 790 7000

Review Method:

This visit was done jointly between Midlands Partnership Foundation Trust, who were conducting an internal quality visit, and Healthwatch Staffordshire who were conducting an independent Enter and View. By combining the visits, the aim was to gain a comprehensive view of the service with minimal disruption to operational delivery.

An overview of the service was given by the Quality Lead for the Hatherton Unit and the Manager of the Newport Ward, followed by a tour of the ward. The four members of the Review Team then each concentrated on one area of the service. Healthwatch and the QSAV Programme Lead spoke with a service user. Other members of the assessment team spoke with staff and viewed the record keeping and medical aspects of the ward. At the end of the visit the Review Team met with the Quality Lead and Ward Manager to provide initial feedback.

Both Healthwatch and the MPFT Quality Team are producing their reports individually and this report is an independent view from Healthwatch. Thanks go to all MPFT staff who made us welcome and participated in the process.

The Review Team:

The review team were:

- Emma Ford, Engagement Officer for North Staffordshire, Healthwatch Staffordshire
- QSAV (Quality Standards Assurance Visit) Programme Lead, MPFT
- Non-Executive Director, MPFT
- Clinical reviewer

Service Outline:

The Ward Manager and the Quality Lead for the Unit gave the following information about the Unit:

The Hatherton Centre is a medium secure mental health unit solely for men aged 18-65 years. However, as there is no older person's forensic mental health centre, older people may be admitted. Hatherton consists of a complex of four wards, and each ward is a progression from the previous one. The pathway is often Newport (Intensive Care Unit), Ashley, Radford, and then Norton, but this is not always the case.

The average length of stay on the complex is around 4 years, although it can be up to 15 years, with the minimum stay being 3 months. The Hatherton Centre currently has patients who have been there for 7-8 years.

Newport House is the Intensive Care Unit (ICU) of the Hatherton Centre. It has 8 en-suite rooms, of which 6 are currently occupied. Staff attempt to leave two rooms vacant in case of an emergency admission from police custody or the courts. People may also be recalled from the community if they have relapsed. Most admissions are planned as they will have been referred by the consultant psychiatrist who has assessed the patient in prison. Patients may also be admitted from Norbury, the acute ward at the main St George's Hospital. If someone's condition is deteriorating elsewhere in the Centre, they may also be moved to ICU. Once admitted patients tend to have a 12-week assessment and be stable, before moving on to Radford House or Ashley House.

At the time of the visit the ward had staff vacancies, and we were told that a lot of Bank Staff are used due to the number of patients requiring observations. Patients being observed are given as much privacy as possible.

We were told that staff involve patients in their care as much as possible, as if this didn't happen patients wouldn't start to recover. Patients attend their own Multi-Disciplinary Meeting (MDM), have one-to-ones with staff and the ward holds a community meeting every Tuesday, where patients are asked to plan the next weeks activities. The Hatherton Centre holds a Patient Forum every two weeks which representatives from each ward attend (a

peer recovery worker may attend on behalf of patients on ICU if there is no patient well enough).

The lunch time meals are the same as those provided to the rest of the hospital. Evening meals are mostly sandwiches, although there are jacket potato and pizza days. Special dietary requirements, such as halal food, are provided. A take-a-way is ordered every Saturday, each time chosen by the patients at their Friday Community Meeting. Patients are only able to choose from providers who are rated '4' or above for food hygiene.

Patients with kitchen access can make their own hot drinks, otherwise staff will do this. Patients are also able to access fruit, yogurts, toast and biscuits throughout the day. Each week staff carry out a 'culture shop run' to World of Food in Stafford, and an 'Asda run'. Patients are allowed to request 5 food items and 5 toiletries. Patients can make snacks from the food they buy, i.e., ham sandwiches.

There is no Spiritual Room on the ward, but for those with permission to leave the ward, they can access the Room situated in Radford House.

Patients on forensic units must be offered 25 hours of meaningful activity per week. It is up to the patients whether they accept this offer. Included in this is the treatment they receive. Other activities include access to the onsite gym and craft room (based in the Sandon Building). We were unable to view these facilities on the day due to time constraints. Each ward has its own 1 ½ hour per day in the gym. Gym use is agreed in MDMs and the gym team then carry out an assessment. Patients are encouraged to use the gym as it is a form of release. For patients who are not allowed off the ward, the gym team will prescribe them an exercise programme to do on the ward. Basic cooking can be done on the ward, but more in-depth cooking sessions take place in the Sandon building.

Patients are allowed personal items, but this is assessed according to how ill the patient is. Patients on this ward are not allowed mobile phones due to their vulnerability. Patients do have access to a telephone in the staff office, and there is also a cordless 'phone which provides more privacy. However the cordless 'phone is currently broken.

The ward has film nights, and an X-box can be installed in the communal area. Staff have the remote controls for the TVs, but patients are allowed to watch what they choose.

Patients on the ICU can be granted leave, but it depends where they are in their recovery. Leave must be authorized by the Ministry of Justice (MOJ). Once granted, the ward determines the form of the leave. The MOJ must also be informed if a patient is moved to a physical health hospital, or if they take alcohol or drugs, in which case the right to leave would be removed.

If a patient would like a visitor, they must tell staff that they would like a person to visit. This is then approved at the MDM. The visitor will then be sent a visitor pack. Visits last for 1 hour, and video calls are used if families live far away. When the visit is taking place, two members of staff will sit outside the room. There is no visitors' room on the ward, so the one in the Sandon building is used. One patient has a visit from their dog, so the visit takes place in a room in the reception area of the Hatherton Centre.

We were told that there are patients whose first language is not English. In these instances, interpreters attend MDMs. Translation for the one-to-ones that patients have every day with staff, is via the telephone translation service. Staff said that they prefer to use in person translators, but as a current patient's needs are so high, the telephone service is preferable. Google translate is also used.

Observations:

To enter the wards of the Hatherton Centre, you must walk through the main reception. This leads into a communal garden that can be accessed by all wards. The garden had ducks, a basketball hoop, and a poly tunnel where vegetables and herbs are grown. The garden is managed by the Hospital's Estates Team and at the time of the visit looked slightly messy. Newport House is then accessed through a locked door. On entering the Newport House area you are greeted with a further garden, solely for the use of patients on this ward. Access is restricted to daylight hours, and

anyone accessing it must be accompanied by a member of staff. The garden contained garden furniture, a basketball hoop, and we were told that the ward has their own garden skittle game. Again, this garden is managed by the Hospital's Estates Team and looked slightly neglected.

On entering the building, you are greeted by a small foyer and can view the communal area through a large window. Staff names and photographs are displayed in this area due to the ward being an ICU.

To the left of the entrance is the communal area which houses two tables, and their chairs. These tables are used for activities as well as eating meals. The day's newspapers were on the tables when we visited.

The windowsills contained paper plants that patients had crafted, and there were also some crafts relating to Ramadan displayed. The walls displayed a picture chart of the patient's journey, showing them the progress they are making when they move between the wards. There was also an activities board showing the activities that patients have chosen to do each day. Beside this was a 'feel wheel' where, as part of the daily community meeting, patients say how they are feeling.

Moving on from the communal area there is a corridor that houses 4 en-suite bedrooms. At the end of this corridor is a 'low stim' room. This consists of a bedroom opposite a room with chairs and a TV in. These two rooms can be separated from the main corridor by closing a door, hence giving peace to a patient who finds the activity on the main ward too much. At the time of our visit the room with chairs and a TV in was being used by the staff, as the patient in the bedroom opposite did not need a 'low stim' environment. Staff needed this space as there are few areas on the ward for staff to go. For example, there is no space to deliver psychology sessions.

On moving back to the ward entrance, you continue onwards, past the main living area with window seats and comfy chairs, to the second corridor, which mirrors the first corridor in the number of beds and 'low stim' room.

This corridor has the addition of a Seclusion Room for patients displaying extreme violence. The room has an interactive technology board where patients can draw, play games and listen to music. Anyone staying in this room is continually observed from the adjoining room by two members of staff.

The same corridor also houses the ward's laundry room. Patients are assessed and given permission to do their own laundry once they are well enough. The opening hours of the laundry are limited due to its proximity to the bedrooms.

Service User Experiences:

During our visit we saw 4 patients in the communal areas, and 1 patient was at the gym. One patient was offering sweets and biscuits to everyone.

We were able to speak to one person who had personal concerns which were fed back to the manager at the end of the visit. They also had the following feedback:

Staff – Some staff are really good, some are not. Some staff will blank them. Patients can hear the night staff talking and this disturbs those sleeping. We fed this back to the Manager who said she will remind night staff. The Ward manager is visible and approachable.

Activities – Staff do try and engage them in activities but colouring in reminds them of hospital. They would like more educational activities about medication and other illnesses, and they would like these to be the personal experiences of other patients.

Vapes – They would like to be allowed more than two vapes per day. The person said a chat or a vape may prevent some people from being placed in seclusion. We fed this back to staff who said the vape limit was MPFT policy.

Food – This is not too bad, but not the best. They would like more variety as it feels like they have the same meals every two weeks.

Telephone access – We should have a booth so you can hear the 'phone and not the TV. Some staff will walk into the room when you are on the 'phone. We fed this back and were told that this is because the only 'phone is in the staff office, which contains confidential information, so patients cannot be in there alone. The Manager said the ward do have a cordless 'phone, so people could have private calls, and that she had asked for it to be repaired but it hadn't been done. We recommend that the Trust make repairing and maintaining the phone a priority.

Care Plan – The person said they had not seen their care plan, and didn't know what it contains. The Manager said they will investigate this.

Summary and Recommendations:

The delivery of the service could not be faulted, and the staff we spoke with were passionate and knowledgeable. Our observations are –

We recommend that manager reminds staff that it is important to patients that staff speak to them. We also recommend that the manager reminds the night staff to keep noise to a minimum so as not to disturb those sleeping.

We recommend that staff ask patients if they would like more varied activities.

We recommend that staff ask patients if they would like the menu to be repeated less often, and for the ward representative to take this feedback to the centre's Patient Forum.

We recommend that the Trust make repairing and maintaining the 'phone a priority.

We recommend that the Manager ensures that all patients have seen their care plan.

Next Step

The report will now be published on our website for the public to read and copies will be forwarded to MPFT QSAV Team and shared with the Care Quality Commission (CQC), it will also be added to the next Healthwatch E-Bulletin.

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 residents, relatives and staff, only an account of what was observed and contributed at the time of this visit. We would not note or comment on any formal complaints that are ongoing to ensure the following of procedures.