

# Enter and View Report

**Radford House at St Georges Hospital  
Forensic Mental Health**

10<sup>th</sup> March 2025



**Healthwatch Staffordshire**

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

## Service Visited:

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

St Georges 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 Radford 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 spoke with service users. 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.

People often move between wards and staff know who is ready to move on, so that when they need to admit someone from Newport or Ashley wards the process is easier. Staff talk to patients a lot before they are moved and set expectations for them. Sometimes if people's needs are becoming worse, they may be moved back to a previous ward.

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. There are current patients who have been there for 7-8 years.

Radford House is a rehabilitation ward, and the largest of the Hatherton Centre with 16 en-suite rooms, all of which are currently occupied. Most service users will have stayed on other wards within the Centre, as the ethos is about progression. In rare cases people will be admitted to Radford directly from prison. The Radford Ward will also receive patients to be assessed but then returned to prison.

At the time of the visit the ward had three staff vacancies, and we were told that a lot of bank staff are used. Many bank staff work regularly on the ward, and many employed ward staff pick up extra shifts. The ward also recruits staff from the bank.

Nurses complete one-one work with patients on such areas as substance misuse. They also carry out the medication rounds. Patients can access the dentist based at Stafford Civic Centre. Opticians visit and patients have access to a GP and physiotherapist. The Speech and Language Team also assess patients' communication needs.

The evening meals provided are the same given to the rest of the hospital. Lunch time meals are mostly sandwiches, although there are jacket potato and pizza days. Special dietary requirements, such as Caribbean and halal food, are provided. Someone from the catering team attends the ward's Patient Forum once a fortnight. The ward has food 'taster days' and menus are changed because of patient feedback. For example, portion sizes were increased. 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 '5' for food hygiene.

The ward also has a kitchen, and patients are encouraged to cook their own food. Ward staff also do Asda 'shop runs' where they buy food that patients have requested. Patients also do their own laundry.

There is a Spiritual Room outside the ward, but in the Radford Building, which patients can use. This room includes washing facilities for religious purposes.

Patients mix freely on the ward, although some relationships do have to be monitored by staff.

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, which are 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.

The staff help to support some patients through the court process. Patients are also referred to ASIST, the advocacy service, with whom they have a good relationship. Advocates are also invited to join ward rounds. Patients are also able to meet privately with their solicitor.

Patients can be granted leave, but this 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.

Some patients struggle with going out into the community, so leave starts slowly with patients leaving with two members of staff and only going inside the hospital grounds. Leave is reviewed after two weeks. Every patient has a psychologist, and they attend groups where they talk about going out and the anxiety that may surround it. Additionally, the ward now has access to a Virtual Reality (VR) Headset that has various scenarios, such as a shop, on it. An actual shop was filmed for use on the Headset and patients suggested the different locations. This Headset can also be used to show patients the new ward they are moving to.

One patient at a time is allowed on leave, although this does depend on the staff available. Patients request their leave for the next day at the Community Meeting. On the day of the leave patients must be up awake and up for the ½ hour prior to the leave, and staff must know how long they intend to be out. If they have been involved in an incident 24 hours prior to the leave, permission will be withdrawn. If a patient is going on unescorted leave, they will be searched on the way in, this includes the use of a metal detector. Unescorted patients are not allowed to bring open pop bottles back onto the ward. Should a patient not return the police are alerted, but this rarely happens. Patients may also be granted unescorted leave home.

Patients are allowed access to a basic mobile phone that only has the facility to call and text.

If the person's visit takes place on the ward, patients must tell staff that they would like a person to visit. This is then approved at the Multi-Disciplinary Team (MDT) meeting. The visitor will then be sent a visitor pack. Visits last for 1 hour, although allowances will be made for families who live further away. When the visit is taking place, two members of staff will sit outside the room. Although there is a visiting room on the ward, if children are visiting, the visit will take place in a room in the reception area of the Hatherton Centre. However, we were told that if a person has leave, the ward prefers patients to meet their visitors out of the hospital complex.

When a person is ready to be discharged, they may return to prison, their own home, locked rehabilitation, open rehabilitation, supported accommodation flats, or be transferred to a medically secure community unit and the FIRST Community Forensic Team ([Forensic Intensive Recovery Support Team](#)).

## **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 estates team and at the time of the visit looked slightly messy.

On entering the Radford building you are greeted with a pleasant foyer, with a fishtank, a painting on the wall, a nice smell, carpet, and a poster providing the details of the Samaritans.

Once we went through the ward door we were greeted by a large, bright communal area. Activities available included a magnetic dart board, pool table, table football, a large television, and exercise bike. Off this area there are doors which open onto the wards own garden, which has benches and tables. The garden can be accessed during daylight. We were told that the ward has been granted charitable funds to pay for planters in this garden. Patients also use the polytunnel in the communal garden with STR (Support Time Recovery) workers. There were two staff observing patients in this area.

We were told that the music channel is mostly on the television, although the ward does have film nights. Patients are also allowed a TV in their room.

Elsewhere in the communal area there was a drinks station and sink, which patients look after. Near to this were tables and chairs with the day's newspapers on.

On the walls were a notice board (which advertised the local Parkrun, circuit session, a 1-mile walking group, men's health groups, and had a physical activity timetable), and the photographs of gym and ward staff, together



with their likes and dislikes and life mottos. We were told that information on the notice boards can be provided in other languages. As there was a patient whose first language wasn't English, we asked about this further. We were told that interpreters are present in MDT meetings and can be booked for one-one sessions if enough notice is given. As well as in-person, interpreters can also be accessed via the phone. The hospital's translation service can also translate items for the ward.

The ward holds a community meeting at 7pm each day. This is when patients ask for community and ground leave. Staff compile a rota for the leave, and it is placed on the notice board for patients to see.

From the communal area there is a kitchen and laundry room. The kitchen is locked, and patients are only allowed in with a member of staff. Patients can cook their own meals in here and have the use of an air-fryer and microwave. The cooker is out of use as the ward was due to have more acute patients. As this has not happened, use of the cooker will be reinstated. There is a food store on the ward where patients can store their own food.

There are two corridors off the communal area, each housing 8 en-suite rooms. Along the one corridor we viewed there were paintings done by the patients on the walls. Patients are allowed personal items in their room, but there are restrictions. Patients are unable to attach items to bedroom walls due to infection control.

## **Service User Experiences:**

We were able to speak with two patients, with a further two not wanting to talk with us.

Regards staff – They are helpful, good, nice people, listen to us, try best to help, I think if I told them I didn't like something they would change it. They do the best they can do with the situation. Staff have helped me to recover, being around people who care for me. Lovely staff, a lot of staff stay around. Some agency and bank don't engage as much as regular staff, they seem to be here for their salary, but these staff tend to only be here a couple of times a year.

We were told that interaction from staff is important to patients, for example some regular agency staff will play pool with patients. We were also told that agency staff are limited in what they can do, for example allowing access to the Sharps cupboard.

Food – Normally sandwiches but do have jacket potato and pizza days. We don't have to pre-choose meals, for example we are given a selection of sandwiches to choose from on the day.

Activities – they help me occupy my time in meaningful manner, we have bingo, I am learning a new skill, and a member of staff helps with this. Another person was learning a new skill in his internet sessions. 'I have an exercise mat in my room and could also have floor-based exercise bars.'

Living conditions – staff don't make you get up at a certain time, and there is no 'bedtime' although the pool balls and cue are put away, and TV is turned down, at around 9.30pm. There is no 'you can't do this and you can't do that'. It's relaxed and homely.

What one thing would you change – Everything is ok as it is. 'I would like to go to the gym at 7am again and have afternoon sessions, but I understand why we can't. Gym times alter quite a lot.' We fed this back to the Ward Manager who said this is because the requirements of other wards impact on their gym access. They also said if someone is available who can support people to go to the gym, staff will.

## **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 –

There is no forensic service for people over the age of 65 years, so the wards have patients who are over this age. We were told that this can be an issue as the older people get, the more physical health needs they have.



There were gaps on the wall where the photos, and likes and dislikes, of staff were. We recommend that the Manager checks that all staff are included on this wall.

We recommend that the Manager continues to ask for use of the cooker to be reinstated in the patient kitchen.

We would recommend that agency and bank staff are told how important it is to patients that they interact with them.

We recommend that Managers look to see if additional gym access can be granted to those who want it.

## **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 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.