

# Visit to St Andrew's Healthcare, Northampton - Stowe Ward

September  
2019



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# Visit summary

St Andrew's Healthcare is a charity providing specialist mental health care based in Northampton. It is impressive in size as it provides a service for approximately six hundred patients. Its landscape is both scenic and well maintained, appearing rehabilitative in nature. During our visit Stowe Ward (Women's Medium Secure Unit) appeared well-organised, calm and generally positive in regard to patient care and safety.

The Unit was clean and spacious, as were the patient bedrooms. The facilities cater well for the needs of the patient. There were measures in place for those with more complex needs and/or those needing a higher level of supervision. On the day of the visit, the staff to patient ratio was good. The staff seem dedicated to their professional roles, which offer highly personalised support, with a multi-disciplinary team available to meet the patients' needs holistically. Staff informed us that clinicians involve patients in the planning of their care and engagement in therapies and treatment. Patient's views are considered and care is (reasonably) adjusted to meet identified needs. We were shown a programme of activities, where patients were encouraged to independently plan their week in advance. It was clear that patients have the opportunity to engage in creative activities, as evidence of their work was clearly displayed.

Food and mealtimes were welcomed by the patients. There was a variety of choice and each patient was able to make their own individual selection.

Some aspects of good practice were observed and commended, and some other minor advisories noted.



# Details of visit

Name and address of premises	Stowe Ward, St Andrew's Healthcare, Cliftonville Road, Northampton, NN1 5DG
Name of service provider	St Andrew's Healthcare, Northampton CEO Katie Fisher
Type of service	Registered charity
Specialisms	Specialist mental healthcare <ul style="list-style-type: none"><li>• Men's mental health</li><li>• Women's mental health</li><li>• Child and adolescent mental health</li><li>• Learning disability</li><li>• Autism Spectrum Disorder</li><li>• Neuropsychiatry</li></ul>
Date and time of visit	3 September 2019
HWN authorised representatives undertaking the visit	Dr David N Jones, John Rawlings, Bridget Robb, Helen Statham
Support staff	Katie Bayliss - Healthwatch Officer, Kate Holt - CEO
Contact details of Healthwatch Northamptonshire	Moulton Park Business Centre, Redhouse Road, Northampton, NN3 6AQ <a href="mailto:enquiries@healthwatchnorthamptonshire.co.uk">enquiries@healthwatchnorthamptonshire.co.uk</a> 0300 002 0010

## Acknowledgements

Healthwatch Northamptonshire would like to thank the St Andrew's Healthcare Carers' Centre, PALS (Patient Advice and Liaison Service), Complaints and Patient Engagement team, Stowe Ward Nurse Manager, patients and staff of St Andrew's Healthcare, in particular, Stowe Ward, for their assistance in planning the visit. We also appreciate the provision of further information and feedback which supported the preparation of this report.



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## 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, only an account of what was observed and contributed at the time.

## Purpose of the visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded service providers in Northamptonshire to ascertain the quality of life, experience and opinions of service users, with a particular focus on mental health. St Andrew's Healthcare is a significant service provider in the county and therefore appropriate for an Enter and View visit.

Healthwatch Northamptonshire was briefed on recent critical CQC inspections of the service (<https://www.cqc.org.uk/provider/1-102643363/services>) and chose not to visit the areas specifically mentioned in those reports, since they are subject to an intensive and independently supervised improvement programme.

This visit was undertaken by both parties as a co-productive learning exercise and both were committed to its value.

## How the visit was conducted

The visit was an announced visit, with the Nurse Manager of Stowe Ward being given notice of the intended visit. We sent letters and posters to Hayley Lucas, PALS Complaints and Engagement Manager, to inform the patients, staff, family and carers (and other visitors) about our visit and Healthwatch Northamptonshire.

The visit was conducted by Healthwatch Northamptonshire volunteers Dr David N Jones, John Rawlings, Bridget Robb and Helen Statham, supported by Healthwatch Officer, Katie Bayliss. Kate Holt, Healthwatch Northamptonshire Chief Executive Officer, joined the team for an initial briefing and debriefing post-visit.

Prior to the visit all Healthwatch Northamptonshire representatives attended lengthy and informative training to ensure their own and patient safety. On the day of the visit we were warmly welcomed at the new Carers Centre by Hayley Lucas and Sharon Kilby, Nurse Manager of Stowe Ward (part of Women's Medium Secure Integrated Practice Unit), where we had an opportunity to ask questions with regards to St Andrew's Healthcare and service provision. Following this it was recommended that Healthwatch Northamptonshire divide into two smaller groups to conduct the visit to Stowe Ward (Medium Women's Secure).

Before entering the Unit high levels of security were noted, passing through a number of security doors and security checks to ensure no contraband items or personal belongings were taken onto the Unit. Identification checks were also performed before being supplied with security passes and escorted to the Unit. Both Healthwatch Northamptonshire groups were given separate tours of the same facility.



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## About St Andrew's Healthcare and Stowe Ward (part of Women's Medium Secure Integrated Practice Unit)

St Andrew's Healthcare is a charity providing specialist mental healthcare for people with complex mental health needs. They provide services for child, adolescents and adults with mental health needs, learning disabilities, Autistic Spectrum Disorder and neuropsychiatry. Patients are mostly referred via the National Health Service; others may be referred through the legal system. Northampton is St Andrew's headquarters; they also have sites in Essex, Birmingham and Nottinghamshire providing localised care for people with a range of mental health conditions.

St Andrew's Healthcare (Northampton) is situated close to the centre of Northampton town and currently provides care for approximately 600 patients. Stowe Ward's capacity is 13, with a potential for 14. The Unit caters for adult female patients with varying diagnoses, including schizophrenia and personality disorders.

For Stowe minimum staffing is six, with at least two of these being qualified nurses and three being senior healthcare assistants. Stowe also has daily access to a psychologist, an occupational therapist, a social worker, a psychiatrist and a sports therapist. If any patient requires one to one, or one to two supervision, these staff are additional.



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# Observations and findings

## General impressions

Our overall impressions of Stowe Ward were positive. On entering the building the staff and patients were welcoming and appeared to want to engage with our visit. The visit team received training on Prevent<sup>1</sup> and safety on the wards prior to the visit and this reinforced the impression that St Andrew's Healthcare prepares visitors for potential risks. However, the ward was calm and quiet with patients and staff engaged with our visit, which was reflected in patient responses on the day with regards to them feeling safe and looked after.

The staff work station is at the centre of the ward with windows looking across all areas, which reflected the purpose and security requirements of the ward. Staff were observing patients, accompanying patients or engaged in administrative tasks. Despite this, many attempts had been made to make the environment more personal and welcoming, including artwork by patients. Formal notices were also evident, including photographs of staff working on the ward and their managers. Although the environment and furnishings were modern and being updated, within certain areas the displays looked tired, with several single word posters appearing dated and scruffy.

We were told that medication is stored and dispensed through a hatch and not via a door to the treatment room and that the receiving and taking of medicines is always supervised by staff.

Patients on the day were relaxed and positive and appeared to have good relationships with the staff. Around half the patients were not on the Unit that morning, for a variety of reasons, including activities and escorted ground leave. The Healthwatch team were able to speak to all those who were on the Unit.

In hindsight, it would have been preferable to have had a quicker tour of the facilities and spent more time with the patients, although we were provided with useful insights into the working of the ward, which was essential in developing our understanding of this type of environment. Patients did not seem inhibited by our presence. It was good to see there was a separate room where relatives or visitors, as well as (their) children, could visit patients safely.

Patients have individual bedrooms with enclosed televisions and en-suite bathrooms. Each room had their own individual name plate, made by the patient and they were able to decorate their own room. There was a lot of space for clothes and personal belongings. The bedrooms appeared safely designed and were

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<sup>1</sup> 'The Counter Terrorism and Security Act 2015 introduced the Prevent duty for various bodies. The Prevent duty's aim is to help stop vulnerable people from being exploited and drawn into terrorism.'



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spacious and clean. The corridors outside of the bedrooms reflected the space on the ward and within the bedrooms. The walls of the corridors were bare and neutral in colour.

The ward facilities include a large communal area with a television and new comfortable chairs, grouped seating areas, sensory room, games and craft rooms, and laundry rooms for patients to do their own laundry (although the washing machine was out of order at the time of our visit). There is an outside space for exercise and fresh air, although it did not appear large enough for vigorous exercise. There are flower beds and a small vegetable area which patients can help to maintain.

## Activities and equipment for patients

To support recovery St Andrew's Healthcare offers a vocational pathway, providing the opportunity for people to gain knowledge, skills and experience. They also offer educational courses and occupational therapies including arts, horticulture and textiles.

Some patients expressed concern at the lack of activities, although others expressed that there are activities available but they are not always encouraged to participate. Staff told us that whether or not they attend these activities is determined by their own individual choice. The activities help to encourage independence in the community. However, on the day of the visit, managers highlighted that an absence of an occupational therapist and key staff on annual leave, had affected the programme of activities over this period and would be revisited with patients at a later date.

The treadmill was not in working order, which had affected a patient's behaviour, impacting on their mental health and progress. This had appeared to have been reported to be in a state of disrepair for a significant period of time.

A patient was observed on the day preparing posters and notes for the Macmillan coffee morning, as well as promotional material for the launch of the new blended ward approach, (see pg. 9 for an explanation of a blended ward environment). The patient was supervised by two members of staff who observed the activities throughout.

## Food, drink and mealtimes

Patients all reported the food to be good with a variety of meal choices. Meals are ordered the week before and all individual requests are catered for. When the meals do not come in as usual over the weekend, they can be cooked in the small kitchen on the ward and the patients are supported with this. Staff also support with cookery when patients want to bake, for example, cake making.

Personal snacks and treats were restricted, e.g. chocolate, crisps. However, the CQC recently advised against this restriction, advising for patients to have snacks and treats when they choose. The staff were unsure of this recommendation due to



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the likelihood of patients increased risk of comorbid conditions related to weight gain. Therefore, the staff help reinforce healthy lifestyles and support the patients with their well-being choices. The patients then make an informed choice with regards to the snacks and treats they wish to choose.

## Care and dignity of patients

The staff were clearly aware of issues regarding dignity and respect, while they also considered risk factors and safety for patients and staff.

There were also facilities where baths can be appropriately supervised and a whole separate secluded suite of rooms for patients needing high-level supervision, where they could be supported within a safe environment. Patients were able to move around areas freely, although some patients have to be accompanied at all times, because of behaviour risks, largely to themselves. This separate suite has its own open air space.

We were told that a psychologist meets with each patient weekly as well as conducting reflective practice with groups of staff; this also includes offering individual support. Patients informed us that they were aware of their treatment plan and are engaged and involved in their care planning. To safeguard the rights of patients detained under the Mental Health Act who either refuse the treatment prescribed to them or are deemed incapable of consenting a second opinion doctor from the CQC can be asked to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient.

Patients have access to the telephone when they want to contact relatives and friends, as well as access to Skype or supervised access to the internet. Although this may present as a confidentiality risk to other patients. Not all patients and relatives are able to use Skype therefore iPads are to be provided in the near future to facilitate more meaningful contact.

## Staff behaviour, attitudes and relationships with patients

All the staff we met appeared to have good, caring interactions with the patients. All patients were aware of their care, treatments and therapies, although some patients were unaware of the time periods or length of stay.

We were told that there is a weekly group meeting for staff and patients, where the Ward Manager is open to new ideas, including new suggestions for social activities. Examples provided by patients included a trip to the cinema and a seaside visit. Where necessary patients are accompanied by two staff members, to ensure they have the opportunity to access community activities safely. Staff reported that they did not give advance notice of their trips to places being visited to ensure patients were treated as members of the public.



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Four peer support workers have been appointed (after a rigorous selection process) who have had their own personal experience of mental health issues and in-patient services (though not necessarily at St Andrew's). They intend to offer two sessions a week as paid Experts by Experience. This is the first time such a scheme has been operated at St Andrew's Healthcare and is being formally researched as a new treatment approach.

Staff told us that St Andrew's Healthcare involves patients in such roles as interviewing for senior staff appointments. These patients are supported with accessible information to enable them to participate meaningfully in the interviewing process.

Two Healthcare Assistants told us about their positive experiences regarding the challenges and variety of their job role. They highlighted the quality and range of training and support St Andrew's offers.

### **Pilot project launch**

St Andrew's Healthcare has been heavily funded by NHS England to pilot Women's 'blended wards', which aim to reduce the length of stay of patients who have been admitted to medium secure units. Patients usually move between high, medium and low secure wards. As part of this pilot project, Stowe Ward are 'blending' medium and low secure within one ward in a bid to reduce the length of stay for patients because the transition between medium and low can delay their recovery and cause an increase in the length of time within St Andrew's Healthcare. The project was launched on Friday 6 September 2019, following the visit.

### **What relatives told us**

On Tuesday 3 September 2019 Healthwatch Northamptonshire contacted one relative who provided positive feedback regarding the individualised care and support their family member received and said that St Andrew's was highly recommended.

Following the visit, Healthwatch Northamptonshire received two phone calls from relatives of patients on a men's units. These calls concerned issues unrelated to our visit to Stowe Ward and will be shared directly with the PALS team.



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# Recommendations

1. We welcomed seeing that there were lots of posters made by patients, however some of these appeared tired and could be more effectively displayed.
2. There is a need to ensure that equipment, for example the washing machine and gym equipment, has effective maintenance and that it is not out of action for significant periods of time
3. Although independency is encouraged, engagement in activities on the ward is voluntary and more could be done to ensure participation and a review of the variety of the activities offered to avert boredom is recommended.
4. Peer support and Expert by Experience is an area of good practice that could be developed and shared across St Andrew's Healthcare.



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# St Andrew's Healthcare response

We were delighted to welcome Healthwatch Northamptonshire. We very much appreciate the feedback and encourage this as it contributes to our continuing improvement and commitment to provide the best service possible to every person in our care.

In response to the recommendations:

1. We have reviewed the posters displayed and updated these as required. The ward's new Peer Support Workers are working closely with the patients to ensure how information is displayed is clear and effective. The patients are continuing to create their own posters and notices for the ward, which helps to personalise the environment.
2. The washing machine has now been replaced. The patients were keen that this was not just repaired as the fault had occurred previously. It was agreed as an Integrated Practice Unit (IPU) that this would be replaced. The gym equipment has been repaired and we will continue to monitor this.
3. The Mental Health Support Worker roles play an important role in encouraging and supporting patients to engage in activities alongside the work of the Occupational Therapy teams. An exciting development is the new Peer Support Worker roles, which have been introduced on the ward. They are staff members specifically hired and trained to use their personal experiences of recovery from mental ill health to support the recovery of others. They are instrumental in running group activities, encouraging, and supporting patients to engage. As peers they do not have some of the expectations of the registered professions, and so they are able to spend more time talking with the patients, socialising, and providing emotional support.
4. We are currently developing the Peer Support model across the Charity. New Patient Engagement Adviser roles have been created and they will play a key part in ensuring Expert by Experience roles and work placements are embedded across the Charity.



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## About Enter and View

Healthwatch Northamptonshire representatives carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had a Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)



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# About Connected Together CIC

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)



**Connected Together**  
First for Community Engagement





## Contact us

Address: Healthwatch Northamptonshire  
Moulton Park Business Centre  
Redhouse Road  
Northampton  
NN3 6AQ



Phone number: 0300 002 0010

Text message: 07951 419331

Email: [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)

Website: [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

Facebook: [www.facebook.com/Healthwatchnorthamptonshire](http://www.facebook.com/Healthwatchnorthamptonshire)

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We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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