

St Andrews Healthcare
Secure Inpatient Services at
Northampton
Enter and View Visits

April 2024



Contents

Contents	2
Introduction.....	3
Key Findings.....	4
Recommendations.....	6
Methods.....	9
Summary of Wards	10
What people told us.....	19
Commissioner and Provider Responses.....	34
Acknowledgements.....	36
About Healthwatch North and West Northamptonshire.....	37
About Connected Together	38
Contact us	39

Introduction

Healthwatch aims to conduct regular evaluations of selected health and social care services within the community. Conducting these reviews helps us to directly support and give valuable feedback to services that have been identified as needing focus. Our visits result in our service making recommendations for ways that service providers can continue to provide effective and satisfactory care.

Healthwatch North and West Northamptonshire were keen to gain an understanding of the experiences of mental health inpatient care service users in Northamptonshire. St Andrews Healthcare is a charity that provides specialist mental health care for patients who experience complex conditions and challenging needs, their services are available for individuals in our community, as well as those across the UK¹. St Andrews was visited by the CQC in July 2023 and the report was published in January 2024 and was given the overall rating of “Requires Improvement”, this rating was reflected in the forensic inpatient and secure wards and areas of concern were kept in mind during our visit².

To carry out our review of these services, we partnered with the East Midlands Provider Collaborative for Adult Secure Care known as IMPACT. IMPACT is a regional partnership of organisations, covering 5 counties including Northamptonshire, that commission specialist mental health services for patients³. Together our organisations collaborated to carry out the enter and view visits at St Andrews Healthcare facilities. The purpose of the project was to visit a variety of mental health inpatient wards within St Andrews to gather an in-depth look at the different services and the experience of patients, families and carers and staff. Both IMPACT and St Andrews were involved in the planning stages of the project. Because of the nature of the inpatient wards and their speciality care, Healthwatch staff and volunteers were required to undergo safety training before entering the facilities, this was provided by IMPACT and St Andrews Healthcare.

To facilitate the visits, we accompanied IMPACT on their regular service reviews, as this allowed us to have IMPACT representatives guide and support our team of staff and volunteers. We visited a total of 6 wards at St Andrews Healthcare in Northampton, which included men's and women's low and medium secure, as well as speciality services for learning disabilities and autism (LDA) and deaf services.

¹<https://www.stah.org/who-we-are>

²<https://www.cqc.org.uk/location/1-121538260/inspection-summary#mhforensic>

³<https://www.nottinghamshirehealthcare.nhs.uk/impact-eastmidlands/>

Key Findings

Positives

- The wards at St Andrews are well-kept and a high level of cleanliness and general maintenance was observed.
- We found that staff are passionate and deeply committed to their work and are dedicated to making a positive difference in the care they deliver to patients.
- Generally, patients reported having positive experiences with staff and care teams.
- When patients get the opportunity to take part in activities on or off the ward with supervision from staff, this positively influences their treatment and progress.
- Wards such as Fern and Willow that showcase patient art and are full of colour and decor gave a particularly positive impression and show patient involvement within their environment.
- For the wards where the presence of an engaged ward manager is noted, this is reflected in the satisfaction and experience of the patients and staff on that ward.
- The wide variety of daily meal options patients may choose from for their daily meals allows for freedom and variety for patients within the wards.
- The ability for patients to have their own food, drinks and personal items (although access to these may vary based on the ward's security and patient risk assessments) allows for individuality and choice.
- The provision of speciality services and modifications on the wards for those with disabilities such as autism and deaf/hard of hearing is well delivered, with translators available for patients who are hard of hearing/deaf and sensory lighting, lowered levels of noise and special rooms for those with autism and learning disabilities.
- The training delivered by St Andrews for staff is beneficial and there are many options for speciality training for staff that desire to strengthen their skills or build new skills to benefit how they deliver care to patients.

- Staff feel supported by fellow colleagues and senior management, with the ability to communicate their needs and the ability to seek help where necessary.

Challenges

- The main challenge noted for both staff and patient experience is the low levels of staffing, however, we acknowledge that this is an issue that is being felt system-wide. This is causing patients to be limited to the number and variety of activities available as well as limiting their ability to leave the ward, which we found from speaking to patients and staff is having negative effects.
- Some staff felt unsafe working on the wards when, at times, staffing levels were not achieved. Staff also felt that patients do not feel safe when staff levels are low.
- Small issues such as a leak in a dining room, a cluttered gym and a bathroom that needed cleaning were noted, however, we acknowledge these are minor issues within the overall environment of the wards and issues can be raised with building maintenance and relevant staff.
- Some of the family members of patients felt that there is a lack of regular communication between St Andrews and the care team, and this can cause them to feel left out of the care and treatment of their family members.

Recommendations

Based on the visits to the mental health inpatient wards within St Andrews facilities as well as the feedback gathered from patients, staff and families/carers we have made the following recommendations. We want to highlight that these recommendations are complemented by the voices and experiences we heard:

1. St Andrews as an organisation could benefit from reviewing the hiring and retention methods and approaches, to increase staff numbers within wards and the retention of those staff.

We acknowledge this is an issue faced across the health and social care sector and the need for healthcare staff is greater than it has been in past years, however, there is a serious need for change in order to improve the experience of both patients and staff within the organisation⁴. We feel there is more that can be done by the organisation to increase the hiring of new staff which may be done through increased communications and marketing or by increasing wages. For the staff that are currently working for the organisation an increase in staff appreciation and retention methods would help support retaining current staff numbers.

2. Increasing the offer of activities for patients within the wards, to ensure they continue to stay engaged and improve in their treatment journey.

Based on the first recommendation, we acknowledge that a lack of staff may impact the ability to deliver additional activities, however, we feel from speaking with patients and staff, that more could be offered to patients to ensure they engage and stay involved. Perhaps this could be in the form of low supervision activities which patients could undertake without the need for multiple staff to be present to deliver. This could be in the form of additional opportunities to create art, the addition of soft play toys that are safe for patient use or an activity such as table tennis or additional games for patients to access.

⁴ <https://www.cqc.org.uk/publications/monitoring-mental-health-act/2021-2022/staff-shortages>

3. Increasing the communication between staff on the ward and patient's families and carers.

A common theme we heard amongst families and carers was a lack of communication between the families and the patient's care team on the wards. We understand that this may be limited for some patients and their conditions, however, we feel that more could be done to ensure that family members are involved in the care and treatment, through the permission of the patient. We recommend that updates are sent more regularly and that family members are contacted when progress is being made. For any family members who are in contact with the ward to plan visitations to the patients, ensuring they have ample time and are clear about the time they will be able to spend with their family members, would be beneficial. General information about the roles of different staff members and written advice on who family members and carers could speak to if they wanted information or guidance concerning their relative's care would be beneficial.

4. Increasing the decor present within Willow

We noticed that this ward was lacking in decor compared to other wards, we recommend that more is done to increase the visual art and décor on the walls. We feel this will help make the space more friendly and comfortable for patients and staff. We recommend encouraging patients to create art that can be included on the walls, for a sense of involvement and to make patients feel at home.

5. We recommend working with family members and service users to improve the support for people with ASD and their specific sensory needs.

We heard from family members and service users about the need for more support for people with ASD and other specific sensory needs and learning disabilities. We acknowledge that certain interventions like sensory lights, comfortable seating and sensory rooms are used to support patients, however, we feel there may be extra measures that could be taken to ensure ASD and other sensory needs patients are catered to. Because ASD and other patients with learning disabilities or sensory needs experience light, sound and emotions We suggest encouraging the use of the quiet and sensory rooms for patients who may be struggling with sensory needs, assessing ways to decrease noise on the ward and ensuring patients can engage in activities regularly that they find enjoyable.

6. Increasing the availability of speciality courses for staff to take part in that would support their confidence and care of patients on the ward.

Staff did express the desire for additional training courses to enable them to be sufficiently prepared for the care they deliver on the wards. Because almost every ward has patients with specific conditions or a certain approach to their care and treatment, speaking with staff and understanding what additional learning they would benefit from would support the delivery of care. Staff expressed wanting to have training on topics such as; dysphasia, emotional and behavioural disorders, infection control, seizures and ASD training, to help provide the best care for patients. It was noted that more in-person training and less online training would be appreciated, as this gives staff better opportunities to learn and engage in the training offered.

7. Initiating conversations within St Andrews about staff and patients' feelings of their safety on the wards.

We noted that there were comments about the feeling of safety in the wards from patients, family members and carers and staff. We acknowledge that the conditions individuals are being treated for can be accompanied by violent behaviour, which could cause concern from other patients and staff. However, this issue is predominantly because some staff felt unsafe working on the wards when, at times, staffing levels were not achieved. Staff also felt that patients do not feel safe when staff levels are low. Staff feeling unsafe and in need of additional support is a key issue that needs to be addressed. This could be done through training on how to handle situations when staff numbers are low and also how to seek support when feeling unsafe during work. It is worth noting that the low staff numbers also cause patients to not feel safe because they are not able to receive proper supervision and care.

Methods

Healthwatch North and West Northamptonshire have a statutory right to enter Adult Health and Social Care Services to view the premises and to speak with both patients and staff members. We used our ability to enter services and review through a format called Enter and View. This methodology is a tool created by Healthwatch England and our visit was conducted alongside their guidelines and our Enter and View Policy⁵. This ability to Enter and View services offers a way for Healthwatch organisation to meet some of their statutory functions and allows for the ability to identify what is working well with services and where they could be improved⁶.

We preplanned and arranged this visit with IMPACT and St Andrews, allowing time for staff and patients to have notice of our visit as well as background information on what we do. Before our visit, Healthwatch North and West Northamptonshire (HWNW) posters were distributed and displayed within the 6 selected wards, informing patients about what HWNW does as an organisation. A letter was also distributed by social workers within the wards, which asked for any interested family members and carers to contact us if they would like to be interviewed to allow for their voices and views to be included in our enter and view.

Upon arriving at the wards, the review aimed to ensure that the perspective of the patient was captured, therefore Healthwatch Representatives (staff and volunteers) focused on seeing things through the “eyes of the patient”. Healthwatch representatives used an Enter and View template to guide them through the visit and walked around and observed the department. By walking around, observing the surroundings of the mental health inpatient wards, speaking and asking questions to both staff and patients, Healthwatch was able to gather a thorough understanding of how the services were functioning.

Our team of Healthwatch Representatives used elements of the Patient-led Assessments of the Care Environment (PLACE) framework as a part of the Enter and View, so that we could assess whether the environment would be considered accessible and dementia-friendly⁷. This allowed our organisation to

⁵<https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy>

⁶https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9oQ_19jklyXM7W8hblfMPSyK7rDPCjiGChI25TLBnBvIFr7ar9XH8aAglHEALw_wcB

⁷<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place/dementia-friendly-environments-guidance-for-assessors>

highlight the positives and the elements of the service that are effective, as well as looking to reflect on what could be improved. These findings were documented and summarised by our Healthwatch representatives, which were then expanded and reported on within this report. After the report is finalised, a copy of the report is sent to the Deputy Director of Nursing, Ward Managers and Quality Assurance & Surveillance Lead who will be given the opportunity to review the report for accuracy and are asked to formulate a response and plan for our recommendations.

Summary of Wards

6 wards were visited at St Andrews by our team, which were the following:

- Acorn Ward–Low Secure Learning Disability and Autism Ward-25/01/2024
- Fern Ward- Low Secure Learning Disability and Autism Ward-25/01/2024
- Maple Ward–Blended Women’s Low & Medium Secure – 28/02/2024
- Willow Ward- Blended Women’s Low & Medium Secure -28/02/2024
- Cranford Ward- Older Men’s Medium Secure Ward-14/03/2024
- Bracken Ward- Women’s Medium Secure Ward- 20/03/2024

Due to the secure nature of the treatment wards, our Healthwatch volunteers and staff were required to remove potentially hazardous items from their person and securely store them in a locker before entering the facility. Each individual entering the secure services was provided with a safety belt and mobile device which activates an alarm in the event of an incident and could be used to signal the need for support or if there was a safety concern. Healthwatch representatives were accompanied at all times by a staff member of the IMPACT team and/or a St Andrews staff member. The information gained from the visit was used to make some recommendations and areas in which the service was providing quality care were acknowledged. Below is a summary of each visit.

Acorn and Fern Wards

On the 25th of January 2024, Healthwatch Representatives who consisted of one trained volunteer and one staff member from Healthwatch North and West Northamptonshire visited the Acorn and Fern Wards within St Andrews Healthcare to carry out an “Enter and View”. This visit aimed to view the services provided by the charity from the perspective of the service users. The Healthwatch Representatives were joined by IMPACT’s team of representatives and the ward managers of Acorn and Fern. Both Acorn and Fern are Learning Disability and Autism speciality wards.

Fern Ward's Findings

Environment

Upon entering Fern Ward through the corridor, it appeared to be clean and well maintained, with a fresh smell. The entrance corridor is full of artwork created by the patients within the ward, which gives a sense of involvement from patients. There are a few notice boards visible, which include key information that can support patients with their conditions and needs for advocacy. This information included: available focus groups, the Leadership team, CQC information, language guidance, visual identifier for shift colours/staff levels, PALS, complaints, patient advocacy, honest and open care and mental health support (all wards which have information available included these notices). There is a board visible which shows the names and faces of the staff who work within the ward.

The colours that are used throughout the ward are muted tones of green and blue, which gives the impression of calm surroundings. Within the spaces that are shared by patients, specific lights have been installed that allow for colours to be changed, this is sensory lighting which they use to help patients with LDA needs. There have been efforts made to make the patients feel welcome and engaged with the ward.

The communal room is full of comfortable chairs and there are activities and engaging items such as table tennis available for patients to utilise. There is a sense of community in the ward, there are community meetings held that both staff and patients attend weekly, where they vote on activities and also have a voting-based reward system that helps highlight the positives of patients' behaviour. Patients were seen engaging with the facilities and were involved in activities such as table tennis and watching TV while we were visiting the ward.

We acknowledge that all wards have access to a communal lounge, dining room and outdoor space as a minimum with additional areas available dependant on individual risk. Within Fern this includes access to a therapy kitchen and space with computer and small communal table, quiet room and gaming room with beanbags. The following areas were accessible at all times to patients: the dining room, a smaller kitchen with a computer and small communal table, a quiet room, a gaming room with bean bags and an outdoor space.

Patients have an extensive menu for dining, which is full of choices, helping prevent meals from being monotonous. Patients can access food and drink as they please, having recently been given access to a "coffee bar" where patients can make their teas and coffees as they please. The dining room recently

brought in metal cutlery and hard plates, which highlights the trust that the staff have in the patients shown by the positive patient data received by the ward from the patient's treatment plans.

The dining room was noted to be clean and orderly, however, we did note that there was a small leak in the dining room, which the manager noted that the facilities maintenance was aware of and in the process of fixing.

There is a quiet room available for one-on-one chats and privacy when needed. There is plenty of wall art, chairs and bean bags widely available. There is a sensory room where patients can access their sensory supports, such as fidget toys, bouncy balls, weighted blankets, etc., all of these sensory supports are kept securely and can be accessed by patients through staff support.

The communal bathroom and shower room with bath were clean and well-kept. The hallway which contains the patient's private bedrooms was full of colour and decoration, with the doors of the patient's rooms decorated for individuality. We were able to view a patient's room and it was spacious and had the necessary amenities for patients, including an ensuite bathroom. This is the standard room that all wards will have available for patients.

There is a computer that is free to use and there is a room with a gaming system and a variety of games that patients can play at their leisure. TVs were on and a chalkboard wall was present for patients to use. The outdoor area was spacious and had a section with plants that the patients take care of as part of their day-to-day activities. The patients are allowed to vape and there are no restrictions around when they can choose to vape, which encourages patient choice and freedom. There was a small garden space within the outdoor area, where patients enjoy planting and maintaining the garden during the warmer months.

Within Fern Ward were seclusion rooms for the occasions when patients require isolation from other patients and staff for their well-being and safety. The general feel of these rooms was clinical and minimal, which was to be expected. They were kept clean and had monitoring measures in place to ensure patients could be watched safely. It was explained that these rooms are not used often and are typically the last choice for patient treatment.

Acorn Ward's Findings

Environment

On entering Acorn Ward, the atmosphere is calm. The environment reflects the ability to support patients to manage and regulate their conditions. The ward has been designed to ensure all areas are accessible to patients and the

environment is safe for patients. This is reflected in the provision of appropriate furnishing and how it has been laid out, overall, it appears to be very well maintained and the space was conducive to allowing patients space for activities and relaxation.

Information on staff on duty was visible, along with other information about day-to-day activities and general information to support patients. Relevant notices were in place for patient safety and advocacy. The ward offers a community area with access to an outdoor space, activity rooms, a quiet room and individual bedrooms which were personalised by the patients. There was appropriate information on the walls, referring to some of the clinical models and other general information.

There was a 'Now and next board' that was completed for each individual and this was supported by staff highlighting what activities were taking place next on the board for patients to stay up to date. This provided a clear structure for the day and reduced the element of surprise. Due to the timing of the visit, we were not able to observe patients engaged in an activity, however, whilst we were there it was noted that there was not any active engagement with the patients and the general mood within the ward was observed to feel low.

Patients have access to the kitchen area and can make drinks as required. While present in the ward, we observed positive interaction between patients and staff. It was evident staff adopted person-centred practice with the patients through their communication with individuals on the ward.

Patients can discuss personal issues/concerns in private in designated rooms as needed. The ward has relevant procedures in place to ensure patient dignity and privacy are protected, such as being able to request a private conversation with staff. Key information relating to the needs of a patient, such as ways to interact with the patient or preferences was contained in a folder in the office, along with patient information. This was visible in the office and easily accessible to staff.

Willow Ward's Findings

Environment

As you enter the ward, the appearance is bright and clean smelling. The necessary information for patients to access support, guidance for health and advocacy are posted and there is a board which shows the patients who the staff are with pictures and names. The visible notices are up-to-date and

relevant for patients and there are signs distributed throughout the ward relating to patient wellness and advocacy.

The atmosphere is slightly more clinical compared to other wards visited. There is some decor present on the walls such as wallpaper art, however, more could be added to make the space feel warmer and more comfortable.

The expectations of patients are listed on the walls in the main communal space and there are comfortable seats and bean bags readily available for patients to use. There are TVs mounted within the communal space for patients to use as well as two rooms that are available for activities and crafts, which patients can access as needed. There are some activity schedules visible, but there did not appear to be much being offered to patients for the week that we visited. There is a private room that patients can use if they need to have a quiet space and be on their own, this can also be used for privacy if patients need to talk with staff in private. There is a sensory room available for patients to use with the permission of staff, within this room there are bean bags and sensory lights, to support patients with learning disabilities and anxiety.

The dining room and kitchen are clean and well-maintained. Patients have a variety of choices for their daily meals, which helps support patient choices. Patients have access to a laundry room where they can do their laundry independently. The communal bathroom was noted to have stains on the floors and sink, this could benefit from some improvement and an in-depth clean. Patients can keep their personal food and drinks in a communal fridge and kitchen space, however, they need to ask for support to access these items. There is a therapy kitchen within the ward where cooking sessions take place with patients as part of the activities offered.

Patients have access to an outdoor space, which they can use at any time of the day. This allows patients to access the outdoors and many patients also use vapes in the outdoor space, which helps with patient choice and independence. Interactions between staff and patients are pleasant. We noted that this outdoor space was particularly bright and colourful, with many seating options.

Maple Ward's Findings

Environment

This ward has speciality services included for patients who are deaf. As you enter the ward the first impression is welcoming, with vibrant colours and art

displayed. This ward has great decor and it is clear that patients are regularly engaged with arts and crafts, with these displayed across the ward. The ward smells fresh and clean, making it an enjoyable space. The ward was busy during our visit, however, the staff were friendly and treated patients with kindness and respect.

It was noted that there was not any visible information on the ward that informs patients of who the staff are on the ward. However relevant patient information and notices for patient support and guidance for patient advocacy are posted around the ward. It was noted that more posted information could be provided that focuses on supporting patient's mental health and well-being.

The communal room was filled with chairs, comfortable seats and bean bags for patients and there is a big TV mounted for patients. The community meeting board, which details decisions and current events from the ward's patient and staff community meetings was filled with notes from patients, which shows that this is actively engaged with by patients. The daily activity schedule was up to date with precise timings for patients.

The dining room was well decorated and there was a selection of meals available for patients to choose from. Similar to Willow's ward, two rooms were available for games, activities and crafts, which patients could access as needed. The ward has two fridges where patients can store their personal food and drinks, one in the games room and one in the activities room connected to the communal area. It was noted that the games room, dining room and activities rooms are typically kept locked, as supervision is needed for patients to access the spaces safely. However, a staff member noted that the fridge in the games room may be moved to allow for patients to access the games room during the day. It was noted that with supervision, patients can cook things such as breakfast, which gives them a sense of independence.

Patients can store their personal items away for security and are allowed to have access to their mobile phones on the ward. Patients have access to an outdoor space at their discretion and like other wards, patients are allowed to vape outside. There is a sensory room available for patients to use with the permission of staff, within this room there are bean bags and sensory lights.

The patient's rooms and bathrooms are clean and well maintained, with no issues noted. Patients are encouraged to express their individuality by decorating their rooms as well as their doors. One patient invited us in to view

their room and it was full of home comforts and personal decor. We noted that the patient's rooms are spacious and secure, with good storage and each room has an ensuite with a private bathroom. Patients can open their windows as they have a secure mesh covering. The hallway that contains all the patients' rooms was painted and decorated by the patients and gave a pleasant feel to the space.

Cranford Ward's Findings

Upon entering the ward it had a light, airy feel about it. We received a very warm welcome from 3 members of staff upon arrival and were led to a corridor full of information, which included colourful artwork, a list of available activities and when they take place, patient complaint procedures (in simple text) and a great deal of sporting information. It was well-lit and clean, other visible information along the corridor included:

- Names and faces of staff on the ward
- Outside artwork/pictures
- Available focus groups

On entering the ward there was lots of activity taking place. The staff office was well organised and gave clear views of what was happening within the communal area. There was a sign inside and outside the ward, explaining that Healthwatch would be visiting.

Staff seemed engaged with patients and encouraged them to participate in activities, this gave the impression that the staff took a real interest in the activities the patients enjoyed. In conversations with staff, they showed their knowledge of each patient and their activity preferences. Staff pointed out that activities were dependent on the availability of staff, especially those who were coming in to facilitate the 'workshops'. There are board games available to patients to use as they wish, as well as a room dedicated to gaming and patients are encouraged to engage in arts and crafts. The communal space is a well-designed area and it appeared to be a home away from home. It is well resourced and patients are encouraged to make use of the resources/activities available. Patients can access the library when staffing allows.

The ward kitchen is checked once a month and patients have an extensive menu and access to food and beverages as they need, allowing for patient choice. There are rooms available that patients could use when experiencing a

crisis or need to be in a quiet space. This area was clean and free from any items potentially harmful to patients on the ward. After our visit, we were informed that during our time on the ward, an incident had occurred which involved the use of the seclusion room. The lack of alarms and the calm atmosphere that remained on the ward highlighted the staff's ability to deal with incidents effectively and without causing disruption to other patients or visitors

There is a privacy area where one-on-ones with staff and patients can take place and patients are encouraged to discuss issues if they need. During the visit, we noticed a shortage of staff which can reduce the opportunity for activities such as leave and community visits to take place. Patients are reliant on these experiences, especially those who do not have many visitors.

Bracken Ward's Findings

Bracken staff were very welcoming. Along the corridor, there were several pieces of artwork, but not much from patients. There is a star patient of the week within the ward and the manager explained that they will soon be adding a star staff of the week, we felt this brought a sense of positive competition. There was also a 'positive tree' where good comments/single words could be attached, these showed a real sense of involvement from staff and patients. There is a board that focuses on 'you said, we did' and that has proved to be very useful for some patients.

On entering the ward, you approach a very tidy office. There was a very organised atmosphere with staff supporting and encouraging patients to take part in activities. There are lower restrictions on this ward, leading to a more fluid movement from both staff and patients, which appears to work well. We noted that there are ten beds on the ward and they try to keep one free. Patients appeared to be interacting with each other and enjoying activities together. The kitchen was clean and the menus available offered patients a range of choices. If patients would like to eat, there is food available on request. Patients have the opportunity to cook, which helps with their independence and recovery.

There is a small gym available to patients, but we did note that it was very cluttered, however, the manager said there is a storage issue which is being looked at. There is a multi-faith room which can be used by staff and patients, which gives good opportunities for the community/patient/staff to engage.

Some patients can engage in-home visits, this can be important for patients' independence and has enabled patients to be able to leave St. Andrews when staff are available. We also noted that there is a range of care support required for patients, with some patients requiring a one-to-one or two-to-one ratio of staff when possible.

Other Findings

There is a swimming pool in the building. Evidence is that, when used it has a very calming effect on patients. Carers, by arrangement, can come in to swim with the patient which we observed during our visit and it was certainly a powerful experience to see the interaction between the two individuals. The pool is well looked after and usage is very high. This is one area that appears to rarely suffer staff shortages.

There is access to a very good, well-organised café and it is apparent that good use is made of it. There are meal deals available that make it affordable for both patients, staff and visitors.



What People Told Us

We spoke with staff and patients within the wards at St Andrews to ensure that we gathered a comprehensive understanding of their experiences and feedback both from working in and being patients of the mental health inpatient wards. We also opened up the opportunity for family members and carers to speak with us and provide their experiences and feedback on having close individuals in the wards. When speaking to patients and staff we informed them at the beginning of the interviews that their identity would be kept anonymous. We were able to speak with a total of 16 patients and 16 staff members, this is what we found.

Service User Feedback

Themes from Patients on Fern

- Generally good experience on the ward, however, the lack of adequate staffing was a theme among patients.
- Staff and clinicians listen to the needs of the patients and treat them with respect and dignity .
- Patients feel that they can advocate and express their needs when it is necessary and patients know where to go when they need help by speaking with staff and the care team.
- Patients enjoy and are motivated by the activities on the ward, the activities are an important part of the patient's day. This can be negatively affected if the ward is short-staffed, which unfortunately will result in patients missing out on activities and trips off the ward.
- Patients feel involved in their care plans, they can receive copies of their care plans and feel that they have a part in speaking with doctors and psychologists.
- If a patient needs to see a clinic or clinician due to their physical health, this is easy to do when requested.
- There was high praise given to the Fern ward manager, with patients stating that they enjoyed his presence on the ward and that he could be trusted to go to if there was an issue present.
- A patient stated that they could benefit from more support and that at times he feels scared or his mood is low. This could be improved by having more engagement from staff on the ward.

Themes of Patients on Acorn Ward

- Patients generally feel safe and supported and able to approach staff as and when necessary.
- Patients feel listened to but questioned if their opinions are always taken into consideration at times.
- Patients felt comfortable and able to express their feelings and needs.
- Whilst there were games/activities available on the ward, one patient expressed interest in additional activities like playing badminton.
- Reviews are held regularly and family members are invited to attend. Some expressed concerns that this was not always possible/ practical as they lived out of county.
- Patients expressed they can make choices and are encouraged to participate in activities which will benefit them.
- Patients were comfortable speaking to staff if there were any physical health issues/problems and that appropriate access to a clinician/ medical care would be arranged.
- Some patients expressed concerns that they had not seen their social worker and psychologist for some time.
- Concerns were raised about not having enough choice of halal food.
- One patient expressed feeling lonely at times, especially as they have been moved to another county and want to go back.
- Patients shared that there is a choice of activities available for them to participate in.
- It was good to see that patients are encouraged to pursue their hobbies - one individual showed their equipment involved in playing their synth beatbox.

Themes of Patients on Willow Ward

- Patients reported having generally good experiences on the ward, with one patient highlighting the positive impact of their ward manager.
- Patients felt that staff and clinicians listened to their needs.
- Patients expressed their concern over a lack of ability to engage in activities, including their outings in the community and on the grounds of St Andrews due to the shortage of staff.
- Patients feel that they can advocate and express their needs when it is necessary and patients know where to go and feel comfortable when they need to speak with staff and the care team.
- One patient expressed concerns over the lack of activities on the ward and how it is affecting their recovery and treatment.

- All patients that we spoke to felt that they had a role in their treatment plans and goals for recovery and discharge.
- Patients acknowledged their appreciation for the communal space within the ward, stating that it is a good place to relax and engage with other patients and that they feel safe there.
- When asked about the ease of seeing a doctor or the medical team, patients stated this was accessible to do and that the doctor is visible on the ward and patients receive regular health checks as a part of their care.

Themes of Patients on Maple Ward

- Patients were generally pleased with their experiences in the ward, with patients highlighting the staff being kind and friendly.
- Patients had mixed experiences with the Occupational Therapist (OT) on the ward. One patient emphasised the benefit of working with the OT while another patient felt that their work could be improved, reasoning that the time of the sessions offered are much shorter than advertised.
- Patients felt that staff and clinicians listened to their needs.
- Generally patients felt that they could express their needs when necessary, but one patient felt it could be difficult at times due to their deafness.
- Patients were asked about what activities they enjoyed on the ward and some of the activities were: cooking, jewellery making, painting, games, crafts, social club and the use of the sensory room.
- One patient stated that they want to be more creative and do more art but they do not get the opportunity to have quality time with these activities due to the short times that they are offered.
- Patients felt somewhat involved in their treatment plans, with mixed responses from patients. One patient felt involved and one patient did not feel that they had treatment goals.
- For the most part, patients felt that they were treated with dignity and respect, however, one patient felt that they were not due to not being allowed to leave the grounds, stating that they felt they were treated like children, we appreciate this is the feeling of one patient and this may be due to their condition as to why these measures are in place.
- Some patients felt they could advocate for themselves when necessary, one patient required their interpreter to support them with any needs or requests from staff and one patient did not know.

- Patients knew how to access a doctor or care team in the event of any health issues, one patient said it was easy to speak with staff when their sugar levels needed monitoring as a part of their diabetes. One patient stated they could ask the nurse.
- A patient showed us a bracelet they used to visually show their emotions to staff when they were not able to communicate either due to their mental health or if a translator was not present.

Themes from Patients on Bracken Ward

Interviews with patients on Bracken ward were limited due to patient schedules and the state of mind of patients on the day. Patient felt that their voice was not always listened to by staff.

- Patient expressed that the staff shortages have resulted in their outings and favourite musical activities have not been happening frequently.

Themes from Patients on Cranford Ward

Interviews with patients on Cranford ward were limited due to patient schedules and the state of mind of patients on the day.

A patient expressed that when the ward is well-staffed, their needs are met and everything tends to go well, however, when there are staff shortages they feel let down. They had concerns that their ward leave was not happening because of staff shortages. They explained that this is happening regularly and meant that they were unable to get out into the 'community'.

- A patient felt that the staff did listen to their needs and support where needed.
- A patient found it easy to access medical care when needed and that doctors see them regularly.
- Regarding their care plan, they engage with the Psychologist and Doctor and feel they have a say. They stated that they are fully aware of the medication they use to help manage their condition.
- A patient enjoys a range of activities such as; arts and crafts activities, making use of the gym, playing board games in their room, watching DVDs and that they enjoy going out into the 'community'.
- A patient expressed that they do not always feel safe because of arguments with other patients. The patient stated they often forget to lock

their room at night and if they wake they feel unsafe and think another patient could have entered when they were sleeping.

Staff Comments

We spoke to staff about their experience of working within the department. We asked about the best parts of working within the wards as well as what they think could be improved. We discussed support and training and asked what training sessions had benefitted them and what they would like to have to ensure they are prepared for the challenges faced on the ward. The staff feedback is included below.

Themes of Staff on Fern Ward

- The staff we spoke to had a range of experience and time worked at St. Andrews, the shortest amount of time a staff member had worked at the service was 2 years and the longest was 20 years, which shows that there is longevity of service and loyalty from staff.
- When speaking to staff about their experience working at St Andrews, we received mixed sentiments. Staff expressed that they have enjoyed working on the ward and that they have experienced working on multiple wards over their time at the service. Staff enjoy looking after patients and feel the satisfaction of their job when they see patients progressing and improving over time.
- Staff discussed the difficulties experienced when running the ward short-staffed.
- Staff feel adequately trained and feel they can handle the patients safely and with care.
- Staff felt supported by the ward manager and expressed the support received by the team when working, this shows that there is a sense of teamwork within the ward.
- For the most part, staff feel safe when working on the ward. However, staff expressed that when there is short staffing, they do not feel as safe as they would with a full staff on the ward.
- Staff expressed that there is lots of training available to access when needed, some mandatory and some optional. Staff did express the desire for additional training such as dysphasia, infection control and ASD training, to help provide the best care for patients. Also, it was noted that more in-person training and less online training would be appreciated.
- When staff were asked what activities benefit the patients the most, they said:

- Going out into the community
- Table tennis
- Walking on the grounds
- Colouring
- Patients enjoy the freedom of making their own drinks - which promotes independence. Looking for ways to always empower patients and give choices to them - "it's their house"
- Talking exposure therapy
- The staff expressed that the best part about working on Fern Ward is...
 - One staff member said, "Patients are engaging and work well with staff. Daryl is always available and helps with anything needed. We always work as a team."
 - One staff member said, "If you know your patients, it makes your work easy, you know their moods and how they change."
 - Activities with patients. "Nice to see patients progress and develop".
 - One staff member said, "My team and seeing patients get better and discharged. Good to see the progress."
- Staff knew how to make a complaint or raise a serious concern, their responses regarding how to best handle these situations were informed and accurate.
- Staff know how to access mental health support services if they need them.
- Extra feedback we received from staff was:
 - The staffing issue occurring across the St Andrews service has some big risks and does risk patient safety when operating on an unacceptable number of staff.
 - Staffing can be an issue, need to retain staff.
 - Communication can be improved in the team, ensuring working together. If new to the ward, handover is given, it is hard to dedicate time to the wards and the knock-on effect is safety.
 - St Andrews can improve on their offers to staff. Could improve on making staff feel valued, staff turnover is accepted and experienced good staff leave because they didn't feel valued.

Themes of Staff on Acorn Ward

- It was evident staff enjoy working on Acorn Ward and they have a good team in place, however, there are daily challenges:
 - Staff shortage

- Locums coming in with no induction – locum staff may lack familiarity with the hospital's policies, procedures and treatment protocols, leading to potential gaps in care or inconsistencies in practice. This lack of continuity can also affect patient-staff relationships and communication.
- Not feeling safe at times
- There are times when staff shortage impacts what staff on duty can provide, particularly during emergency calls.
- A range of activities are provided to patients, however not everyone wants to participate. Patients can access a range of therapies, activities and vocational opportunities to develop their skills, improving health and well-being based on personal goals and interests.
- Staff particularly enjoy being part of a multi-disciplinary team and supporting the patient group.
- Staff have a good understanding of the various policy and guidance documents which support their work and how to access support if required.
- Staff have a good understanding of person-centred practice and the need to ensure patient views and concerns are listened to and reported to the manager for further action, as necessary and that safety concerns are addressed immediately.
- Training opportunities are provided and staff are encouraged to apply as part of continued professional development. Training is also targeted to meet role expectations and keep up to date with legal frameworks and policies at St Andrews.
- Concerns were raised in relation to attending ASD training. Staff who completed the training were viewed as “training experts” in ASD but were unable to deliver the training as they were lacking the time within their working hours to reconfigure the training to make it appropriate for wider staff delivery.
- Staff felt there was good management support; however, they felt there could be an over-expectation by the organisation in asking the manager to cover two wards.

Themes of Staff on Willow Ward

- Staff overall enjoyed their experience of working at St Andrews, but did highlight that there had been good and bad moments during their time working at the facility.
- Staff mentioned that one of the challenges the organisation faces is high staff turnover.

- Staff felt that they were sufficiently trained and that the training that they have received has been useful.
- Staff voiced that they would like to receive more training around trauma-informed care and personality disorders, as they felt this would be beneficial with support for patients who have experienced trauma and those who struggle to regulate their emotions.
- Staff felt supported by fellow staff for the most part and were eager to assist colleagues when they needed additional assistance.
- When staff were asked what activities benefit the patients the most, they said:
 - Sensory room
 - Rebuild therapy
 - Physical activities
 - Arts and crafts
 - Social Club
- The staff expressed that the best part about working on Willow Ward was:
 - One staff member stated “Interacting with patients, having a good sense of humour and having a laugh. It is nice to see the positive and chatting with patients is really nice.”
 - One staff member said, “The group of patients we work with make it really rewarding.”
- Staff knew how to raise any concerns or complaints that patients may bring to their attention.

Themes of Staff on Maple Ward

- Staff felt that the work that they do makes a positive impact on patients and they enjoy the work they do.
- Staff feel supported by the other staff on the ward, with one staff member reflecting that it is a good team to be a part of. One staff member discussed that they had experienced a conflict with a colleague and once it was brought to the manager’s attention, it was handled appropriately.
- Staff expressed that the ward’s new manager has been very supportive of staff and has fostered a sense of trust, where they feel they can come to him with any requests and they felt they could speak up when needed.
- Staff felt safe on the ward most of the time, but some staff members discussed how the staffing issues made them feel unsafe when working. One staff member said, “Staffing levels are difficult most of the time. There are not enough staff. It makes it difficult to be low in staff and many

patients are 2 to 1 patients. They feel insecure/stressed because they can't engage in activities. Patients do not feel safe when staff levels are low."

- Staff felt that they had been adequately trained and understood how to safely deal with patients on the ward, especially for special conditions like seizures. Staff felt that training such as British Sign Language (BSL) and safety intervention had been particularly beneficial. Staff agreed that they would like some training around seizures to better support patients.
- When staff were asked what activities benefit the patients the most, they said:
 - Going off the ward
 - Integrating into and attending events in the community, like seeing the fireworks
 - Taking trips and going away, like their previous trip to Skegness
 - Arts and crafts, to help keep patients interested
 - Group outings like the cinema or bingo
 - Social club, this is good for them to spend time with the other patients
 - Sensory room
 - Working with the OT doing arts and crafts
- The staff expressed that the best part about working on Maple Ward is...
 - One member of staff said "Watching people improve. when you are here regularly, you get to see the change in patterns. Saying goodbye is always the best bit as you know they're going back into the community."
 - One member of staff said "At the end of the day, I feel that I did something good. I try to make the best use of the staff available, it feels that we work as a team. Working here makes you feel that you have achieved something positive."
 - One staff member said, "The best part would be the patient group you work with. Understanding and meeting their needs, so they are happy. I enjoy the teamwork and no one moans, always ready to support each other."
- Staff felt they understood how to best handle a complaint or serious concern that was raised by a patient, stating that it should be taken to the nurse in charge. One staff member stated that the longer one has worked on the ward, the better that one will know the patients and how to best handle situations.

- Staff stated that they felt an impact on their mental health since working in the role.
 - One staff member stated that they felt the ward did not always give enough time for debriefs, which helps staff understand the patient's current state of well-being and how their previous shift of care went.
 - One staff member stated that they knew how to seek mental health support when needed, but felt the work took a toll on their mental health and they often felt stressed or depressed.
 - One staff member did not feel that the organisation looked after staff's mental health.
- Extra feedback we received from staff was:
 - Patients do not get off the ward as much as they should due to staff shortage and this affects the patients.
 - There is a serious staffing issue, a staff member stated "It's not good for patients and it causes compromises by staff".

Themes of Staff on Bracken Ward

- Staff on the ward feel safe when support is available when there is sufficient staff.
- Staff discussed that there is a constant shortage of staff and this sometimes leads to issues with managing resolutions to problems on the ward.
- Staff felt that there is a good sense of teamwork on the ward. Staff feel that they are a regular part of the group and this enables them to be able to identify the needs of all patients.
- One staff member felt that to become more effective, there is a need to have a better understanding of policies and the roles and responsibilities of senior staff. They also felt there was a need for more support to look at processes, as this will help with relationships between staff and patients.
- Staff understand how to best handle needs and requests from patients and know how to handle any complaints.
- One staff member felt that there needs to be more personal supervision, both formally and informally. However, if they did request any supervision it would take place. They mentioned that their annual appraisal for the first year has been done.
- Staff felt that the organisation needs to improve their focus on the wellbeing of staff.

- Staff expressed that there are constant demands on staff and with the shortage of staff, this is an issue for all.
- When asked one staff member stated that they would like training on safety intervention to add to their skills and understanding.
- Staff felt that there would be benefit in a more varied set of activities to suit the needs of patients and the interests of staff.
- One staff member expressed the desire to join ward rounds as they felt that this would help to build relationships, boost confidence and make them feel more involved.
- One staff member said, "I would like handovers to be more organised, although the information is well put together."

Themes of Staff on Cranford Ward

- The staff feel safe on the ward and they feel that fellow staff are very supportive and that everyone cares very much for patients and staff.
- Staff receive up-to-date training and are supportive of new staff that join the organisation.
- Staff feel that they could benefit from additional training opportunities.
- One staff member felt that they were working within a very good team on the ward but felt that those in senior management need to have a better understanding of what is happening on the ground.
- A staff member expressed that when there are staff shortages sometimes and they felt unsafe on Cranford.
- Staff felt that one of the best parts of working on the ward was making patients smile and seeing patients happy.
- Staff understood the processes in place for staff to report any concerns anonymously and their role in dealing with concerns raised by patients.
- For mental health support, staff stated that they have access to counselling and trauma services if required.
- For ward development, one staff member stated they would like to see better communication between the two teams in order to share information regarding patients and staff.

Staff felt that the activities that benefit patients included:

- Ground and community leave greatly supports patients' progress and well-being, but this is dependent on levels of staffing which commonly impacts activities

- The use of the kitchen for patient/staff activities.

Family and Carers Feedback

Collecting feedback and experiences from the family and carers of patients is crucial as their insights offer a unique perspective on the patient's condition, treatment and overall experience within the St Andrews facilities. Families and carers have key knowledge of the patient's history, preferences and daily challenges and can provide valuable information that can significantly enhance the quality of care. Additionally, involving families and carers in the feedback process fosters a sense of partnership and empowerment, ensuring that their voices are heard and respected in the decision-making process. This collaborative approach not only strengthens trust between healthcare providers and families but ensures that their voices feel valued. We spoke to 6 families about their experiences and the care received by the patients and allowed them to provide additional input and feedback, the themes and voices are captured below.

We asked families and carers about what their experience has been like when visiting a patient at St Andrews and families had mixed experiences when visiting.

- Some felt that it was quite accessible to arrange for visitation and to use the café or visitor's room when there. One family member said that they were not able to visit often, but when they did the staff were brilliant at facilitating the visit.
- Some felt that their experiences had been bad. Some of the issues that were discussed were around poor timing of the visits causing families to have enough time with their relatives and poor communication from the care team and social workers arranging the visits.

We asked families and carers about what activities the patients enjoyed while on the ward and family members said the following:

- A few family members shared the sentiment that staff spending time with the patients greatly benefitted them with their recovery.
- One patient enjoys playing badminton but this is intermittent based on staffing. They used to enjoy music lessons and swimming, but those unfortunately stopped due to staff availability.
- One patient enjoys going to the library and playing video games.

- One family member expressed that it can be challenging to get the patient involved in activities and benefits from the encouragement staff give to try and get them engaged with activities.
- One family member was concerned over the recent loss of activities they used to engage with due to an incident that happened with the patient on the ward, expressing that there needs to be a plan in place to help them get back on track and progress towards their goals.

Families and cares were asked whether they thought their relative was safe on the ward and family members said the following:

- Most families felt that the patients were safe on the ward with measures in place to keep them safe on the ward and to stop incidents, although some concerns were highlighted by family members, detailed below.
 - There were concerns with the care given on night shifts as they are typically agency staff that may not fully understand the patients and their needs.
 - There were concerns over a lack of confidence in the agency staff by the family members, as they don't have the same confidence and levels of training as the regular staff members.
 - One family member had concerns that their relative could still find things to harm themselves, even though it is a secure ward, not understanding how this can occur when they are in a secure ward.
 - One family member felt that their relative was safe physically but not emotionally, as they get distressed by other patients on the ward and that the constant change of staff on the ward causes them to not feel that their care is safe.
 - One family member said they did not feel that the patient was safe due to high levels of anxiety and stress they experienced from the ward.
 - One family member said that the patient feels safe overall, but struggles with noises and echoes due to their ASD. They felt that the small sounds and changes in the environment caused them upset and that more could be done to accommodate ASD needs.

We asked families and carers if there was any training or information that they would like to have from St Andrews that could be helpful in understanding the patient's condition and family members said the following:

- Some families said no, that they felt they had all the materials and knowledge of how to understand their condition and how it is best managed.
- Some of the family members said that more could be done to increase communication between St Andrew's care team and the families of the patients. They felt that more could be done around consultants speaking with family members about the treatment and care plan, as they have in-depth knowledge about the patient's conditions and preferences.

We asked family members and carers if they were involved in the patient's care plans and families had mixed experiences, saying the following:

- Some family members felt they did have involvement in the patient's care plans and were able to attend the regular meetings, which were either face-to-face or online.
- One family member said they did not have involvement and were displeased that they did not have any information on the latest care plan. They put this down to poor communication and feeling like the staff did not listen.
- One family member said they were rarely included and had to insist, with the permission of the patient.
- One family member said " Yes, we have involvement, but we do not feel too positive about what we can do to contribute. There are a few key people who are quite good and will heavily involve us in the planning. They are significantly involved, try and come up with solutions and collaborate with the approaches. "

We asked family members and carers if they knew how to seek support or guidance if their family member requires advocacy and family members said the following:

- Some families said they did know how to seek support or guidance, explaining that the patient would need to do this through their social worker or the ward manager. Some family members expressed that they had made complaints themselves in the past and understood the system.
- Some family members did not know how they could support their family member with raising a complaint or how they could seek guidance, saying:

- “I have no idea how to complain to the ward, it is not clear who to go to, for example, doctors or the head nurse. I went to the complaints department and felt the system was not working”
- “ There was no flow chart or information given since they have been on the ward, which would help us understand how to raise an issue.”
- “ It would be so appreciated to have regular communication. If they could make that part of the ward organizational procedure, then it would be a big help.”

We asked families and carers what their experience has been like since their family member has been at St Andrews and if there was anything else they would like to tell us and family members said the following:

- “Lack of staff and their ability to get out to do activities. The amount of activities has greatly reduced and we feel that the organization of them and their time could be better. They need something to look forward to and I don’t feel that they are regulating this well.”
- “Monthly ward rounds happen instead of weekly. This means that any changes that may need to get done, happen on a monthly basis and this is frustrating for parents.”
- “Some staff are fantastic, but my biggest issue is that the ward manager is never on the ward, she is not visible on the ward, she is never involved in the care and management. Lack of oversight in this capacity is the biggest failure. We need a ward manager who understands the patients and who can manage the rosters.”
- “I think treatment needs to be more patient-centred. Including planning, inclusion and time frames.”
- “When they are in a good place they can manage with minimal support, but when they are struggling the support is not there at St Andrews. There have been instances where staff do not notice when they stop eating and drinking because they will not speak up for themselves.”
- “Overall things are going smoothly, previous concerns would be over the lack of communication and staff on the ward and care team, for instance, medicines or items would go missing and this would cause issues. This is due to poor administration of property, which caused an issue in the past.”
- “What qualifies St Andrews to call themselves an autism unit? I cant see what the adjustments are made to be a specialized ward. My child needs lots of physical activity to help with this ASD and it has been lacking for him. There is a sensory room, but what is being done with the sensory room?”

Commissioner and Provider Responses

We welcome the feedback that Healthwatch have provided and thank you for investing your time to come and visit our secure services in Northampton.

St Andrew's Healthcare vision is that everyone living with a mental health need is heard, valued and has hope for their future. Our mission is to be a leader in helping people with complex mental health needs transform their lives.

Fitzroy House and William Wake House were built in line with current guidance, but we want to reassure that we constantly assess our environments to ensure they meet changes to guidance and align with legislation. We pride ourselves on engaging with our patients when designing our clinical spaces and incorporate their feedback at every opportunity.

Patients are encouraged to utilise a range of communal and therapy spaces available on wards, in inpatient buildings and in the wider charity environment. Wards offer opportunities to engage in leisure and wellbeing activities with many wards creating sensory spaces to meet individual patient needs. Communal spaces include art and music studios, libraries, therapy kitchens, horticulture spaces, communal courtyards, cafes and exercise spaces.

The charity is currently focused on working with clinical teams to find effective ways to enhance meaningful activity and therapy through collaborative team working and creative thinking. Teams are focused on offering patients a range of planned and ad-hoc opportunities guided by the CQUIN standard; 25 hours of Meaningful Activity within secure services. Our therapeutic offering is reviewed monthly to ensure that we continue to meet our patient's individual needs.

We want to reassure our patients, carers and families that staff recruitment and retention is a high priority. Since our new staffing establishment was agreed in early 2024, we have been working hard to reduce our vacancy gaps. Since March we have had 60 new Healthcare Assistants, and 4 new Nurses join our Learning Disability & Autism Division, and 34 new Healthcare Assistants join our Medium Secure Division. We have now closed the Healthcare Assistant vacancies across both Divisions and continue to recruit and appoint as needed to cover staff turnover. We still have a small number of nursing vacancies across the Divisions and are actively recruiting and interviewing when we find suitable candidates.

We are also working with our partners across Healthcare in Northamptonshire to address system-wide challenges in recruitment and retention and recently hosted the Integrated Care Northamptonshire Retention Peer Network meeting which looks to share initiatives and best practice across all providers.

Our staff are important to us, and we recognise that investing in our staff is essential in providing high-quality care. Each division within our charity has completed a training needs analysis that is aligned to the type of care that is to be provided and we have several specialist courses available for our staff to undertake.

We recognise that our front-line staff are key and have developed the Healthcare Assistant Development programme which launched this year as well as the Ward Manager Development Programme.

We constantly strive to maintain good communications. We believe that working closely with the family and carers of those in our care is crucial. St Andrew's is currently working with the Carers Trust to achieve stage one accreditation for the Triangle of Care. The Triangle of Care is a quality improvement programme; a therapeutic alliance between the service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. Communication is a vast area and is a key priority that is reinforced throughout both the patient and carer strategy and the standards of the Triangle of Care. Where the cared for consents, carers will have the opportunity to be involved in care planning and decision-making throughout a person's time at St Andrew's Healthcare.

Acknowledgements

Healthwatch North and West Northamptonshire is grateful for the time, efforts and cooperation of St Andrews Healthcare's operational team and IMPACT's team. We appreciate the ability to be allowed into St Andrew's secure care facilities to evaluate and assess the premises, as well as being able to speak with staff, family members, carers and patients to better understand their experiences. Thank you to our volunteers for their hard work and time dedicated to gathering the data and valuable information needed for this Enter and View. Special thanks to Emma Gray the Quality and Governance Lead for IMPACT and Kristi Alibone the Quality Assurance & Surveillance Lead for St Andrews Healthcare. Thank you to Healthwatch North and West Northamptonshire's volunteers Ishver Patel and Morcea Walker.



About Healthwatch North and West Northamptonshire

Healthwatch North and West 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, and 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 many different ways to discover 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 feel that the views and voices of Healthwatch North and West Northamptonshire and the people whom we strive to speak on behalf of are not 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

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About Connected Together

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

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