

Enter and View Report

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

11th March 2025



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 11th March 2025

Service Visited:

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

St Georges Hospital, Corporation Street, Stafford. ST16 3SR

Tel: 0300 790 7000

[Contact Us :: Midlands Partnership University NHS Foundation Trust](#)

Context of Visit:

The purpose of this visit was to conduct a routine Quality Standards Assurance Visit (QSAV). Healthwatch Staffordshire was invited by MPFT Quality Assurance & Effectiveness team to join them. The visit aimed to gather insights from patients, staff and the management team and determine if any improvements or measures needed to be considered.

As part of Healthwatch Staffordshire's responsibilities, authorised representatives will carry out Enter and View visits to health and social care premises to assess how they are managed and to make recommendations for improvement. The Health and Social Care Act 2012 empowers authorised representatives to observe service delivery and speak with service users, their families, and carers at locations such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits may be conducted based on reports of issues with a service or to learn about and share examples of services that are performing well. These visits are not intended to specifically identify safeguarding issues, but any concerns that arise will be reported in accordance with Healthwatch Staffordshire's safeguarding policy, and the visit will be ended if necessary. The local authority safeguarding team will also be informed.

Review Method:

This visit was conducted in collaboration with the Midlands Partnership Foundation Trust, which was performing an internal quality assessment, and Healthwatch Staffordshire, which was carrying out an independent Enter and View inspection. The goal of

combining these visits was to gain a comprehensive understanding of the service while minimising disruption to operations.

Prior to the visit, the Quality Standards Assurance Visit Lead coordinated with the individual units to establish dates and times, as well as to provide an overview of the process. Additionally, the Quality Standards Assurance Lead and the Healthwatch Engagement Officer held a meeting to clarify the objectives of the visit. This marked the third visit to Norton House, with the last one completed in May 2022 by the QSAV.

The visit began with an overview meeting that included the unit's Ward Manager, the Ward Quality lead, and the review team. After the meeting, part of the review team members split up to speak with various staff members. Meanwhile, the Quality Assurance Team Lead and Healthwatch representative continued to tour the building, exploring its facilities, including bedrooms, communal areas like lounges and kitchens, and bathrooms. The Healthwatch representative was also given the opportunity to engage with a patient to gather insights about the environment.

At the conclusion of the visit, the review team reconvened with the Operational Lead to finalise their feedback and provide clarification to the Ward manager and the Wards Quality Lead.

Both Healthwatch and the MPFT Quality Assurance & Effectiveness Team will produce their reports independently. This report reflects Healthwatch's independent perspective. We would like to extend our gratitude to everyone at Norton House, including the staff and patients, for their warm welcome and participation in the process.

The Review Team:

The visiting team consisted of:

- **Christine Sherwood Engagement Officer for Social Care, Staffordshire, Healthwatch Staffordshire**
- **Quality Standards Assurance visit (QSAV) Programme Lead, Quality Assurance and Effectiveness Team, MPFT.**
- **Non-Executive Director for MPFT.**
- **Ward Manager.**
- **Quality Lead.**

Clinical Reviewer was not able to attend this visit today but will be attending separately on Thursday 13.3.25 to complete their part of the assessment for the QSAV Team.

Service Outline:

Norton House is a medium secure unit for males, functioning as both a treatment rehabilitation facility and a pre-discharge ward, with the capacity to house 12 patients aged 18 and older. It is important to note that all bedrooms are located upstairs, and there are no lift facilities; therefore, risk assessments must be conducted to ensure that the needs of each patient can be met.

Patients typically enter the Hatherton Centre at St. George's Hospital and transition from the Psychiatric Intensive Care Unit at Newport House once their complex needs have been addressed. They then progress to a less structured unit, such as Radford House, where their treatment continues. Eventually, patients are stepped down to Norton House.

Each facility has a multidisciplinary team that provides care to the patients, ensuring a consistent treatment plan and continuity of care. This supportive approach aims to reduce recovery time and offers a safe, secure environment as patients begin their recovery journey.

The purpose of the Forensic Mental Health and Learning Disabilities service is to provide high-quality, specialised local support for offenders with mental health needs. The goal is to empower individuals to take responsibility for improving their health and well-being while minimising any associated risks.

Norton House implements a person-centred approach to patient care. Stays typically vary from approximately 18 months to 2 years, depending on the patient's therapy needs. The unit conducts random drug and alcohol testing and will occasionally bring in a drug detection dog; rooms may also be searched for contraband.

The unit has strong connections with the Voluntary, Community, and Social Enterprises (VCSE) sectors, including the House of Bread, and provides patients access to learning and development opportunities through external services offering lessons in mathematics, English, and CV writing, among others. Patients are allowed to leave the facility, following permission by their consultant psychiatrist as well as an assessment, particularly as many have Mental Health Act and Home Office restrictions on them. They engage with the community, some with staff escorts and others independently, following a risk assessment by an occupational therapist.

Additionally, the service maintains close ties with the [FIRST team \(Forensic Intensive Recovery Support Team\)](#), working collaboratively within the multidisciplinary team months before a potential discharge. This collaboration aims to build rapport with the patient to support a successful transition and reduce the likelihood of readmission. The team will continue to work with the patient in the community after discharge.

This least restrictive practice encourages patient growth by providing them with responsibility and equipping them with the tools they need to succeed in the community. The team offers quality care to its patients 24 hours a day, 365 days a year. It consists of multidisciplinary teams that operate in-house and utilise external support.

The services provided include nursing support, medication reviews, signposting, information, advice and guidance, as well as triage for more complex needs. If a patient shows signs of relapsing in their mental or physical health, the team can facilitate transfers back to other units within their scope of practice. They conduct a wide range of assessments, offer face-to-face support, and engage in care planning for individuals experiencing mental health challenges that may affect their daily lives. These challenges may have included substance misuse, anxiety disorders, complex trauma, mood disorders, and more.

Staffing :

There are currently 28 staff working within the service, which include:

- 2 Consultants (split caseload)
- 1 Ward Manager band 7 WTE (Whole Time Equivalent)
- 2 Band 6 WTE
- 6.8 (in post) Band 5 Registered Mental Nurse Established to 8
- 1 Advanced Clinical Practitioner band 8a WTE
- 3.8 (in post) band 3 Health Care Support Workers (HCSW)
- 3.4 (in post) band 2 HCSW Established to 5.6
- 1 Occupational Therapist band 7 0.5 WTE
- 1 assistant psychologist band 4 WTE
- 1 ward psychologist band 8b WTE
- 1 Support, Time and Recovery worker WTE
- 1 Social worker band 7 0.6 WTE
- 1 ward admin 0.5
- 1 Occupational Therapy Assistant WTE
- 1 B4 Occupational Therapy Assistant (OT apprentice)

We were informed that the team currently has one qualified nurse vacancy and two healthcare assistant positions to fill. There is one long-term staff member on sick leave, along with a couple of short-term sickness cases. The service currently employs 28 staff members, of whom eight are qualified nurses. The service also has a group of bank staff they use, and agency staff are rarely utilised. Overall, staff retention is good, and flexibility in working hours can be offered.

The ward staffing typically consists of four staff members during day shifts, which includes two qualified nurses and two care staff, with the

same staffing arrangement in the afternoon. Additionally, there is one staff member who comes in around lunchtime. During night shifts, there are usually three staff members: two qualified nurses and one care staff. Staff members work a variety of shift patterns.

Rotas vary, sometimes with a mixture of early and late shifts when staff tend to do shorter shifts. Some staff members may work two longer days followed by two shorter shifts. However, the company is exploring self-rostering for staff, although this has not been implemented yet, and the manager is uncertain how it will work.

The team appears to receive good support, but the manager recognises that team meetings need to resume, as they have been neglected due to work demands and winter pressures, and this has recently been implemented for the end of each month.

Staff receive regular monthly supervision, which was noted during the visit & reflective practice fortnightly. The organisation provides mandatory training as well as additional training opportunities for staff. The manager sometimes needs to remind staff to complete their training tasks, understanding that there can be challenges in meeting targets, particularly since some clinical staff, including medics, psychologists, and ward clerks, are under his supervision but may not be seen regularly. The ward manager also mentioned that staff on long-term sick leave can impact training completion percentages, but this issue is beyond their control.

It was evident that the management team enjoyed their roles and were passionate and empathetic towards their patients. They aim to provide the best care not only for the patients but also for the staff they support. Their holistic approach to patient care is commendable, fostering a calm and relaxed environment, which is met with mutual respect from both patients and staff. Although I did not speak directly with the staff, a member of the QSAV team did, and she reported that the team appears very supportive of one another and of the management team, indicating that the management style is appreciated. Staff were motivated and worked cohesively as a team.

Referrals and Wait Times:

Referrals are generally handled internally due to the nature of the scheme. Norton House serves as the final link in the chain within the Hatherton Centre, making it the primary location where patients are discharged and empowered to become self-sufficient as they reintegrate into the community. In rare cases, patients may return if support services notice a decline in their mental or physical health. In such instances, interventions are implemented to prevent further escalation and to safeguard both the patient and the public.

The team receives referrals for this unit directly from within the Hatherton Centre, or when a patient's discharge has failed, and they require additional support.

I did not have access to any feedback that MPFT may receive from patients using their in-house methods. However, I was informed by QSAV and the management team that there is a Forensic User Involvement Group that meets monthly. Each ward has a designated patient representative who provides feedback on ward issues during these meetings.

Contact Details for Professionals and the Public:

A small number of people who have spoken to Healthwatch about mental health services have expressed uncertainty about how to contact these services after regular hours. This indicates that there is still work to be done to help the public understand who can provide assistance and how to access that help. This need for clarity applies to service users, carers, and the public.

We have been provided with a link to help the general public navigate the resources available when they need support. The link contains information on mental health support, including phone numbers and email addresses for their local providers, as well as contact information for national support services and other local non-urgent mental health resources. Additionally, it includes various relevant topics such as Art for Health, Chaplaincy, Spirituality and Pastoral Care, Customer Services and Experience Team, and Information for Carers. [Midlands Partnership University NHS Foundation Trust – Help for Your Mental Health](#)

Service User Experiences:

I spoke with one patient while on site, and he expressed that he is pleased with the unit he is currently in. He mentioned that the staff are kind, respectful, and treat him with dignity. The atmosphere within the unit is generally good, and the patients tend to get along with each other most of the time. He appreciates the less restrictive approach and values his opportunities to leave for a few hours and go out in the community, as well as the chance to participate in training.

The patient has ambitions and goals for his future, which serve as a great incentive for him. He enjoys visits from his family and shared some personal insights on this. Although he has been at St. George's for a significant period, he noted that it is far better than another establishment he encountered prior, which was not a positive experience. He mentioned that he feels safe here.

Regarding the food, the patient stated it was acceptable, particularly enjoying the Caribbean dishes, though he mentioned that the

vegetables could be better. Overall, he was very positive about his experience, presented himself impeccably, and was quiet & respectful. He also indicated that he is involved in his care planning and is aware of the complaint process, referring to the PALS team listed on the notice board among other items on display.

Additionally, I witnessed another patient fist-bumping a member of staff, and I noticed other patients smiling and engaging in friendly banter with the staff members, and other patients getting ready to go out into the community.

Maintaining People in Community Settings:

- It was mentioned during the visit, that being able to offer a more personalised and integrated approach to supporting and treating patients locally, means it is now possible to successfully case manage better. Staff recruitment and retention are improving, and combined with the addition of partners, has made it possible to deliver consistently a more effective service.
- Staff use a system called “Rio” to look at a patient’s case to see what is working and what they may need.

Internal Layout

The facility is older than some of the units, and space for meetings is limited. As a result, staff often move around the facility in search of quiet areas for confidential meetings. The managers’ office is frequently used by psychiatrists when they are on-site. There is a Multi-Disciplinary Meeting (MDM) room, but we could not access it due to ongoing meetings.

The staff room is very small, accommodating only four seats, and a number of staff lockers. There is a small medical room. Opposite this room, there is another small office that houses CCTV, as well as computer and telephone access for nursing and care staff. Outside the door is a small notice board indicating which staff members are on shift.

As you enter the facility, there is a large display board featuring staff names and roles. Another large board displays notices such as the complaint procedure, Health and Safety information, and CQC ratings.

On the ground floor, there are two lounges for residents, one on either side of the entrance. One lounge includes a pool table, TV, and gaming consoles, while the other has board games, a TV, and a guitar. This second lounge also allows patients to use a laptop, provided they have been assessed as capable of doing so. At the end of the ground floor, there is a large dining room and a laundry facility, which features a board displaying information about pets.

In the dining area, there is a display of Norton's Mutual Expectations: a collection of quotes from each patient outlining rules and guidelines for how they should interact and treat one another. Opposite this is a wall painted with clouds, inside which are inspirational quotes that patients have written.

The facility includes a clean and well-maintained large kitchen, equipped with items such as slow cookers and air fryers. There are locked cupboards for individual use, and each patient has access to them. The fridges are organised, and utensils like sharp knives are secured to prevent unsupervised access. Patients' cutlery is also accounted for, allowing for safe auditing by the security staff. Additionally, there is a smaller kitchen on the opposite side of the ground floor, which is maintained as well.

There are two restrooms on the ground floor: one for patients and one for staff.

Upstairs, the facility has two wings, each with six bedrooms. Individuals can personalise their rooms to some extent, displaying significant belongings. Currently, there is a mix of wooden and plastic bed frames, though eventually, all frames will be plastic. The furniture is weighted to prevent it from being used to injure someone.

On the upper floor, there are communal bathrooms, with two shower rooms and, in the other wing, a bath or additional shower unit. The hallways and stairwells are carpeted, and while the building is basic, it is well-maintained, with neat and bright paintwork.

Patients are monitored on an hourly basis; however, if a patient's mental health deteriorates, observations will be increased.

Currently, there are no blanket restrictions in place due to the nature of the service, which aims to prepare patients for discharge and independent living, however posters in the unit detail security procedures in place. Patients are encouraged to keep their rooms clean and locked when not in use. The kitchens are designed to enable patients to start preparing meals, which is included in their care planning.

Medication is managed in this unit through a four-stage process. Stage 1 is the most restrictive, where staff oversee and administer medication. As patients progress through the stages, the restrictions are gradually lifted until Stage 4, at which point patients are expected to collect their medication from a pharmacy and store it in their bedroom medication locker. They are responsible for taking it correctly, with staff conducting occasional audits to ensure compliance.

Every staff member has a set of keys, and some doors are locked when entering and leaving rooms to safeguard everyone involved. The bathrooms are designed without exposed pipes or taps, utilising

push-button options instead. Windows have small vents at both the top and bottom to allow fresh air to circulate. Every aspect of the facility has been carefully thought out to protect both patients and staff. Staff members wear panic alarms in case of emergencies.

Other facilities within Hatherton Centre

During our visit, we explored a full-sized gymnasium equipped for various sports, including football, basketball, and badminton. This facility also features a sensory room, designed with specialised lighting and amenities to help individuals de-stress, as well as a hair salon.

In another section, called Sandon House, there is a fully equipped medical room that serves as a clinic for visiting doctors, opticians, and podiatrists and is staffed by trained personnel. Additionally, there is a complete kitchen with laundry facilities, which is utilised for rehabilitation purposes. We also found a library complete with seating, a TV, DVDs, and a spacious meeting room that hosts various events, such as service user forums. The hallways are adorned with unique artwork, and there is a gym containing treadmills, exercise bikes, and weight machines. Gym instructors provide one-on-one training programs and Tai Chi classes, and they can also accompany patients to off-site swimming classes.

On-site, there is also a polytunnel where patients grow vegetables and create hanging baskets during the summer months.

Summary

This was the first time Healthwatch has done a joint Quality visit with MPFT's Quality Team for this service. It was a positive visit to Norton House. Staff and managers were able to demonstrate considerable progress in the service with a holistic approach that is needs-led. The management team has a good insight into what is needed to support both staff and service users.

Strengths:

- The service provided is highly personalised and tailored to each patient's needs.
- It utilises a least restrictive model that empowers patients to take responsibility and equips them with the necessary tools for success in the community.
- There is strong evidence of effective team management, which has fostered a supportive environment that both staff and patients appreciate.

- Communication between patients and staff appears to be effective, and MPFT will continue to enhance and document this communication.
- Previous issues with Wi-Fi have been resolved following recent investments and changes.

Recommendations:

- Healthwatch Staffordshire could place a patient feedback survey in the three houses, accompanied by locked ballot boxes to allow patients to provide feedback independently. This feedback could be invaluable for improving the services.
- Additionally, how can families give feedback? Could MPFT also offer an anonymous option to enhance the services further?

Next Step

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

Disclaimer, please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents, relatives and staff, only an account of what was observed and contributed at the time of this visit. We would not note or comment on any formal complaints that are ongoing to ensure the following of procedures.