



Young Inspectors visit to Warwick Hospital McGregor Ward 6th September 2025

Introduction:

Our Young Inspectors Programme provides young people with the opportunity to visit and evaluate services for children and young people. This was the first hospital Young Inspectors visit and formed part of the coproduction process with IMPACT (Warwick County Council's Young People's Forum for SEND), Healthwatch Warwickshire and Warwick Hospital co-creating the structure of the Young Inspectors visit. The structure of the inspection is shaped around the Child Friendly Warwickshire five outcomes, which are for all children in Warwickshire to be Happy, Healthy, Heard, Skilled and Safe.

On 6th September 2025 we visited the MacGregor Ward (children's ward) at Warwick Hospital with four Young Inspectors (aged between 12 and 16), two members of the IMPACT leadership team, and a representative from Healthwatch Warwickshire. We toured the ward, spoke to two families and patients and interviewed two members of ward staff. Our findings reflect our observations and conversations on the day.



Young Inspectors Team

MacGregor Ward observations:

- **Hospital Entrance:** Finding the entrance to the hospital was confusing due to building works as the hospital appeared to have two entrances. The signage for the children's ward was not immediately obvious along the narrow corridor where we entered, though once closer, fish patterns on the floor directed visitors. Since our visit the new main hospital entrance has opened. Double security doors and hand washing facilities are available.

Recommendation: To make the directions more child-friendly, additional vinyl stickers facing in the direction of the children's ward could be used along the main corridor walls. This would give children something to look for on the way and help families find the children's ward.



- **Waiting Room:** On entering McGregor ward, the waiting room is bright and welcoming with jungle murals, which our Young Inspectors appreciated, even the older teens. One said, “Older aged children can ignore them, and the younger kids can enjoy them. I don’t want plain white walls; it should be fun.” The presence of a bubble tube was appreciated by the Young Inspectors, however, it made a noise and alongside the constant hum of the air-con it was felt this could overwhelm neurodivergent patients. Consideration had been given to having music playing in the waiting room. We saw toys available and colouring sheets although noticed that the pencil crayons needed sharpening.

Recommendation: Consider the sensory needs of patients and visitors by ensuring flexibility around the use of the bubble tube or music. Use signs to communicate to patients to ask for these to be switched on or off according to need.

Recommendation: Maintain a clear process and responsibility for checking the quality and availability of the play items and resources in the waiting room.

While seating in the waiting room seemed limited, we heard from staff that this was managed and appropriate for the scheduled clinics. The blood taking room for children is next to the waiting room. The Young Inspectors were concerned that this could be difficult for children waiting for blood tests who might hear another child in distress. We heard how the ward has arranged for those having blood tests to wait outside of the ward and only come in for their actual appointment. This helps keep children calmer and more regulated for their own blood test. Feedback from one parent, whose child had a recent blood test, described the staff as “Calm and professional”. They were asked permission for a trainee to take the blood, but when they missed the vein, the experienced member of staff communicated with a silent hand signal, and they swiftly stepped in and tried again, quickly and efficiently. The parent said her daughter was not aware of this exchange because it was so seamless and effective. Staff told us that the blood clinic room can be set up with resources that can support distraction and regulation whilst the blood is taken, but when we saw the room, it looked very plain and very clinical.

Recommendation: The plain walls in the room for blood tests would benefit from being decorated to be more child-friendly and with things for patients to look at and focus on.

On visual inspection in the waiting room, there appeared to be a mould mark on the ceiling from a leaking air conditioner.



On the walls there was a board showing who was on shift, although on the day of the visit this had not been updated. Information was available about meal choices and cleanliness ratings. Senior staff do 'walk abouts' to review practice on the ward.

Recommendation: Regular checks should be made of the Information Boards for patients about staff on duty.

- **Kitchen:** The kitchen is available for parents to make hot drinks or store food. Following feedback from families, we heard how staff had raised money to buy lidded cups, so that parents could make hot drinks and take them safely back to the ward. Tea, coffee and milk, etc. are provided. Information is provided for parents, including leaflets about health visiting, vaping, sepsis, Kooth and Young Minds.

Recommendation: Working with Warwickshire Parent Carer Voice audit leaflets to ensure they are in date and current.

Recommendation: Develop a Padlet to host a digital clipboard of leaflets and useful resources and display the QR code on the ward and bedside folders, including printouts of QR code.

- **Corridors:** A Young Inspector commented on the good use of frosted glass for privacy in the rooms off the corridor. Staff boards were displayed with pictures and continued with the jungle decoration theme. A young person mentioned liking the use of traffic lights to see if a room could be entered or not and found this an easy way to understand. A Young Inspector liked the fish tank and pictures of people's pets on a noticeboard.

At the Nurses Station there was a noise alarm to alert staff with coloured lights if it gets too noisy, which is particularly useful at night. This was introduced after some patients found the staff to be too noisy. This is a creative idea to support staff awareness. On the day of the visit this was not plugged in; the explanation given was that it was unplugged to allow some other equipment to be plugged in. Further down the ward some of the corridors were cluttered with medical equipment and cots, as there was nowhere else for storage. A parent of a 3-year-old said that they have been in a few times and that staff had always been welcoming, friendly and polite.

Recommendation: Ensure staff have sufficient power sources, so that the noise alarm can be used constantly to benefit patients.



Recommendation: Look for creative ways to address storage issues.

- **Emergency Treatment Room:** The emergency treatment bay felt cramped and cluttered, though staff acknowledged this and were seeking solutions. There would be staff treating the young person, but also a member of staff to support the needs of the parent. This room was very busy, we noticed paint scraped on the walls, and it felt very clinical with medical machines and medication stored here. The clock on the wall showed the wrong time. Staff told us that when this room is in use, sometimes in emergencies, it can be hard to access the medication for other patients on the ward. We heard that when a child is being treated there the parents are encouraged to stay and “follow the child’s journey” at the child’s head to help keep them as calm as possible. The ward is planning to move the medication store to a space across the corridor, which would enable them to make the space much more comfortable for families.

Recommendation: Any redesign of the Treatment Room should consider seating for a parent, so that they can be close to their child, but still sitting; a ‘saddle seat’ may give flexibility in terms of height and movement for the parent to sit, whilst maintaining proximity to their child. Having visuals on the wall or positive things to focus on would make the room less clinical.

- **Cot Bay:** Cot room was nicely decorated and there was a chair bed for a parent to use.
- **6 Bedded Bay:** Jungle themed decoration continued. It looked clean and curtains were in good condition. One Young Inspector mentioned that everything was very blue. Blue didn’t feel like an uplifting colour, but rather a cold colour.

Recommendation: Explore alternative colours of bay curtains to add some interest and colour to the ward.

- **Side Room (Bed 19):** We could not view inside Bed space 19, but staff shared the changes they had made. The Bay is specifically set up to better support neurodivergent young people or those in mental health crisis. The bay attempts to be more therapeutic, with lighting that can be changed, with dimmers, soundproof room, safe bed and two doors, to create a safe space for the patient in the room and limit the impact on other patients on the ward. The two doors create a buffer zone where a member of staff can sit, enabling close monitoring for safety reasons, but



also a level of privacy and distance. This may help the patient to feel less overwhelmed. We heard how restrictions are not applied uniformly to everyone, but any restrictions needed are included in a clear care plan to ensure safety and well-being.

- **Playroom:** A lit-up picture of the sea and lots of pictures on the wall created a light and welcoming space. The Playroom was well stocked with toys and activities. This included lots of hospital play sets to help kids to understand and process medical experiences, for example X-Rays. Play Workers set different activities up in this space for each day. The Playroom had direct access to the Outdoor Space.

Children's Outdoor Space: There is a variety of outdoor play equipment available on a rainbow coloured soft-surfaced floor. This area is only available under supervision. The outdoor space did not seem so clean; it was quite small and would get very hot in the summer. There are some giant beanbags available. Staff also organise for face painters, glitter tattoos and visits from therapy animals, including therapy dogs and even a Shetland Pony.

Recommendation: The addition of a bench for parents to sit on in the outdoor space, would provide comfort as they supervise their child. Young People suggested that having some plants (that didn't attract wasps) may help it feel more like a garden. A pressure wash of the surface may help to improve the appearance. A canopy to provide shade would ensure maximum use of the space in warmer weather.

- **Sensory Room:** The Sensory Room offered a break away from the ward, where it was noticeably quiet. The room was clean; all furniture could be wiped down and was in good condition. The room had a low light setting and smelt of a soft play area, not a hospital. Not all ceiling LED lights were working. Staff advised that consultations could take place there if this worked better for the patient. If a young person locked themselves in the room and staff were concerned for their welfare, the door can be removed outward to enable access. This room is available to one person at a time. Young People queried how someone would know about it, if it was available or how to access it.

Recommendation: Clear posters or leaflets about the Sensory Room should be included in patient folders, along with information about the booking process and how to access the room with staff support. A clear indicator of whether the Sensory Room is currently available or occupied is also needed. Consider using the Traffic Light System as the Young Inspectors felt this would be clear for all.



- **Adolescent's Room:** We viewed the dedicated teenage space which included heavy chairs for safety, beanbags, and a comfortable rocking chair. The Young Inspectors described echoey acoustics and noticed the heavy door was loud when it closed. There were some leaflets available, and staff would like recommendations of leaflets to include.

Recommendation: The Young Inspectors suggested washable rugs on the floor to provide sound proofing. Curtains or sound boarding around the room may improve the acoustics for those with sensory needs.

Recommendation: Develop a Padlet to host leaflets and resources for young people and display the QR code on the ward, including printouts of QR code.

The Adolescent's room is used to support young people who need meal support, which meant there was strong smell of chips noted on entry; this strong smell made one young person feel ill. The ceiling light was noticed to be flickering. The room had safety windows which could be opened.

Recommendation: The Young Inspectors suggested that this room would be improved with more natural lighting options. Better ventilation would ensure food smells are dispersed to enable others to use the Adolescent Room comfortably after it has been used for meal support.

The Adolescent's room has a camera fitted to support safety, with no sound recording. This space allows young people to hang out and watch TV or play games. There are youth work sessions and Play Workers would set up activities. Staff would need to unlock the TV and games console on request. Young People noted that the DVDs were organized randomly, so there was a mix of PG, 12 and 15.

Recommendation: Organize the different age ratings of DVDs on different shelves, to have clarity around suitability, and put in appropriate measures to prevent younger children watching 15 rated films. Clearly display information explaining who to contact to request access to the TV and Games Console.

- **Adolescent's Outdoor Space:** There is no outdoor space for adolescents currently, but there is a project in progress. An outdoor area for teenagers would be beneficial, particularly if patients are in for more than a short period. An outdoor area has been identified, with door access from the Adolescent's Room. The area is impacted by air-conditioning units, raising noise and overlooked by other parts of the hospital, so



there are additional safeguarding considerations. Staff will support Young People to go for walks off the ward to foster improved mental health.

Recommendation: The Young Inspectors supported the plan for an outdoor space to be developed, which would enable Adolescents to get some air and physical activity.

- **Blossom Room:** This is where difficult conversations about care and end-of-life decisions are sometimes made. It is beautifully decorated with careful thought for the people using the room. It feels peaceful and a haven away from the noise and high energy of the ward. Parents are also able to have access to a cold cot after their child has died to spend time saying goodbye.

Here is a video from the hospital highlighting some of the above spaces - [child-friendly spaces at Warwick Hospital](#).

Meeting the Objectives of Child Friendly Warwickshire:

Following our tour of the ward we interviewed Debbie Sherwell, the Lead Nurse for Paediatrics, and Rachel McGaw, Paediatric Crisis Neurodiversity Lead, from MacGregor ward to ask questions posed by IMPACT (Young People Forum for SEND). We wanted to better understand how McGregor Ward meets the objectives of Child Friendly Warwickshire to help children be **happy, healthy, heard, skilled, and safe** particularly for those with SEND needs. These outcomes are part of the county's strategy to improve life experiences for children and young people.

Happy

- **Hospital staff find out each child's needs and preferences:** An "All About Me" questionnaire capture likes, dislikes, and needs, what people must know and what they should know, about each child or young person. This includes neurodiversity and there are specific questionnaires for eating disorders or CAMHS. On admission, young people in crisis are given the opportunity to speak to the staff alone, as it can be difficult for young people to share all information in front of their parents.

Pre-surgery questionnaires and videos are provided to young people to explain the day of their surgery. Where a future patient is identified as being neurodivergent on a pre-surgery questionnaire, staff offer a visit the ward by attending the MacGregor Club. This ensures they experience the hospital prior to surgery, which supports the feelings about admission. Anaesthetists and Surgeons will tweak their lists to



support the needs of patients if required. Where needs are identified, alerts are put on the system, so that it will be flagged up if they attend A&E and the Specialist SEND Health Visitor in the Community is also notified.

The hospital has a Chapel/Prayer Room and a Chaplains Wall that introduces the Chaplains. Patients are given a tour of the Ward after admission and the information folder by their bed is highlighted to them, so they know where to look for information.

- **Staff training in neurodiversity, providing appropriate care based on age and gender:** Staff have to be multi-skilled, working with different ages and needs, and are encouraged to develop deeper knowledge based on areas of interest. We heard how staff, in the past, have been afraid of the unknown and used to avoid talking to young people in crisis. There is now a greater understanding of poor behaviour as a communication tool, which influences a more nurturing response and greater understanding. All current staff have received training from the Lead Specialist Nurse for Neurodiversity around Autism, ADHD, Learning Disabilities and Mental Health.

The ward cares for children from birth to 16; when children are 17 – 18, they will be admitted to an adult's ward, but the children's ward are notified, and senior staff liaise with the adults' ward to ensure needs are being considered appropriately. Teenage boys and girls are separated, whilst young children will have mixed gender bays. There is a fast turnover of patients. Staff assess who is placed with who and if young people are triggering each other, then they will be moved. Babies are accommodated at the top of the ward, and they try to have quieter rooms, if possible, particularly for neurodivergent children and young people. Staff ask the patient and their family and try to allocate to a bed accordingly, subject to capacity limitations.

There are different spaces for children and young people based on age.

Consideration is given to who is placed with who, as there is an acknowledgement that there is a risk that patients may learn things from each other, which would be a safeguarding concern.

- **Staff share their names:** Staff names are displayed on corridor boards and bedside information displays the responsible consultant and nursing staff. Patients told us that their nurse and the Play Worker will introduce themselves when they come on shift.



- **Entertainment and things to do:** We saw a variety of entertainment in the Playroom, Adolescent Room, Sensory Room and garden. We heard about educational learning, visits from therapy dogs, and activities organised by the Play Worker and Youth Worker. There are TVs and games consoles that can be wheeled to the bed side. The staff take the view that if a patient is poorly then it is important for them to sleep but discourage them from sleeping all day.
- **Suitable storage:** We heard about persistent issues, as storage is in short supply, so staff sometimes use lockers in staff rooms for patients. There are some bays that are bigger, so where additional storage is needed, this would be considered as part of the bed allocation. One patient seen on the visit had their mum staying over and she had a wheelchair, but this was stored at the end of her bed with no issue.
- **Lighting and heating:** Fluorescent lighting and air-con hum is present in the waiting area, but not on the ward; limited flexibility in changing either. Fans are not to be used. They have changed lights in one bay, so they are LED and changeable. Patients have their own light in their bed space. The lights in the corridor do go off at night.
- **Privacy:** Curtains can be closed at the side of the beds on the ward, but patients are encouraged to have their curtains open at least open at the front. This is to enable visibility for safety reasons, whilst still providing a level of privacy, instead of having someone sat with them. Closer observation may be required, for the safety of the patient if they are deemed at risk.
- **Parent facilities:** Fold-out beds are present for overnight stays for each patients' parents. Pillows, sheets and blankets are also provided for parents. For younger children, the ward invites one parent to stay, to support and comfort the child. There is more flexibility for older teens, who may feel they don't need this. There is a kitchen for meal prep and hot drinks and free parking for parents staying overnight. The resident parent will also be provided with food at mealtimes. A parent we met on the ward informed us that the food has been good and has been from the adult menu. There have also been occasions where the ward has fed a parent and the patient's siblings, who were there too.

Healthy

- **Helping children and young people to understand their illness:** Staff feel that doctors are good at talking to parents about their child's illness on their ward



rounds, which happen every day. It was felt that there is a greater need to involve the young person. Young people are involved in completing the 'All about Me' booklets and the care plan and folder are at their beds, and their medical notes are behind the nurses' station. Leaflets are available and QR codes for easy access to information. Conditions and medication side effects are explained by specialist nurses for Asthma, Diabetes, Epilepsy, Allergies, and Neurodiversity.

- Providing mental health support:** Psychiatrists see young people on the ward whilst they are waiting for a Core CAMHS Assessment. They may end up waiting even if they are in crisis. Patients waiting for a CAMHS assessment are more likely to be sedated, rather than treated, so for these patients there ends up being repeated admissions. We heard how some patients make plans to meet up again during a future admission which can be challenging for staff working to avoid future admissions. Senior staff have to advocate for young people to get the assessment and treatment they need from elsewhere, particularly the Core CAMHS assessment. One patient we spoke to during the visit shared that she had been due to have her CAMHS assessment that day, but her nurse had been to explain that her assessment had been postponed by CAMHS and would take place in three days. The patient expressed that she didn't feel safe to go home and the ward supported her plan to remain in hospital until she had her CAMHS assessment. Generally, it was felt by staff that there is a rise in young people with mental health needs, but also they are having children admitted now that are physically more unwell than in previous times.
- Bathrooms:** We viewed clean bathrooms, but the shower system was not good, as there are issues with fixed shower heads, despite children being different heights, and furthermore it can't be removed to enable easy hair washing. The temperature control is also poor, so it is too hot and can't be turned down. Children and young people experience heat in very different ways, particularly neurodivergent people. All of which may prevent patients being able to use the shower facilities. There are no mirrors on the ward due to eating disorder considerations, but there is a mirror in the waiting room toilet, but the mirror is to the side of the sink.

Recommendation: Investigate the possibility of having a movable shower head and temperature change control.

- Menu flexibility:** Staff told us that the variety and quality of food has improved over the last year. Patient feedback highlight portion sizes as an issue due to portions being the same for everyone irrespective of their age. The menus were clearly displayed in the waiting area and on laminated sheets for each bedside with a variety of options including vegan, vegetarian, gluten free, or not containing milk. A



finger food menu was also available. Food is ordered in the morning, so it is not always possible for patients to get their first choice on day one. The menu is nutritionally balanced but might not suit a young person who has a restricted diet of 'beige food', or sensory needs, and it does not currently list the brands of food, for example for a child who will only eat a Birdseye chicken nugget. Whilst staff go out of their way to try and accommodate patients' needs, the menu has significant limitations for this cohort. Children and young people need to eat in order to heal, so ensuring that the menu on offer can accommodate the range of needs is vital.

Recommendation: Consider the needs of a young person with a restricted diet due to neurodiversity, anxiety or sensory needs. Include information about brands on the menu.

- **Parent access to food and basic care:** The kitchen is available for food storage or hot drinks for patients and visitors. Staff go above and beyond to provide essentials, like toiletries and even gained charity funding to provide pyjamas for patients and their parents. We heard how staff provided for a single parent who was unable to leave hospital to get things they needed and how staff listen to each person's situation and try to support the best they can.

Heard

- **Tell your story once:** The ward organises the admission process so that the Nurse and the Doctor are present at the same time, so that the patient and the family don't have to repeat themselves.
- **Involvement in treatment options:** Staff told us they feel they need to be better at documenting the voice of the child, not just the view of the staff, being clear to record what the patient actually said. They have a Barnardo's template and an NSPCC one that they use. There can be an assumption that parents will make 'best interest' decisions, but for older children, particularly those 16 and over can provide a different view to their parents. Staff will undertake mental capacity assessment where this is needed, to determine the influence of parents and young person's views. This is based on individual decisions.
- **Privacy for discussions:** The Blossom Room, Sensory Room, or a room in the Paediatric Assessment Unit can be used as private spaces to support admission and assessment. Young people are also provided with space to share information without parents being present.



- **Listening to feedback from children and young people:** Feedback from patients is captured via questionnaires, but most feedback comes from parents. Staff have found that moving to a QR code method, they get less feedback overall. Play Workers use physical copies of the feedback form, which leads to more feedback. There is a feedback post-box on the ward too. Notice boards highlight changes that have been made following feedback from patients and their families.

Paediatrics are now represented on the Children's Board of the hospital, which means that they are able to represent the views and experiences of their patients to influence local developments. This addition is a recent change.

- **Providing communication support:** All staff have communication lanyards, access to Widget symbol cards, and wrist bands which are red on one side and green on the other, so these can be used as a way of sharing thoughts and feelings. Some staff have also had Makaton training to support communication needs. Staff told us that social stories are available, but feedback from a parent with a relatively recent admission (6 months ago) said that these would have been helpful, but were not available to her and she didn't know they may have been. Non-verbal forms of communication would benefit many children, even those who can generally communicate verbally. When someone is ill, their capacity is likely to be less, and it can be easier to communicate more when visual supports are in place. Patients, especially those who struggle to ask for help, need to know what support options are available, and staff need to consider using more visual supports, even for patients who wouldn't typically be identified to support this. The Ward is looking at the possibility of a communication board, and they already use now and next boards.

Recommendation: Ensure all staff are aware of the visual communication tools available and that these are shared with all patients and parents

- **Complaints procedure:** This procedure is explained and information about 'How's your care' are provided via bedside folders and any complaints go through PALS. PALS pass complaints back to Debbie Sherratt the Nurse in Charge to manage.

Skilled

- **Neurodiversity and trauma training:** We heard how 90% staff have completed the Oliver McGowan training online; whilst in-person training remains a challenge to access. The Lead Nurse for Neurodiversity has offered to do the train the trainer, so



that she could deliver it locally, but this has not happened yet. Staff have undertaken trauma-informed care from the NHS Vanguard, and Autism training from the Anna Freud Centre. The Lead Nurse for Neurodiversity has done the Anna Freud Train the Trainer, so she has been able to deliver this to all their staff. All staff have had training that has also included verbal de-escalation, and no physical intervention unless it is life-threatening. Staff are encouraged to shadow the Lead Nurse for Neurodiversity and Crisis to develop their skills.

- **Supporting those with long-term or rare conditions:** Staff are trained in diabetes and epilepsy; with community nurses available for specialist input. The Ward accesses the expertise from specialist centres like Birmingham Children’s Hospital to build the knowledge around specific areas of rare conditions. They have network days across the West Midlands, and the Critical Care Network provide bite-size learning.
- **Environment and adjustments:** Anna Freud method SPELL is used to develop practice on the Ward to create a supportive environment that promotes well-being, independence, and quality of life. SPELL stands for Structure, Positive, Empathy, Low arousal, and Links.

Recommendation: The Young Inspectors suggested that it would be beneficial to have a visual timetable of the day and to make sure digital clocks are visible because many neurodivergent young people struggle to read analogue clocks.

- **Support for parents:** Parent Support Groups have started to support parents who are on a journey, particularly neurodivergence and eating disorders. This includes support whilst they are waiting for assessment.

Recommendation: Parent Carers with children on the ward or at Parent Support Groups should be informed about Warwickshire Parent Carer Voice (WPCV) and WPCV leaflets should be made available and leaflets about the SEND Local Offer.

- **Transition:** Specialist nurses run transition clinics; “Ready Steady Go” programme in place. There is currently no Specialist Transition Nurse. There is a handover period and staff work with Community Staff, Social Care, and Mental Health Crisis Team.
- **Consistent progress:** There are increased ‘walk abouts’ of the ward by Senior Staff, who are also looking at undertaking audits to ensure consistency in practice and planned improvements.



Safe

- **Safety Measures:** Staff use risk assessments, bed rails and supervised time in play/recreation areas. There are 3 safety huddles each day and liaisons with other hospitals, like Birmingham Children's hospital, as required. Martha's law can be used by families who want to raise concerns. Safety considerations are included in ways to access spaces from the outside where doors have been locked from the inside, and in individualised care plans. Staff or family members may support patients to go for a walk away from the ward. If a patient runs away from the ward, in the past this resulted in multiple phone calls to different agencies, but now there is one phone number to alert, which means staff can focus on the patient.

Staff are trained in suicide prevention and safeguarding. They used to use a low, medium and high-risk rating, now use a Stay Safe from Suicide Therapeutic Tool although this is not surveillance. Think Family Outreach will also attend the Ward daily and can offer support. The ward has also recruited a Family Liaison Worker to support families.

Staff ensure they are aware of family dynamics in case the presence of a family member is causing distress. They will be aware of the dynamics between young people patients in case this is unhelpful. They have clear rules around use of phones and don't allow anyone to use cameras on the Ward. No phone chargers are allowed, and phones can only be charged behind the nurses' station. If there are any concerns about phone usage, staff will also work with parents to create limits using parental controls or turning the internet off. They will also refuse to charge the phone, if there are concerns.

- **Mental health support:** One registered Nurse holds a Masters in Mental Health, but all staff have Mental Health Training. The senior staff were clear, however, that it is not about having a master's degree, it is about relationships, staff who know the children and build relationship and good communication. Rather than bringing in different staff if the needs of a child escalate, they will ensure the staff that know them will look after them and then back-fill with support staff to enable this.
- **Managing distress:** Staff prioritise safety and are proactive in getting to know the patients and understanding what helps them. They have learnt from this knowledge and developed specific spaces that help to provide regulation spaces, including the Sensory Room, Blossom Suite. They use well-being packs, which include a journal called Breathe Out, squishy ball, a book, crayons, modelling clay, and a leaflet about the Lead Nurse for Neurodivergence and Crisis Support. Staff support family



involvement and use sedation only when necessary. Weighted lap pads and ear defenders are examples of support items that are available. Patients are encouraged to bring in items from home that would help them feel better. The ward has previously agreed for a patient's assistance dog to come and visit which was so supportive for the patient because usually she is not separated from her.

Response to incidents: We heard about an open culture, which encourages people to raise any concerns they have, leading to improvements. Recent changes include improved alert systems and noise monitoring. We heard how Senior Staff have worked with the Security Team to develop suitable strategies; as in the past when called to attend the Ward, they would come in and be very authoritarian. Now they will use distraction, going for a walk, will always have compassion for the person, be kind and give them the space to be angry, which is a natural emotion. They create a safe space to be angry if that is needed. Sedation will be used as a last resort and will follow a conversation with the family. Young people are often scared and need help managing anxiety. The presence of the Lead Nurse for Neurodiversity and Crisis makes a significant difference in how a situation resolves. This leadership is impactful. There is a once-a-month incident meeting.

- **Neurodivergence and trauma:** The needs of these cohorts of patients need careful planning to enable them to feel safe, in order to reduce health inequalities. The introduction of the Lead Nurse for Neurodiversity and Crisis has led to significant changes in the response to these very vulnerable patients.
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Conclusion:

During our visit we were impressed with the quality of care demonstrated by the staff on MacGregor Ward. We heard repeated examples of service improvements due to patient feedback, including thermal mugs being provided to enable parents to have hot drinks, patient's parents being offered meals, and sensory spaces being introduced. We heard about the ongoing improvement plans to develop a separate outdoor space for adolescents, distinct from the playroom designed for younger children. By inviting the IMPACT Young Inspectors to view the ward and ask questions it demonstrated a willingness to listen and learn from neurodivergent young people and a commitment to making positive improvements to benefit all patients.

On the day of the visit, we saw many positive examples of good practice

- The management and leadership team on MacGregor Ward demonstrated being proactive in listening to patients and generally improving the ward and care



environment. We felt they were committed to going above and beyond to support young people.

- Staff demonstrated a strong awareness of the increasing complexity of young people's needs and described the actions in place to support those with neurodiversity and mental health needs. Staff described a good training offer in place for all staff members. Staff were mindful of the emotional and practical impact of long waits for CAMHS beds
- The care of patients by staff was really evident throughout the visit and was demonstrated by fundraising efforts including a sponsored walk to raise resources.
- We heard many examples of patient-centred care as staff as each individual patient is listened to and their needs considered. Staff are vigilant and consistently advocate for children and young people creating private spaces for children and young people to be able to share personal information.



Thank you to MacGregor Ward Staff at Warwick hospital who made this visit possible. Thank you to the IMPACT young people who developed the questions and attended the visit.

Following our visit, we invite Warwick hospital to consider and respond to these recommendations and to invite the Young Inspectors to visit again in 12 months.

If you have any questions, or would like further information please contact:

Those involved:

IMPACT, the Young Person's Forum for SEND meets online (Thursdays, monthly) & face to face (Fridays, fortnightly). It provides an opportunity for young people aged 13-25 years with SEND to have their say and influence support in Warwickshire. If you, or someone you know, would like to get involved please [complete the online form](#) and we can let you know more information about what is happening and how to get involved. For more information please contact: impact@warwickshire.gov.uk.



Healthwatch Warwickshire are an independent service for everyone in Warwickshire who uses health and social care. We help people understand the health and social care system by providing information and signposting and gathering feedback on services. Together with our volunteers, we use the feedback heard to help improve NHS and Adult Social Care services. Find out more about our work, at: Web: www.healthwatchwarwickshire.co.uk
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In consultation with:

Warwickshire Parent Carer Voice is the parent carer forum for Warwickshire. The forum is a representative group led by parent carers for parent carers of children and young people who have special educational needs and disabilities (0-25). The group are looking forward to working with Warwickshire County Council and various agencies to help shape and improve local services. If you would like to get involved with the forum or share your experiences, please email: warwickshireparentcarervoice@gmail.com or follow them on [Facebook](#).



Response from Warwick Hospital:



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NHS

**South Warwickshire
University**

NHS Foundation Trust

"Thank you so much to the Young Inspectors, IMPACT, and Healthwatch Warwickshire for taking the time to visit MacGregor Ward and share such thoughtful feedback. We really value the reflections and recommendations provided, and it's encouraging to hear the positive experiences you had with our staff and the care environment.

We're pleased that many of our recent improvements were noticed, and we will continue to build on this. Your suggestions around clearer signage, sensory considerations, decoration in clinical spaces, storage issues, outdoor areas, and communication tools are all helpful and very practical. Several of these actions are already being explored, and your comments will directly support ongoing work to make the ward feel more welcoming, accessible, and supportive for all children and young people.

We especially appreciate the insights from neurodivergent young people. Creating a space where everyone feels safe, understood, and able to communicate their needs is a priority for our team, and your input helps us make meaningful progress.

Thank you again for your time, honesty, and care in carrying out this inspection. We would be very happy to welcome the Young Inspectors back in 12 months to see what has been achieved."

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