

A Modern Hospital

Memories of Princess Marina Hospital

Finding Out Group supported by Jan Walmsley



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**Memories of Princess Marina
Hospital, Northampton 1972 - 1995**

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Introduction

This booklet records the memories of some of the staff who worked in Princess Marina Hospital, Northampton. Princess Marina was one of the last NHS learning disability hospitals to be built. It opened in 1972, and closed in 1995.

The project was carried out by the Northamptonshire Healthcare NHS Foundation Trust's (NHFT) Finding Out Group (FOG), four people with learning disabilities who have trained to do research.

They were supported by an enthusiastic group of nurses, most of whom had actually worked in Princess Marina Hospital.

Jan Walmsley, Visiting Professor in the History of Learning Disability at the Open University, was academic advisor to the project, and author of this publication

The project had 3 aims:

1. To provide an opportunity for the FOG group to do some research
2. To enable staff to reflect upon their work in a now discredited system of care
3. To consider whether there are lessons to be learnt from practice in a long stay learning disability hospital

There are 3 Sections in this booklet:

Section 1: Background and Methodology introduces the Hospital, and explains how the project was carried out

Section 2: The Project Findings presents the project's findings in the words of former Princess Marina Hospital staff

Section 3: Conclusion reflects on the 3 project aims

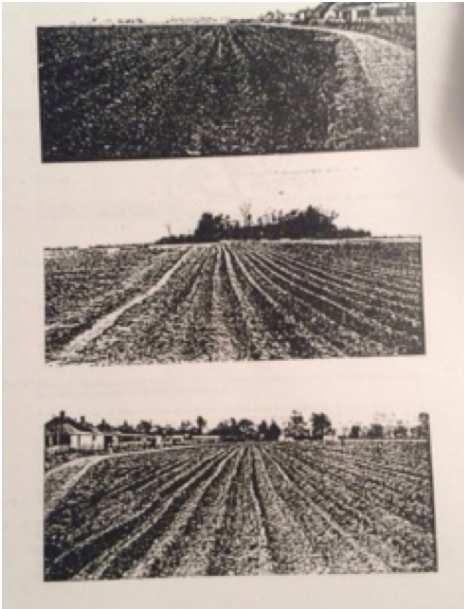
This was an oral history project. The information was collected from nurses who had, at various times, worked in the Hospital (called PMH). We did not set out to provide an authoritative or even objective account of the hospital, rather to record how people felt about their work in the hospital at a time when institutional care has a very poor reputation. People had varying opinions about the hospital, and the environment it offered to the people who lived there. One of the surprises about the project was that contributors overall had positive memories of their time there, and were able to cite examples of the ways they had tried to make life as good as it could be for the residents.

This is in stark contrast to the accounts of hospital life recorded using oral history methods with former residents – for example Maggie Potts and Rebecca Fido's *A Fit Person to be Removed* published in 1991 and Tim Keilty and Kelley Woodley's *No Going Back: Forgotten Voices from Prudhoe Hospital* published in 2013. On the whole, people who contributed to these and similar publications did not enjoy hospital life and were pleased to leave. Perhaps a future project should record the memories of those people for whom PMH was once home.

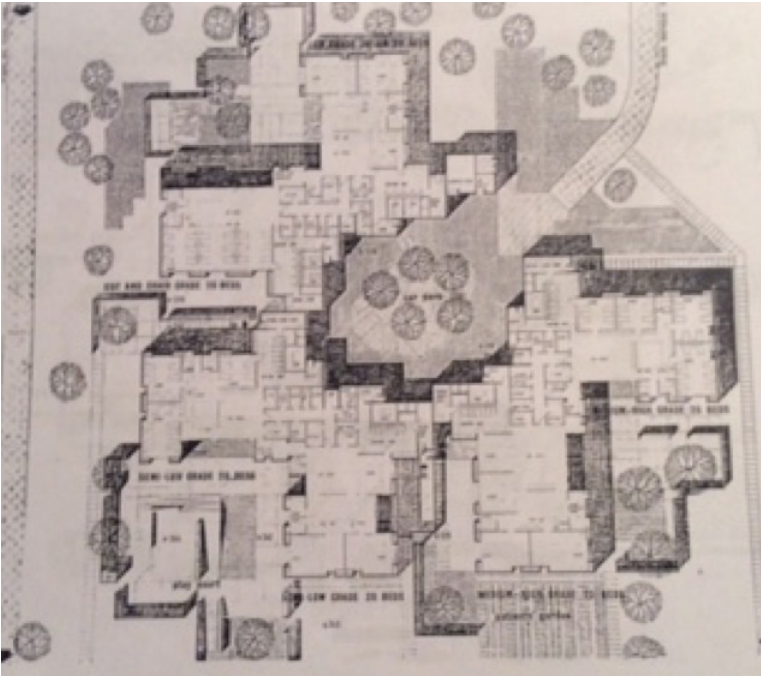
Part 1 - A most modern facility

The Hospital: origins

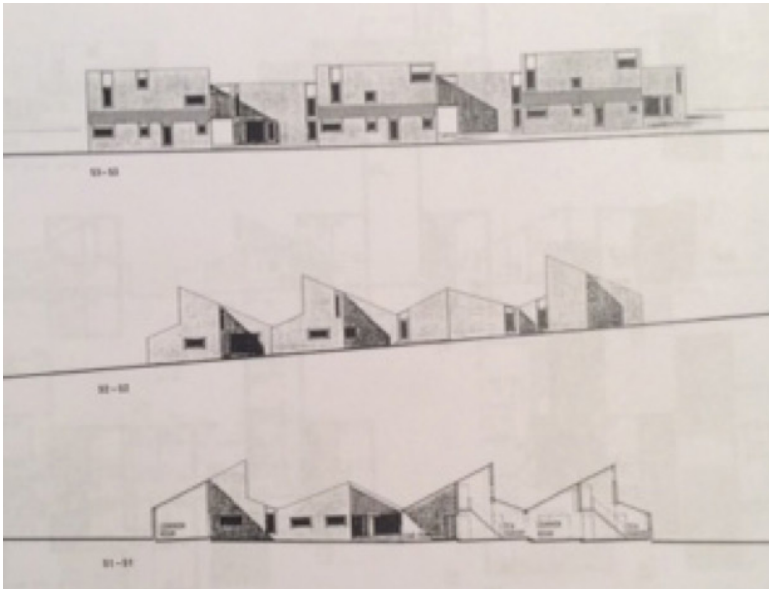
In 1972 Northamptonshire's own hospital for people with learning disabilities finally opened. Previous to its opening people with learning disabilities in Northamptonshire were scattered in institutions far and wide, as, almost uniquely amongst English counties at the time, Northamptonshire did not have its own learning disability hospital. It had been planned as Upton Hospital in 1963, and was on the outskirts of Northampton, next to St Crispin's Mental Hospital, and on the edge of the village of Duston.



The site of PMH before building started



Plan of the hospital 1963



Plan of the hospital living accommodation 1963

PMH finally opened a year *after* the landmark White Paper, Better Services for the Mentally Handicapped, was published. This White Paper heralded the gradual run down of this type of care. So even when it opened, PMH was out of date. It closed just under 25 years later, in 1995.

Why this project?

This project emerged from discussions with Ruth Pinney, John Welsh, Phil Buckley and David Mathews, the four members of the Finding Out Group (FOG) and the staff who support them about the research they might like to do. The enthusiasm of some of the staff to remember their time at PMH made us think that recording these memories would be a good project for a group of trainee researchers. Phil had actually lived in PMH, the other members knew lots of people who had lived there.



Members of the FOG, John (far left), Ruth (4th from left), Phil (far right).

Preparation

To prepare for the project, the members of the FOG learnt about the history of institutions for people with learning disabilities. We watched some films, and looked at some booklets about this. This helped decide what questions to ask. These questions were written down. Jan Walmsley then organised the questions into Easy Read with pictures. FOG members then practised asking these questions of the nurses supporting the group.

Focus Groups

The next step was to hold Focus Groups with nurses and other staff who had worked in the Hospital. There were two Focus Groups, each with a different group of former staff. Everyone sat round a big table and FOG members took turns to ask the questions. Jan recorded the discussion on a voice recorder, and later wrote down everything people had said.

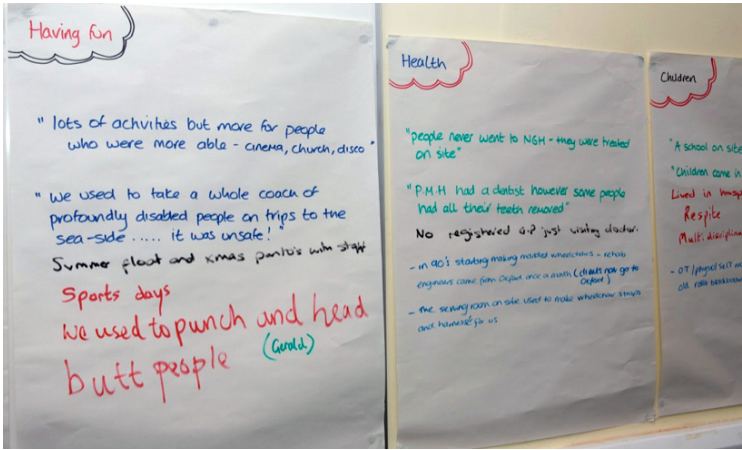


One of the Focus Group meetings.

Coffee morning

The next step was to hold a coffee morning. Everyone who had worked in PMH was invited, using contacts with retired staff known to members of the FOG. People who had lived in PMH were also invited. The purpose of the coffee morning was to share what the FOG had done, and to get more memories. This was done by putting the questions on large pieces of paper which were pinned onto a wall. People who came added their own memories to the flip charts.

We asked everyone who came to add their memories.



There were also old photos. People were able to identify many of the people in the photos.



There was a lot of conversation and people were very pleased to meet up again.



And there was great food!



Afterwards Jan Walmsley added what was on the flip charts to the information gathered from the Focus Groups. This included some memories from former PMH residents as well as staff.

Organising and presenting the findings

The final step in the project, before publication, was to organise the material into themes. This involved coding the transcripts from the Focus Groups, and the flip chart material collected at the Coffee Morning into themes. The questions asked at the Focus Groups provided an organising framework which overall worked well, but some changes were made as some material simply did not fit into these categories.

Part 2 - The project findings

The Findings from the project are presented in the form of direct quotations with a brief introductory commentary to each sub section. Some quotations have been edited to enhance clarity; the names of other institutions and individuals have been omitted.

Being a nurse at Princess Marina

The focus groups began by asking people what it was like being a nurse at PMH. In the early days people lived in a nurses home on the site. Discipline was strict, and privacy limited. Several people compared it to family life. Some thought it was brilliant, others were less enthusiastic.



As a staff thing it was lovely.



Like a big family? The family was the people you worked with, socialised with, lived with. Nothing is more like a family than that, it could be incestuous.



Could be gossipy, good and bad.



But in reality, just like you don't always get on with all your family, so you don't always get on with your workmates. Some people I worked with didn't like me and I didn't like working with them..



Quite a lot of people actually met their partners there, you had family quarters on site.



From a work point of view you would think very carefully before going off sick because you would leave colleagues struggling or people would not get their needs met so you supported one another and cared about one another.



I used to hear staff saying this is my second home because I spend so much time here, and it's like having a second family because I spend so much time with the staff group, when I'm off duty I'm at home and when I'm at work I'm with the same people every day.



Nurses Home was warden controlled, light out by 11, you could not have a boyfriend to stay unless you paid to book a room.



It was good fun. People brewed their own beer, played jokes on one another. Lots of camaraderie. You tended to be friends with people from your own shift, living, working, socialising together.



The Nursing Officer was strict and there was limited privacy. The bathrooms were walk through, and you could easily get the warden marching through while you were in the bath. In that respect it was a bit like it was for the patients. You used to just sit there and not say anything. Kitchens were shared too, often very messy, your food used to disappear.



A better sort of hospital?

A lot of people had come to Princess Marina from other long stay hospitals. On the whole they said it was much better, less overcrowded, more personalised care. But some people also said that PMH had inherited a lot from the past, like shutting people away, even though it was right on the edge of the town and it would have been easy to use community facilities rather than having shops, hairdresser, church and healthcare on site.



It was the most modern facility in the whole of Europe, attracting people from all over the world. Architecturally and in terms of facilities it was light years ahead, it never got overfilled.

“ I moved from a massive hospital in the north. PMH looked really modern compared to that Victorian place, and they were younger, the individuals, and the numbers were less as well. When I was a student in the North there were 40 people in a ward. But the difference was that hospital was closing when I left, it closed 16 years before PMH.

“ What really inspired me moving from St Crispins to PMH, staff did not wear uniforms, or relatively few did, wards were much smaller, more of an individualised approach to care than I had experienced. One thing that struck me, working on the wards people had a blue Jay cloth for their face and a pink one for their bottom, I remember that as being so individual, and individual toiletries as well.

“ The ward environment where I trained in the west midlands catered for 40 – 60 people, cared for by three or four staff, and assisted by patients. Numbers in each ward at PMH would be considered high by today's standards, but for then the wards had civilised numbers, they were designed for 20, but never reached that number. Working conditions were better than anywhere in the country. It's difficult to appreciate the difference.



“ It's one of the things I noticed when I came, yes, it was forward thinking compared to where I had come from, but where I came from had a domestic training unit where people had their own bedrooms to prepare them to go out into the community, learn to cook. They trained for six months, next stop was independent living. There was nothing like that at PMH.

“ It had good resources compared to the hospital I worked at in the North West. The wards were smaller – 20 people instead of 30 to 40.

“ The wards were named after local villages. I think it was hoped that the villages would take a special interest in 'their' ward but it didn't happen.

“ Everything was just a little bit better at PMH. Enough face and bottom cloths. Blue for bottom and pink for faces, proper pads. Before that they just used to sit on sheets if they were incontinent.

“ Although PMH was very modern it inherited a lot from the past. You noticed the farm between St Crispins and PMH, they were designed to be self sufficient communities, and that's why you had male and female wards, another legacy from the past, because you didn't want them developing relationships or as the eugenics called it breeding, so although it was modern there were old characteristics.

“ I came from somewhere where they boiled the flannels, 40 of them in soapflakes, they would boil 40 flannels, then you would pick any flannel up, so having each person having flannels for themselves for face and bottoms was a big difference.

“ To me what was surprising, it was a new building but everything was on site. My old hospital had a mile and a half drive, but it wasn't like that here, you went to the fence and there was the village. Church, everything, you didn't need to move off, and that was a surprise as you are slap bang to a large town. Things did progress, patients used more of the community facilities as time went on..

“ In my early years, the work at my previous hospital was very task orientated because you had huge wards with people with profound disabilities, 40 or 50 with three staff, you could not do anything but get them up, get them fed, get them washed, it was just because you were meeting those Maslow basic needs, you didn't meet the higher needs. But when I moved to PMH in 1978 it was like moving into a completely different world, even though there were still some not very good practices going on, in comparison to where I had come from it was amazing. A big change.

Challenging bad practice?

We were interested to know what happened if people saw bad practice. Did they tell management, or did they just turn a blind eye and get on with their jobs? Most people said it was difficult to challenge bad practice. It was easier to do the best job they could for their residents.

“ In the mid 70s you were often working with charge nurses and ward sisters who were coming up to retirement, they had trained 35 or 40 years earlier, in the 40s, and they found change very difficult.

“ If you were being punished as a member of staff, you got moved to the back wards, the worst ward in the hospital, dumping ground for troublesome staff, an area where there were people with severe learning disabilities who were maybe mobile so they would wander aimlessly all day.

“ It attracted some good people, it also attracted people who had old fashioned ideas and who had to go. At that time, you could see something major happen and next minute they were gone. There seemed to be this blanket view, we must not have any bad publicity, and that came from the top, mainly the consultant, so if you did anything wrong, we'll give you a reference but you have to go. They were going to get a reference to get a job elsewhere. It wasn't till later on they were referred to NMC [Nursing & Midwifery Council]. It seemed to be the view that this is a new hospital, we mustn't have any scandals like the other scandals. It was only a few, very few bad apples. I think they were careful who they employed.

“ Some people didn't really get it, from my point of view I don't think they treated the people they were supporting well, they were a bit negative. You were a positive person and wanted to do things and you came up against those sort of barriers and you tried to knock them down for the person. There was nothing like the safeguarding policies we have now and you thought seriously about whether you mentioned bad practice because, depending what wards you were on and who the managers were, life could be made very difficult for you if you challenged.

“ As a student nurse, if you raised anything you were seen as a bad student, by the time you got to your next placement your reputation had gone before you.

“ You have systems that support you now, 30 or 40 years ago you didn't. If you did question somebody's practice it was seen as a very negative thing to do and you would suffer the consequences, but now it is not like that, systems and support are there for whistleblowing.

“ I remember having a really bad reputation on nights because I did not sleep through the night and anyone who worked with me did not sleep through the night but on many other wards you know there would be an expectation they would get 3 or 4 hours sleep, so no one wanted to work with me on nights. That was the choice you made, either you went with the flow or stood your ground.

” When you were on shift, most of the areas I worked in, you had your group of patients and I used to think I do what is best for these people, you didn’t think about what was best for the others. My patients all had a bath, that’s how I worked, to do what I could for the people I was responsible for. If you did start to question, well you haven’t brushed that person’s teeth, pad might need changing, or had not been out that weekend, you didn’t challenge that.

” There was good practice and bad practice. Positive ideas like normalization were being taken on. Some staff were very old fashioned and nurse like. One chap looked in the loo to check up on patients’ bowel movements..

” You didn’t have employment law like you have now. Nowadays, if you have issues with staff performance you have to follow certain procedures. If there are issues with somebody’s practice, as a manager you are asked what you have done to support the individual to change, behave differently. In those days you were in the Union, but you didn’t hear of that as much, staff would just get moved.

” Abuse would have been detected at PMH. Students were the eyes and ears. I remember one nurse saying to me ‘I don’t want any fancy ideas here’. But I don’t think students would collude in abuse..

” I would just say when it first opened there were practices that happened, this is just me as an outside teenager, there just seemed to be behaviour that would be termed abusive, it would be seen as abusive then and now.

” There were a lot of problems that went on back then. Deprivation of liberty even though doors were not locked. That was not seen as abusive, that was seen as protecting them, but would now be seen as abuse, even cot sides are outlawed. No one was ever reported, people were ushered off and would appear elsewhere.

Families and community connections

We asked about contact with family and the wider community. For some people there was more family contact because PMH was local. But there was a limit to the amount people were allowed to go out, either within the hospital or beyond, into the town



But it did enable local families to be reunited with relatives who'd been sent away and could not come back. There were no set visiting times, no restrictions that I can remember, nevertheless there were adults who had lost contact with their families.



Family came whenever they wanted. Some parents were really pleased because they could visit more often. A lot didn't because they had no transport. A lot of patients had been away out of the county until PMH opened.



Patients did go out within the hospital, the more able ones, there was a shop, school, workshop.



There were facilities later on, in the second half of Princess Marina's lifetime, if someone wanted to make a call to their family they were supported to do that, or if family rang they would be brought to the office. They had set days for phone calls..



A number of parents when they had a profoundly disabled child, told me that they were told, 'You let us look after this child and get on with your life.'



When PMH was still open it was the only place for respite and families looking after sons or daughters in the community fought to get places and respite at PMH, so from a respite point of view, they saw PMH as a very positive place because we used to have to go out and collect dates from all the families, and come in and meet up and barter, fight for our own families to get the respite care, and we did try to make it as equal as possible for everyone, acknowledging that some had more priority needs than others. PMH had a positive reputation from outside.

“When I worked in the community a lot of families told me they were told to put him in PMH and forget they ever had him. Families brought me to tears when they said, ‘My son or daughter has been locked up for 20 years because I was told it was the right thing for him. Now I’m told it’s not the right thing.’

“That statement ‘Just bring them in here, leave them and get on with your lives’ all those years ago is still having an impact on families who are now elderly and living with the guilt.

“Duston was like a hospital village. When the fire alarm used to sound on a Wednesday, they used to think it was someone has escaped, even though it happened at the same time every week. Mind you St Crispins did used to sound the siren for escapes, and I remember clearly as a child I was scared, I know that sounds terrible, but I did worry.

Children

There were children living in the hospital. We did not find out very much about their lives.

“Children’s ward was better than the one described by Maureen Oswin in her book. Not much rocking, though they were profoundly disabled. Respite care helped because the respite children came into the ward.

Note > Maureen Oswin’s book *The Empty Hours*, published in 1971, recorded the extreme emotional deprivation of children living in a long stay hospital.

“There were children, usually with quite complex needs. I remember a boy of 6 months, he had lots of physical disabilities, a tiny little thing.

“First ward I worked on was a children’s ward and they were proud there was a school on site.

“Children came in for assessment, did not always stay.



Clothing

We wanted to know if people had their own clothes. On the whole they did not.

“ Some people who had money would go down the Friends’ Clothing Shop, purchase it, there was a limited choice, if you didn’t have money you had stock clothing. You had to label these with a name too, so some people if they got lost you’d have their name and ward.

“ On some wards for things like socks they would have all black socks so there was never a problem matching them.

“ One chap (staff) went into town and bought a lumberjack jacket, thought it was good value so bought one for everyone on the ward, but we never knew whose was whose.

“ We used to do ‘bundles’ at night and put them at the end of the bed to wear the next day.

Food and drink

Could people choose what they wanted to eat? This seemed to change a lot over the time the hospital was open. At first there was not much choice, though some nurses did what they could to offer choice. Later there was a lot more choice.

“ Towards the end of my time there they would have meals in from the Chinese, you’d have takeaways and sometimes you’d do a Saturday tea, buffet, make the sandwiches. For birthdays you used to do a party tea and that sort of stuff, with cake.

“ There was choice, there would be about two or three choices, chips or boiled potatoes, but say for example with eight people on the ward, they’d send three battered fish, three plain fish, and a couple of others. In the areas I worked in people took it in turns to come up first and to have their first choice.

“ During my time staff were not allowed to have any of the food so you didn’t know if it was good or hot.

“ You used to have pureed stuff for people with swallowing issues. That was disgusting because it was everything mixed together. In the early days, you didn’t get your vegetables separate, your meat, potato, all came in a pureed version in one metal tin. But the other food was reasonably ok, you could have salads and sandwiches.

“ If you were vegetarian, I don’t know about early, in the 80s, but during the 1990s you had more of a choice of vegetarian stuff. Staff were fairly good at knowing what individuals liked and did not like, if you knew someone did not like eggs you would put more of something else on the plate. You wouldn’t be able to say to the kitchen don’t send that up, but you could organise it on the ward.

“ You used to get cooked breakfast. Boiled eggs, poached eggs, fried eggs, bacon, mushrooms. The cooked breakfast was more at weekends, you used to get boiled eggs in the week, cereals and toast.

“ Catering for different religions? Not in the early years, it was a set menu that came up every week and didn’t necessarily cater for cultural and religious preferences. There was a 4 week rota for menus. Sometimes you were so pushed for time, everything was mixed in together, porridge, main course, tea, all mixed in together. When I started my training 1972 I was given the porridge to feed someone and as I went to walk out they put a spoonful of sausage, then a spoonful of tomatoes, and poured a cup of tea in.

“ I do remember there was a very short period between breakfast and lunch. They weren’t eating lunch and we would say they have only just finished their Weetabix.

“ When I started on my first morning, the very first time I’d gone into work, I was sent out to feed someone sitting on the floor. When I went to get him at the table they said don’t bother with that, so I squatted on the floor with him. Those were my very first experiences. It changed very significantly over the next decade.



“ Patients helped feed the less able residents.



There used to be big tea urns, and the milk, sugar tea bags used to be out in all together.



I can remember there would be four tables and each would have their own tea pots and coffee pots on the table.

Life for patients on and off the ward

What was life like for patients? Staff remembered a lot of good things, especially at weekends. But there were rules and routines.



Patients worked on the farm which was on the site. Mostly men. Not many people went out to work. Some people made their own jobs. One man went round doing little jobs for staff like cleaning cars, going to the shops and used the money to buy fags. He loved it there.



There were set drink, meal and bed times. Bed time at 8pm if lucky.



I am sure people will have told you about the mobility scheme whereby people were paid using the individual's mobility allowance to enable them to take patients out to the village or just around the hospital grounds. It was a resourceful idea.



In that long weekend you could do so much, more so than in the week. Speaking about the areas I worked on, you used to plan your whole weekend with the service users, who was going to go out on a Saturday afternoon, who was going out Saturday night, Sunday, so that everyone had at least one activity that weekend, a really long soak in the bath, posh clothes, do their hair and make up, grooming and that. I just used to love that. We all [staff and patients] used to do cleaning as well, make sure the bedrooms were tidy. In the week patients used to go to Day Centres, in the weekend they were all on the ward.



PMH saw a great change over those early years, many people had lived in hospital, got used to institutional care, so were very compliant, very often they just did what was expected.



My recollection in the latter years was that there was for some people [patients] on some wards the opportunity to freely walk around the grounds, that was people the staff had assessed as being able safely to do that. A lot of people may have wanted to but could not do it without being escorted because of safety issues..

” Many ward doors had two handles. One went down, one went up. You had to operate both to open it. So they weren’t locked but they were not easily opened.

” I worked on Overstone ward and the residents told me I didn’t need to bother, they would sort things out. On the other hand, I’d come away with my ears ringing on some other wards, people screaming, running around, particularly in the summer with the children’s day care scheme.

Note > In effect, this means that some patients ran wards themselves.

” There was also Nene House, all single rooms. No, they were not preparing people to leave, they never left. It was run by a couple who offered hostel accommodation. There was a sign outside saying ‘Abandon hope all you who enter here,’ I could not understand that.

” I don’t think it was a great place to live. Incompatibility of patients and wards were too overcrowded.

Note > This is an example of one of the challenges of oral history; different contributors having memories which contradict one another. It may be explicable because of the 25 year history of PMH, or because overcrowding is subjective.

Having fun

Staff had some very positive memories of high days and holidays, though very aware that modern standards of health and safety were not met.

“ We would regularly take a whole coach of profoundly disabled people on an outing to the seaside. It was totally unsafe lying someone on seats with someone sat next to them and then lifting everyone off the coach into wheelchairs for sometimes just a few minutes because of time restrictions, but we did try and it was a change of scenery.



“ There was lots of activity, more for the people who were more able of course. Cinema, church, dances and discos, day time activity most days. Only a few people at a time on any one activity.

“ One of the things I liked was you had activities for residents, you put on parties, buffets, we used to go to nice hotels in Blackpool and shows like Cats. We gave up on personal time to do this.

“ Most residents went to Blackpool or Butlins at Skegness. We had day trips, Alton Towers, zoos, butterfly farms, or just entertainments. No risk assessments, only worry was leaving someone behind.

“ Whole ward would get in a big coach, lay some people across the seats, change them on the seat, alternative was they just didn't go.

“ Those times were more relaxed and fun, less bureaucracy like health and safety because you can get to the point where you never take them out.

“ Hospital had two buses you could book out two weeks in advance and just take people for a drive round. They did use to insist that staff who drove the bus were trained, probably the only risk assessment they ever did. Later we had to be assessed on using wheelchair clamps.

“ It always felt like people were accepted as paying guests in Blackpool hotels. But holidays were very hard work for staff, you were on duty 24 hours a day, sometimes for ten days or two weeks and you did not have a day off.

“ At Christmas you used to take people home with you who did not have family, staff felt for them. Some areas would close for Christmas because those few who did not go home would go home with staff. You wouldn't do it now because of safeguarding concerns.

Health

We asked about how residents' health was cared for.

“ There was no infirmary. Illness was treated on the wards unless they needed a hospital..

“ We had outbreaks of dysentery and C Diff, wards were closed down, several times, whole areas closed down, complete isolation.

“ PMH had its own dentist. A few biters did have their teeth removed.

“ People never went to Northampton General Hospital. They were treated on site.

“ Healthcare was done by visiting GPs, you'd write down who needed to see the doctor. It was a good GP service. But healthcare was good anyway, lots of staff had been trained in general healthcare.

“ 'Flying doctor' we called him, he would visit every day to sign the notes, he never read them.

“ A lot of medication was covert. I'm not talking about cosh medication. Ordinary medication was easier to swallow when mixed with food. You had a pot of jam and a pot of yogurt and depending on which the person preferred you'd give it them on a spoon mixed in. It helped the tablets go down because there wasn't so much liquid medication.



Note > The term 'cosh medication' is a reference to the fact that in many long stay hospitals drugs like Paraldehyde and Largactil were extensively used to tranquillise patients.

Bathing

The way residents were bathed was better than in the larger hospitals where people were bathed en masse.



Everyone had their own toothbrush, kept on a hook in the bathroom.



You had a bath morning or night. Each staff member would have five people to bath. Those wearing continence pads would bathe every day, sometimes twice. A couple of places had showers, like wet rooms, you'd wear wellies because of walking in water all the time.



PMH was a contrast to where I trained in Somerset where you had 50 people trooping past, one member of staff soaped then they were hosed down by another.



No lifting equipment, had to dry people in the bath and have two or three people to lift them out.



Clients would choose if they wanted a bath or shower before or after breakfast



Toilets in rows with low doors.

Relationships between residents

We asked if people could make friends, or have boyfriends or girlfriends. On the whole staff thought they did not make strong relationships.



It is really difficult to know whether patients saw other patients as friends. My experience, and it's still the same, people with learning disabilities would see staff as friends, not necessarily other patients.



Relationships between residents were not encouraged.

“ At the Day Centre, people could make choices about who they sat with, you would not know otherwise who they liked to be with. People were not put on wards with knowledge of friendships, but to meet functional needs.

“ Patients were not moved around much unless their needs changed.

“ Staff used to move round more, so if patients had got familiar with staff, or recognised staff, staff might be moved. Residents never knew, were never told, and were never supported with that move. There was an assumption that it did not make a difference to the individuals on the ward.



“ I think when people started to move away group compatibility became more of a priority. But I think some of that was based on 'Johnnie would want to live with Jimmy because they have lived together on this ward', and now people are in smaller community homes, there are realisations that people cannot stand those people they live with, so the assumption was completely wrong. This is more noticeable with two or three people than on a large ward.

“ Men and women were in different wards. At dances, and day service they mixed then, lots of times you would hear people say that is my boyfriend or girlfriend, they would use the terms and sit with one another when they got the opportunity. Nene House was mixed.

“ Babies? I never knew of any in PMH, I knew of women that had been transferred from St Crispins to PMH and they had been put in the first place as young girls who had got pregnant, seen as immoral, locked away in St Crispins, so they'd almost got an acquired learning disability, institutionalised, which was very sad.

“ What I remember is women being sterilised because they had had a baby, or there was the risk of pregnancy because of promiscuous behaviour, they would be sterilised. This was before the decision was made that this should be a court decision. The parents would just give permission.

“ Ladies wards were at one end of the hospital, men's at the other. Those ladies that went out alone were usually put on the pill 'in case'.



There was no sex education.



Male and female relations were more discouraged at PMH than at my previous hospital due to the views of the medical consultant.

Discipline

The staff felt that discipline was less draconian than in comparable hospitals, there was less use of drugs to sedate people, more 'modern' behavioural techniques were used.



Drugs were used for behaviour, but people didn't get injections very often. We tried behavioural approaches first.



In my previous hospital use of Paraldehyde was a regular thing. I never saw it used in PMH. They did use Largactil, but not to the degree I'd seen it used before. In my previous hospital they used it to control behaviour. I was glad they got rid of that.



There was some seclusion, but it was always carefully monitored as far as I can remember.



There was time out for things like stealing someone else's food, time out in a locked room.



I think some people would leave the ward if the opportunity arose, but to explore rather than run away.



It's really difficult to determine whether the people that did abscond, whether they understood what they were doing. They just went out, they were not thinking in their own head, 'I don't want to be here I want to escape', they took the opportunity for a bit of freedom.



I don't think absconding was a planned thing. It might have been from St Crispins, but not PMH.

“ Many people had very physical needs even if they wanted to they couldn't run away, they needed someone to help.

“ I remember a few times people disappeared, one time someone went missing from the ward and the member of staff coming on duty picked them up off the main road in Duston on their way in.

A good place to work?

We asked if it was a good place to work. Most people thought it was, but we only spoke to people who wanted to remember. There was less protection for staff working alone than would be expected now. Some were exposed to quite serious risks.

“ I lived on site when I started in a nurses' home, then moved into a shared flat. Lovely grounds, we popped in and had coffee, everyone knew each other. As a staff thing it was lovely.

“ When I worked at PMH you started work on Friday lunchtime, and you worked all day Saturday, all day Sunday, and Monday morning, so a very long weekend, so did I enjoy it all the time? No. And there were some wards I worked on I didn't like at all, and looking back I don't think I was suitable for some wards.

“ It was a nice work environment. Things changed over the years. At Christmas a room was turned into a bar and parents would bring in staff drink, it was parents giving you a drink and that sort of thing, and that slowly petered out, it was discouraged in the end.

“ Assistants used to take people home with them. It was more than a job.

“ I remember one time I was on nights on my own and one resident known to have difficult behaviour, came out of the dorm in the middle of night and made a charge for me and I thought I either turn tail now and try to open the door quickly which I knew I was not going to be able to do. The doors were useful at times, but it was a double edged sword because I could not get out, so I had to stand my ground. You think back, whilst some of the situations you found yourself in were quite frightening, you look back and they are quite amusing..

“ No lone working policy, not that I ever saw. Because if you were on a ward, even with another member of staff, the office door would be locked, to get in you would have to find your key, unlock it, you know. Such situations did not happen often but could be quite scary.

“ Really spacious wards, lounge and big bathrooms.

“ Easy to turn wheelchairs in the bathrooms, because they were well designed.

“ It was really light, lots of windows and skylights.

“ We did a lot more nursing care – things like pressure sores – when I started. After 1977 it was more about the individual person. Before that mental handicap nursing was medical, laying out the trolley for a lumbar puncture. I don't think I ever used that. Towards the end of my training we did modules on things like play. People I trained with wanted to change things, two or three went into teaching.



“ A lot of staff had really good ideas about making the hospital better. We'd do toilet training, helping people become more independent, to do as much as they could for themselves.

“ I was left in charge even when a third year student. The person in charge held a large bunch of keys.

“ Things got worse later on when they'd decided the Hospital should close because staff did not feel valued. When it was due for closure it got worse for staff. They got very demoralised, wondering about their jobs, uncertain about the future, sceptical about how people would manage.



I saw more change in the first 20 years of working than I have seen in my last 20 years. There was significant progress in the first 20 years, Better Services, Briggs Report, Jay Report.

Note > This refers to major reports from the 1970s: Better Services for the Mentally Handicapped 1971, widely regarded as the starting point for hospital closure; The Briggs Report 1972 into the education and training of nurses; the Jay Report 1979, the first official Report to recommend an 'ordinary life' for people with learning disabilities.



Whilst we talked about one big family, this meant you always did your best for the people you cared for because they were part of your extended family.

A good place to live?

Was this a good place to live? We found out a little from the residents who came to the Coffee Morning. That little suggests that we would get very different information if we asked people who were patients in PMH. People remembered violence between residents, which none of the staff mentioned. One person described how he had run away, contradicting the staff views that people did not really intend to escape.

Residents' memories



I lived in a house with 8 people.



Didn't like one of the girls who lived with me.



I still visit people I lived with they are my friends.



I used to play tricks on the staff.



I remember the farm and the garage we did the car in.



Diane bit me. My mum and dad bought me a telly, a Philips, and she smashed it straight away. She was so fast as well. I can't stand her.



I wanted to go away for a few days, but did not tell staff. Hitch-hiked to Leicester and asked a home for people with learning disabilities if I could stay there. I lied about my name until I decided to go back.



We used to punch and head butt people.



We used to bite ears and throw wobblies.



I live in my own home now and it is much better.

Conclusion

This project had three aims:

1. To provide an opportunity for researchers with learning disabilities to do some research
2. To enable staff to reflect upon their work in a now discredited system of care
3. To consider whether there are lessons to be learnt from practice in a long stay learning disability hospital

Undoubtedly the first was accomplished. The FOG members are proud of what they have achieved, and keen to undertake new projects. It is an example of participatory research, where people with learning disabilities are in the role of the people asking the questions, rather than answering questions put by researchers, as in more conventional research projects. The Coffee Morning stands out as an innovative way to share project findings and gather more memories in a convivial setting. It yielded interesting data, and had the spirit of an upbeat reunion of people who had many shared experiences, former residents and staff alike.

The second aim was To enable staff to reflect upon their work in a now discredited system of care.

The staff who contributed to the project were keen to share their memories and to have them recorded. This is perhaps unsurprising, given most contributors had spent a significant chunk of their working lives in PMH, and had made enduring relationships there, not only with other staff, but also with former residents. There are relatively few oral histories by staff who worked in long stay mental handicap hospitals, in contrast to the numerous publications which have recorded the memories of residents. The reminiscences of these staff emphasise that PMH was a much better environment than other, much older hospitals – less overcrowded, brighter and more spacious, with more individualised care (those pink and blue Jay cloths!).

As I reflect on their words, I am struck by two rather contradictory thoughts:

1. People did their best in a system of care that was far from ideal. Many kindnesses are recorded, from giving people turns to have first choice of food, to taking them home so they did not need to spend Christmas on a dismal and nearly empty ward; from giving up free time to take patients on holidays and trips to planning how to make weekends fun.

2. And yet... Contributors were relatively blind to the real experiences of residents. Very few residents' memories were recorded, but those that were contradict in quite fundamental ways the perspectives of staff. One man remembered planning an escape quite deliberately, whilst staff believed absconding was somehow accidental. Three people talked of violence between residents, something no staff had considered worthy of comment.

Is there value in giving voice to staff? It has significant value, beyond a recognition that people's working lives are a proper subject for recording when the way of life has now vanished. But beyond that there are lessons here for people commissioning, managing and working in learning disability services today, which brings us to the third aim: *to consider whether there are lessons to be learnt from memories of practice in a long stay learning disability hospital.*

At a time when services to people with learning disabilities appear to be struggling to provide a consistently good life, it is important to acknowledge that we can learn from the past.

A lesson from this project is that good staff can improve things for people even in unsuitable environments. Although Princess Marina Hospital was far from an ideal place for people to spend their lives, some of the staff who worked there were committed to making life as good as it could be for their patients. Holidays, social activities, planning how to enjoy the weekend, finding ways to offer individuality and choice over food and drinks, all these stand out in the memories of the staff. Several interviewees commented how staff were prepared to put in unpaid overtime so that people could go on holiday. Staff also described how loyalty to colleagues made them reluctant to call in sick because they would be letting their team down. Remarkably, a number of these committed staff continued to work for NHFT at the time of the project (2013/14). Some had worked upwards of 40 years for Northamptonshire's people with learning disabilities and their families.

A second lesson relates to regulation. Rules and regulations were more flexible than today. There were, in the views of the contributors, some advantages to this. It enabled good staff to take the initiative, like taking people home to Christmas dinner rather than leave them in nearly empty wards. In more recent times, this practice would be frowned upon as a transgression of professional boundaries. Health and safety regulations were less strict – people went on coaches without seat belts or restraints. This was not because staff were uncaring, merely that at the time, the nineteen seventies, seat belts in cars were not always present, wearing them only became compulsory in 1983. Looking back, these staff considered the benefit of an outing outweighed the risk of an accident.

On the other hand, an absence of rules and policies relating to standards of practice meant that bad practice could go unchallenged. There was consensus that there was a lack of protection for whistleblowers; you did not challenge bad practice without fear of repercussions. Rather, these nurses describe how they got on with the job of providing what they could for their residents, and keeping their heads down even though aware of others failing to meet even basic needs. If they said the wrong thing to the wrong people, they could find themselves punished, while wrong doers flourished. Staff were at risk from patients also, as lone working policies were unheard of.

The evidence from the project suggests that although long stay hospital care has rightly been condemned, some Hospitals were better than others. PMH had smaller wards, more suitable buildings, greater individuality, and better staff to patient ratios than larger older hospitals elsewhere, according to people who had experienced both. There was consensus that working and living conditions were superior, and that the Medical Consultants had insisted on limiting numbers to prevent overcrowding. A comparison with testimony from staff who had worked in Prudhoe Hospital, Northumberland, substantiates the view of these oral historians that this was indeed a better hospital (Keilty and Woodley 2013, Chapter 5). This points to the need for further research. Other than its more modern buildings and relatively modest size, what was it about PMH that created a better sort of hospital? The project does not adequately answer that question.

However, as a reminder that there should be no going back to institutions, the last word must go to Phil, the one member of the FOG who had lived in PMH:

I live in my own home now and it is much better.

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