Enter & View
Derbyshire Recovery Partnership
(Substance Misuse & Alcohol Abuse Services)

Summary Report January 2018

For visits undertaken to the four main Derbyshire Treatment Centres in November 2017

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of 152 local Healthwatch across the country established under the Health and Social Care Act 2012. Healthwatch Derbyshire represents the consumer voice of those using local health and social services.

The statutory powers of all local Healthwatch include that of conducting "Enter and View" visits to any publicly funded adult health or social care services. Enter and View visits may be carried out if providers invite this, if Healthwatch Derbyshire receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. The service

The Derbyshire Recovery Partnership (DRP) is a newly configured drug and alcohol treatment service managed through Derbyshire Healthcare NHS Foundation Trust (DHcFT) and launched on April 1st 2017. The service is for adults (18+) who wish to address any issues that have been caused by the use of drugs or alcohol. The service operates from four main sites with outreach facilities at various satellite venues. The main bases are sited at locations across Derbyshire at Chesterfield, Ilkeston, Ripley and Swadlincote.

2. The context

In July 2016 Healthwatch Derbyshire produced an independent report entitled, ***Substance Misuse: Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire***.

(*http://www.healthwatchderbyshire.co.uk/2016/09/substance-misuse-report/*)

This report generated 19 subsequent recommendations for consideration across a range of agencies and services including the treatment services. It was clear from the main provider at the time, DHcFT, that they concurred with the issues of concern raised and had already made plans to reconfigure the services in order to make it more effective and efficient.

HWD considered it timely to initiate an Enter and View activity as a follow up to the concerns raised in the report about the treatment centres and to enable the new service reconfiguration to be examined in this context.

Preparatory meetings with the Derbyshire County Council (DCC) service commissioners and senior managers of the DRP took place. Following these it was agreed that the Enter and View visits would be undertaken at each main centre as one announced visit on a busy clinic day and one semi-announced visit after this, falling on a different day of the week.

3. Completed visits

Treatment Centre	Announced Visit	Semi-announced Visit	Authorised Representatives (ARs)
Swadlincote (Bankgate)	6th November 2017	15th November 2017	Brian Cavanagh & David Corrigan
Ripley	8th November 2017	28th November 2017	Mary Beale & Andrew Latham
Chesterfield	9th November 2017	20th November 2017	Dave Mines & Caroline Hardwick
Ilkeston	9th November 2017	22nd November 2017	Shirley Cutts & Keith Eaton

4. Acknowledgements

Healthwatch Derbyshire would like to thank DRP, the treatment centre managers, service-users/clients and staff for their contributions to these Enter and View visits and to those who have been involved subsequently.

5. Purpose of the visits

As identified in the context of this report (Section 2), the Healthwatch visit was initiated by the previously published substance misuse report. The purpose of this visit therefore was to focus on the specific recommendations concerning treatment centre services which appeared in that report. In addition, due to the new reconfiguration of the services, Healthwatch were asked to gather any evidence on how effective the new service was perceived by both service users/clients and staff.

- To consider the suitability of the external and internal environments (physical and social) of each treatment centre in meeting the needs of service users
- To assess the accessibility of the treatment centres in meeting the principles of the Equality Act (2010) and implementation of the Accessible information Standards (July 2016)

- To gather the views of service users and staff regarding the effectiveness of providing appointments in accordance with individual needs
- To determine the overall satisfaction of service users with the process for raising, listening to and responding to any concerns where they arise
- To ascertain whether service users are satisfied with the new service provision and identify perceived improvements or limitations of the new service compared to that which operated prior to 1 April 2017
- To gather the views of service users and staff on the strengths and any limitations of the key worker systems in operation
- To consider the service user views on the non-DRP rehabilitative/recovery services provision and the pathway between the treatment services and these services.

6. Disclaimer

This summary report collates the findings gathered across the range of visits undertaken on the specific dates as set out above. The individual visit reports on each treatment centre, from which this report is drawn, are not suggested to be a fully representative portrayal of the experiences of all service-users/clients and/or staff encountered, but do provide an account of what was observed and presented to HWD ARs at the time of their visits.

7. Methodology

A proportion of the visits was observational within the public/communal areas of the services noting the surroundings and routine activities in order to gain an understanding of how the service works.

Such observations included:

- the interactions between staff and service users/clients
- the physical and social environment in which the service operates.

This was supplemented by:

- talking to service users/clients about their experiences, thoughts and feelings regarding the service provided
- talking to members of staff (with the guidance from the Team Manager/person in charge) about their views on how effectively the service meets the needs of those in their care.

ARs were issued guidance on more detailed aspects to observe and explore using checklists and questionnaires based upon the findings from the HWD report published in July 2016. The intentions to visit all ‘satellite’ treatment services became non-viable and these settings were furnished, via the team managers, with self-completing questionnaires for service-users/clients to complete. Freepost envelopes were also provided to facilitate the return of any completed questionnaires.

8. Summary of key data

- Each announced visit took six hours on average
- Each semi-announced visit took four hours on average

- 30 service users/clients were interviewed
- 25 of the 30 were being treated for substance misuse
- Six (including one of the 25) were being treated for alcohol abuse
- 25 of the 30 service users/clients had been attending the services for over a year and the majority for over five years
- Three service user/client self-completed questionnaires were received, two from clients at the Chesterfield centre and one from a client at an unidentified satellite centre.
- 21 staff members, mainly key workers, were interviewed

9. Summary of findings and themes across all visits

- Treatment centre locations are difficult to find on initial visits
- Treatment centres are considered to be easily accessible to clients by public transport but sometimes distance and the costs incurred can be financially challenging
- The buildings used by the treatment centres all, to varying degrees, need further attention to design, disability access, adequacy of facilities, furnishing and general décor
- Access to toilet facilities and refreshments is an issue for clients across most of the treatment centres
- The provision of 'family-friendly' facilities at treatment centres needs review across all sites
- Clients were not always aware of the range of facilities/support that could be accessed within or via the treatment centres
- Clients were complimentary about the support provided by key workers
- Generally both clients and staff were very satisfied with the service and have noted mainly positive improvements since the new DRP service structures were introduced
- In the main, appointment systems appeared to work satisfactorily for most clients but some issues across sites were raised as concerns
- There appear to be good communication links maintained with GPs
- Key workers acknowledged the benefits to their work that the new DRP service has provided but also sensed that increased work-load demands have been created
- The DRP service has withdrawn home visiting for those with alcohol dependency problems which staff state has resulted in reduced attendance of such individuals
- Clients felt comfortable about raising concerns but were not always aware of the procedure for doing so
- There are particularly good rehabilitative/recovery services links from the Ilkeston Treatment Centre which do not appear to be accessed to the same extent at the other sites

10. Detailed findings

10.1 The external environment

Currently the services are located within buildings ranging from older style properties such as at Chesterfield and Ripley, of which Chesterfield is a listed building, through to a relatively modern NHS type build at Swadlincote (Bankgate). The Ilkeston service is situated in what appears to have previously been part of a 1950's parade of shops.

All locations appear to be suitably accessible by public transport however, it was noted by Authorised Representatives (ARs) as well as clients, how difficult the settings are to locate on first visiting with minimal signage identifying the buildings.

Except for the Swadlincote building, all others due to their age, present various challenges in their general design both in terms of being adequate from a staff perspective to access issues for those who may have mobility difficulties. In addition, all treatment centres would benefit from further attention to either general decorative and or furnishing improvements.

The building used by the Chesterfield service was moved into approximately six months ago having vacated the previous premises at Bayheath House.

This previous accommodation featured as a concern in the Healthwatch July 2016 report as it was noted to be a location which attracted drug 'dealers'.

The move to the new premises appears to have satisfactorily resolved this issue from both the client's and staff's perspective.

Staff told ARs that, ***"It has removed problems from people hanging about and dealing near the service."*** Service users equally saw the advantages over the old location stating that it was a, ***"Better atmosphere here, not got people waiting about outside drinking"*** and another saying, ***"No people*** [dealers] ***hanging around outside here."***

10.2 The internal environment

10.2.1 Facilities

As indicated under 10.1, the nature of some of the buildings used for the services presents challenges in the suitability of the design to meet all staff and client needs. Aside from decorative/furnishing improvements, ARs generally noted limitations across sites in some basic facilities which, if addressed, would improve the client experience when visiting.

a) Disability access

Under 10.1 the challenges of disability access were noted. Whilst there appeared to be relatively few clients with additional physical/sensory disabilities using the services, the accessibility and design of the treatment centres (particularly at Chesterfield, Ripley and Ilkeston) presents a range of access issues. The services at Ripley and Ilkeston are located on the first floor of the building with no lift facility. ARs were informed of some alternative

venues in which to meet clients should this be problematic. However, it was not clear whether in using such alternatives that this met all needs and requirements of providing a comprehensive service to clients. ARs met two clients with some limited mobility problems, one of whom at the Ilkeston service referred to the steepness of the stairs and the disadvantage for people with mobility problems.

b) Chesterfield re-location to St Mary's Gate

At the Chesterfield site, whilst all staff acknowledged the benefits of having moved from Bayheath House (10.1 refers), they were also the respondents, across all staff interviewed, who appeared the most concerned with the building as a working environment. (Please refer to individual report for details).

This site like all others, except for the Ilkeston one, shared the building with other professionals/services and undoubtedly leads to competing demands for the space available.

c) Ripley site concerns

At the Ripley site some staff were concerned about personal safety issues when using consultation rooms some distance away from the main office. ARs were informed that the installation of panic buttons had been previously discussed but no further action had been taken. In addition, this group of staff worked in a shared office which appeared rather dark and oppressive with no windows facing to the outside. Staff also stated that this office had been waiting to be repainted for some time but neither progress on this seems to have been made.

d) Toilet facilities

Across all sites except for Ilkeston, access to the toilet facilities was considered by clients to be an issue as toilets were only accessible through a secure door which only staff could access. ARs were told by several clients that they found this both an inconvenience and embarrassing having to request access to the toilets. One client told ARs, ***"Toilet facilities very limited and we have to be accompanied so it is a problem if you have a medical condition that means you have to access them frequently."***

e) Family-friendly facilities

Across all sites there was variability in the degrees to which they were family-friendly and there seemed to be some ambivalence by the services in providing such facilities. Neither the Chesterfield nor Swadlincote sites had any designated space for families to use and the other two sites had rooms available which were also used for other purposes. Overall the facilities at Ripley and Ilkeston were generally poor despite the one at Ilkeston having a child oriented mural on display painted by clients. ARs were told at these two sites that the treatment centre ***"did not encourage"*** children to be brought along with clients and at the other that it ***"… wasn't deemed a suitable environment for children."*** In the Ripley site a client who had attended for a number of years was surprised to know that there was a family room facility, ***"I didn't know it existed!"***

f) Waiting Areas

The quality of waiting areas was identified as being one of the aspects of concern within the Healthwatch July 2016 report and stated as the, ***"waiting room experience/environment was not seen to be conducive to recovery."***

All waiting areas across the four sites were generally found to be clean, tidy and well-lit with good floor-coverings. However they appeared mainly functional spaces and, except in part for the Ilkeston and Chesterfield sites, they often lacked in providing a warm, welcoming environment. One client at Swadlincote said that they felt it was, ***"clinical"*** and another said it was, ***"cold, boring and staff did not interact."***

g) Décor & Furnishing:

Furnishing at the Ripley and Swadlincote sites appeared 'drab' and/or in need of replacement. One client at the Ripley site referred to it as being ***"dismal."*** Generally (except for the Ilkeston site) décor consisted of bland/neutral colours and the often bare walls needed pictures or similar to make the overall environment more attractive both in main corridors and consultation rooms.

h) Refreshment Facilities:

Except for the Ilkeston sites there appeared to be no direct access by clients to water dispensers or any other refreshments. This was commented on by several clients across the sites who felt this was a much needed facility and ideally should minimally include a freely accessible water dispenser.

10.2.2 Physical comfort

Overall the treatment centres all appeared reasonably clean, brightly lit and well maintained. However, as indicated by the evidence outlined under 10.2.1 some additional attention to décor and quality of furnishings would enhance the quality of client experience. This would generally apply across the sites to most of the waiting and consultation room areas.

10.2.3 Social comfort

Within waiting areas, despite the physical deficits referred to (10.2.1, 10.2.2), all clients appeared comfortable and calm. At most sites, the receptionist greeted clients on arrival and waiting times tended to be reasonably short. When appointments were ready the key workers would come to the waiting areas to greet the clients personally and take them to the designated consultation room.

The waiting rooms were variable in what they offered to create a socially comfortable and attractive area to sit in. Some sites, but not consistently, background music was playing. Some had TVs available but not always on, or working. Reading material of varying types was available on some sites but others had limited outdated reading matter in poor condition. One service user referring to the Ripley site said, ***"I always bring a paper because the magazines are old and out of date."***

Access to Wi-Fi only appeared to be available on the Chesterfield site although this was not presented as an issue by clients at any of the sites.

10.3 Staff appearance/presentation

Staff across all sites consistently presented themselves in an appropriately professional manner. ARs considered that all staff observed and spoken to, were evidently passionate and enthusiastic about the work they undertake.

In their interactions with clients key workers appeared to communicate clearly and well. ARs observed them all to be cheerful, courteous, respectful and empathic in relation to all clients.

The vast majority of clients provided comments which were very positive about the staff supporting them (10.5.4 refers) and provided feedback indicating how much they valued the relationship they had with them. Personal communications with key workers was consistently praised. Clients expressed that they did not feel "judged" by their key workers and sensed being treated both with dignity and respect.

10.4 Effective communications

The general systems of communication overall between the service and clients seemed more than adequate. There was also good evidence that the service communicates effectively with the client's GP.

a) Service information to clients

Across the sites there seemed to be some differences between the type/range of information that clients receive about the service generally. Some clients reported that they were given an information pack on their initial appointment explaining what the service provided but others seemed to be unaware of this. One client at the Rpley site did not feel that they were clearly informed about such services as 'acupuncture' and 'rehabilitation' resources.

Within the sites the range of information available to clients in the form of wall posters and/or leaflets varied. One client at Chesterfield commented that, there was, ***"Not as much*** (useful) ***information on the walls as in the previous place."***

As indicated under 10.1 locating the Treatment Centres appears to have been a common problem and clients did not seem to receive clear instruction about this in any information packs issued.

b) The Accessible Information Standard

Most sites appeared to have either in preparation or available, written communications in alternative formats for clients, in-keeping with the Accessible Information Standard. ARs were also informed that if needed the service could access interpreter support.

Whilst some examples of alternative written formats were seen by ARs on two of the sites, there did not seem to be examples of large font formats or presentations suitable for those with dyslexia. Whilst this did not become apparent as an issue during AR interviews with clients it would seem probable that a proportion of those using the services may need this type of additional assistance.

10.5 Feedback From service users & staff

10.5.1 The building and its facilities

In the preceding sections (10.1 & 10.2) the observations and issues raised by clients and staff have been outlined. Generally despite those aspects considered to be in need of some further attention, most sites (with the exception of the Chesterfield site) received positive feedback as to how they worked for both clients and staff alike.

In Ripley, staff felt that the building and its effectiveness on the delivery of the service was generally good except for the need for some decorative refurbishment to create a more conducive environment for treatment purposes.

At the Ilkeston site, staff commented that the building was good because they are the sole users and it provides them with a variety of small rooms in which to meet clients in privacy. At the Swadlincote site clients were generally positive and remarked on how well the building was designed with ***"nice rooms"*** that allows one-to-one conversations. Staff here also concurred with the clients but suggested that the furniture needed to be updated.

There were some positive comments from staff and clients with respect to the Chesterfield site successfully resolving the problems experienced when previously located at Bayheath House (10.1 refers). In addition staff valued the better parking facilities available to them. Nevertheless, the concerns with the site, which have been clearly outlined previously, were expressed verbatim as:

"Not enough rooms available."

"Only the one ground floor room for the occasional 'risky' client who may need to leave quickly if they panic [I] ***try to see those there but*** [they are] ***not always available."***

"Organising appointments is more complex as room use can be restricted by the number of groups using the rooms as well."

"Cold - heating system inadequate."

"Urine testing room is not fit for purpose."

"Ground floor rooms for drug testing and needle exchange very small and multi-purpose, where they are located unless people whisper you can overhear conversations; have to be very careful not to breach patient confidentiality."

"…. now we're in two smaller offices (we) ***feel cut off from each other."***

"***Communication between key workers not as immediate. Previously if someone was dealing with a difficult call they had plenty of immediate support around them in the open plan office. Now more difficult."***

10.5.2 Health Team services

eg doctors, nurses, pharmacy, needle exchange, acupuncture, Talking Therapies etc

Overall there were generally positive comments received from clients about the various health services available to them at the treatment centre sites.

Most indicated their satisfaction with the health support services received at the centre and felt that their treatment plans were well co-ordinated and shared with their GP (if they were registered with one), and individually they were well informed.

Clients offered comments such as, ***"… a good level of support"*** and an ***"excellent needle exchange system which is very private"*** to problems of ***"accessing a detox service"***. Where clients expressed less satisfaction it was concerned with, ***"retelling my story"*** which was followed by this client's statement with, ***"… can't they look at my file?!"***

At various sites, auricular acupuncture is offered but was only mentioned by clients at the Ilkeston site where it was suggested to be a popular therapeutic treatment.

10.5.3 The appointment system

Concern with appointment systems was a feature within the Healthwatch July 2016 report.

In the main the appointment systems appear to work satisfactorily. The overall areas of concern which were evident from both staff and clients were in regards to appointment reminder systems, late/missed appointments, reducing the need to re-issue medication scripts, appointments for those being treated for alcohol abuse, costs of attending appointments.

At Chestefield, Ilkeston and Swadlincote clients all appeared to recognise and appreciate the flexibility of the system:

"I prefer a morning appointment and they try and get me one."

"Have found it really good but depends on what key worker you have. I've just been given a new one and don't know how it will work yet as I need afternoon appointments. They try and give you one if it's available."

"They let me pick the time."

"They always treated me fair [with appointments]***."***

Clients informed ARs that after each session they are given a paper slip with the next appointment time. However, all clients interviewed at the Swadlincote site suggested that it would help them to receive a text reminder for their appointments the day before in order to avoid any being inadvertently missed. Ilkeston also offers clients evening appointments.

a) Late/missed appointments

Since the introduction of the new DRP service, clients and staff have recognised that appointments are being managed more rigorously. This has received mixed responses although appears to be supported in principle by clients and staff alike. Nevertheless, some staff said that following a missed appointment clients have to be ***"dropped onto one week appointments instead of six weekly ones"*** and that the system was, ***"very rigid"***.

Whilst being expressed as "very rigid" some staff shared their frustrations when clients who arrived late for appointments were still seen resulting in *'knock on effects'* on the whole team in rearranging the daily diary, administration and other appointments.

ARs received conflicting evidence from clients as to how late/missed appointments were managed at different sites. At one site it was suggested that if a client missed the appointment, or were late, they would not always be offered a re-appointment the same day but normally received this within one to two days. Whereas at another site, it was suggested by a client who was being prescribed Methadone that a new appointment would be made for a minimum of three weeks but no more than four weeks later. Another client being treated with Methdone stated that an incident of missing their collection of medication at a pharmacy then led to the withdrawal of that prescription. They then had to obtain another appointment with the centre to discuss their needs with a prescriber. The offer of such new appointments were reported by them to be weeks rather than days later.

Other clients who were working explained how they experienced real problems with getting back in time to get their Methadone scripts to and from the named chemists. Often such clients felt unable to reveal their dependency to employers and consequently could not request any needed support to access the chemists when required. Service users suggested that they would like later opening pharmacy times and more late night clinics at the service to help overcome this problem.

b) **Alcohol dependent clients**

Since the introduction of the new DRP service, clients being treated for alcohol dependency no longer received routine home visits and this was observed by staff and clients to have had a noticeable impact on more individuals not attending appointments. Staff stated that they now made fewer home visits and the process was less flexible and felt it was ***"creating barriers"***.

ARs were informed that some of these clients dislike attending the centre because they may find the company and behaviour of some drug dependant clients disturbing.

c) Costs of travel

Three clients interviewed at two sites said that the centre is expensive to get to on public transport costing about £6-£7 for each visit and the journey took some two hours. Clients at the Ripley site stated that due to their limited income they have to walk to the centre as they live some distance away (four plus miles each way) which sometimes resulted in them missing appointments.

Whilst not part of the DRP service, some concerns in relation to this were raised to ARs about no longer having support to help them with benefits and other social support needs.

10.5.4 The key worker system

Key worker support was identified as an issue within the previous Healthwatch report of July 2016 where clients were dissatisfied with differences in the way key workers operated across the service sites. This essentially referred to ***"long waits"*** *at some sites to see key workers on appointments and perceived* ***"inflexible systems and behaviours from services and staff"****. Clients in relation to this report identified some poor attitudes amongst staff who rarely apologised for lateness/delays which occurred and were felt to withhold prescriptions unreasonably.*

As suggested under 10.3, the vast majority of clients across all sites were highly satisfied with their key worker relationships and support provided. Generally it appeared that clients enjoyed continuity of support within a good key worker and service delivery structure. As outlined in 10.5.3 appointment systems were mainly reported to be operating efficiently across sites with clients having little time to wait for appointment times given. This is in pleasing contrast to the experiences identified within the 2016 report.

Many positive comments were received from clients including:

"Key worker support is very good."
"Just had best one I've ever had but now left so new one."
"Best key workers." [Client comparing with experience in another county.]
"Staff very good here."
"Best substance misuse service I've been to yet."
"Staff very good, good support, very non-judgmental."
"Never known anyone who could not get on with here."
" … lovely empathy … very satisfied."
"X *(named key worker)* ***is amazing … "[I] swapped*** [from previous key worker] ***to get X."***

Less positive comments were received from two clients at different sites both of whom had experienced changes of key workers over the years. One of these clients summed things up as, "[it] ***varies, had five in one year. Good relationship with present one for six months."*** This same person went on to say that, ***"Changing key worker is sometimes difficult as you feel you have to go through a lot of things again."***

Staff spoken to were all very happy with their roles and the job satisfaction obtained being expressed generally as:

"Helping with client recovery."
"Client contact."
"Supporting people to help them change."
"All of it – it's the best job in the world."
"You are really making a difference."

Whilst key workers enjoyed many of the changes that the new service had introduced, they also found administrative work-loads had increased (see 10.5.6).

10.5.5 Knowledge and confidence in raising concerns/complaints

Within the Healthwatch July 2016 report, clients were expressing a lack of confidence in the complaints system with ***"feedback mechanisms not seen as effective."***

Whilst clients were not always clear about the way in which they could raise concerns or make complaints, the vast majority expressed confidence in doing so. If they had a problem with their own key worker, one stated that they were, ***"confident to tell another key worker"***. However, some clients at the Swadlincote site stated that they would not know the process to raise a concern, ***"nobody has told me"*** and, ***"don't know, might be able to find out myself."*** None of these clients mentioned having seen the suggested procedure on a noticeboard in the waiting area, albeit it was poorly displayed.

Another client at a different site was new to the service and said that they did not know how they would make a complaint if they had one.

One client referred to making a complaint about their key worker which they said was resolved in approximately 10 days. This was before the client's next scheduled appointment with their Key Worker and the relationship with the keyworker was restored in a mutually satisfactory manner.

10.5.6 Differences since the new DRP service commenced (April 2017)

a) Service user views

There was a mixture of perceptions/awareness of clients who had been using the service for several years of the new DRP service being any different than previously. However a number of clients interviewed acknowledged that the new service had changed and got better having adopted a 'firmer approach' from the staff. This was considered as being the result of the staff having become clearer about their roles and responsibilities. Other clients said that, "***there is a difference with more staff***" and ***"there seems more structure."***

Another client summed up the perceived impact of the new service commenting that, more so than previously, ***"It's all down to me."*** Another client said it had got much stricter adding, ***"If you are using street drugs you will not get Methadone"***. Only one client commented negatively about the new service who said that the service, ***"is crap*** (sic) ***now - three workers trying to work out how to deliver the service … getting worse."***

b) Staff views

Staff overall talked very positively about the impact that the DRP has had since it was established earlier in the year and no-one thought that the new service configuration had reduced the effectiveness of their role.

Comments referred to the new service being more, ***"joined up"*** in bringing together the previously separate alcohol and substance misuse provisions. In addition some thought that multi-professional communications had improved with a single worker system of communication to other services such as social workers and the probation service.

The bringing together of the substance misuse and alcohol abuse services had increased job satisfaction for key workers enabling knowledge and skills to be shared and developed. Key workers considered that they were now involved in a more holistic approach to treatment with additional therapeutic interventions being at their disposal.

Staff reflected this broad satisfaction with much of the newly configured service in such comments as:

"A massive improvement in terms of managing and organising the service."
"New DRP has enhanced, not reduced, our effectiveness."
"Much better for the service user."
"Drugs and alcohol together is an improvement."
"Job more varied and interesting so more satisfying and clients get better support as we learn more skills."
"Reduction in unnecessary duplication of assessments."

However, there were some aspects of the new service organisation that staff were finding less satisfying.

Key workers expressed that they had experienced a lot of change in a short period of time with more clients to support which led to work-loads being increased and greater pressures of undertaking the administrative non-client contact aspects of their role.

Key workers referred to the numbers of assessments to be conducted. Many staff had concerns about the perceived complexity and time-consuming nature of the safety/risk assessment forms which were considered too generic and did not fit around the needs of the clients adequately. Equally the new Clinical Safety Plans were criticised similarly with some elements which were felt to be irrelevant to the service.

The Healthwatch July 2016 report referred to administrative concerns identified by staff as, ***"… the demands of paperwork and preparation for panel hearings"*** *and* ***"… the effectiveness of treatment outcome framework paperwork."***

Whilst the above administrative stressors for staff may not be focussed on exactly the same documentation, it would appear that the administrative responsibilities of staff continue to be challenging.

c) Receptionist staff/service:

Both clients and staff saw this service as being invaluable in the smooth running of the treatment centre provision. Clients expressed appreciation of having one dedicated receptionist who made them feel welcome and got to know them individually, consequently clients felt that they had less explaining to do at each visit. Clients comments included:

"Receptionist is very good."
"She tries to sort things out for you, get things organised."
"[She] ***chases prescriptions sorts out your appointment."***

Staff referred to the site receptionists as being:

"Very valued member of the team."
"Having a very good regular receptionist helps remove a lot of admin problems and chasing about after prescriptions."

10.5.7 The rehabilitative/recovery (Non DRP) services
eg Hope Springs, Wash Arts, Rhubarb Farm, Nite Lite Shirebrook, Chesterfield Football Club, High Peak Food Bank, Beardwood Natural Living Farm

The various rehabilitation/recovery projects and services are independent from DRP but are available to work with closely in supporting clients who use the treatment centres. However, only the Ilkeston site appeared to have a significant relationship with their local projects. All clients spoken to at this service were aware of these resources and were highly valued by both clients and staff alike.

The most popular activities appeared to be Wash Arts (which used the site to deliver sessions) and Boxercise which operated at a local leisure centre.

In addition to the rehabilitative/recovery activities, Ilkeston also provides: pre-treatment groups, peer mentoring, peer support and post-treatment groups. Whilst there was no reference to these by clients at the Ilkeston visit there was no evidence that similar services operated at the other treatment centre sites.

The rehabilitation/recovery projects and services were less evidently used within the Chesterfield, Ripley or Swadlincote sites and ARs did not observe any advertising/information about such services. Only one client at Chesterfield used one of these services (Hope Springs) and stated that they had ***"Found it good."***

At Swadlincote it was apparent that some clients had heard of some of the rehabilitative/recovery type services around the county but none knew of any located near to the Swadlincote centre. Staff at the site also referred to the need for such services/projects to be more readily available.

At Ripley, ARs were informed by one client that, ***"It needs more things on offer"*** whilst another commented that they would like to see more advertisement and provision of, ***"activities and support groups"*** offered either in-house or externally.

11. Additional issues

11.1 **Other observations/findings of note**
(record anything here that is not central nor been referred to within the main report)

None

12. Elements of observed/reported good practice

- Motivated, enthusiastic and passionate staff (All)
- Free Wi-Fi in the waiting area (Chesterfield Treatment Centre)
- The information pack issued to clients on their initial appointment (Chesterfield Treatment Centre)
- Services developing/developed easy read formats for clients (Chesterfield/Ripley/Swadlincote Treatment Centres)
- Appointments of receptionist staff Chesterfield/Swadlincote Treatment Centres)
- Clients met personally by their key workers on arrival (All)
- Treatment centre rooms being designed and decorated by clients (Ilkeston Treatment Centre)
- Toilet facilities being freely accessible to clients from the waiting room area (Ilkeston Treatment Centre)
- The range of rehabilitation/recovery contacts and involvement available to clients (Ilkeston Treatment Centre)
- The availability of pre and post treatment groups as well as peer support and mentoring systems (Ilkeston Treatment Centre)

13. Recommendations

In preparing for these Enter and View visits it was agreed that any recommendations would be collated into a single summary report for senior DRP managers to respond to.

The following recommendations refer to general themes and issues identified across all or most of the treatment centre sites. Individual treatment centre reports have also been constructed (see Section 15) and where site specific recommendations have been made, these have been embedded in those reports. Team managers have been asked to submit their responses to relevant senior managers for feedback to Healthwatch along with the recommendations outlined below.

13.1	To ensure that new clients (and established ones where appropriate) are provided with introductory welcome/information packs including clear instructions on how to locate and recognise the treatment centre building (10.1, 10.4a)
13.2	To confirm that each treatment centre has adequate service provision alternatives for clients who may have additional disabilities (10.2.1a)
13.3	To confirm that suitable strategies for personal safety for all staff are in place across all sites (10.2.1c).
13.4	To review the decorative state of each site and make them more aesthetically attractive and both socially and physically comfortable (10.2.1c, 10.2.1g, 10.2.2, 10.2.3, 10.5.1)
13.5	To review client access to toilet facilities (10.2.1d)
13.6	To review the policy and practices in providing a more consistent approach to being a family-friendly service (10.2.1e)

13.7	To re-assess waiting areas in providing a suitably 'warm', welcoming environment (10.2.1f)
13.8	To consider introducing refreshment facilities into waiting areas (10.2.1h)
13.9	To ensure that all clients with literacy challenges have been adequately identified and that written materials are provided in appropriate formats to meet their needs with particular reference to those with dyslexia and/or visual impairments (10.4a)
13.10	To ensure that there is effective communication in place to inform all clients about the full range of services that they may access (10.4b, 10.5.2, 10.5.7)
13.11	To consider introducing appointment text reminder systems or similar (10.5.3)
13.12	To ensure that the policy and practice of managing missed/late appointments is applied consistently across all sites (10.5.3a)
13.13	To explore the possibility of enabling later opening pharmacy times and providing more late night clinics at the service to reduce the need to re-issue scripts and/or require emergency appointments to be made (10.5.3, 10.5.3a)
13.14	To review methods and systems of supporting alcohol dependant clients in order to improve appointment attendance (10.5.3b)
13.15	To ensure that clients are identified who have financial/social difficulties in attending the services and have systems to 'sign-post' them to receive appropriate advice/support (10.5.3c).
13.16	To ensure that clients are clearly aware of how to raise concerns/make complaints (10.5.5)
13.17	To consider reviewing administrative record systems such as safety/risk assessment forms and Clinical Safety Plans in the light of staff feedback received (10.5.6b)
13.18	To facilitate increased opportunities for clients to access recovery/ rehabilitation projects within the individual service localities and ensure that clients are clearly informed about the range of currently available services (10.5.7)

14. Service Provider Response

Thank you for your Healthwatch report and have pleasure in providing our response below. I have also included the individual team actions for each treatment location based on the Healthwatch recommendations which have been formulated into a local action plan.

As you are aware Derbyshire Healthcare NHS Foundation Trust (DHcFT) alongside partners Phoenix Futures, Derbyshire Alcohol Advice Service and Intuitive Thinking Skills provided a new integrated drug and alcohol service from 1st April 2017 as the combined Derbyshire Recovery Partnership.

Thank you for the way in which the Healthwatch E&Vs were handled, I think this enabled you to get the best picture of the service and for us to get the most constructive feedback.

David Hurn (Acting General Manager for Central Services)

No.	Recommendation	Response
13.1	To ensure that new clients (and established ones where appropriate) are provided with introductory welcome/information packs including clear instructions on how to locate and recognise the treatment centre building (10.1, 10.4a)	Derbyshire Recovery Partnership via The Hub (Single Point of Entry) will send service users' instructions before they attend for the first time on how to find the treatment centre buildings. We will ensure on referral that the patient is offered relevant information about treatment, interventions and recovery activities. This information can be offered in either physical or electronic formats dependent upon service user preference.
13.2	To confirm that each treatment centre has adequate service provision alternatives for clients who may have additional disabilities (10.2.1a)	Chesterfield and Swadlincote premises both have disabled access. Ilkeston treatment centre does not have full disabled access but we adjust our service offer to have access to the nearby Connexions building where we arrange to see service users as required. Buxton has disabled access at Queens' Court, whilst Ripley has access to a designated and bookable room within Ripley library. Derbyshire Recovery Partnership will continue to review other venues availability (such as other local DHcFT sites) to support access provision away from main bases. In addition service users can be visited at home if a disability issue is identified as preventing them from being able to access treatment. We will advertise this in our service information, on the Derbyshire Recovery Partnership website.
13.3	To confirm that suitable strategies for personal safety for all staff are in place across all sites (10.2.1c).	The DHcFT premises in Chesterfield and Swadlincote have alarms in the consultation rooms for staff to use in case of emergency. Following a review DHcFT has ordered new personal safety alarms for Ripley and Ilkeston for Derbyshire Recovery Partnership staff. The local management of risk and aggression protocols for each site has been reviewed and new guidance for staff is being drawn up in relation to use/response to new alarms. The existing DHcFT Lone working risk assessment for Derbyshire Recovery Partnership is in date and is reviewed annually for each site. All Derbyshire Recovery Partnership staff are aware of requirements and responsibilities in reference to the policy, including individual safety when off-site.
13.4	To review the decorative state of each site and make them more aesthetically attractive and both socially and physically comfortable (10.2.1c, 10.2.1g, 10.2.2, 10.2.3, 10.5.1)	Our Ilkeston waiting room has recently been decorated by Wash Arts (service user led recovery organisation) and service users have inputted into the décor of Ripley, Ilkeston and Chesterfield. The waiting area and reception in Chesterfield is planned to be refreshed in April by Wash Arts in conjunction with bespoke service user art work. Derbyshire Recovery Partnership has tasked individual team managers are to ensure that the local site

No.	Recommendation	Response
13.4	Cont……	furniture is clean and in working order. Repairs or requests for replacement will be facilitated via DHcFT Estates Department. The team managers will review all patient and staff areas to ensure they are free of clutter and retain a tidy appearance.
13.5	To review client access to toilet facilities (10.2.1d)	Services users at all Derbyshire Recovery Partnership premises have access to toilet facilities. Toilets in all premises except Ilkeston are only accessible through clinical areas which cannot be accessed by clients unaccompanied by staff. This situation has been determined by the layout of our premises (one of the premises is a listed building) and is additionally required to ensure confidentiality, client safety and building security. At the present time it is not feasible or practicable to install toilets in the patient waiting areas of the buildings. However we do recognise the inconvenience and the potential effects of how service users feel about accessing the service. We will aim to limit the negative impact of this by communicating our apologies for this situation and how we can support access with minimal impact to our service users' experience.
13.6	To review the policy and practices in providing a more consistent approach to being a family-friendly service (10.2.1e)	Derbyshire Recovery Partnership aims for consistency by ensuring that all staff are aware of offering appointments which take into consideration child care commitments and offer flexibility for service users to be able to bring family members. Through team meetings and individual supervision Derbyshire Recovery Partnership team managers will remind all staff of the expectation and responsibility to be family friendly and flexible, with the aim to increase both attendance and engagement. Whilst there may be individual situations where we believe that it would not necessarily be in the service user's (or their children's) interests to be accompanied by their children to their appointment (such as challenging or emotionally difficult discussions with keyworkers), we recognise that this cannot always be avoided and that it is unacceptable for this to be a barrier to attendance or engagement in treatment. We will ensure that all our staff are aware that our premises need to be 'family friendly' and welcoming to children. Additionally we will review our facilities and ensure that they provide a 'warm and welcoming' space for families and promote an awareness of specific spaces designated for this purpose. This review will include exploring the provision of

No.	Recommendation	Response
13.6	Cont…..	appropriate toys and whether we can access alternative venues such as family centres.
13.7	To re-assess waiting areas in providing a suitably 'warm', welcoming environment (10.2.1f)	All Derbyshire Recovery Partnership team managers have been asked to review patient waiting areas and assess the waiting area environment. Further action will be taken (see response 13.4) in relation to improving the physical appearance of the waiting areas and include service users in any changes.
13.8	To consider introducing refreshment facilities into waiting areas (10.2.1h)	DHcFT will undertake a review in relation to the provision of water dispensers' at reception in all main sites in relation to practicalities, safety and cost.
13.9	To ensure that all clients with literacy challenges have been adequately identified and that written materials are provided in appropriate formats to meet their needs with particular reference to those with dyslexia and/or visual impairments (10.4a)	Derbyshire Recovery Partnership will add a new question at the full assessment stage to identify literacy needs. In addition Derbyshire Recovery Partnership will review our patient information leaflets to identify changes that can be made in this area, with specialist Speech and Language Therapist input and adjustments to be included in patient leaflets.
13.10	To ensure that there is effective communication in place to inform all clients about the full range of services that they may access (10.4b, 10.5.2, 10.5.7)	Derbyshire Recovery Partnership will ensure that all staff both at The Hub (triage stage) and those undertaking later full assessments ensure that service users are aware of the range of services on offer and increase recording of recovery services (see 13.18).
13.11	To consider introducing appointment text reminder systems or similar (10.5.3)	Derbyshire Recovery Partnership service managers alongside DHcFT IT Dept. will review a process to implement a text reminder system within current clinical IT system. Derbyshire Recovery Partnership are to meet with IG/Records Lead to plan process and implementation and draw up a text alert project group.
13.12	To ensure that the policy and practice of managing missed/late appointments is applied consistently across all sites (10.5.3a)	Derbyshire Recovery Partnership always endeavours to follow our processes consistently and fairly throughout service whilst also responding to risks and individual circumstances when appropriate. We have identified that on a small number of occasions when service users have missed or been late to appointments that this process has not been followed.

No.	Recommendation	Response
13.12	Cont……	Service managers and team managers will ensure staff are aware of correct procedure during team meetings and supervision. In addition Derbyshire Recovery Partnership will review the current attendance guidance and conduct a compliance audit.
13.3	To explore the possibility of enabling later opening pharmacy times and providing more late night clinics at the service to reduce the need to re-issue scripts and/or require emergency appointments to be made (10.5.3, 10.5.3a)	Community pharmacies are not contracted by DHcFT therefore we are unable to influence opening times. Some pharmacies in larger metropolitan areas such as Chesterfield have pharmacies with later opening times. All service users are able to choose their pharmacy from which to receive their prescription with a range of pharmacies available. Derbyshire Recovery Partnership currently offer one late night clinic each week in every base around the county (with access to prescribers and keyworkers) in line with current commissioning requirements and service need. The viability of any additional late night opening where current demand is exceeded will be explored by Derbyshire Recovery Partnership.
13.14	To review methods and systems of supporting alcohol dependant clients in order to improve appointment attendance (10.5.3b)	Derbyshire Recovery Partnership has reviewed this issue and has recognised that because of the changes in service delivery since April may have impacted on attendance of alcohol dependant service users. **In** response to this we have increased our flexibility of appointments and offer home visits if needed/ appropriate based on clinical need.
13.15	To ensure that clients are identified who have financial/social difficulties in attending the services and have systems to 'sign-post' them to receive appropriate advice/support (10.5.3c).	Derbyshire Recovery Partnership recognises that there is a challenge due to travel to appointments across the geography of the county. We have an established number of satellites venues across Derbyshire to provide local interventions and help facilitate attendance. We have endeavoured to address barriers by responding to individual need (such as having appointments on benefits payments day) and spacing appointments appropriately to support engagement. Keyworkers are aware of local community services and can sign-post service users as appropriate to support access to appropriate advice/support.
13.16	To ensure that clients are clearly aware of how to raise concerns/make complaints (10.5.5)	Derbyshire Recovery Partnership has ensured that we have concerns and complaints processes displayed clearly at all bases. Service users are supported appropriately to make complaints and raise concerns; this can be done anonymously if required. A new substance misuse integrated complaints process has been put into place to ensure clarity around the complaints procedure across partners within Derbyshire Recovery Partnership.

No.	Recommendation	Response
13.17	To consider reviewing administrative record systems such as safety/risk assessment forms and Clinical Safety Plans in the light of staff feedback received (10.5.6b)	The DHcFT Patient Safety Plans (risk assessment and review process) used across Derbyshire Recovery Partnership is a process that has been developed and implemented DHcFT wide. Safety plans are designed to focus on the individual and their contribution to keep themselves safe. Staff comments are being collated via the service manager and clinical lead and raised with the DHcFT Safety Plan Implementation Group. This group helps coordinate future adaptions and changes to the Patient Safety Plan process with the aim to make gradual improvements for staff and service users.
13.18	To facilitate increased opportunities for clients to access recovery/ rehabilitation projects within the individual service localities and ensure that clients are clearly informed about the range of currently available services (10.5.7)	Through team meeting and individual management and clinical supervision we have worked to ensure all clinical and operational staff are aware of the range of recovery services available to service users across Derbyshire. New local recovery initiatives are able to come to Derbyshire Recovery Partnership team meetings to promote new services and upskill staff. In addition we have implemented a recording feature within our clinical IT system to monitor information provision going forward and to enable us to audit compliance

15. Individual Treatment Centre Site Recommendations

(please refer to the separate reports for further details)

Chesterfield Treatment Centre

No.	Recommendation	Response	Actions
13.1	Review the suitability of the location for drug testing and needle exchange to ensure that conversations cannot be overheard in the proximity (10.2.1, 10.5.1)	Providing confidential space for client appointments is essential when they are accessing services. We will undertake a review of the locations used for needle exchange and implement a plan in conjunction with estates if necessary, to ensure that confidentiality is maintained at all needle exchange locations and interactions with clients.	By: **31.05.2018** To implement plan with completion date to ensure confidentiality in needle exchange venues and undertake spot-check.
13.2	Check and improve the adequacy and effectiveness of the heating system (10.2.1, 10.5.1)	We are aware from staff that there are areas of the building that are not adequately heated. This has been reported to DHcFT Estates by the team managers and we will monitor the response to ensure that this issue is rectified.	By: **31.05.2018** To contact DHCFT Estates to agree plan to review site heating, rectify this issue and agree a date of completion

No.	Recommendation	Response	Actions
13.3	Repair the TV set located in the waiting area (10.2.3)	The screen in the waiting area is not a TV – it is a monitor. We are awaiting for it to be linked to the IT system so that we can show a range of information including health promotion, harm minimisation and access to recovery projects	By: **30.05.2018** Contact IT/Estates to agree date for completion
13.4	Review room design and configuration throughout the site to improve where possible the client and staff limitations identified (10.5.1 – staff section)	In response to this we have submitted a request to split one of the group rooms into two separate rooms. Staff have recently introduced a new booking system to reduce the incidence of rooms not being available. We are now utilising space at DAAS (Dents Chambers location) which allows up to three workers to be able to see alcohol clients for assessments using portable devices to record information. This is specifically for alcohol clients as there are no drug testing facilities at Dents Chambers. There is also disabled access at Dents Chambers	By: **31.10.2018** To contact estates to update on decision on feasibility of building changes and confirm dates of work schedule.
13.5	Consider how the current building will adequately accommodate the rapidly expanding service (10.5.2 – staff section)	We will keep this issue under review but we do not foresee that this will cause a problem as we can continue to access space at Dents Chambers.	By: **31.05.2018** To review situation over next 3 months.

Ilkeston Treatment Centre

No.	Recommendation	Response	Actions
13.1	To explore whether some of the rehabilitation/ recovery service provision may be offered at times more suitable to those with family commitments (10.5.7).	Recovery/rehabilitation service provision and access times are agreed by the commissioned recovery providers. However we are aware that they do provide services at a range of different times (eg Mutual aid (AA / NA) have evening, weekend and daytime meetings).	By: **31.05.2018** To feedback to recovery and rehabilitation providers.

Ripley Treatment Centre

No.	Recommendation	Response	Actions
13.1	To ensure that the ashtray outside the entrance is emptied regularly (10.1)	The ashtray is currently broken which we believe has caused the current issue of it not being emptied. This has been reported to estates to be rectified.	By: **31.05.2018** To contact estates to confirm date that the ashtray will be fixed.
13.2	To confirm that notices are in place to inform visitors of CCTV being in operation (10.1)	We will ensure that appropriate notices are in place to advise where CCTV is in operation.	By: **31.05.2018** 'CCTV in Operation' posters to be visible where CCTV installed.
13.3	To check that the self-locking mechanism on the front door operates effectively (10.1)	The self-locking mechanism is in working order. There is an issue where it can be 'put on the latch' which we have asked patients to refrain from. The building is a leased building and is not owned by DHcFT and consequently we are limited to changes that we can implement.	By: **31.05.2018** To contact estates to discuss whether there is a solution to this issue and whether swipe access could be installed
13.4	To assess the safety of the electrical fused spur located above the floor to the side of the toilet in the male staff toilet (10.2.1)	This has been reported to DHcFT estates and we have been informed that an electrician will attend to remedy.	By: **31.03.2018** To contact estates to confirm date that the electrician will attend to fix toilet.
13.5	To review general house-keeping services and impact of auditing to ensure a satisfactory standard is maintained with particular attention to the Family Room (10.2.2)	We have DHcFT domestic services that provide cleaning services to the building. Regular infection control audits will monitor cleanliness and hygiene standards. These will be shared with Estates and appropriate action plans put in place to remedy identified improvements that are required.	By: **31.03.2018** To ensure a system is in place for regular audits and to evidence that these are shared with Estates.

Swadlincote (Bankgate) Treatment Centre

No.	Recommendation	Response	Actions
13.1	To attend to the repair of the loose metal railing near to the main entrance (10.1)	The loose metal railing is the responsibility of the owners of the industrial estate not treatment services or the local council. We will report this issue to the relevant company.	By: **31.03.18** To contact estates to request to contact the relevant landlord
13.2	To review the design of the reception area making the receptionist more obvious and immediately accessible on entry (10.2.1)	The reception desk has now been moved to the front of the office to ensure reception services are easily accessible to clients as they come into the waiting area.	Completed
13.3	To improve the way in which information is displayed in the waiting area and ensure that key information such as the complaints/ concerns procedure is clear and placed in a more prominent position (10.2.1, 10.4)	The information has now been arranged to display in a more 'service – user friendly' manner. We have now ensured that compliments/complaints posters are clearly visible to service users.	Completed
13.4	To check that heating is functioning effectively and is adequate throughout the building (10.2.2)	We are aware through reports from staff/ service users that there are areas of the building that are not adequately heated. This has been reported to Estates by the team managers and we will monitor the response to ensure that this has been rectified.	By: **31.03.18** To contact estates to confirm action and to advise of a completion date
13.5	To advise of any difficulties that exist in providing/referring service-users to *'detox services'* (10.5.2).	There are clear processes and procedures in place for service users to access detox services. This includes the completion of necessary preparation work and can also be subject to the provision of required personal documentation when access residential rehabilitation. If these required elements of the process are not completed this may cause a delay in accessing 'detox' and residential rehabilitation services.	By: **31.03.18** To ensure that staff are aware of the correct processes for patients to access 'detox services '. To cascade information via team meetings/ supervision.