Enter & View Visit Report

Name of Service: Bankgate (Swadlincote) Resource Centre

Service Address: Unit 13-15 Rinkway Industrial Estates, Rink Drive, Swadlincote, Derbyshire DE11 8JL

Dates of Visits: 6th November 2017 (announced) & 15th November 2017 (semi-announced)

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. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD 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.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

---

1. Visit details

Service Provider: Derbyshire Recovery Partnership (DRP)

Time of Visit (From/To): 09:00 – 15:30hrs (6th) & 09:00-14:30 (15th)

Authorised Representatives (ARs):

1. Brian Cavanagh
2. David Corrigan

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & nature of service

The Derbyshire Recovery Partnership (DRP) is a newly configured drug and alcohol treatment service managed through Derbyshire Healthcare NHS Foundation Trust 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.

Bankgate Resource Centre (Swadlincote) is a relatively modern health care building located in the middle of an industrial estate. The premises are shared with a mental health service. Approximately 150 clients use this service and up to 40 clients a day may access it at its busiest times.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, team manager, service-users and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date(s) of visiting the service(s) as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all service-users and/or staff but does provide an account of what was observed and presented to HWD ARs at the time of the visits.

5. Purpose of the visit

To undertake one 'announced' and one 'semi-announced' visit to each treatment centre and visit existing satellite facilities in order to:-

- Consider the suitability of the external and internal environments (physical and social) of each Treatment Centre in meeting the needs of service-users

- 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)

- Gather the views of service-users and staff regarding the effectiveness of providing appointments in accordance with individual needs

- Determine the overall satisfaction of service-users with the process for raising, listening to and responding to any concerns where they arise

- 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 April 1st 2017

- Gather the views of service-users and staff on the strengths and any limitations of the key worker systems in operation

- Consider the service-user views on the non-DRP rehabilitative/recovery services provision and the pathway between the treatment services and the DRP provision.

6. Strategic drivers

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."* This report generated 19 subsequent recommendations for consideration across a range of agencies and services including the

treatment services. With the implementation of the new DRP service in April 2017, Healthwatch Derbyshire considered it timely to initiate an Enter & View activity to follow up the concerns raised in the report about the treatment centres and to enable the new service reconfiguration to be examined in this context.

7. Introduction/orientation to service

On arrival ARs met Emily Vane, Team Manager, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where no specific circumstances were identified for them to be aware or might restrict any aspects of their visit.

ARs were advised as to which service-users were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions made during the process.

8. Methodology

ARs were equipped with various tools (checklists and questionnaires) to aid the gathering of information. The following techniques were used by the ARs:

- Direct observations of interactions between staff and service-users
- Observations of the physical and social environment in which the service operates
- Using semi-structured interviews to talk to service-users about their experiences, thoughts and feelings regarding the service provided
- Using semi-structured interviews to talk 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 they support
- Checking that service-users are communicated with clearly and in a way that meets their needs.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of key findings

- Ten service users and 5 staff were interviewed.
- Eight of the service-users were attending for substance misuse needs
- Two of the service-users were attending for alcohol misuse needs
- All service-users had been using the service between 2-15 years except one who had been attending for nine months
- No friends/relatives of service-users were present to be interviewed
- Since the inception of the DRP clients perceive that there has been increased staff support and better structures in place
- The clients generally appear to be offered good Key Worker support and continuity
- There is good communication between the service and GPs
- The reception and waiting area requires some design reconsideration
- The non-attendance rate was high during an afternoon period on one of the visits dates

10. Detailed findings

10.1 The external environment

The treatment centre is situated in the middle of an industrial estate with various units located around the building. There was no signage for the centre in the immediate area except for a relatively small sign directly outside the centre itself. This was fully explained to ARs as the service wishing not to advertise its presence because of its nature. However, some of the service users said they initially had had some confusion with other similar-named services nearby.

There were limited parking facilities (and one disabled parking space) directly outside the building but there were plenty of spaces at a nearby, easily-accessible free car park.

The building itself looks to be well-cared for and maintained; there was no litter visible, painted surfaces were sound, as were tarmacked paths/road surfaces.

Access to the building was through activating a standard push-button operated door mechanism. This was noted to be at a reasonably suitable height for someone who was in a wheelchair and the door width made the building suitably accessible to anyone who had disabilities.

Whilst not immediately observed by ARs on approaching the building, one of the key workers later drew to the attention of ARs that a metal railing had come loose near to the main entrance, and one end of it was pointing dangerously into the pathway to the front door.

10.2 The internal environment

10.2.1 Facilities

The waiting area is located just inside the main entrance and is shared with clients who use a separate mental health service within the building. Seating is set out in an 'L' shape which meant that clients were not looking straight at others who were also waiting. Service users said that they appreciated this. However, some service users said that the space itself felt somewhat *'clinical'*.

The reception desk was located to the right, immediately inside the front door and the receptionist, who is not seated by the reception window, cannot be easily seen. There are no clearly presented instructions for people on entry which may create some possible confusion to visitors as to the procedure upon arrival.

Whilst there is lot of information displayed in the waiting area, most of it appeared 'cluttered'. One service user said that nobody reads the leaflets, preferring to use some of them to *"roll reefers"* (sic). ARs noted that the information on 'how to complain' was not immediately visible being located in one corner of the waiting area, it also did not appear to be very clear or simply presented. A white board in one corner of the waiting area had hand written information on forthcoming events and other details of potential interest to

clients such as courses to attend. This was not easily seen unless one approached the white-board to read this information.

There are no refreshments available in the waiting area but ARs were informed that people can ask at reception for water should they want some.

Toilet facilities are adjacent to the waiting area and adequate and well-maintained. The toilets are locked and service users said that they had to ask at reception to use the toilet.

10.2.2 Physical comfort

The waiting area was clean, tidy and well-lit with good floor-coverings although some service users said that the furniture was *"drab"* and needed refurbishing.

There was very little artwork on the walls: the majority of these whilst clean, were bare and simply painted in a neutral colour.

There were plenty of support/consultation rooms which were clean and reasonably equipped with easy chairs but lacked decoratively having limited or no pictures or other more homely materials within them.

Heating and ventilation was generally good with the temperature of most rooms being adequate but some others seemed cold.

10.2.3 Social comfort

On entering the building there was not a sense of coming into a welcoming environment and the greeting of visitors is dependent on the receptionist at all times.

The waiting area was very formal but calm and the service users were seated comfortably.

There was no background music of any kind and no TV or computer screens: it was very quiet.

There was some reading material available and it was in good condition and up-to-date.

The building did not present as being particularly 'family friendly', there were no games or toys observed around and there was no 'family room' facility on-site.

There was a smooth process to move service users from the waiting area to see a key worker: the receptionist inputs the arrival of a service user into a computer system and that signals to the key worker that they must go to the waiting area. The key worker then goes to the waiting area and collects the service user.

10.3 Staff appearance/presentation

Staff presented themselves appropriately and professionally. Key workers were observed to be welcoming and supportive of the service users communicating in a calm and sympathetic manner whilst treating each person very much as an individual.

10.4. Effective communications

No signage was observed that might help service users identify rooms to go to within the building. However, service users are escorted around the building by a member of staff and do not have a need to locate rooms/areas independently.

General information as referred to under 10.2.1 is in need of some attention to be more clearly presented: for example, what to do upon arrival; what services are offered; how to feedback comments. ARs asked service-users about the information written on the whiteboard (10.2.1) but no-one said they had seen or read this.

Alternative formats of written service information for clients were seen in the form of pictorial materials for those who have English as a second language or no English at all. ARs were informed that for such individuals interpreters could be booked.

Other alternative formats for information did not seem to be available e.g. large font or presentations suitable for those with dyslexia. Whilst this did not become apparent as an issue during AR interviews with service-users it would seem likely that a proportion of clients may need this type of additional assistance in accordance with the Accessible Information Standard.

10.5 Feedback from service users & staff

10.5.1 The building and its facilities

Service user comments:

Clients were positive and remarked on how well the building was designed with *"nice rooms"* that allows one-to-one conversations. A number commented on how the recent employment of a receptionist was a positive move and who helped to make them feel more welcome.

One client felt that the whole experience of attending appointments at the treatment centre was, *"old school"* and did not provide a warm welcoming atmosphere. The person went on to add that it, *"resembled an AA meeting."*

Comments received about the waiting room suggested that it was, *"cold, boring and staff did not interact."* Another client felt it was not 'child friendly' and you have to ring the bell outside to get attention from the reception although overall most clients felt it was reasonable. Another said that the room was drab with *"too much clutter"*.

One client summed it up, *"As good as a waiting room can be."*

Staff comments:

Staff were generally positive about the new building especially the number of rooms available. One said the design was fine but the furniture needed to be updated. Overall, staff considered it better than previous locations used.

10.5.2 Health Team services

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

Service user comments:

Client's views varied in this area. These ranged from,*"a good level of support"* and an *"excellent needle exchange system which is very private"* to problems of *"accessing a detox service"* and complaints about, **"retelling my story, can't they look at my file?"**

Clients mostly agreed that the on-site doctors are supportive and that their local GP is fully informed of their treatment plans.

Staff comments:

One key worker considered that clients particularly appreciated the needle exchange service offered as reflected by the service-use comment obtained above.

10.5.3   The appointment system

Service user comments:

All of the clients were positive about the appointment system and informed the ARs that after each session they are given a paper slip with the next appointment time. One client complained that he was told off about a missed appointment which he was sure he had not.

The majority of the clients interviewed believed that a text messaging service to remind them of their next appointment would be of benefit if sent a day prior to their appointment.

Two service-users interviewed said that the centre is expensive to get to on public transport costing about £6-7 for each visit and undertook a journey of some 2 hours.

Staff comments:

Some staff suggested that some clients were not always satisfied with the appointment system but provided no further details.

10.5.4   The key worker system

Service user comments:

Overall the clients were very positive about their key workers. Comments ranged from, *"yes, lovely empathy"* to, *"yes, very satisfied"*. Many were pleased to keep their key worker on a regular basis as this aided continuity. Only one client complained that they had to see many different workers. One key worker was singled out for praise, *"X is amazing"* and in referring to the same key worker the client said that they had, **"swapped to get X."**

In total, clients enjoyed continuity, support and good structures.

One respondent did suggest that key workers need to explain 'options' available more clearly and went on to illustrate their point by referring to schemes which

provide a sponsor who is a member of the public who donates money for clients to undergo 'detox.' programmes.

Staff comments:

The receptionist felt that her role was central to 'taking the pressure' off the key workers.

The key workers themselves spoke of positive satisfaction in conducting their roles, referring to the rewards of, *"helping people on their journey (recovery)"*, *"seeing clients change"*, and *"helping people achieve their goals*.*"*

Key workers generally perceived that they were valued by clients who they thought appreciated sessions offered, being listened to in a safe environment and having their situation made clear in terms of expectations. Key workers also expressed a positive sense of being supported by 'management'.

Conversely key workers spoke about dissatisfaction with the pressures of undertaking the non-client contact aspects of their role such as, *"not always keeping up to date with administration"* and the perceived complexity of the safety/risk assessment forms (see 10.5.6)

10.5.5 Knowledge and confidence in raising concerns/complaints

Service user comments:

The majority said that they felt confident to raise issues. A significant number stated that they knew the procedure (albeit it appeared incorrect) and would speak to staff, complain in writing, speak with their key worker or *"complain to the office."* Whilst another said that they would complain to PALS. Some other clients 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."* However, none of these clients mentioned that they had seen the suggested procedure displayed on the noticeboard (10.2.1 refers).

One respondent noted, *"(I) feel that nobody fills* [the complaints forms] *in because they are seen by staff in this building."*

Staff comments:

None obtained

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

Service user comments:

The majority of clients did not identify any major changes but two clients did say, *"there is a difference with more staff"* and *"there seems more structure."*

This is in contrast to one client's view who said that the service, *"is crap* (sic) *now - three workers trying to work out how to deliver the service … getting worse."*

General feedback received about the service were positive with clients commenting on it as being, *"very good", "respectful"*, *and "no stigma"* and *"happy enough"*.

Staff comments:

Comments were received about the service being more, *"joined up"* in bringing together the previously separate alcohol and substance misuse provisions. However, a key worker noted that clients who were alcohol dependent no longer had home visits offered. Nevertheless, the bringing together of the two services has increased satisfaction for key workers in enabling knowledge and skills to be shared and developed.

In general terms, one staff member found that the new service design had created more work after the bedding in period whilst another said it is positive to have one base-site to work from rather than the many as before and this was better for clients.

It was generally agreed that the new risk assessments are too time consuming, too generic and do not fit around the needs of the clients adequately. There was also reference made to the *'clinical safety plans'* being too generic.

Staff interviewed felt that clients may not always be satisfied with the time made available to them because of the competing administrative time demands placed upon the key workers. It was also considered that clients would value the service more if there were more social and activity based opportunities available to them at the centre as offered at the Chesterfield Treatment Centre service.

Some staff felt that 'System One' (referring to the computer software used) was much better and helps them in their personal organisation. One member of staff did state that in their view it was positive in some ways but not others and generally feeling that it had not improved significantly as the system, *"had changed many times before."*

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

Service user comments:

Whilst some clients had heard of some of the rehabilitative/recovery type services around the county, none knew of any located near to the Swadlincote centre. It was suggested that such services needed to be developed locally.

Staff comments:

None obtained

11. Additional issues

11.1 Other observations/findings of note

ARs did note on the afternoon of one visit that four out of the five clients due for appointments did not attend. Staff suggested that this was not considered unusual given the chaotic lives led by some of the clients.

12. Elements of observed/reported good practice

- There was a smooth process to move service users from the waiting area to see a key worker
- Key workers were communicating in a calm and sympathetic manner whilst treating each person very much as an individual
- Key workers are seen in the main to be supportive and having empathy with their clients
- Pictorial materials available for those who have English as a second language or limited English
- The appointment of a receptionist has been a positive addition to the service.

13. Recommendations

In preparing for these Enter & View visits it was agreed that any recommendations would be collated into a single summary report for senior DRP managers to respond to. That Summary report has included the principle findings from across the 4 centres and outlined recommendations that were generated from themes and issues evidence commonly found at all or across most of the sites.

This individual Treatment Centre report has outlined the detailed finding at this site and the recommendations below are considered to be specific to this site. As indicated there are further recommendations in the Summary report to which the findings at this site would have contributed.

13.1	To attend to the repair of the loose metal railing near to the main entrance (10.1)
13.2	To review the design of the reception area making the receptionist more obvious and immediately accessible on entry (10.2.1)
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)
13.4	To check that heating is functioning effectively and is adequate throughout the building (10.2.2)
13.5	To advise of any difficulties that exist in providing/referring service-users to *'detox services'* (10.5.2)

14. Service Provider Response

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.