

Enter and View:

Swallownest

Court



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About us

Healthwatch Rotherham:

We are the independent champion for people who use health and social care services in Rotherham. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that peoples' worries and concerns about current services are addressed and work to get services right for the future.

Details of visit:

Address	Aughton Road Swallownest Rotherham S26 4TH
Service Provider	Swallownest Court
Date and time of visit	14th April 2025, 10am - 1pm and a follow up visit on 13th May 2025, 11am - 1pm
Representatives	Alison North Tony Swindells Kym Gleeson
Visit status	Announced

Swallownest Court:

Swallownest Court is located at Aughton Road, Swallownest, Rotherham, S26 4TH.

It is registered with the CQC to deliver the Regulated Activities of:

- transport services, triage and medical advice provided remotely
- treatment of disease, disorder or injury

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- caring for people whose rights are restricted under the Mental Health Act
- mental health conditions

The service is run by Rotherham, Doncaster and South Humber NHS Foundation Trust who provide mental health and learning disability services across Rotherham, Doncaster and North Lincolnshire, and substance misuse services in Doncaster.

Swallownest Court consists of 3 inpatient wards providing the following services:

- Sandpiper and Osprey wards offer care and treatment through a multi-disciplinary approach that includes medical, nursing, occupational therapy, and psychology services. Both wards provide sectorised beds for patients aged 18-65 years old.
- Kingfisher ward offers intensive care beds for patients facing high-risk acute medical health problems, necessitating temporary and intensive interventions.

Assessments for patients detained under section 136 by the police are conducted in the 136 suite.

They also provide community based mental health services for adults of working age, older people and people with learning disabilities or autism. They run 3 outreach teams (South Locality, Early Intervention and Assertive Outreach) as well as a Primary Care Integrated Mental Health Hub.

The trust was rated as 'Requires Improvement' when it was inspected in Oct-Nov 2019.

[Information taken from the latest CQC inspection report published 21/02/20]

Disclaimer:

Please note that this report is related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time. This report is written by Healthwatch Rotherham using the information gathered by the Enter and View Authorised Representatives named above who carried out the visit on behalf of Healthwatch Rotherham.

What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded, such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. We visit:

- To gather the views of health and social care service users, families and carers.
- To report what we see and hear to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners to improve the quality of health and social care services.
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

Purpose of the visit:

- To collect the views from patients, families, volunteers and staff on services.
- To observe how the facility operates and provides its services.
- To identify 'Best Practice' and highlight any areas of concern.

Methodology:

We follow Healthwatch England guidelines for Enter and View visits. The steps below summarise the process:

- **Plan:**
 - Appoint an Enter and View lead for the visit.
- **Communicate:**
 - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person.
 - Include information about how members of the public can contact Healthwatch Rotherham if they are not able to when the visit is taking place.
- **Prepare:**
 - Prepare resources such as surveys and questionnaires.
 - Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.

- **Report:**
 - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 20 working days.
- **Follow up:**
 - The final report is published on Healthwatch Rotherham website and shared with the Care Quality Commission (CQC), Healthwatch England and the service provider.

The visit to Swallownest Court took place from 10am to 1pm on 14th April 2025, with a follow up visit on 13th May 2025 from 11am to 1pm. On the first visit, two trained Enter and View representatives attended, with three attending on the second visit.

On our first visit we were only able to spend time observing the daily work of the outpatient service and speaking to staff there. We did not have access to the inpatient wards. Our follow up visit allowed us to complete our observations of the inpatient wards and speak to staff working in these areas.

Enter and View observations:

External and entrance:

On arrival there are lots of parking spaces, including disabled parking and bike stands, available to the front of the building which are free to use. There are also EV chargers available on the site. There are clear, visible signs as you enter the car park, which show the way to reception and all departments.

The entrance to the building is on one level with wide double doors that are power assisted when opening, allowing for ease of wheelchair use. The entrance bell is also big and low for good accessibility. Opening hours are clearly displayed and outside of the reception times, access to all areas is controlled by a buzzer system. There are themed enclosed notice boards in the entrance containing useful information, as well as QR codes to use in order to provide feedback to the service. Clear signs in the entrance show the way to reception and other areas.

Internal environment and waiting area (outpatients):

From the entrance we arrived in a waiting area, just off reception, containing two separate comfortable seating spaces with large colour coordinated sofas and some bespoke wooden seating. Bookshelves filled with books and plastic plants in planters helped divide the seating areas.



(waiting area)

There was a water fountain available for patients to use. The area was decorated in muted, calming colours, with laminate flooring and was zoned by the use of different colours. Large, open windows looked out onto a garden area with mature trees and grass with a path running through it. The sun coming in through the windows made the area feel bright, light, warm and welcoming. We noted the area was very clean and tidy. The patient toilets were also clean and in good order. There are plenty of signs over doors to indicate where to go and emergency exits/fire equipment were clearly marked.

Reception was located as you come in through the entrance door and reception staff sit behind a glass/perspex screen. Further staff can be seen in a back room beyond the reception, working. We were asked to sign in by staff on our arrival. Although there was plenty of space for privacy, we noted that when we were in the reception seating area, we could hear all the conversations at the reception desk. There was no option to check in electronically at reception.

The TV wasn't on when we visited, but we noted that due to its positioning, in order to watch it you would have to stand in the corridor. There were further enclosed notice boards containing relevant information on things such as RDaSH's 28 promises and How to volunteer, as well as general information on health and mental health. Their current Care Quality Commission (CQC) rating was also displayed. We noted some additional posters stuck on windows. None of the information we saw was displayed in alternative languages. Although there was a form in reception about the PALS service, it was not clear it was a feedback form and there were no signs to explain or pens available for people to use to complete it. We were informed that the service is in the process of transferring their feedback service to Care Opinion, but this is not currently up and running and ways of providing feedback until this is working are unclear.

We noted that there was a family room available containing toys and books which was kept locked. There was also a faith room that was unlocked off the reception area.

Off the reception area are the outpatient clinical rooms. We observed that these rooms were cold and unwelcoming. Consultation room 6 was very clinical in appearance and sparsely decorated. Consultation room 5 was cluttered with too much furniture. The cold temperature in both rooms was not ideal for patient therapy. The corridors between the consultation rooms were bare and we noted that conversations in rooms could be heard in the corridors.

Internal environment (inpatients):

The inpatient wards are accessed via an access only door which leads into a secure area in between the 3 inpatient wards containing bench seating and a food/drink vending machine. This area also gives access to a secure peaceful garden area that is available for inpatients use (see photo below). This door is buzzer controlled.



(secure internal area)

We noted the atmosphere in the inpatient areas was clean, warm and felt very safe. Each ward is accessed via a secure door. There are lockers available for patients to use. The wards themselves were very colourful, although we noticed some marks on the walls. There were notice boards with lots of information displayed on them, including one displaying staff photos and names which helps patients identify the individuals providing their support. We did note however, that this was incomplete. One also displayed daily activities that the patients could take part in such as cooking and group walks, but we did notice that there were no activities listed for the afternoons (or on a Tuesday on the Sandpiper ward). We heard how the service had listened to patients' opinions on the activities offered and that this had increased the activities available. We noted that there was a leaflet board with information on how to complain, advocacy help and blanket restrictions.

The social/communal areas were well furnished, clean and well maintained. There was soft, comfortable furniture and a TV in a secure cabinet (see photo below).



(Communal/social area)

We noted a radio playing in one area. A games room was provided for residents and there were also other activities such as reading (books and papers), colouring and exercise equipment available. Lighting was at a comfortable level with lots of natural daylight coming in through the windows. Although there was no air conditioning, the temperature was cool and comfortable, even on a hot day, due to windows being open. There was open access to the garden area from the communal spaces which was tidy with lots of seating and an outside exercise facility, all of which were well looked after. There is a gym available to patients and staff. Patients are always escorted to the gym by staff or by the gym trainer. We noted that there was also a room available for private 1 to 1 discussions.

Tea and coffee facilities were provided in the communal areas along with fruit and water in jugs (due to the water cooler being broken). Patients eat in the communal areas and there are round tables seating 4 people where patients eat. Patients have a choice of food each day (which is chosen the day before) and can have their own food or takeaways if they wish. We noted that the kitchen area was clean.

Inpatient rooms are clean and tidy with single beds and private, ensuite facilities. The doors are painted in different colours that make them stand out. Patients can bring their own items in and there are open wardrobes and a small shelving unit in each room. All rooms have a window with a safety screen, which can be opened. The rooms have an Oxhealth monitor for patient safety. Privacy is good and patients have their own key/fob to allow their room to be accessed only by them or staff.

Staff:

Staff were friendly and welcoming. They were all very professional and we observed them working in a back office room as well as seeing a positive interaction with an outpatient. Some staff wore uniforms in the outpatients areas but not all. All clinical staff wore uniforms in the inpatient areas. All the staff we observed wore name badges. We noted there was no staff name board up in the outpatients area for patients to get to know their clinicians.

Staff are expected to hot desk in the Assertive outreach and South locality teams – both of which have a separate area, with another available for medical secretaries. The manager has their own dedicated office. There are staff champion posters, along with information boards, on the walls in the staff area. We noted that the staff areas were a lot warmer than the clinical outpatient areas. We saw a staff suggestion box that staff could use. There was a kitchen area for all staff.

Staff in the inpatient wards made us feel very welcome. They were polite and engaged with the patients. We noted that many staff were not bare below the elbow, despite many posters up about this policy.

Different teams have different staffing levels but staff spoke about how budget cuts had resulted in less staff than last year which was having an impact on morale. We heard staff sickness and recruitment was an issue, although we were also told that staff retention was good.

Survey Responses:

Prior to our visit, we had left some surveys and QR codes to our online surveys with the service, so that patients (inpatients and outpatients), relatives and staff could provide us with feedback. We did this to get true and honest feedback from people who use and work at the service. We use this data combined with our own observations to form a summary and any recommendations.

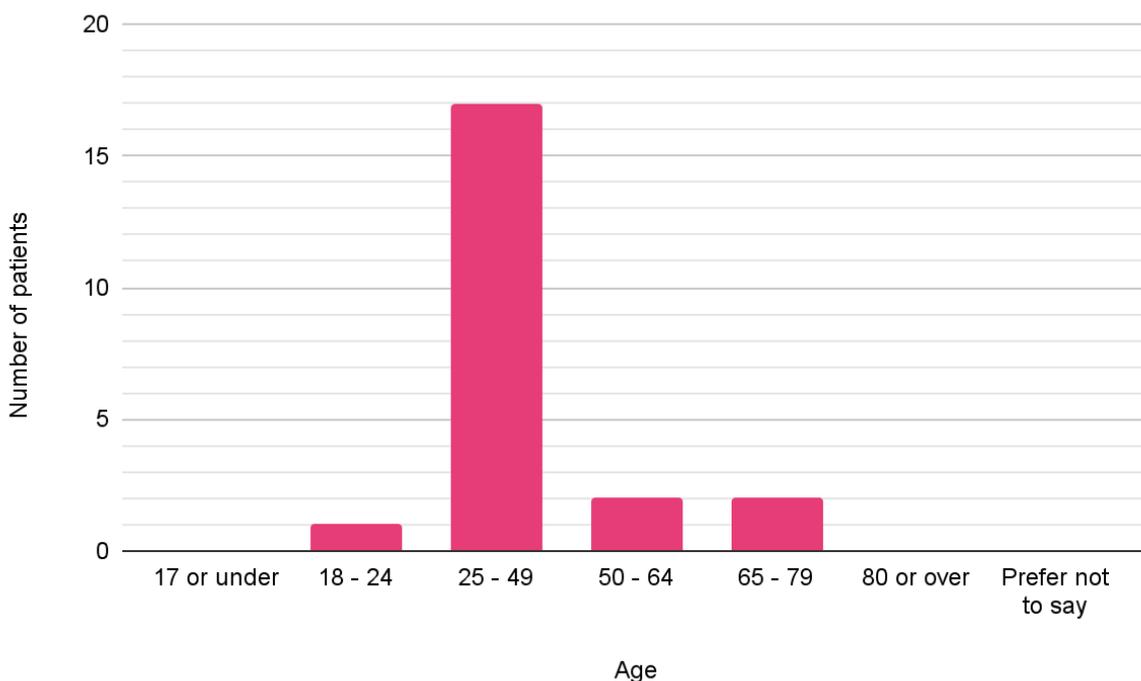
Unfortunately, during our first visit to the surgery we were unable to speak to any patients and we had no responses to our online survey. However, after our follow up visit, we got 22 responses from patients which has provided us with a great insight into the patient's perspectives of the service. Unfortunately, we received no feedback in response to our relatives survey.

On the request of Swallownest Court, the feedback has been broken down into the wards to allow for any ward specific areas of strength or weakness to be identified.

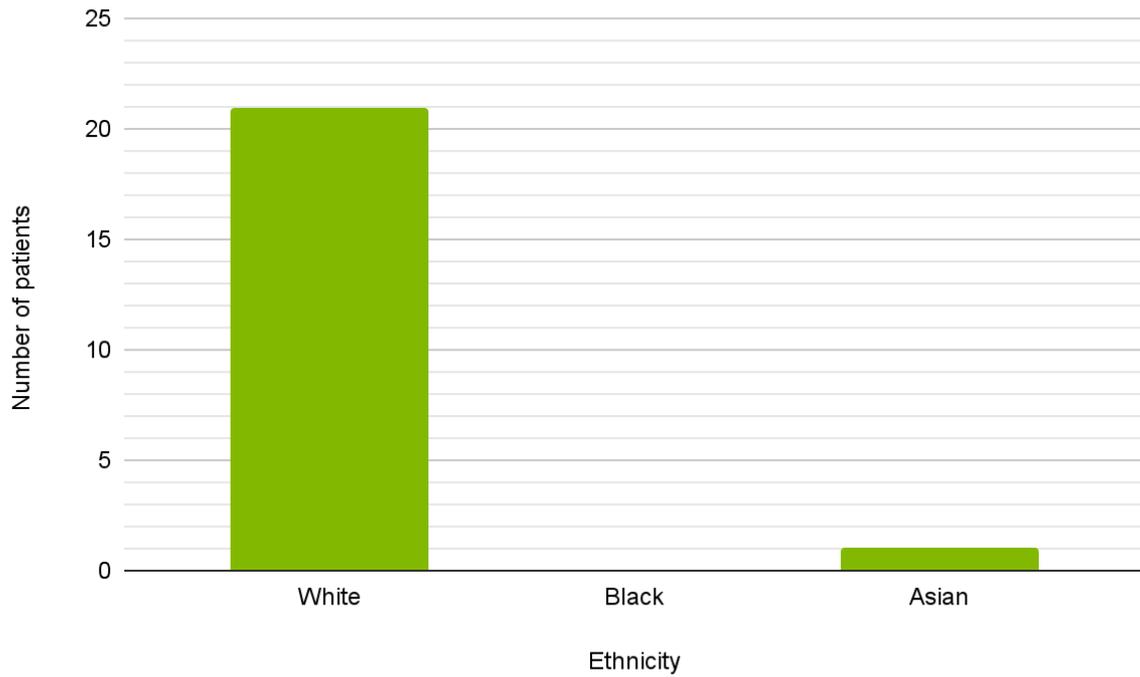
Patients feedback:

Demographic data:

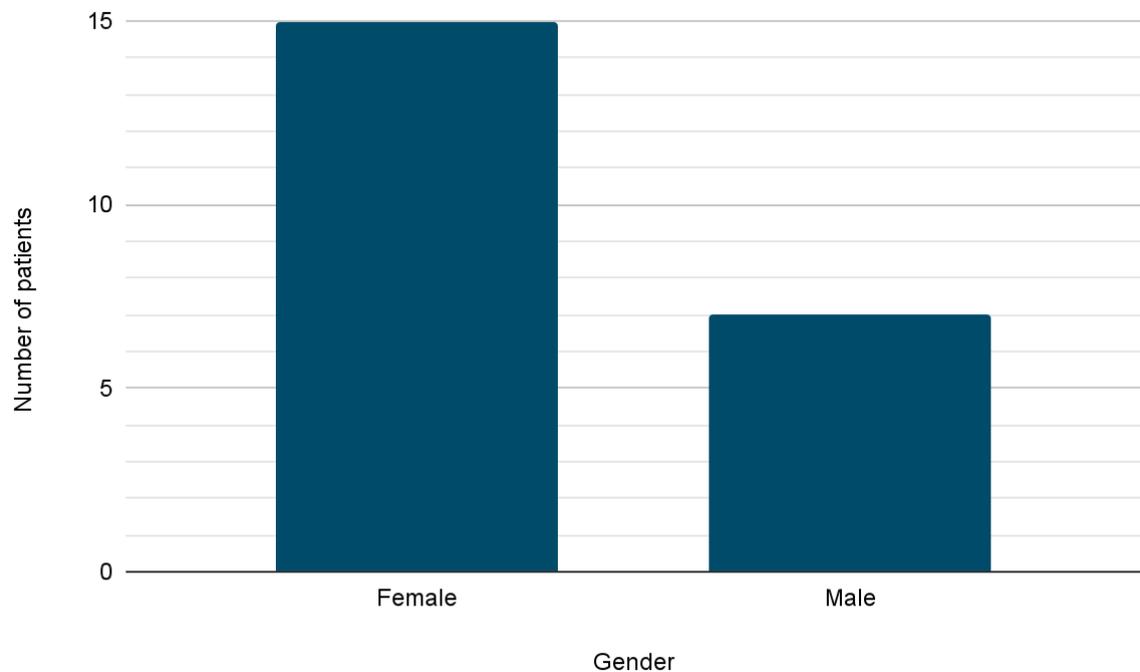
Age:



Ethnicity:



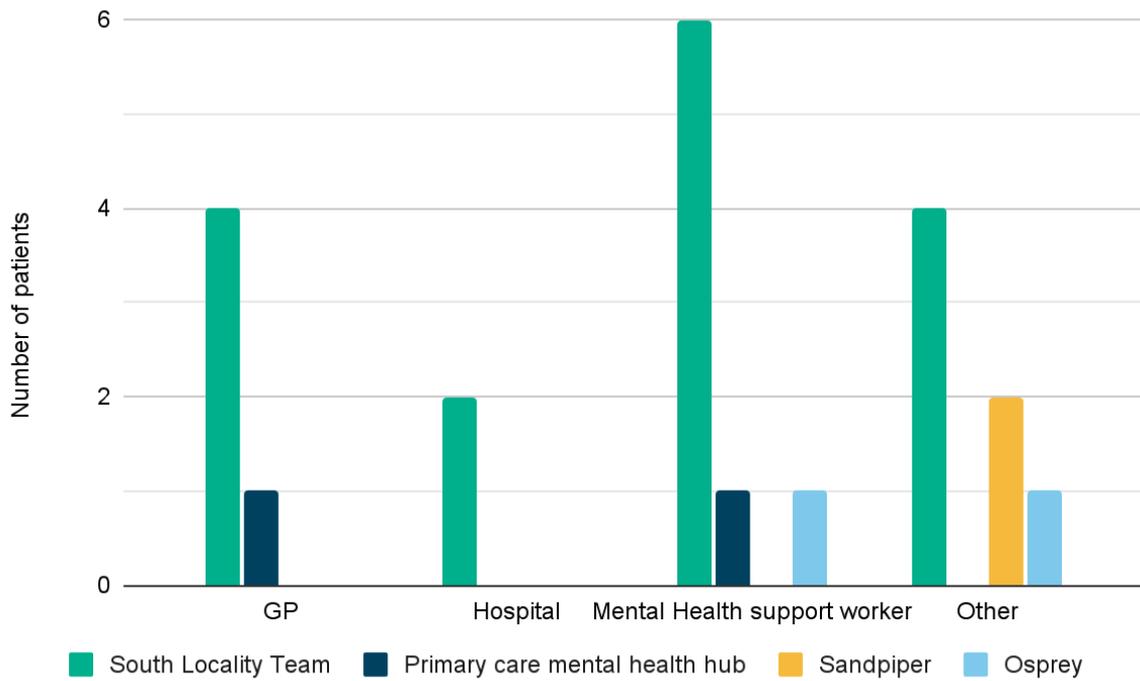
Gender:



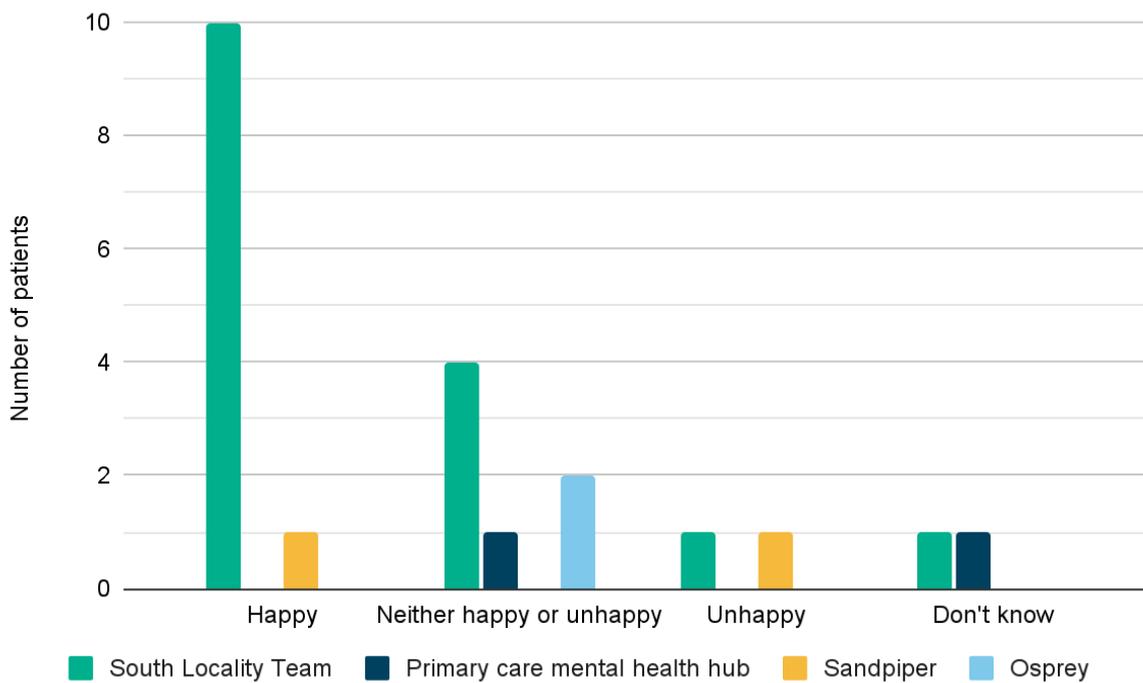
Although the majority of the patients we heard from fell into the 25-49 years, white ethnicity categories, this reflected the demographics of those using the service. We did manage to hear from a mixture of male and female patients.

We asked:

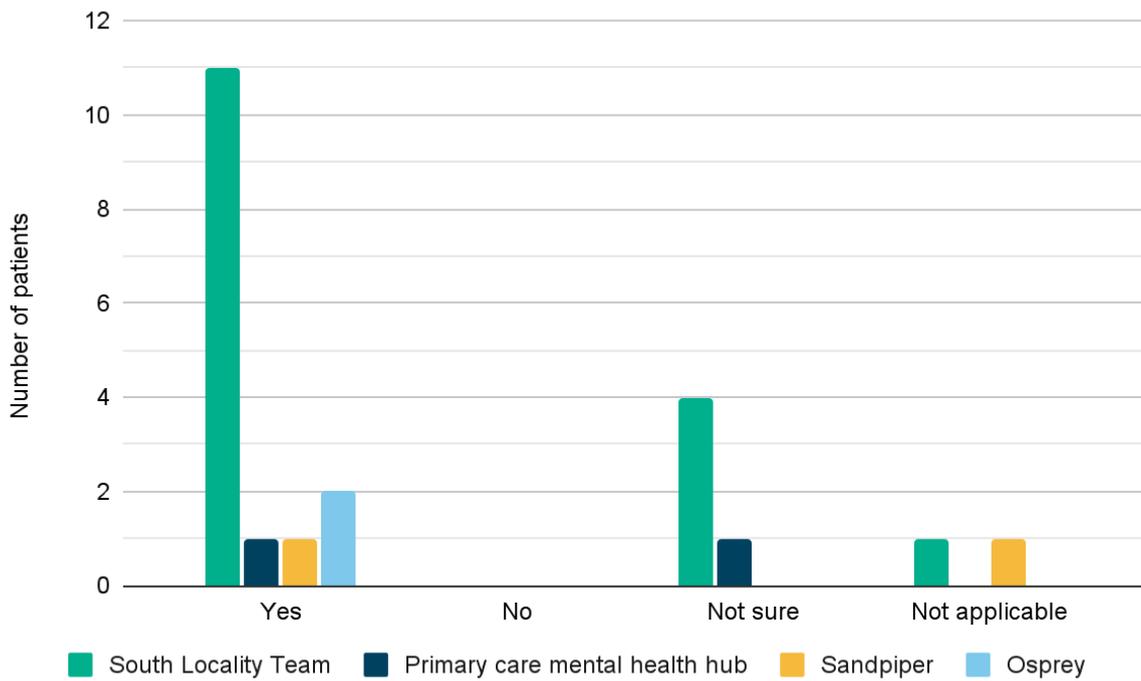
1. How were you referred to the service?



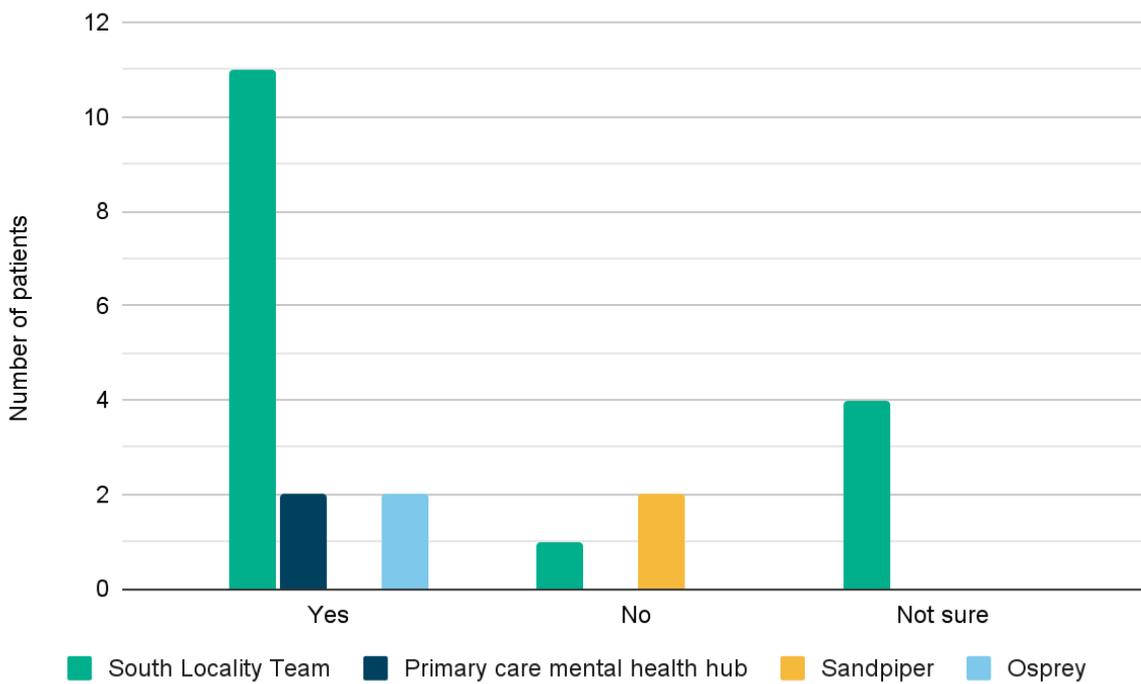
2. How did you feel about the referral?



3. Has your condition been explained to you?

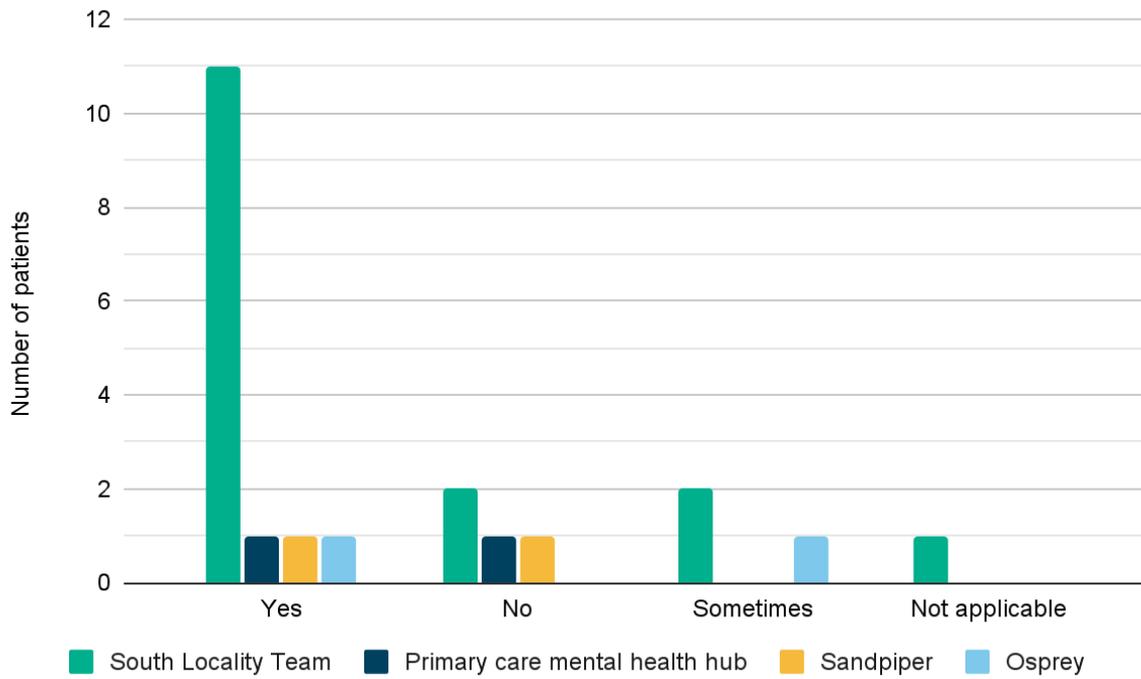


4. Are you aware of your treatment plan?

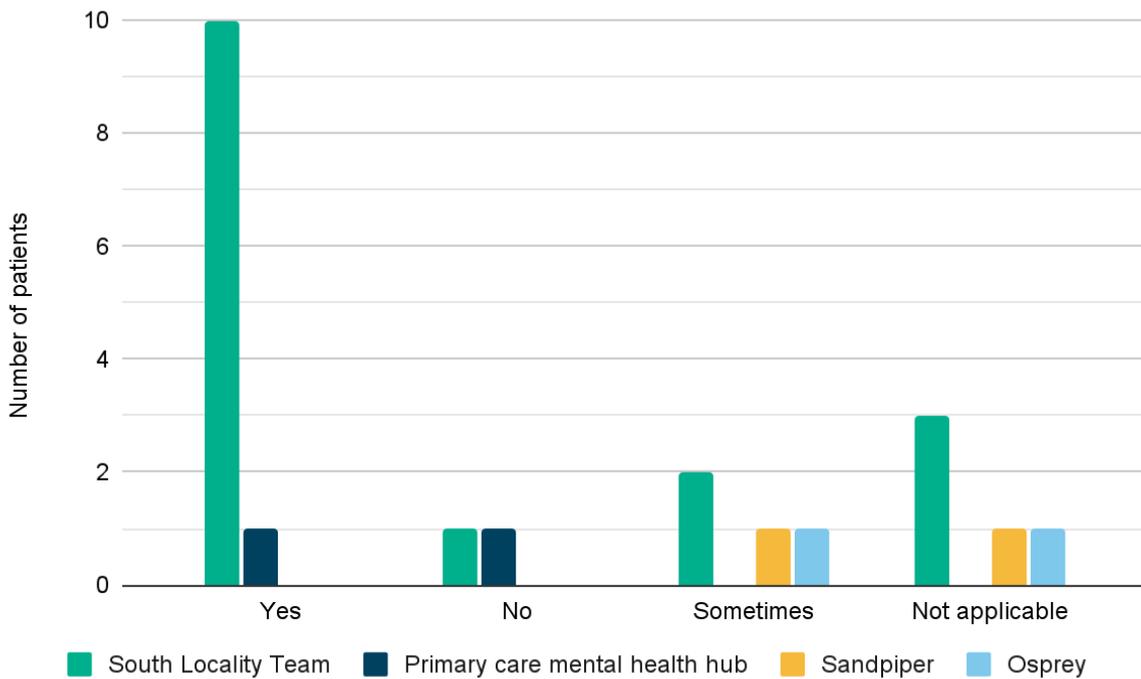


5. Do you feel you are kept up to date with:

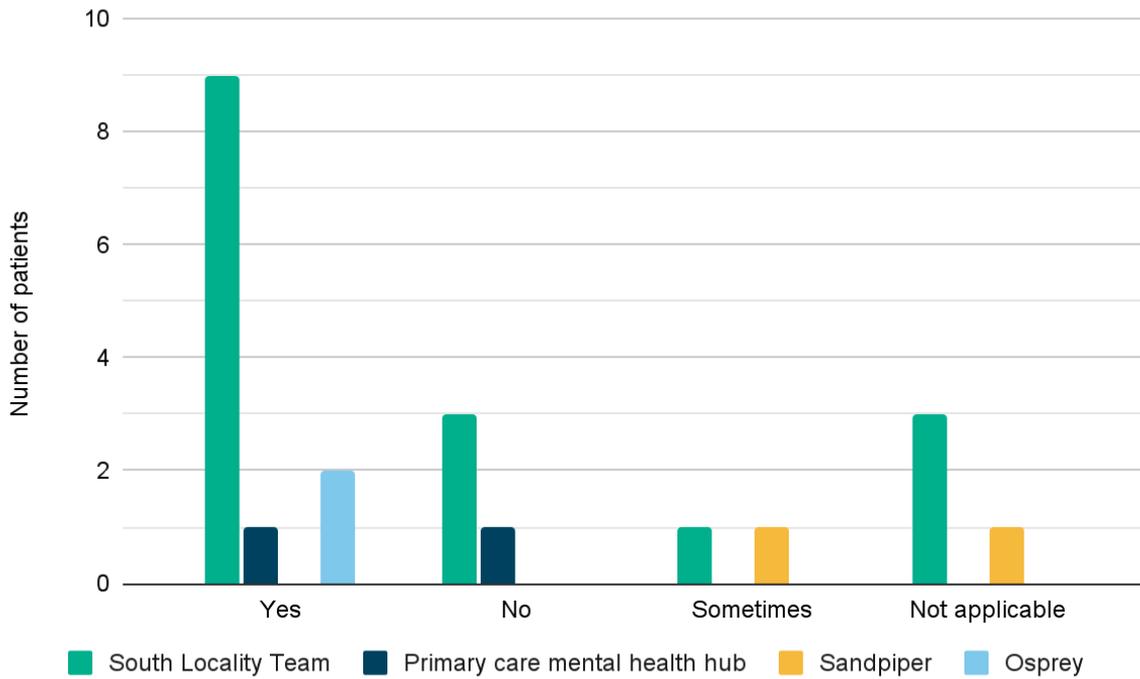
Any changes to your treatment plan:



Changes in staff that affect you:

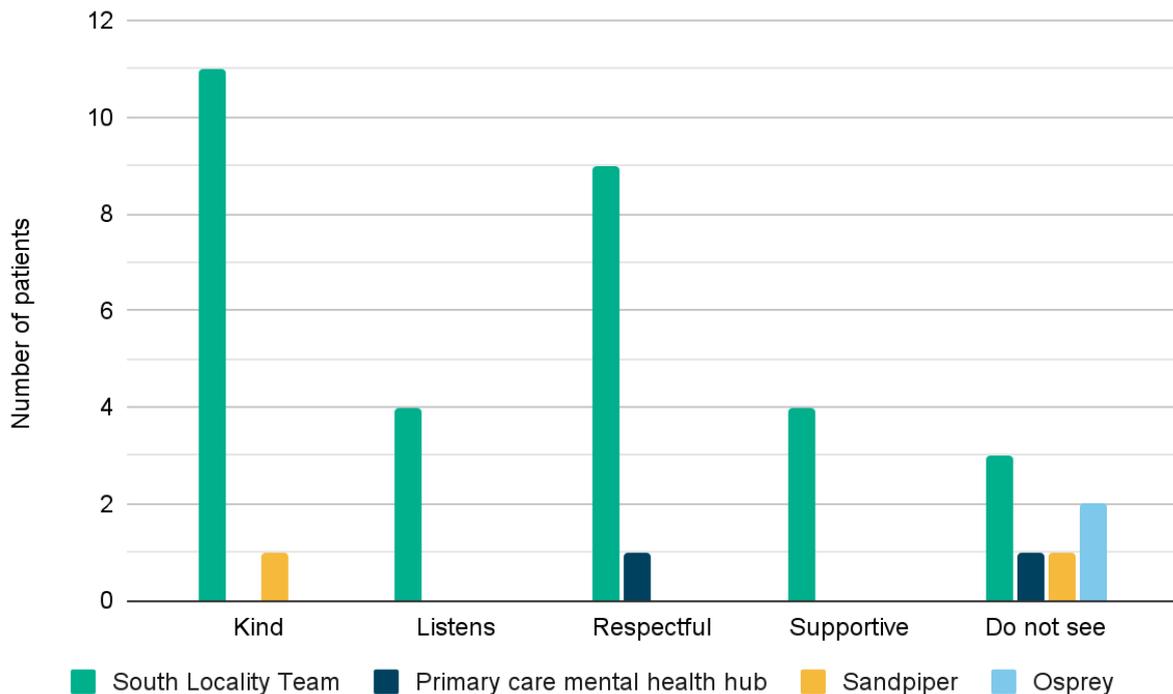


Changes to the service:

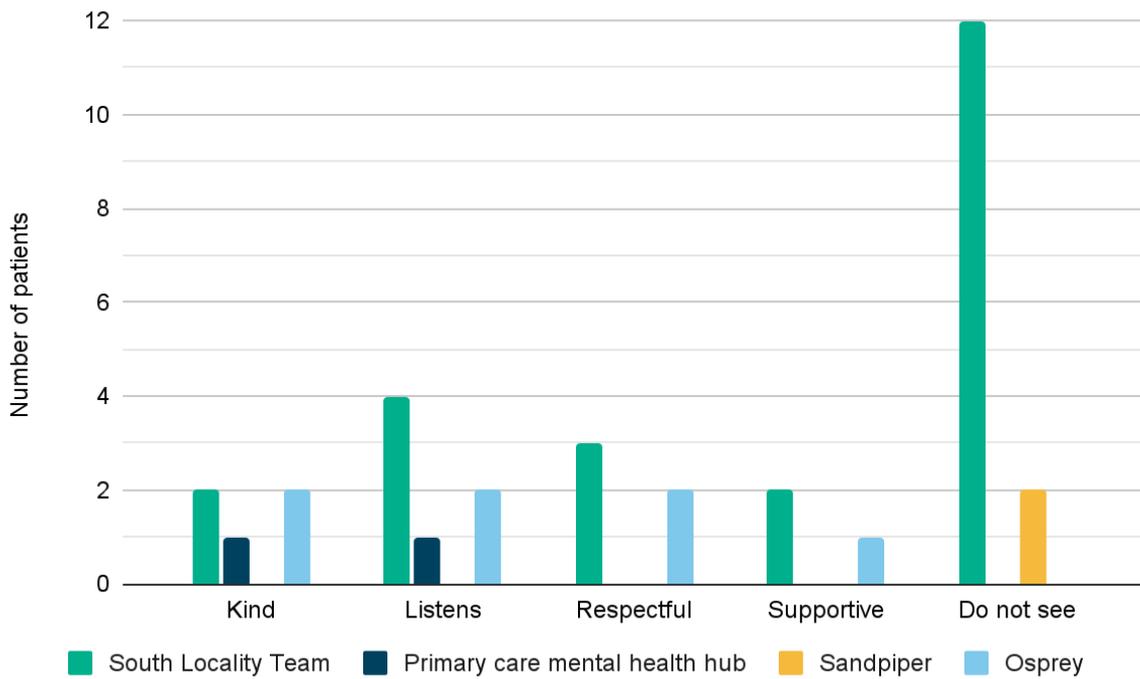


6. Thinking about the staff you see when using the service, please tell us how you feel about how they treat you:

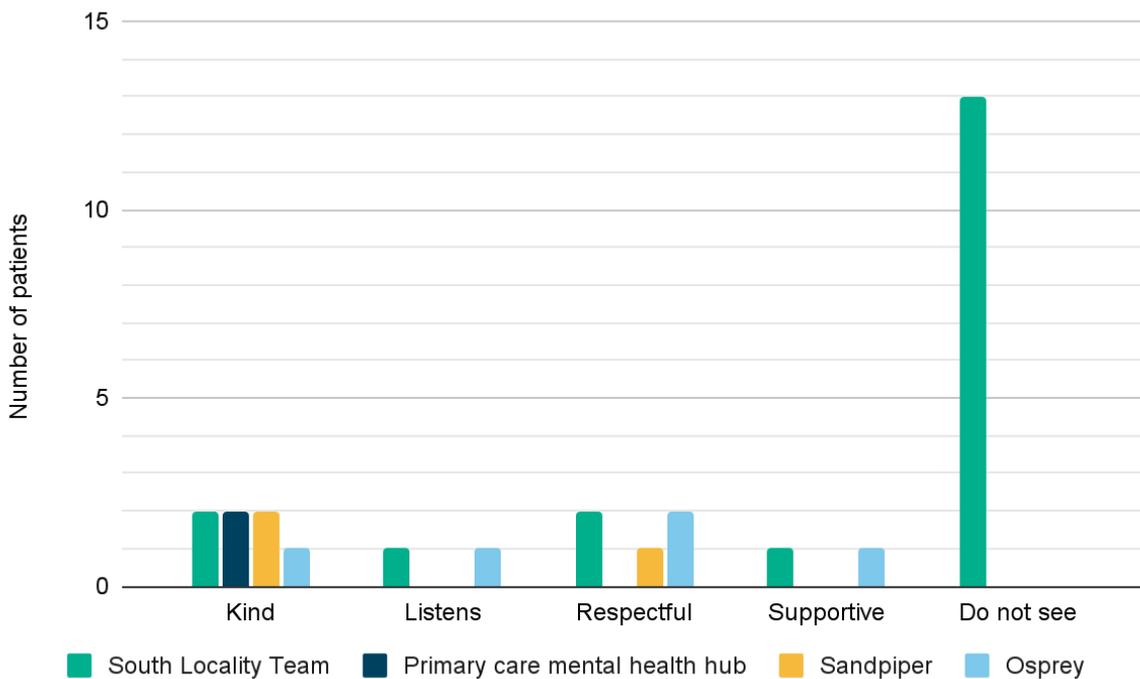
Admin staff:



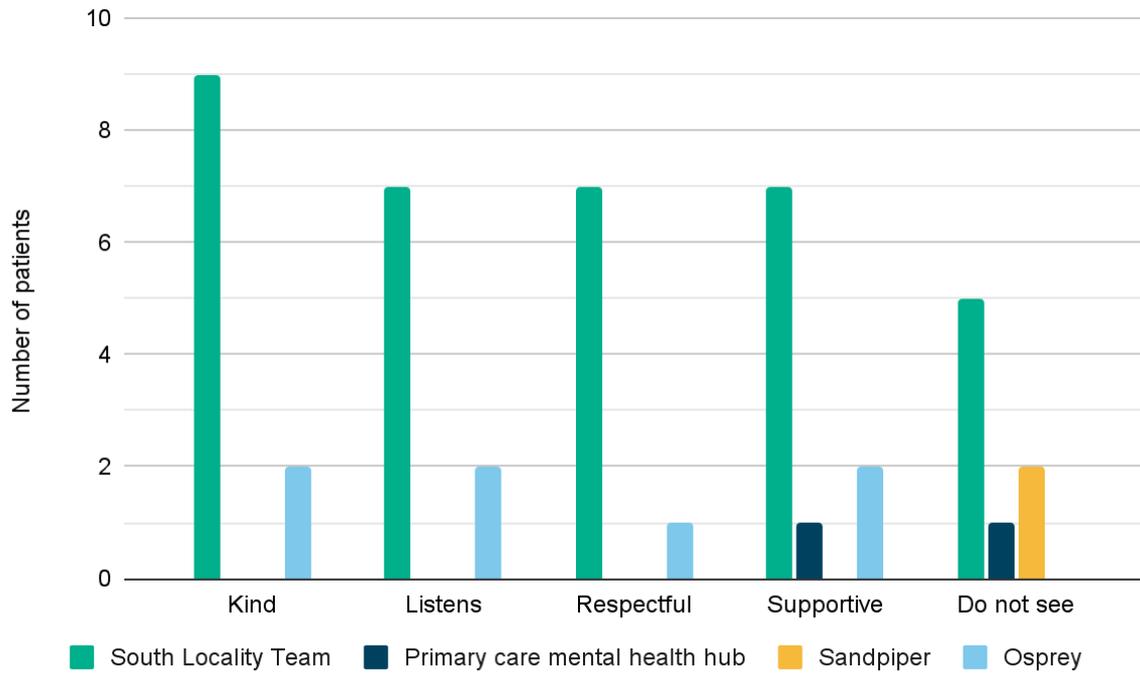
Doctor/Consultant:



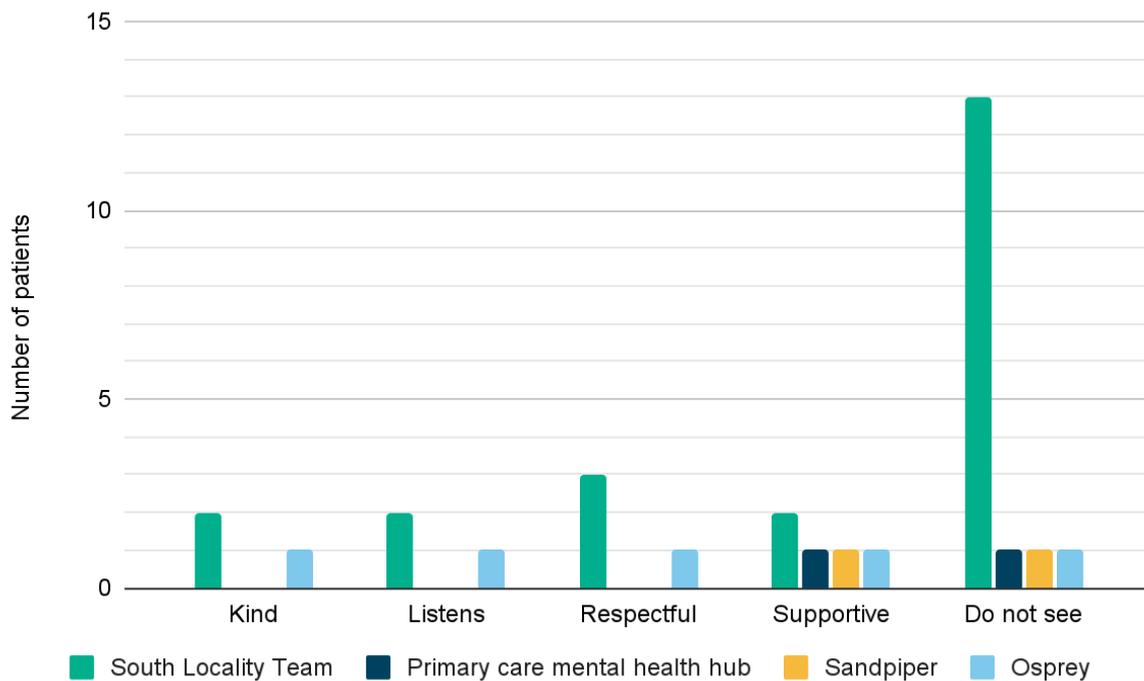
Nurse:



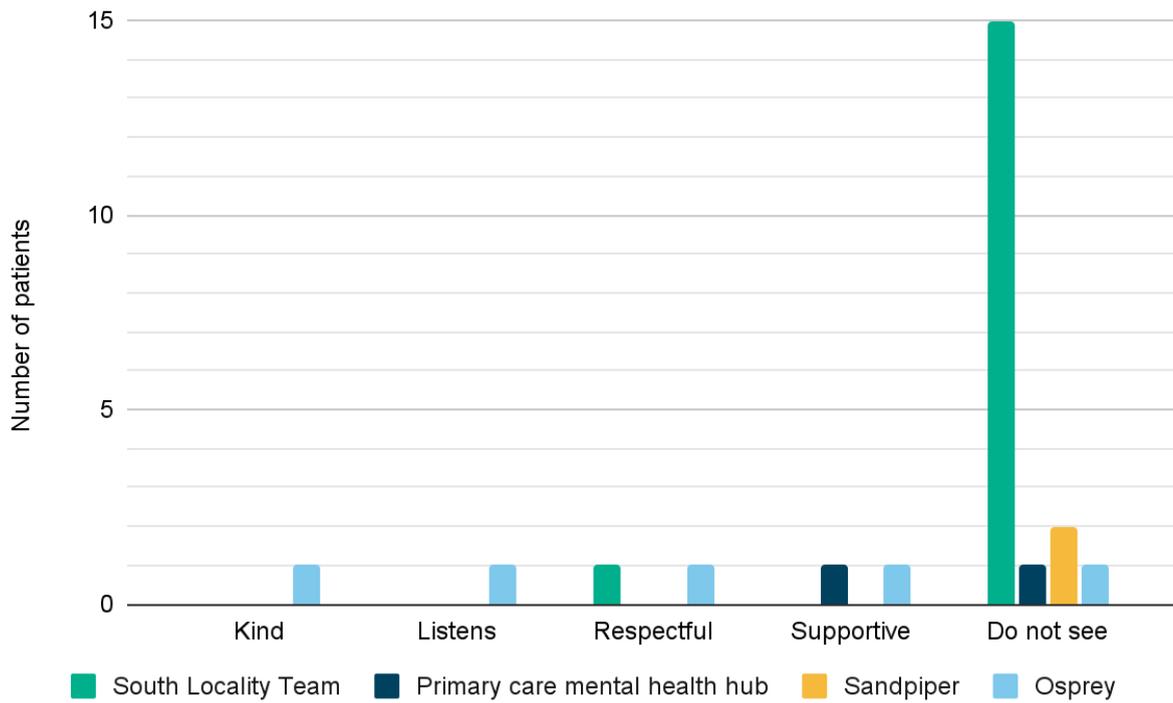
Psychologist:



Occupational therapist:

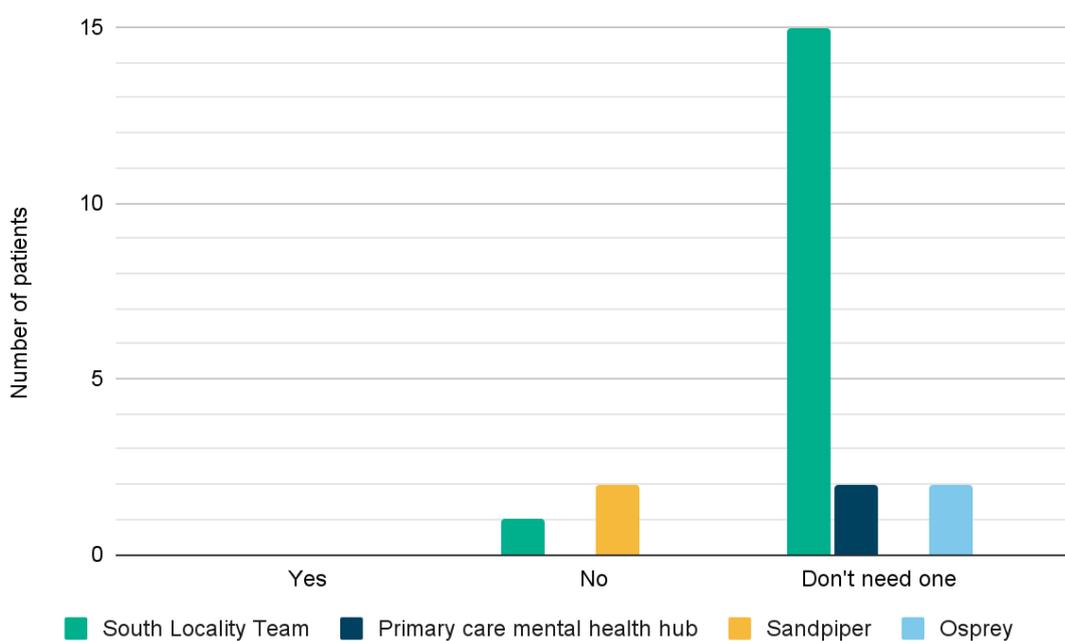


Physiotherapist:

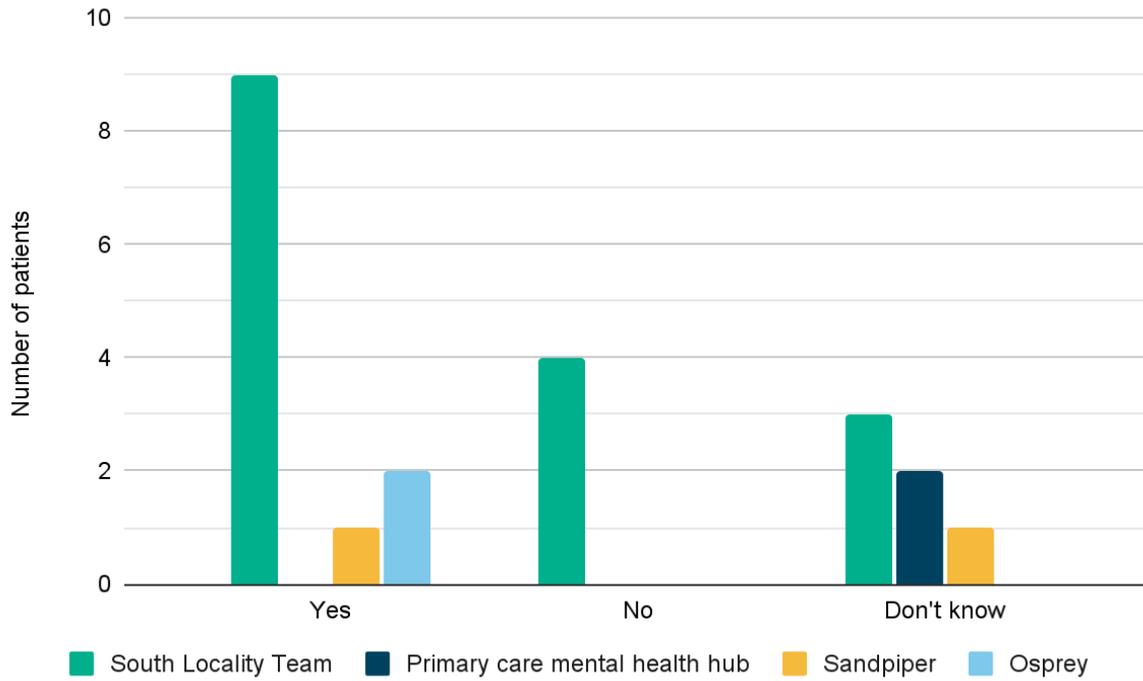


- “Sometimes (some) staff - poor attitude, different cultural expressions make us clash. Access to see a physiotherapist. Stressful for staff. Under staffed. Not treated with respect”
- “Katie Ackroyd is beyond wonderful”

7. If you need an interpreter, is one provided?

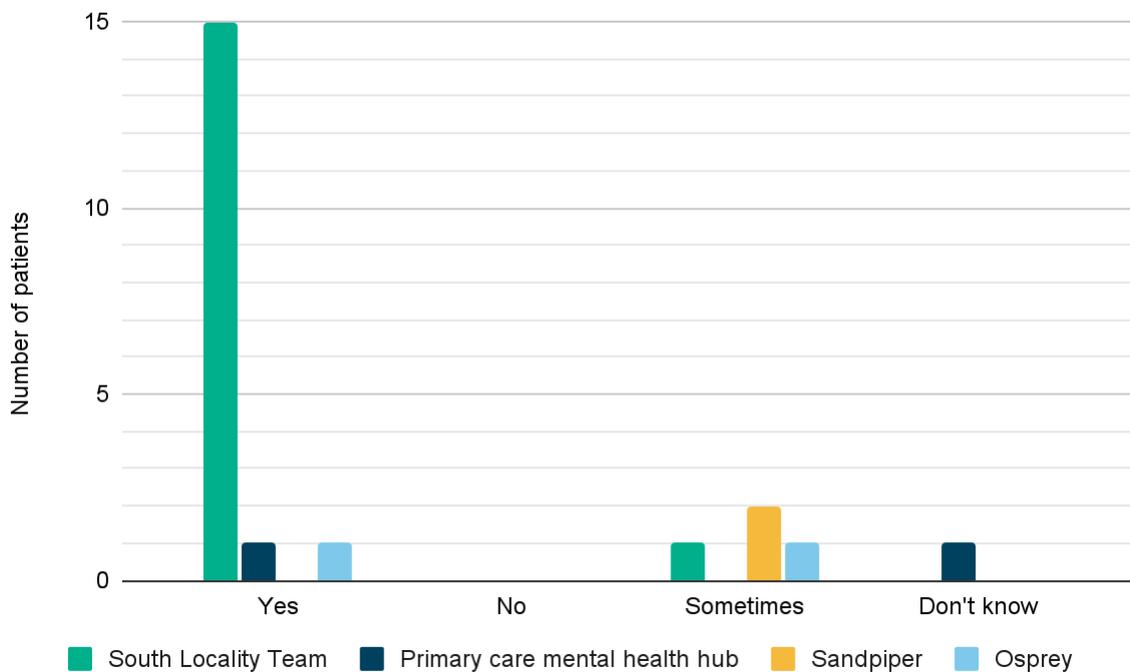


8. If you have a problem, do you know which staff to speak to?



- "If you have a problem, not sure who to go to who is safe"

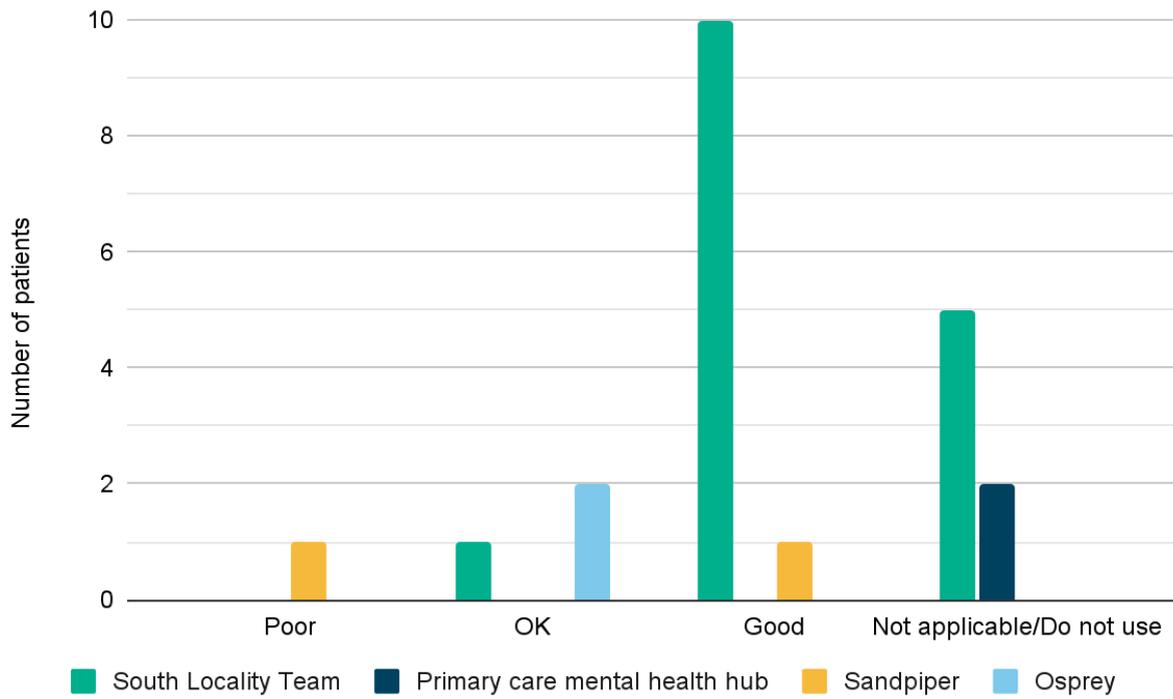
9. Do you feel safe when using the service?



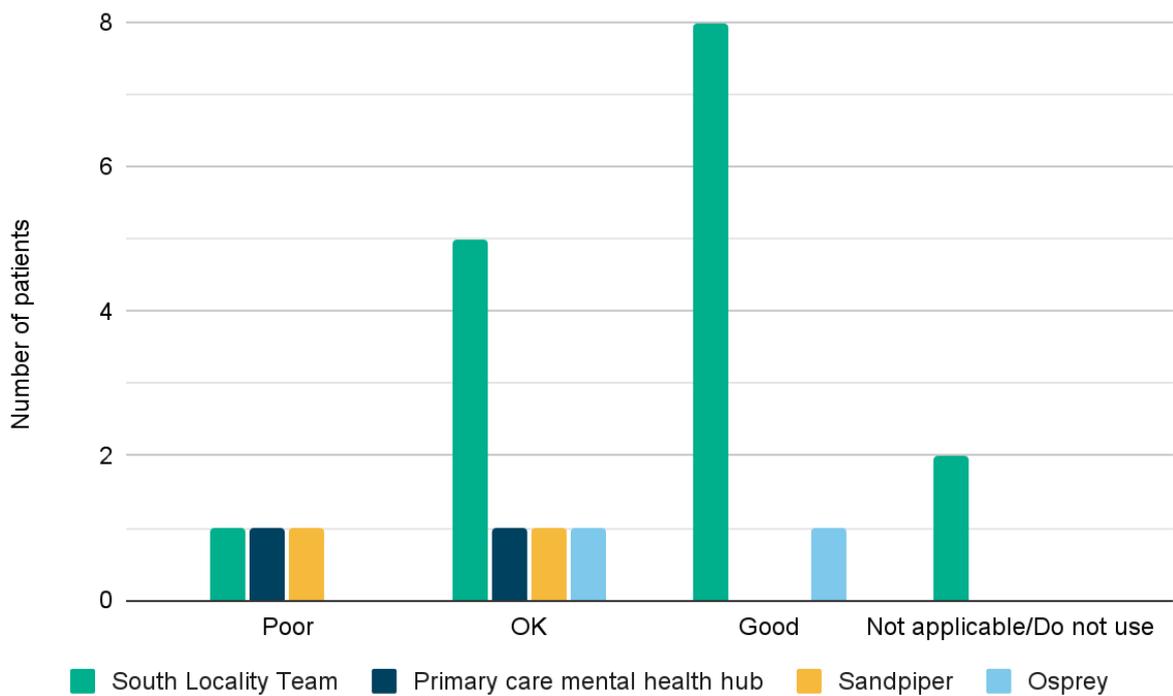
- "Not been told in the event of a fire"
- "Other patients are obnoxious and violent and it makes me react"

10. What are your views on the services facilities?

Privacy

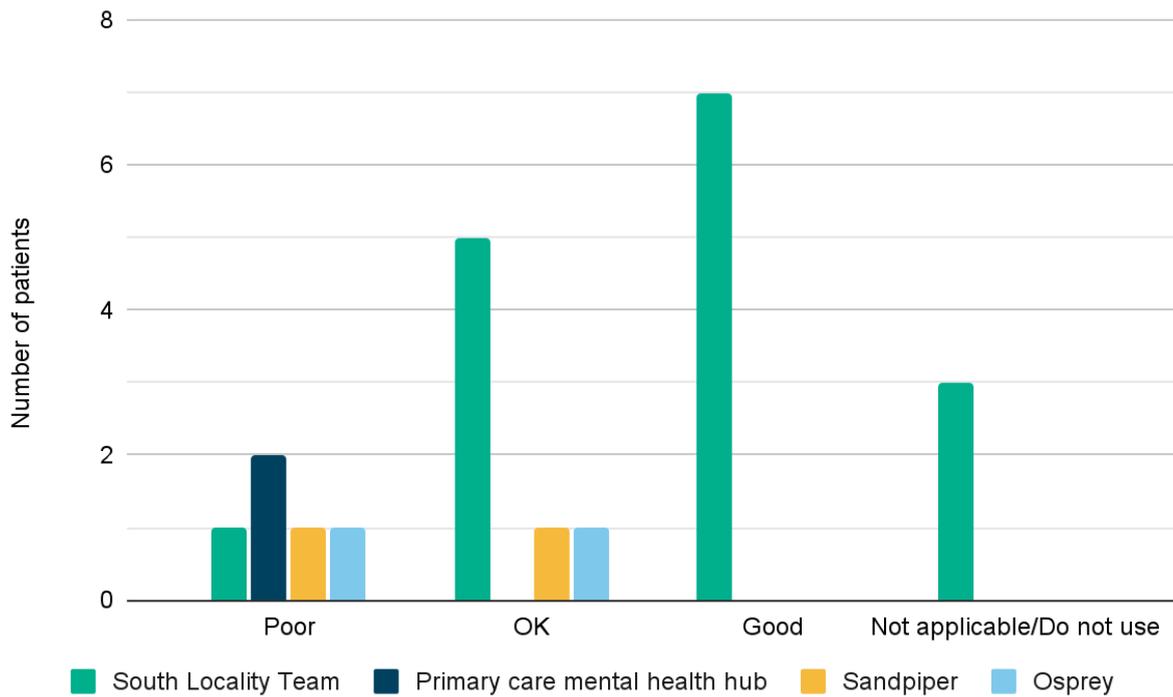


Comfort: Seating areas

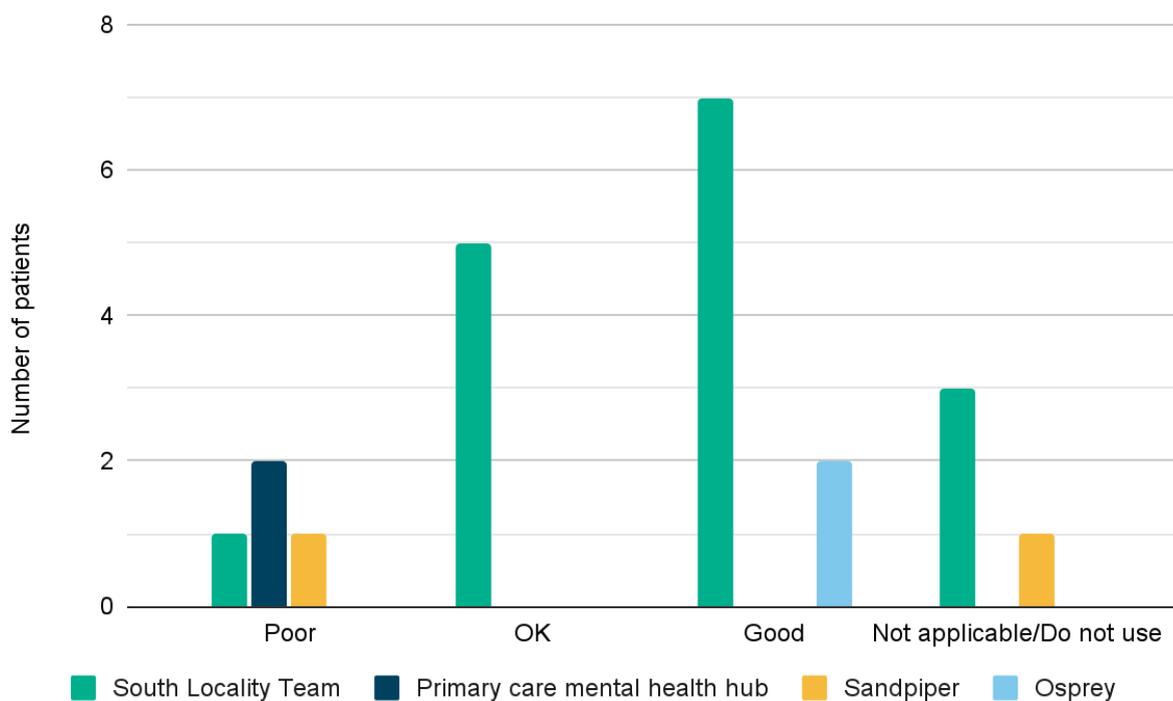


- “Experience pain so chairs not comfy”

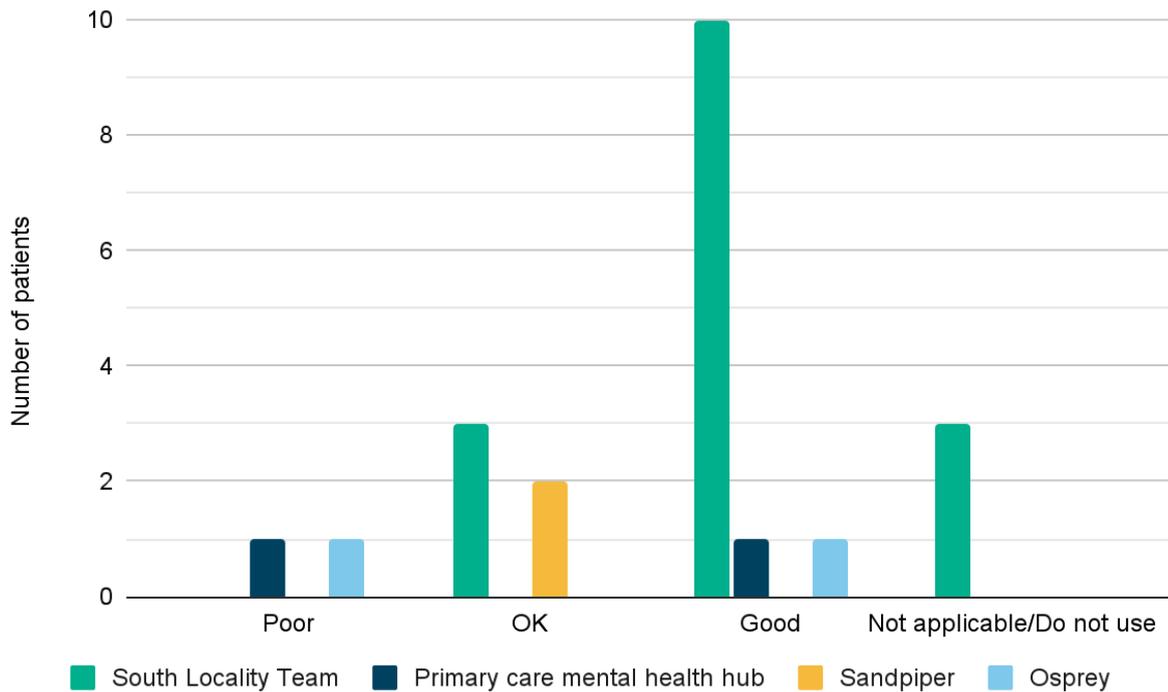
Temperature



Lighting

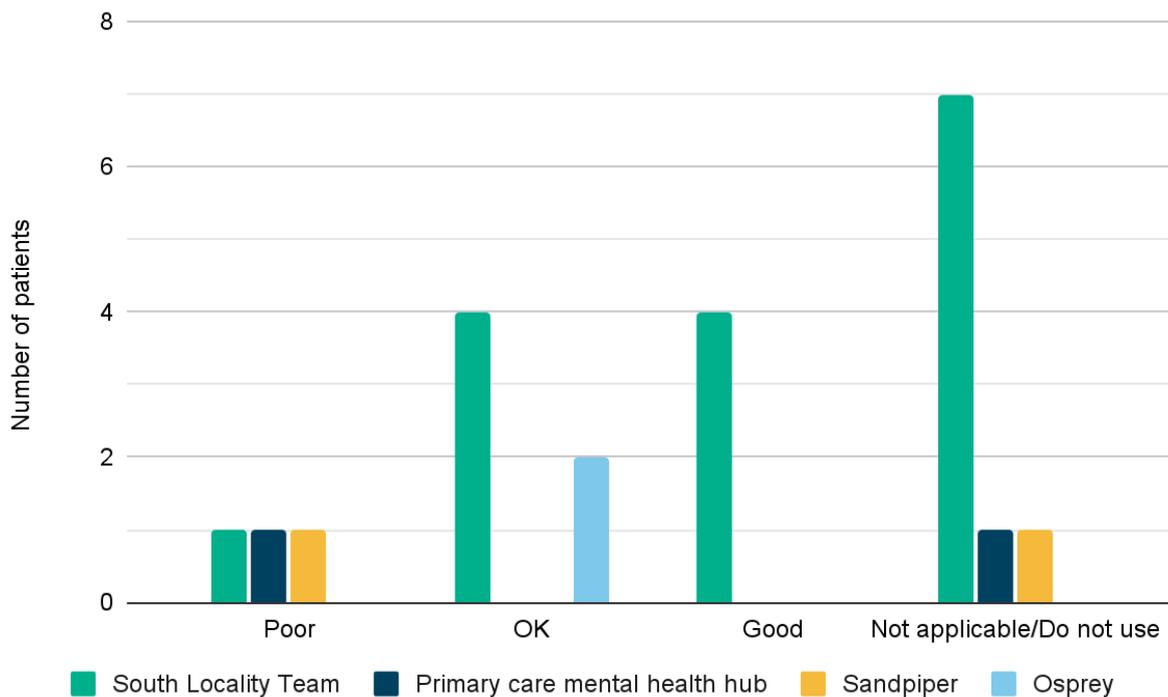


Cleanliness

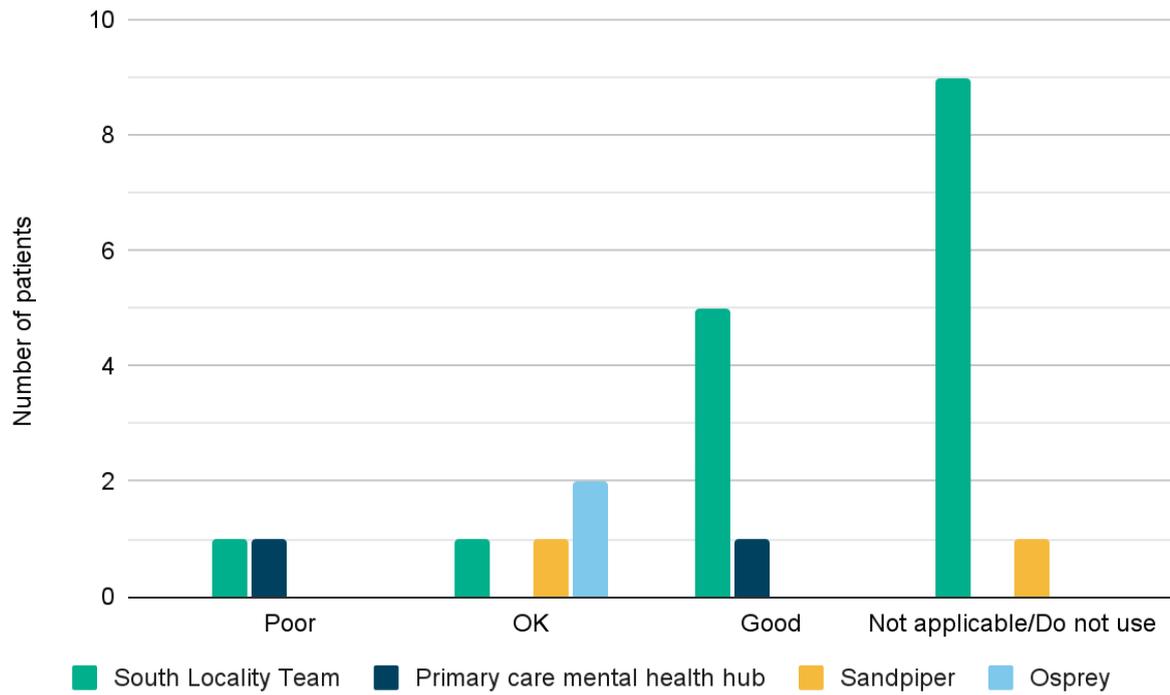


- "I would like my shower cleaned more often"

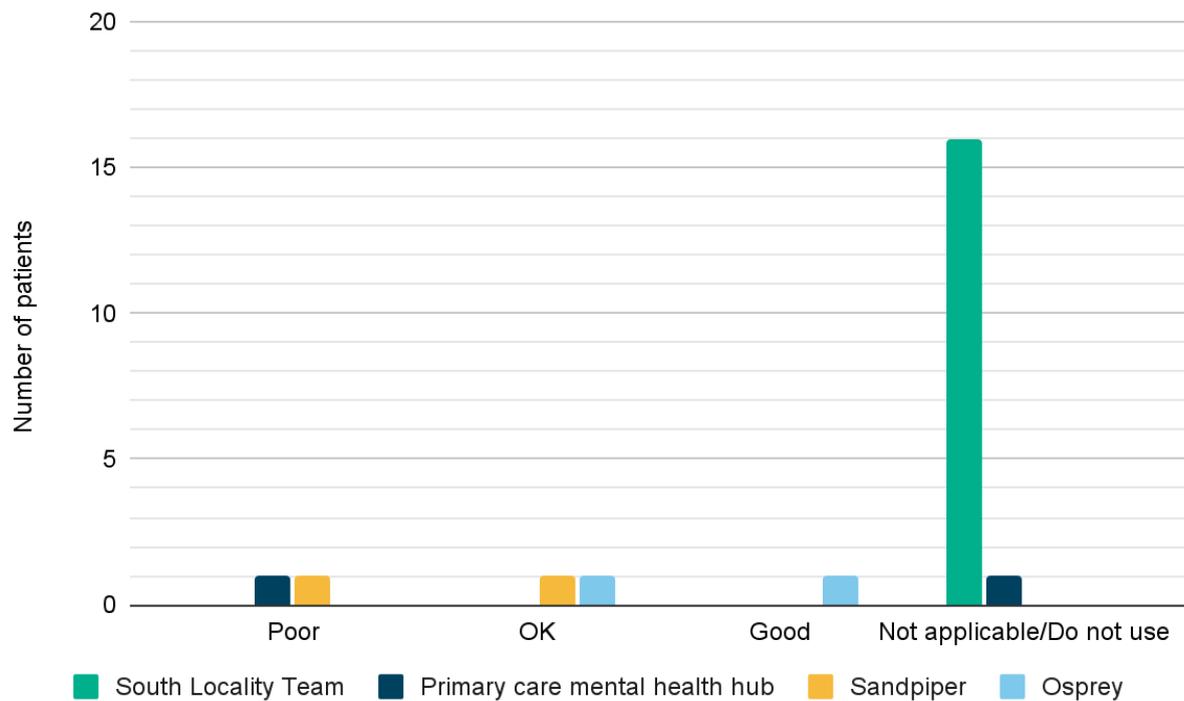
Social spaces



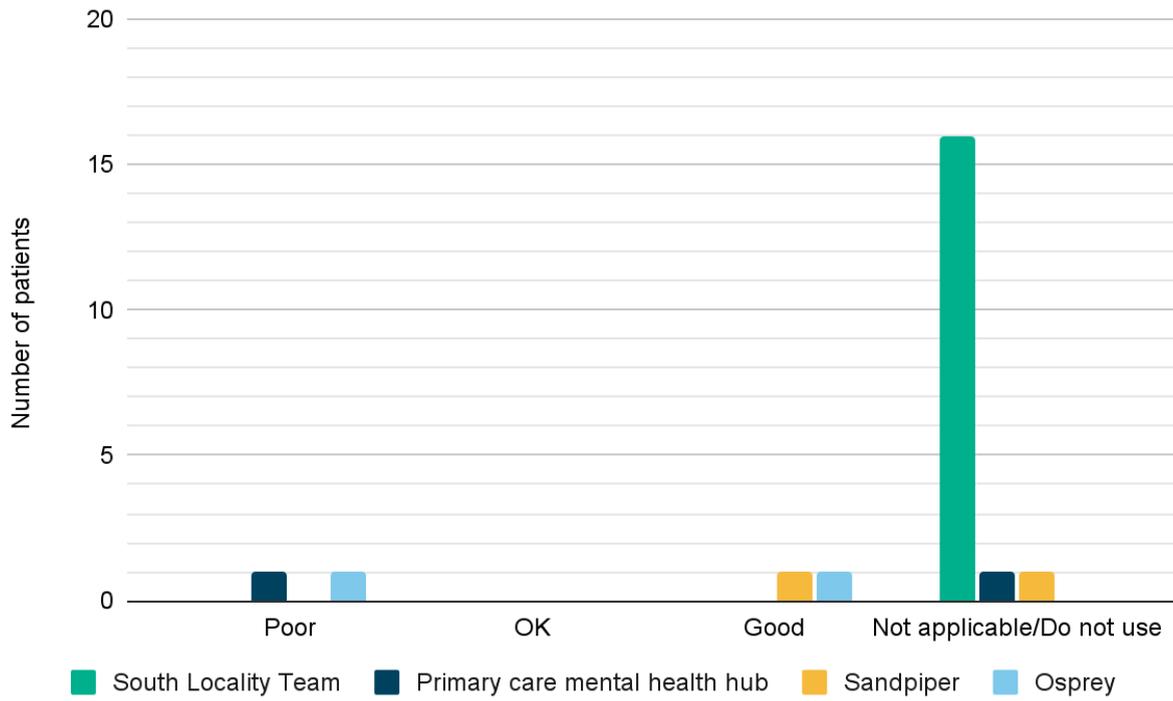
Outside spaces



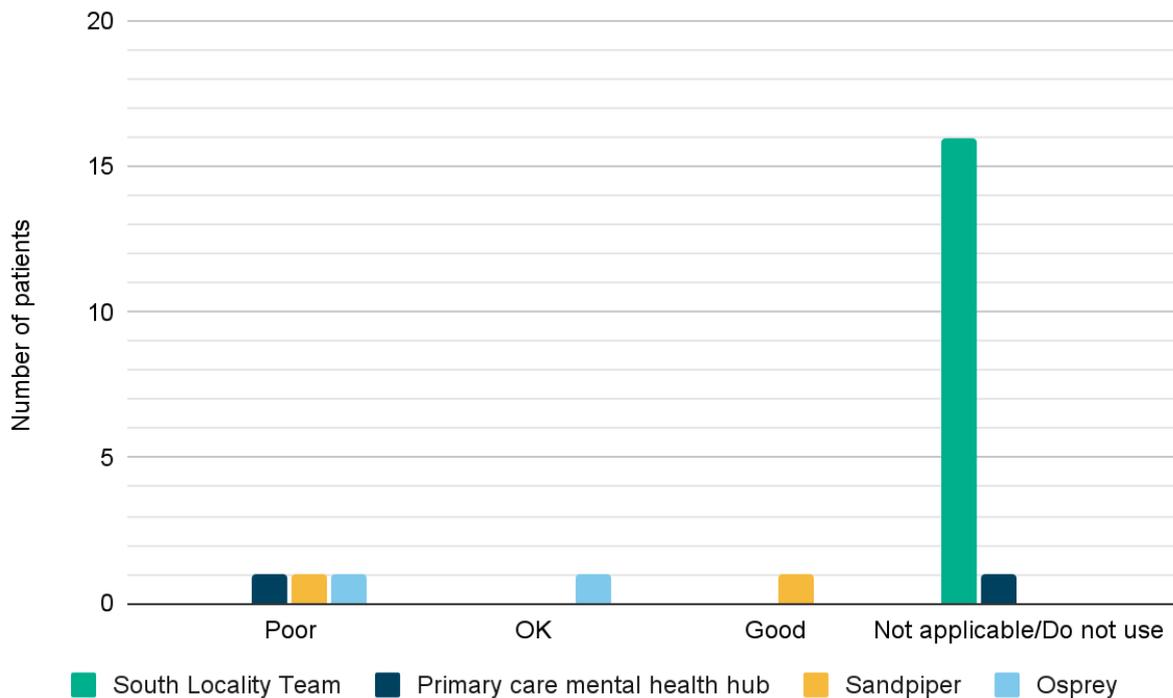
Sleeping area



Food quality

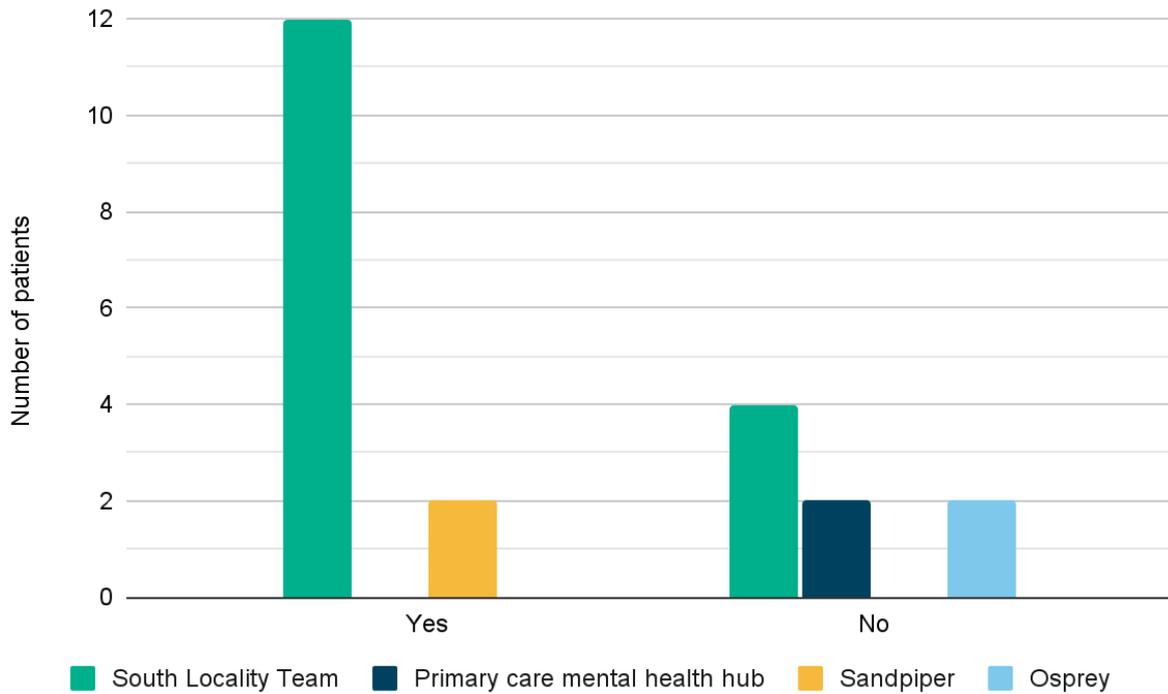


Food choice

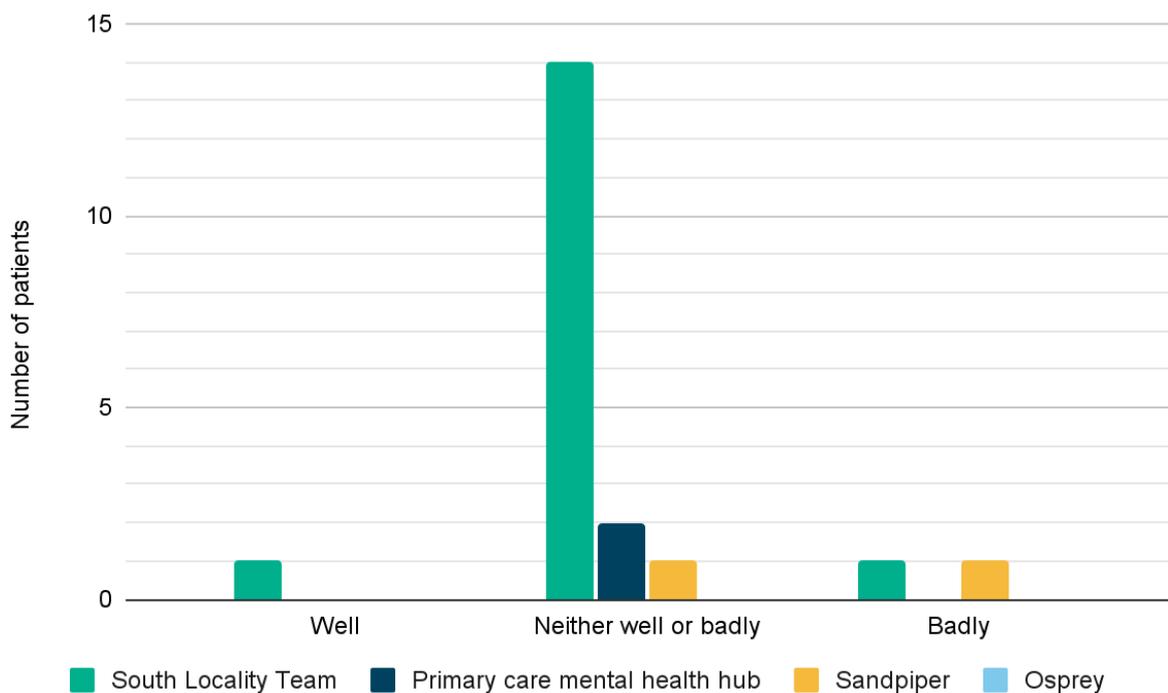


- "Food choices are restricted. I don't like what's on the menu, no alternative"
- "Meal times too busy"

11. Do you know how to give feedback or complain to the service?



12. If you have left feedback or made a complaint, how do you feel it was dealt with?



13. Is there anything else you'd like to tell us?

- "It feels that staff are here for themselves (a few) not here for us"
- "Not really, just waiting time since 2021 to get where I am today"
- "Helpful to understand my condition and develop healthy effective coping strategies. Friendly staff who listen, feel my opinion and feelings heard, thank you"

Staff feedback:

23 members of staff completed our survey. 21 out of 23 were employed by the service, 2 were employed by an outside agency. Those who completed the survey worked in a variety of positions, both clinical and non clinical support functions. All answers were anonymous.

1. What's the best thing about your job?

For a lot of staff, seeing the difference in patients from arrival to discharge was really rewarding and was considered to be one of the best things about their job. A lot of staff also felt that the teams they worked on, and the staff they worked with, was another positive.

- "Working with great staff. Seeing successful discharges from patients being unwell from admission. Good links to SLT"
- "Managing lots of different areas and no day being the same"
- "Working with a really good team. Able to make positive changes to improve patient care"
- "To see a patient become well is both the most challenging and the best thing. To be a part of that process is extremely rewarding"
- "Seeing the difference from admission to discharge in patients' improvement with their mental health and functioning"
- "Interesting communicating with and treating complex patients"
- "Working directly and therapeutically with patients and their families"
- "Variety of work, support from clinicians, pride in my work"

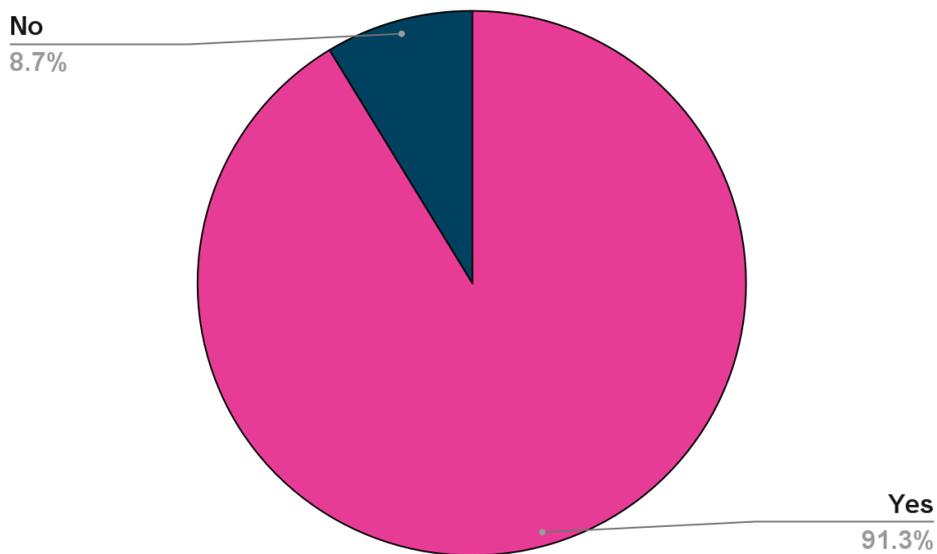
- “Spending time with patients. Being able to help people find solutions or support for their needs either within the service or elsewhere”
- “Being involved with five amazing teams who work innovatively and passionately with their patients. It is rewarding to work with such committed individuals”
- “I love every aspect of my job, however we are only human and sometimes can be difficult to not get emotionally invested when dealing with suicidal callers”
- “The best thing is how supported I feel within my team, and by colleagues and line management”
- “Working with people and empowering them. Also the team I work in”
- “Supporting our clients, working with other professionals, understanding the needs of the people in Rotherham”

2. What are the main challenges you face?

The main challenges highlighted by staff relate to the demands and pressures placed on them, which aren't helped by general insufficient funding and staff levels. Some members of staff don't feel supported by their team or management, which has an impact on morale.

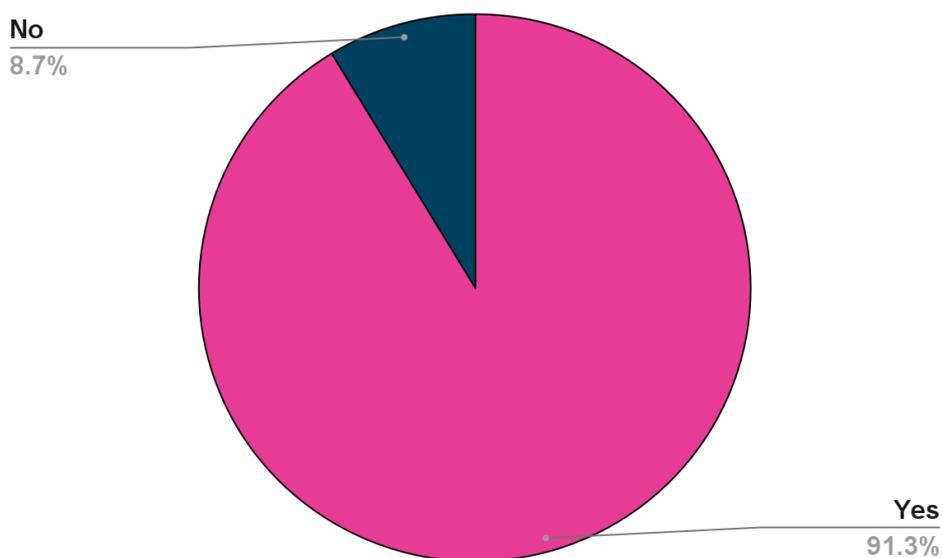
- “Challenges – staffing, patient flow – bed availability, others not responding to emails, requests for information and doing their part...”
- “Competing demands and pressures”
- “Working with limited resources”
- “Systemic NHS pressures, staff not being appreciated”
- “External constraints and lack of funding”
- “Managing increasing demands on time. Rearranging patient appointments due to sickness etc. Increased capacity of patient need but not sufficient staff to cover”
- “Team challenges, clashing and gossip amongst other colleagues has a negative impact...not feeling supported by my manager...”
- “Keeping on top of the workload”
- “Management of 15 people with different job roles is challenging”
- “The workload and often how I'm treated by my team”
- “Keeping morale positive in the face of increased demands”

3. Do you have the right equipment to support you to do your role?



- "Internet can be poor at times"
- "We have lost both a physician associate and ECG/bloods practitioner which has become part of our workload"
- "Certain clinical equipment and tests not available"
- "It can be a challenge to find adequate spaces/rooms at times people can access"

4. Do you have a break?



Although all staff acknowledged they were entitled to a 30 minute break and many took this with no problem,, we heard from a number who felt unable to take this on occasions due to workload or in order to keep patients settled.

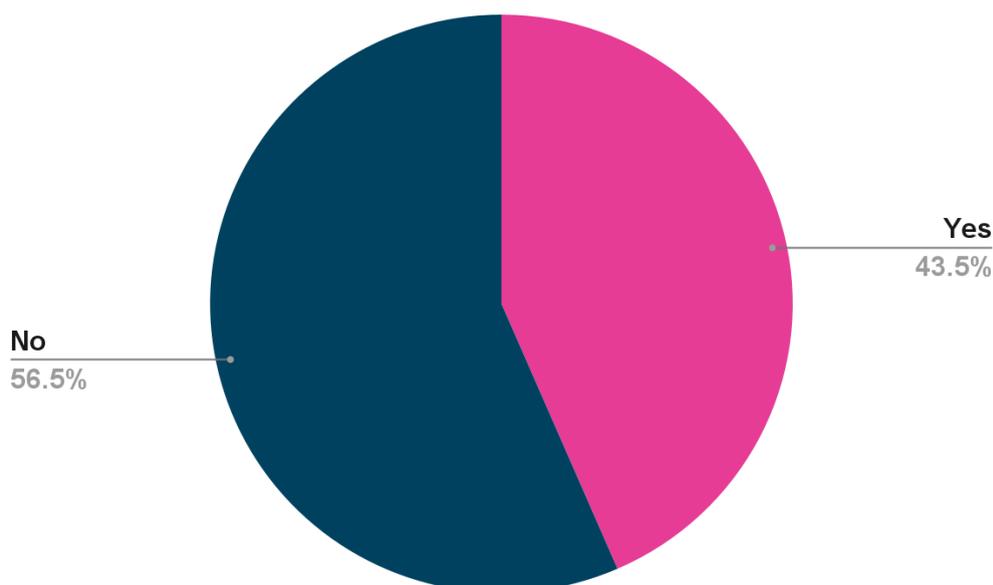
- "I often do not take a break at my own choice as I feel the ward is sometimes too unsettled. To work as a team we have to come together and show consideration You can never tell how the ward will be from one day to the next so accommodating breaks can be a challenge"
- "Have an unpaid half hour but due to work pressure not always possible to take"
- "I take my breaks regularly but sometimes have to skip them due to the high workload"
- "Very rarely. I tend to work through breaks due to pressures and workload"

5. a) Are you given the support and training you need to do your job?

20 out of 23 said they were given the support and training they needed to do their job.

- "Not always. Budgets lacking and higher management not supporting"
- "I am always supported if I chose a new skill"
- "Training - yes. Support - no"

b) Is there any barrier to your training or any additional training you would like to have?



Although the majority did not feel there were any barriers to their training, a few did identify some:

- "Time and capacity restraints"
- "Budget"
- "I don't drive and find a lot of face to face training is done at other bases with half-day training session meaning a full day out of the office due to travel"

Some staff also raised that they would like some additional training to allow them to progress either personally or professionally:

- "I feel there is no room to grow for me unless I want nurse training. I have other areas I would like to explore"
- "I would like additional training courses"
- "More areas of development for admin staff or ways of progression into a clinical role from admin"
- "Not much administrative training. Learn events are a challenge and can see like a waste of time to admin staff"

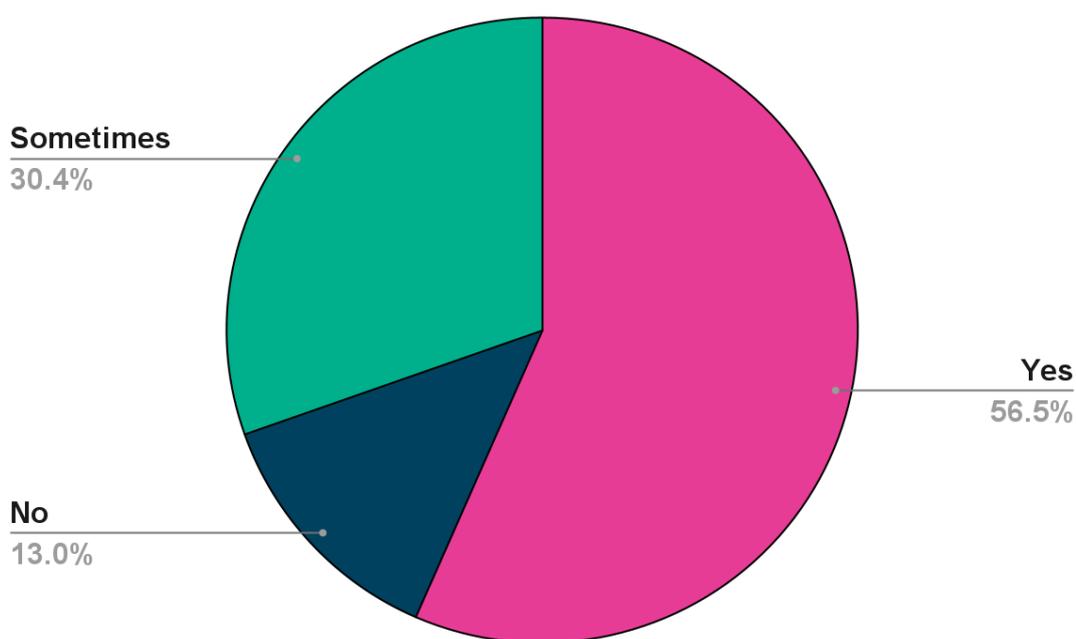
6. How do you think the service could be improved? What suggestions would you make?

More funding, space and front line and admin members of staff were the key improvements that were highlighted by staff.

- "Less senior leadership managers and more staff on the ground who are frontline to services"
- "Gain more feedback to inform services"
- "More band 6 staff to hold a caseload. Management to listen to the ideas of staff and take this into consideration"
- "Secondments need to be reintroduced to support staff into progression. Staff turnover is too high. Staff (who put themselves forward) should be recognised and are not..."
- "Facilities...funding in general, Increased psychology provision"
- "Employ someone to do ECG's, bloods, basic physical health work so that doctors have more time to do the role they are trained..."
- "There has been a move away from patient care towards prioritising data and outcome measures. This does not feel like a patient centred focus"

- “More staff and managers to be monitored...to ensure they are supporting staff in the right ways”
- “Extra staff to cover sickness/annual leave”
- “Better base and this being more central for patients. This is obviously very difficult given current financial climate”
- “Need more full time band 2 staff for the admin hub. Staffing levels can be terrible”
- “Rooms and space for working”
- “Wider NHS changes - funding, appropriate supervision for all healthcare colleagues”
- “More funding for services and staffing”
- “Less of a blame culture amongst staff and more opportunities for movement/retraining/progression...”
- “Consistency and communication. Communication throughout the trust is quite poor and usually the bottom rung don’t get informed”
- “We need a proper and consistent manager who is present and available. We need that manager to collectively look at staff strengths and utilise these appropriately. We need more shop floor staff. We need to feel supported and feel that we are being worked with and not done to”
- “More clinical space and more localised training”

7. Do you feel able to make suggestions and/or raise concerns and if so, do you feel they are taken seriously by the service?



There was a mixed response to this question with some staff finding management approachable and feeling listened to, but many feeling that there was little action taken from the suggestions made. A lack of management consistency was also a problem in one area.

- “I make suggestions and they are sometimes listened to but sometimes I feel decisions are already made and there is no way to change it. Usually complaints are listened to but aren't always actioned in a timely manner”
- “On several occasions concerns and suggestions have been raised which haven't been acknowledged or considered”
- “I feel strongly that my point of view is respected on my ward”
- “Team managers seemed constrained by decisions made above them therefore are not in a position to to make changes”
- “Lots of concerns have been raised, and we get told things are changing and the issues are being addressed but they never are”
- “Various people who are approachable. Encouraged to voice opinions/concerns”
- “Not always approachable”
- “I have a supervisor who I feel safe to to talk to about my concerns”
- “I feel that my concerns would be addressed by my manager effectively. However, I am not sure that the service would pick them up”
- “We have had no consistent manager for months so no one to raise concerns with. Any suggestions made have been totally disregarded with little rationale. We are just being told what changes are happening and when and our thoughts/feelings/ideas and suggestions are given no consideration”
- “I feel the service is very open to suggestions and willing to hear from staff but I do not feel that much is done regarding suggestions”

8. Are you up to date with your organisation's policies and procedures on the following?

Whistleblowing policy:

22 out of 23 are up to date.

Complaints policy:

23 out of 23 are up to date.

How to access interpreters procedure:

21 out of 23 are aware of how to access interpreters.

9. Are you supported with:

Stress management:

18 out of 23 said yes.

Mental health:

19 out of 23 said yes.

Physical health:

19 out of 23 said yes.

- "I keep myself to myself usually but if I need support, it is there for me"
- "Support for the above is policy led"
- "Occupational health, peer support, supervision. Take responsibility for self"
- "Individually I feel supported - I feel the wider system can do much more to support staff on the risk of burnout, caseload pressures, moral injury etc"
- "[I feel] less supported due to change in management..."

10. Is there anything else you would like to tell us?

- "A pay rise would lift the mood"
- "I feel valued in my role by the senior leadership team. I have incredibly supportive peers and feel that between us we make a difference to the support our teams received and ultimately patient care"
- "The main thing for me is lack of opportunity within the trust to move around and progress"
- "It is not a good place to work at present. Staff morale is extremely low. We have several on long term sickness. We are short of staff. We have been repeatedly 'screwed over' over the last few years"
- "I am aware there are discussions regarding stopping homeworking. I personally do more work at home due to lack of distraction as office space is a premium with offices at capacity with multiple conversations happening at once. Having peace and quiet at home allows me to concentrate more and therefore be more productive. I also feel there is a lack of communication between clinical and admin staff with regards to expectations and appointments"

Summary and Recommendations:

Overall, Swallownest Court is a place where most patients feel safe and understand why they've been referred there and what the plan is for their treatment. However, the feedback we received from patients differed according to the service that they were under and so the survey results should be looked at in detail before drawing conclusions.

In general, those being seen by the South Locality Team appear to be most satisfied with the service. However, most of the respondents to our survey came from those being treated by this team (16 responses) and it may be that the low numbers responding from the other wards (2 responses from each) are not representative of the opinions of everyone there. Additionally, the South Locality Team treats individuals as outpatients, whereas those responding from the other areas were mainly inpatients. It may be that the experiences of in and out patients are different. It should also be noted that not everyone who responded to our survey was able to comment on all parts of the service due to the staff they access and the facilities they use. This may additionally affect the findings.

Overall, most patients rated the outside and social/communal spaces as 'good' or 'ok', and also were happy with the cleanliness of the facilities and the privacy they had. This was echoed by our observations and we felt that the facilities were good and well maintained. Food choice was more negatively viewed by patients with one person telling us that if they didn't like what was on the menu, there were no alternatives. However, we noted through our observations that patients could bring in their own food and were given options. It may be that this isn't offered or clear on all wards.

Patient opinion on staff (where they had contact with them) was mixed although notably quite positive on the Osprey ward, where they also seem to be kept updated on any changes happening and are confident on who they can speak to if they have a problem. Our general observations were that staff at Swallownest Court were friendly, welcoming and interacted positively with patients. However, we were made aware that different teams have different staffing levels which may account for the mixed patient experience. This was also reflected in the results of our staff survey where some staff were clearly experiencing low morale and burnout, resulting in high absence levels on teams, whereas others felt valued and supported by peers and management.

A common theme expressed amongst staff was that although the service was happy to listen to suggestions for improvement (and we had noted a staff suggestion box), little action was taken as a result of it. It was recognised that some staff felt that some of this was due to funding issues for both services, facilities and staff but a lot felt that

increased recruitment would ease some of the challenges currently being faced. Some staff also highlighted a lack of opportunity for progression and felt more chances to grow and develop their skills would be a positive. However, although staff face challenges, they clearly get great satisfaction from working with patients and families to get them to the point where they are strong enough to be discharged from the service and they value the work that they do.

Our recommendations given to management at the end of the visit:

- Update the activities board for more than cooking & walking. We noted there was a ward fitness challenge event on the activities board in Sandpiper, but the activity board wasn't in Osprey.

Staff response: We are currently developing a peer lead model of activities. We will supply all materials needed but if a patient has a passion or talent for an activity, we want them to lead sessions.

- No disabled facilities for an inpatient who has mobility issues. When staff on the wards were asked how the person would be supported on/off the toilet independently in the room layouts, ward staff didn't know.

Staff response: We have policies and equipment to support a person with this type of need and we will refresh staff on how this could be accessed in the event of a person with these needs staying with us.

- Below elbows policy not being followed by all staff.

Staff response: Thank you for drawing this to our attention, we will ensure staff adhere to the policy.

Further recommendations:

- Alter the temperature on the outpatient corridor to make it more comfortable for patients.
- Consider providing information/posters in alternative languages to suit those using the service.
- Provide PALS forms in the clinic/reception areas until the process with Care Opinion is completed. Once this is complete, display the QR code in prominent areas to allow patients to access it.

- Review the positioning of the TV in the outpatient area as it cannot be viewed from the seating.
- Ensure all patients are aware of alternative meal options.
- Consider online training opportunities for staff to allow all staff to participate easily.

Response:

Response from Swallownest Court:

We were pleased to welcome Healthwatch to Swallownest Court and appreciated the opportunity to reflect on how we can continue to improve our services for patients, families, and carers. We are proud that many of the strengths that define our work at RDaSH are reflected in the report, and we fully accept the recommendations for further improvement.

The feedback gathered from staff and patients during the visit provides valuable insight into the real experiences of those accessing and delivering care within our services. This kind of feedback is essential to our ongoing development. We are pleased to report that Care Opinion is now fully embedded across all our services. Since its implementation, we have received over 100 pieces of feedback from service users, their families, and carers. The way to access Care Opinion to leave feedback or view the feedback left by others is now prominently displayed in our reception areas to ensure transparency and engagement.

In addition, we are continuing work across the organisation to develop our monthly learning half days, ensuring all staff have access to relevant, high-quality training opportunities that support both skill development and professional growth. At Swallownest Court, there has been significant recruitment and reduction in vacancy levels, and we remain committed to maintaining vacancy rates at no more than 2.5% across all services.

We are also making significant progress in standardising processes across our inpatient wards. This includes ensuring patients are aware of alternative meal options and have access to meaningful, high-quality activities every day.

We hope to have the opportunity to have another visit from Healthwatch in the future, where we can demonstrate the improvements made following the visit, and continue to raise awareness of the great work done by our teams.

Acknowledgments

Thank you to Swallownest Court for being friendly, welcoming and allowing us to look around the premises on both occasions. Thank you also to everyone who took the time to complete our surveys and provide such a rounded view of the service.

References:

CQC inspection summary: www.cqc.org.uk/location/RXE12



**Committed
to quality**

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.