



Enter and View

Merrick House
20 February 2024

healthwatch
County Durham

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Details of visit

Location:

Merrick House,
Seaside Lane
Peterlee
SR8 3DY

Date and time of visit:

Tuesday 20th February 2024 09.30 – 12.30pm

Healthwatch staff members present:

Claire Sisterson – Authorised Enter and View representative
Judi Evans – Authorised Enter and View representative
Chloe Bradbury – Engagement lead (in attendance)

Healthwatch Volunteer Support Officer:

Claire Sisterson claire.sisterson@pcp.uk.net 0775 6654223

Type of service:

Community Mental Health Team

NHS Trust:

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)

Specialisms:

Mental Health

Clinical Team Manager

Luke Milne (North Team)
Gemma Lamplough (South)

Acknowledgments and context

Healthwatch County Durham would like to thank the management, staff and service users for making us feel welcome and taking part in the Enter and View visit.

An important part of the work local Healthwatch does is to carry out Enter and View visits. The purpose of this Enter and View Visit was to hear from service users and record their experiences at Merrick House.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations about where there are areas for improvement. The Health and Social Care Act allows Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn and share examples of what they do well from the perspective of people who experience the service firsthand.

Healthwatch Enter and View are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

Purpose of the visit

We have heard from people across County Durham about the Community Mental Health Services, particularly Merrick House. Although some of the feedback was positive, the majority were negative experiences from people and their carers.

We wanted to understand in more detail the issues people were facing whilst under the care of Merrick House and decided to carry out a planned Enter and View. In order to gather a full picture of the situation we asked to speak to staff members about their experiences of working at Merrick House and supporting their service users.

This report relates only to the specific two hour Enter and View visit, which includes feedback from service users and staff during the visit, along with feedback from a questionnaire left for completion at Merrick House before our visit and questionnaires sent to people identified by Merrick House who receive support at home. Therefore, it is not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

Description of the service

Merrick House is a community adult mental health service based in East Durham that provides assessment and treatment or interventions for adults over 18 years. Generally, once a person is over 65 years old they will move to work with the Mental Health Service for Older People.

There are 1200 service users registered at Merrick House, with approximately 650 people waiting for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) assessments. There are around 50 members of staff working at Merrick House. The service is broken down into two teams – North and South of the Easington district. The service operates between 9 am and 5 pm Monday to Friday.

Planning the visit

The questions used were carefully put together (appendix A) beforehand to reflect the approach we were taking. This was agreed with staff and volunteer authorised representatives and was also sent on to the Advanced Practitioner before the visit.

We met with Jean Wiggins the Advanced Practitioner initially to plan the visits, agreed to processes and made sure it would work for service users and staff.

We realised that there might be people who would like to comment on the service who were not going to be at Merrick House on the day of the visit, so the surveys were left two weeks before the visit in the waiting area, on a

Healthwatch display table, with a box for completed surveys to be left in. For service users who had treatment at home, we asked the team at Merrick House to take one with them at the next visit, we wanted to give as many people as possible the opportunity to share their experiences with us.

We advertised the visit in advance (appendix B) and Jean Wiggins briefed the staff and answered any queries before the day.

We carried out a preparation visit before the Enter and View to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures, the process for taking photographs and we agreed the use of a private space for conversations if needed.



“Million times better now, been through a lot, some bad times in the past.”

How was the Enter and View conducted?

Two of our trained Enter and View Authorised Representatives carried out the visit along with a member of the engagement team. The Volunteer Support Officer and an Engagement Lead member of staff met with the Advanced Practitioner prior to and on the morning of the visit. A follow-up email was sent giving a debrief to the practitioner the day after the visit. Representatives approached service users during the visit and asked if they would like to talk to Healthwatch about their experiences and understanding of the processes at Merrick House. We spoke with five service users and one carer on the day. We then spoke with eight service users whose details were given to us by staff at Merrick House, who said they would be interested in speaking to us, but would not be available to see us on the day.

To ensure we captured as many experiences as possible including those that would not be there on the day, we created an information pack. This pack contained details about Healthwatch County Durham, a letter about the Enter and View, the survey, a pen and a stamped address envelope to return the survey.

We left surveys in the reception area two weeks before our visit and gave a time limit of two weeks after our visit to collect responses; we received one completed survey.

We received one further survey which was posted to us.

On the day we spoke with three members of staff from different job roles and four staff emailed us a completed survey with their experiences.



23 people shared
their experiences
with us

How we recorded the findings

The Enter and View representatives completed the survey with service users. The representatives also made note of any other relevant information the service user wished to give about the service. All the questionnaires were anonymous.

Following the visit all the survey results and notes were input into a spreadsheet for analysing.

Feedback and findings

Healthwatch County Durham observation

On arrival at Merrick House entry is accessed via a buzzer as the door is locked. Once inside there is a small entrance with a reception window into the office. The entrance is clean and bright, it had recently been painted so there was a smell of fresh paint. There was access to a small waiting room, the lift and another locked door that led into the main building where the staff of Merrick House work. There was an information board with details from the patient experience team. Access to the reception staff is through a glass window which can be opened but creates a barrier for individuals and doesn't feel very welcoming or friendly.



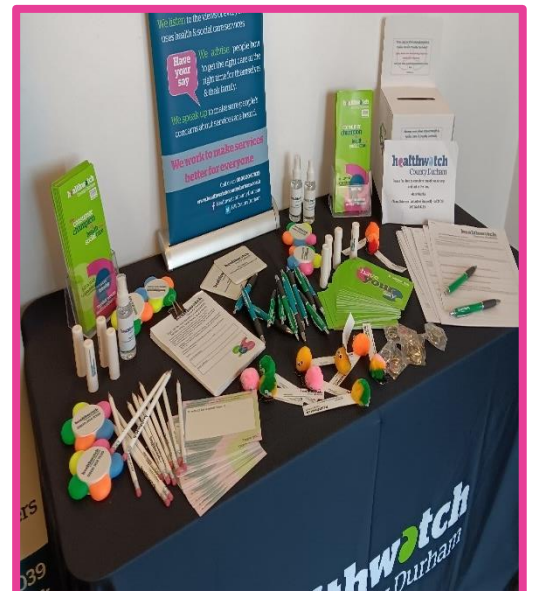
The waiting room had 4 chairs and was very small. There was a water machine but no cups. Two notice boards detailing support services in the area and a small window were in the waiting room along with a piece of artwork.

Service user feedback

So that people who would not be at Merrick House on the day could comment, surveys were left two weeks before the visit in the waiting area on a Healthwatch display table, with a box for completed surveys to be left in. The Advanced Practitioner had compiled a list of people who would like to speak to us but would not be there in person on the day. After the visit Healthwatch staff called all the people on the list to complete the survey over the telephone.

Staff attitudes and behaviors

We asked service users about their experiences with the staff at Merrick house. Overall, the feedback was complimentary. Most staff were said to be helpful and friendly with some service users feeling staff bent over backwards to help support them. People said staff took time to listen and be supportive and engaged well with the service users in a lovely manner. However, the majority of the service users we spoke to mentioned that this hadn't always been the case and there had been issues in the past with staff shortages and inconsistency of workers which left service users feeling anxious. Some individuals felt they didn't see the people supporting them as much as they would like, for instance in the past one person saw their psychologist every two weeks, now it is every 3-4 months and the care coordinator every 8 weeks. One challenge service users mentioned was contacting Merrick House via telephone, often it isn't answered or the reception staff can appear rude, but others mentioned reception staff were nice and caring.



“Sometimes there’s new staff which can induce my anxiety—this has happened 3 times.”



Positive comments	Negative comments
"First Class-therapist listens to me and doesn't talk down to me"	"Sometimes they come across rude and I don't think they understand what it's like"
"CPN's are very good too, first rate but thin on the ground"	"Regarding staff , depends on who you get"
"Million times better now, been through a lot, some bad times in the past."	"Reception staff laughed at something I said one day and it made me feel very uncomfortable"
"They have made a big difference for me as I have been able to open up to them rather than to my partner"	"Most are fantastic, but some are arrogant and lazy"
"Treated as a human being-so helpful"	"Really hard to get in touch with reception-hardly answer the phone, rings and rings then goes to voicemail."
"They do listen to stuff and they let me talk giving stability and security"	
"Friendly and very helpful"	
"The staff really tried, but their hands are tied they can only do so much."	

Table shows negative and positive comments about staff attitudes and behaviours

Has your past history affected what the service has offered?

We asked service users if they thought their past history affected what Merrick House offered them and if they thought this was beneficial or not. All those who answered the question spoke positively and felt Merrick House had considered and taken on board their previous mental health history. They felt they were supported and not judged, but also that staff had a good knowledge of their condition and were able to discuss the service user's preferences based on their past knowledge of that condition. Except for one individual who felt when they were diagnosed with autism, they were left alone to find out for themselves what this would mean for them.

Were your preferences looked at when creating your care plan/support?

We asked if service users were able to maintain a level of choice and control over their care plan or support offered and most responded they were. However, a couple of people weren't sure, one said no and one person felt some elements they did have a voice and other elements they didn't. A couple of people felt like medication was the priority and they weren't given any other options. Or Merrick House only focussed on

one element of the individual's mental health needs and didn't look at the whole picture when there are multiple aspects requiring support.

“I suggested that I had more than autism but felt like this was dismissed, they just wanted to focus on autism”

A formulation was mentioned several times with service users liking this approach. Merrick House uses the 5P's formulation to understand an individual by looking at what has happened in a person's past and what has led them to where they are today. It also looks at what can make things worse but also what makes things better. The formulation is built with the service user and the team of people supporting them. The information then helps the service user to view and understand their experiences from a psychological perspective and plan the support and treatment to best suit the individual. One person mentioned they felt like a guinea pig for several years with lots of different medications being trialled until a formulation was carried out and they then felt listened to, they were able to speak about what they wanted and what could be provided by Merrick House.

Have you been told about or offered an 'Independent Mental Health Advocacy (IMHA)'?

Only 12.5% of service users we spoke to knew about the Independent Mental Health Advocacy (IMHA) service. This may be due to Merrick House being a Community Mental Health Service and an IMHA would be offered when someone has been detained under the Mental Health Act. However, several people have been offered community services to support other areas of their wellbeing.

Would you know how to complain and feel comfortable?

Of the service users who answered the survey, 79% knew how to complain or knew where to get the information from. Only one person felt they wouldn't complain for fear of comeback. Four service users had raised a complaint with staff in the past and three were happy with the outcome and felt the issue was listened to and responded to quickly. One person didn't hear anything back from their complaint.

How do you hear from the service and how do they keep you informed

Most people heard from Merrick House via the telephone and felt communication was good overall. Staff were quick to be in touch if there was a change of plan and an appointment needed to be rearranged.

“My new CPN is great – has been a couple times when she's been pulled away to an emergency, but she rings me and lets me know and also books in another appointment for me.”

Again, several people mentioned that communication hasn't always been great, but lately, they have seen an improvement, one individual still felt this was an area that required improvement. Service users felt they could contact Merrick House if needed and were happy with a range of communication methods such as phone, letter, and text message.

Have there been any breaks in service that have affected your ongoing or promised care?

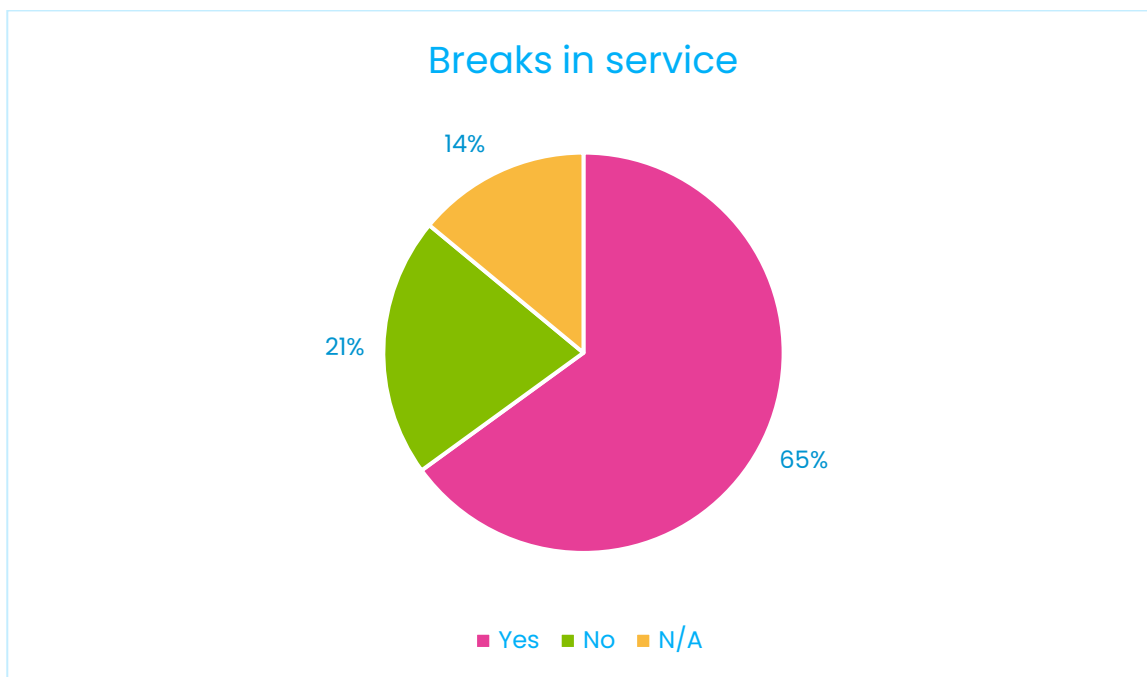


Figure 1 shows the percentage of people who experienced a break(s) in their service

Nearly three quarters of the service users we spoke to had encountered a break in the service from Merrick House. This was generally due to staffing issues.

“Before it was a waste of time—they forgot about me—felt like they didn't care”

Most spoke about staff leaving suddenly and without warning. Service users would have to get in touch with Merrick House to find out why they hadn't heard from anyone. Staff shortages seem to be the only issue regarding breaks to the service offered. For service users, this can cause additional stress, worry, and anxiety and leave individuals feeling vulnerable. Again, comments were made about the service being worse in the past, but that staffing shortages seemed to be better and much less frequent if at all recently. Because they had only been assessed two individuals felt they couldn't answer this question properly.

“They are always available to ring but don't always help, hands are tied with medication”

Do you get from the service what you expect?

We had a mixed response from service users to this question. We had several comments which stated people did not get what they were expecting.

“No-absolutely not-because left to fend for yourself”

Service user's remarks included the long waitlists, the time-limited sessions and being provided leaflets were pointless when you were experiencing depression. One person felt they weren't monitored when they were drug and alcohol-dependent and didn't get any support to help them become sober. On the other hand, we had more positive comments which included, the medication being managed well, and staff going above and beyond the service user's expectations.

“When I came to them I thought there would be no chance they would be able to do anything for me. I was so low and poorly but they have done much more than I expected”

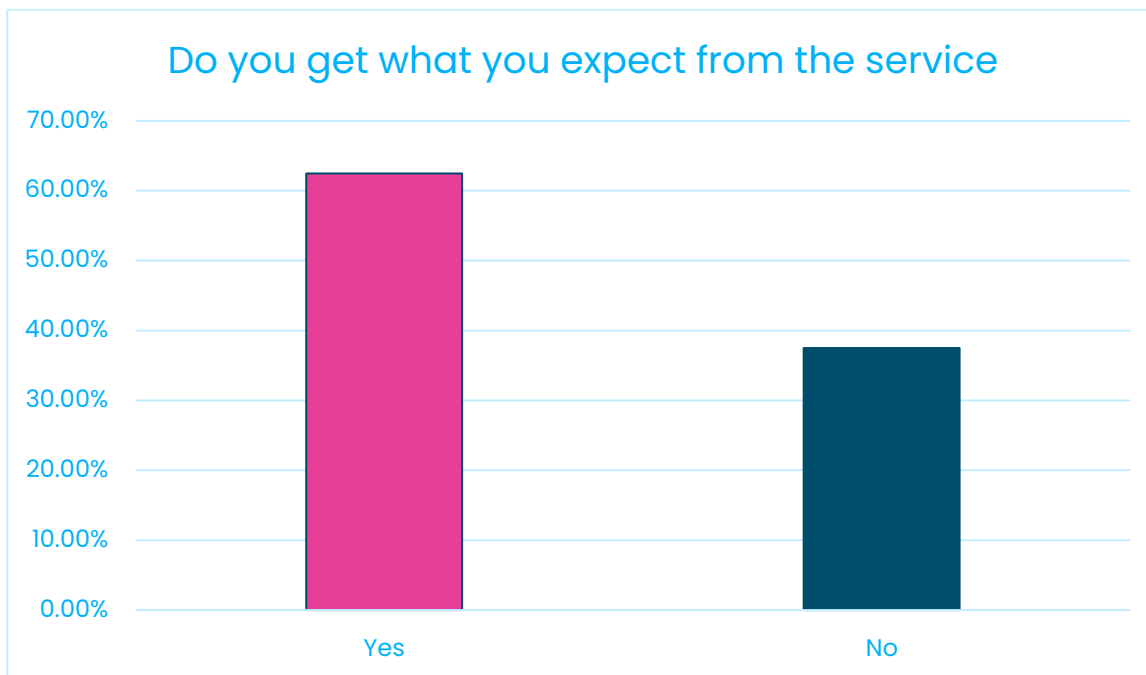


Figure 2 shows the percentage of people who got what they expected from the service

Merrick House site and building

We asked service user's opinions of the building and attending the Merrick House site. Again, there was a mixed response. Many of the negative comments were regarding the waiting room and how small it is and the general clinical feel of the building. Others noted the lack of warmth or friendliness in the building. Some areas could be noisy, which could be troublesome during certain types of therapy such as EMDR (eye movement desensitisation therapy). Some service users appreciated the recent

decorating to improve the appearance of the public areas. One person wasn't concerned about the building itself as they weren't there for that, or the smaller areas as they only used the large room and that was fit for their needs. Car parking was also mentioned as an issue as there aren't enough spaces.



Activities and programmes

Half of the people we spoke with were offered activities outside of the support Merrick House staff offered, for some people they were not interested or ready, others enjoyed walking or art groups. The other half of service users weren't offered anything other than the support from Merrick House. One individual was looking for a group or activity in the community and didn't realise Merrick House could assist or signpost them to an organisation that could help. Family members that service users wanted to be involved, were able to attend appointments and support the individual.

Anything else...

We asked service users if there was anything else they would like us to be aware of about Merrick House. Although there weren't any themes from the additional information, a couple of negative comments were the telephone calls from Merrick House staff always came through as unknown or private number which caused anxiety for service users. Long waiting lists and backlogs were also mentioned.

“This service is in desperate need of funding because of the backlog of people waiting for help”

Throughout the responses, a lack of support when someone was going through a difficult time was mentioned as an area of concern.

“I rang in once when having a bad time and the CPN just said 'use your DBT skills, you've been through the course'”.

There were also positive comments, staff trying to be as helpful and understanding as possible. Good communication with the GP surgery and liaising about the care for the individual. One service user had arrived and had the wrong day for their appointment, both a member of the admin team and the secretary came and spoke to the individual in the waiting area to ensure he had the correct information and apologised for the mix-up.

Merrick House staff feedback

Staff attitudes and behaviours

We asked staff if they felt they were able to listen to and support clients and offer good customer care. All staff felt positive themselves and that the team were offering good care to each other and to service users. They felt supported by each other and direct management but not necessarily from higher up in the organisation or the Trust themselves. Staff felt they were caring and compassionate towards service users. However, they felt they were restricted or constrained due to a variety of reasons; the main one being staffing levels and constant recruitment alongside high caseloads and waitlists which feel overwhelming, meaning the atmosphere could feel pressured and stressed at times. A new IT system and other reportedly ineffective systems currently in place along with “unrealistic targets and a lack of resources” cause additional challenges to staff. This often prevents staff from working to the best of their abilities for service users and although staff would like to do more, some issues are out of their control.

“I have witnessed many occasions of staff members providing excellent customer care towards their patients whilst demonstrating compassion”

“Our ability to do “a good job” is flawed by high case loads and systems that are not effective”

How does client's history affect what the service offers them?

Staff commented on the importance of an individual's history and reading the case notes in preparation for an appointment. However, the 12-week assessment period and the formulation meant that at the service user's own pace, the service was able to understand the individual and ensure the correct care plan was created. The client's preferences were taken into account to prevent repeating traumatic or upsetting events.

“Client's are encouraged to take control of their journey within our service, encouraging a person centred approach”

Clients' preferences when creating a care plan/support

We asked staff if Merrick House helped service users to maintain a level of independence, choice and control when creating their care plan or support. All staff who answered said they ensured this happened with a person-centred approach. The care plan would be built in collaboration with the service user to ensure their opinions and preferences were considered. At the formulation meetings, several staff working with the individual and the individual themselves will come together to think about what the service user would like to focus on, allowing them to have control over their care and to feel empowered.

“I think the team do a good job of working collaboratively and not dictating to them [service users]”

How do you let clients know about Independent Mental Health Advocacy?

Some staff mentioned they would refer the individual to the service if they felt they lacked capacity and would therefore need an advocate to assist them. Social workers can offer capacity assessments. Other staff mentioned there are leaflets available for service users to look at.

How do you let clients know how to complain and reassure them about a comeback?

Most staff would pass the details of the Patient Experience Team (PALS) to service users if they wanted to complain, or to the manager at Merrick House. One staff member mentioned the complaints procedure and that it has changed recently, they would let the service user know all of this including the time limits. No staff member mentioned any comments about reassuring them of comeback if they complained, but said they would share the details of PALS or their manager should someone be dissatisfied with their care.

How do you keep service users informed and updated?

Staff mentioned that because of the patient led approach service users should be informed and have a copy of their care plan. Regular reviews are also carried out and the service user will get a copy of any amendments to the care plan. All staff spoke about the communication with other departments and internally. Regular huddles, multi-disciplinary meetings, formulations and daily decision meetings take place to discuss service users and their needs. It was mentioned that the high level of staff turnover can affect the availability of particular therapies, including where therapy is already in progress and may need to be cut short. It was pointed out they would be supported to raise a complaint in this scenario.

“Sometimes clients are let down because of the ever changing staff group”

Any breaks in the service that affect ongoing care?

All staff mentioned the staffing issues at Merrick House which affect the care and support provided for service users. Due to high staff turnover, lack of staff retention and recruitment issues, there are a lot of service users waiting to be allocated a worker or on a waitlist for treatment; these long waits can increase the risk to the individual as support can't be offered by Merrick House.

“Staffing levels can often cause bumps in service however clients are very understanding”

Do clients get what they expect from the service?

Staff felt that service users should be involved with the planning of their support and know what to expect. Sometimes an individual asks for an intervention or treatment that is available at another Community Mental Health Team, but that we can't offer at Merrick House - this can cause problems. Recently Merrick House staff have been working more closely with the voluntary and community services and staff felt they had better knowledge of other support services available to signpost service users.

“Every community team should have the same standard offer of care but this is not the case”

What do you think about Merrick House site and building?

All staff had a negative comment regarding the building and felt it was not fit for purpose. The waiting room is too small, there is inadequate parking, no convenient facilities to give service users a drink or get water for themselves. Most common was the lack of rooms to meet service users in, often appointments would be delayed as they were waiting for a room to become free. Privacy and noise were mentioned as issues with the building. Especially for the more mindful therapies where noises in the corridor could have an impact on the service user.

What about activities and programmes?

Merrick House doesn't run any support groups but staff can signpost to community groups and staff use joined-up working with community and voluntary services offering support in the area. We were told family members and carers were able to be involved in the individual's care if they wanted to and it was safe to do so.

Anything else....?

The overall theme was that staff are stretched, especially the care coordinators who are working at double their capacity, which staff feel is not manageable and could be contributing to the high staff turnover. Despite this staff spoke about wanting to do a good job and continue to have a positive attitude despite the challenges.

Conclusion

The service users we spoke to were generally happy with the support they were offered from Merrick House, they acknowledged that things haven't been good in the past but they have seen an improvement in the last few months.

Although some felt medication was prioritised over other interventions, those that had a formulation found this hugely beneficial. Although the comments from staff pointed out how much they are struggling as an organisation, they are trying to avoid this affecting service users.

Staff feel their hands are tied as to what they are able to offer and all community mental health services should have the same standard offer of care; this is not possible currently at Merrick House due to not having the staff they require trained in that particular intervention.

Unfortunately, this report contradicts what we are currently hearing about Merrick House with what we saw during the two hours we attended.

Healthwatch County Durham has continued to hear negative experiences from service users and service providers since the Enter and View was carried out. These experiences were similar to the views that led to the Enter and View being arranged, therefore, we want to reassure people this Enter and View report is a snapshot of experiences we heard within the two hours we were present and from those who were involved and does not represent the whole picture.

Limitations

This Enter and View Report was not designed, nor does it claim to provide a representative view of the service users, carers and staff at Merrick House.

Service users could have been at a sensitive time in their mental health recovery and we were only able to speak for a few minutes so their frame of mind could influence the responses we got. It should be noted, because of the sensitivities of the type of service, although everyone was welcome to come and speak to us, we were given guidance about who to approach, so as to not adversely affect the running of the service we only spoke with individuals about their experiences and didn't take any statistical data therefore we are not able to provide an accurate account of the scale of issues raised.

Recommendations

Below are our recommendations from our visit

Look to improve staff wellbeing which should reduce staff sickness and improve staff retention.

Ensure staff consistency is maintained where possible to reduce service user's anxiety and disruption.

Continue with formulations – Service users find them useful and help keep them involved in their support.

Look at improving the phone system to ensure it is always answered. Look at installing technology that can provide a queueing system for calls.

Address overcrowding in Merrick House. Utilise other less clinical spaces within the community.

Look at how to support people better whilst on a waitlist.

Look to manage service user's expectations about how long they may wait to see someone.

Ensure service users know who to contact about their support.

Improve communication to service users who require additional support or find themselves in a crisis or struggling.

Improve communication when a current staff member leaves so the service user is aware and knows what to expect with time scales.

Improve signposting to community resources.

Provider Response

"We have looked at several initiatives to reduce staff sickness e.g appointing wellbeing champions within both teams, protected time for staff to engage in mindfulness and other exercises. Staff are encouraged to access wellbeing initiatives within the trust such as the retreat, mindfulness programmes, staff support services, psychology, and team development away days. We encourage staff to raise any issues within our team meetings and other Trust platforms. We also have a reasonable adjustments team who have supported staff in the workplace.

We strive to maintain consistency regarding staff, recruitment and staff retention has proved to be a challenge and often acts as a barrier to achieving continuity for patients. Adult Community Mental Health Services are moving towards a Gateway Hub and Intervention service model, which may improve staff retention.

Formulations are an integral part of our service which we will continue to develop. We promote patients contributing to and attending their own formulation meetings.

We have forwarded a request to our Service Manager and it has been agreed that a call waiting system will be implemented. We also have a text messaging service on our new clinical care record to support communication and remind service users of their appointments.

We have escalated concerns relating to room availability and limited space at Merrick House and other potential locations are being explored. We are currently using other facilities at present such as HealthWorks, Seaton Holme and Peterlee health centre. We do have to be careful about the premises as some of the work we do is lone working. We are required do a full risk assessment of the buildings and rooms to protect service users and staff. Following a building audit and risk assessment, significant issues have been identified, this has been escalated to senior managers and has been placed on the trust risk register. We are in the process of sourcing alternative premises.

We have reviewed our current processes for service users who are on our waiting list and have set up a small team based within Merrick house to temporarily review and oversee these service users until they are allocated to a team member.

We have done some improvement work around communication with service users whilst they are awaiting allocation, we have also increased the number of staff covering our duty system.

Every service user now receives a letter informing them of who they can contact for support.

Improve communication to service users who require additional support or find themselves in a crisis or struggling, has been included in our improvement work.

Every service user is contacted regarding any changes of Care Coordinator. If their Care Coordinator is absent from work or is leaving, they now receive a letter informing them of who they can contact for support.

As part of our Community Transformation work we have daily huddles with other Community Mental health providers and other community resources which has improved signposting to other services. We have also developed an Access outreach and social care hub across Durham.

We are an integrated service, and we remain committed to being integrated, through the creation of the social work hub we are now ensuring that patients are aligned to the professionals relevant to their care. This has improved the quality of social care interventions being delivered and has ensured that social care tasks are completed in line with statutory timescales.

We are also looking at how to improve our service for those with suspected or diagnosed with ADHD and Autism –

We have had some feedback from staff that they appreciated the opportunity to discuss their views and concerns and feedback from patients was similar in that they felt some areas of the service were improving and they were keen to talk about the areas they felt needed to improve.

We would recommend an enter and review visit to most areas of the Trust as it gives us the opportunity to look at our services from a different perspective and promotes honest feedback from staff and Service users to enable us to improve services".

Jean Wiggins (Advanced practitioner)

Appendix

Appendix A:

Enter and View Questions for Merrick House (Service Users)

Thank you for your time today. Healthwatch are speaking to clients, family members and staff about Merrick House and want to hear the stories behind these views.

How do you find staff attitude/behaviour at Merrick House?

For example:-How well do staff listen and support you to show what you need and want? Do you feel that your right to privacy is offered here? Have you seen staff offer good customer care? Would you say staff members treat each person as an individual? Do you feel confident in the staff's abilities to support you?

Do you feel that your past history has affected what the service has offered you?

For example; Did you tell the service about any past mental health issues? Had someone read your previous notes, did you feel this meant they already knew about you? Can you see any good points or worries about the service knowing about your mental health history?

Do you feel your preferences were looked at when creating your care plan/support?

For example; Is the service helping you to maintain a good level of independence, choice and control?

Have you ever been told about 'Independent Mental Health Advocacy' or offered an advocate?

Tell us about how you hear from the service and how you're kept informed

For example; Are you clear about what is being offered, as well as how this is part of your overall care? Have you ever been let down or pleasantly surprised by the service, if so can you explain what happened? If there was a problem, were you notified and offered an alternative solution?

Any bumps/breaks in the service that affects your ongoing or promised care?

For example; At any point, were you offered some type of support that did not happen or was different to what you expected? Do you tend to see the same staff for your support or are you seeing different people each time? Would you say the service meets what it has offered you, if yes how and if no, why not?

Do you get from the service what you expect?

For example; If you were unable to do what the service asked you to do, what happened? Were you offered any type of alternative help? Have you ever been put in touch with other organisations to help

with your wellbeing? Linked to your support, have you made a specific request and was this organised for you?

What do you think about Merrick House site and building-

For example; What do you think of the building and are the spaces/rooms comfortable-could you suggest any improvement? Are you offered refreshments during your visit/s? How do you find the waiting room? Do you ever take away information from Merrick House (i.e. leaflets) or can you get information in any other way?

What about Activities and programmes?

For example; Are you able to involve your family members and carers as part of your support here? What regular support groups meet at the site/service or elsewhere and do you access them?

Anything else you would like us to be aware of:-

Appendix A cont...

Enter and View Questions for Merrick House (staff)

Thank you for your time today. Healthwatch are speaking to clients, family members and staff about Merrick House and want to hear the stories behind these views.

Staff attitude/behaviour at Merrick House?

For example:-

Do you feel you are able to listen and support clients to show what they need and want? Do you feel that client's right to privacy is offered here? Have you seen staff offer good customer care? Would you say staff members treat each person as an individual? Are you supported and provided with the skills/tools required to work to the best of your ability?

How does client's history affect what the service offers them?

For example;

Do all staff find out any past mental health issues of clients? Do staff read previous notes, in order to have some prior knowledge of each client? Can you see any good points or worries about the service knowing about a client's mental health history?

Client's preferences when creating a care plan/support?

For example;

How does the service help client's to maintain a level of independence, choice and control?

How do you let client's know about 'Independent Mental Health Advocacy'?

How do you let client's know how to complain and reassure them about comeback?

How do you keep clients informed and updated?

For example;

How do you make sure clients are clear about what is being offered, as well as how this is part of their overall care? Do you see the service ever let down or pleasantly surprise clients? If there is a problem, how do you notify everyone involved and are client's offered an alternative solution?

Any bumps/breaks in the service that affects ongoing or promised care?

For example;

What happens if someone is offered some type of support that does not happen, or was different to what they expected? Do clients tend to see the same staff for their support or are they seeing different people each time? Would you say the service meets what it has offered clients, if yes how and if no, why not?

Do clients get from the service what they expect?

For example;

If someone was unable to do what the service asked them to do, what happens? Are they offered any type of alternative help? Do you put people in touch with other organisations to help with their support? Linked to support, if someone makes a specific request, how is this managed/considered?

What do you think about Merrick House site and building-

For example;

Enter and View Report: Merrick House

What do you think of the building and are the spaces/rooms comfortable–could you suggest any improvement? Are you able to offer refreshments during client visit/s? How do you find the waiting room? Can clients take away information from Merrick House (i.e. leaflets) or can they get information in any other way?

What about Activities and programmes?

For example;

Are clients able to involve family members and carers as part of their support here? What regular support groups meet at the site/service or elsewhere and how do clients access them?

Anything else you would like us to be aware of:-

Talk to us about 'Community Mental Health services' at Merrick House

Tuesday 20th February 2024

9.30am-12.30pm

Healthwatch County Durham is your local, independent health and social care champion. We would like to hear from patients and staff about Community Mental Health Services at Merrick House. If you can't come along on the day, please complete a survey and leave it in the box so you can still share your views!

www.healthwatchcountydurham.co.uk
healthwatchcountydurham@pcp.uk.net

Tel: 0800 3047039 Text: 07756 654218

Whitfield House, Meadowfield Industrial Estate, Durham DH7 8XL



Appendix C

Anonymised data – available on request



healthwatch

County Durham

Healthwatch County Durham
Whitfield House
St Johns Road
Meadowfield Industrial Estate
Durham
DH7 8XL

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