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Could you help someone with mental ill health or a learning disability?
Two hours per week is all it takes to be a Volunteer.

A volunteer's most valuable contribution is often their enthusiasm and commitment.

If you possess these qualities you could be the type of person we want.

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Email: teawvnt.voluntaryservices@nhs.net

Your Chaplaincy Team





Tim Dixon Shashi Bala Rev. Dawn Ombude




Rev. Bernard Morgan Graham Meach

Chaplaincy Office: 02942 87394

Emotional support whenever you need it

Our telephone listening service is available for anyone aged 18 and over living in Teesside, Durham and Darlington.

Talking to someone can often be enough to help us cope when we're distressed. Our experienced mental health crisis staff can offer a safe space to talk about whatever is causing you distress - you don't even have to give your name.

The listening service can also give information and advice about other local services available to support you.

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Open 24 hours a day, seven days a week

The listening service is staffed by NHS mental health professionals and is an alternative to traditional crisis care.

Key to change

Why we do what we do

The most important way we can help you is by living our values, all day every day.

We are committed to three big goals for the next five years



NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

We are respectful.

We care about your mental health.
We also care about your feelings.
Your rights, and your wishes.
We care about your story.
We care about where you are from.
We care about what has happened to you.
We will listen, until you are understood.

Let's work together, for better mental health.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

We are compassionate.

We care about your mental health.

We will treat you the same way we'd like our loved ones to be treated.

When we work together, we will show patience.

We will be understanding of your needs, your worries and your wishes.

Let's work together, for better mental health.

Feeling anxious, stressed or depressed?

Changes provides help for people with these or other similar conditions in County Durham and Darlington

talking changes

Mental Health & Emotional Support
for children, young people & families

This is a great starting point to help you access support

Local Support

- One Point** | 03000 891 991 | www.onepoint.org.uk
Health and personal support across all areas of Teesside, Durham and Darlington
- Mental Health & Social Support** | www.mentalhealthsocialsupport.org.uk
Health and wellbeing support for LGBT+ young people (16-24 years)
- Supporting in Children** | www.supportinginchildren.org.uk
A national online support network for young people with mental health problems
- Northumbria Parent Support** | 0191 712 912
Health and wellbeing support for young people with mental health problems
- Northumbria Parent Support** | www.northumbriaparentsupport.org.uk
Health and wellbeing support for young people with mental health problems
- Secondary College Online** | www.secondarycollegeonline.co.uk
A national online support network for young people with mental health problems
- Mental Health Care First Contact** | 0300 397 079
Health and wellbeing support for young people with mental health problems

NHS
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National Support

- REACT** | www.react.org.uk
The UK's largest mental health support network for young people
- Young Minds** | www.youngminds.org.uk
A national charity that provides mental health support for young people
- Young Minds Alliance** | www.youngmindsalliance.org.uk
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Enter and View

Chester le Street Community Mental Health Unit
6 November 2024



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Details of visit

Location:

Chester le Street Health Centre,
Newcastle Road,
Chester le Street
County Durham
DH3 3UR

Date and time of visit:

Tuesday 6th November 2024 09.30 – 12.00pm

Healthwatch staff members present:

Claire Sisterson – Authorised Enter and View representative
Paul Stokes – Authorised Enter and View representative

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 Valleys NHS Foundation Trust (TEWV)

Specialisms:

Mental Health

Clinical Team Manager

Jade Welsh

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 conduct Enter and View visits. The purpose of this Enter and View Visit was to hear from service users and record their experiences at Chester le Street.

Local Healthwatch representatives conduct these visits to health and social care services to find out what the user values about the service but also 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 as well as staff, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Enter and View visits can happen if users 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 users 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 leader who will inform the service manager, ending the visit.

Purpose of the visit

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

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

This report relates only to the specific two and a half hour Enter and View visit, which includes feedback from service users and staff during and after, the visit. Also included is feedback from a questionnaire left for completion at Chester le Street before our visit and questionnaires given to users who receive support at home via Chester le Street. 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

"Chester le Street is a community adult mental health service base offering specialist mental health services for users living in County Durham and Darlington"

There are one thousand (1000) service users registered at Chester le Street.

There are thirty (30) members of staff working at Chester le Street.

The service operates between 9am and 5pm 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 authorized representatives and was also sent to the Team Manager before the visit.



We met with Jade Welsh initially to plan the visit, agreed to the processes, and made sure it would work for service users and staff.

We realised that there might be users who would like to comment on the service who were not going to be at Chester le Street 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.

We advertised the visit in advance (appendix B), and we asked Jade Welsh to brief the staff and answer any queries before the day.

We also prepared a risk assessment and considered areas such as layout, introductions, venue space and safety procedures, the process for taking photographs and we agreed to the use of a private space for conversations, if needed.



“All I was given was a suggestion to go online and do an autism assessment myself”



How was the Enter and View conducted?

To ensure we captured as many experiences as possible, including those that would not be there on the day, we created a 'pack.' The pack contained details about Healthwatch County Durham, a letter about the Enter and View visit, the survey, and a stamped addressed envelope to return. We also left posters with 'tear-off' telephone numbers in the toilets and a telephone contact sheet with reception, to encourage users to leave their contact number, so we could include their feedback by calling them after the visit.

Surveys, twenty packs and a contact sheet were left in the reception area two weeks before our visit with a time limit of two weeks after our visit, to collect responses.

One of our trained Enter and View Authorised Representatives conducted the visit along with the Healthwatch County Durham Volunteer Support Officer.

We conducted seven (7) user surveys on the day and obtained feedback from six (6) staff on, or shortly after, the day of the visit. Two (2) user surveys were left in the HWCD box on our stand, and none were posted to us.

We were given seven (7) names of users and telephone numbers, who wanted us to call them to give us feedback. Two (2) of these were 'numbers not recognised' and one (1) did not respond to several attempts at calling.

In total we obtained six (6) staff surveys and thirteen (13) user surveys.



How we recorded the findings

Representatives completed the survey with staff by interviewing them or alternatively users and staff sent in completed questionnaires or were called by telephone, after the visit. They also made a note of any other relevant information given. All the questionnaires were anonymous. Following the visit, all results were input into a spreadsheet for analysing.

Feedback and findings

Healthwatch County Durham observation

On arrival at Chester le Street, entry takes you to a large bright reception area. Once through the doors you arrive at the main reception which has a window into an office that creates a barrier for individuals and does not feel very welcoming.

The entrance is clean and bright, there was one chair here to sit down (where we observed several people sitting), some users preferring to wait here rather than the larger waiting area. There was a further generous size waiting room with lots of seating and a much bigger space. We observed one user juggling soft balls whilst he waited for his appointment—for which the space allowed.

There were several information boards and there was a water machine available to use.

Service user feedback!

Staff attitudes and behaviors

We asked service users about their experiences with the staff at Chester le Street.



Several users said positive things about the staff at Chester le Street such as “I have a social package -they are very professional and caring -the care coordinator is lovely”, “my daughter saw two ladies, they said they couldn't help but at least they were honest with us” and “the first young girl was lovely and helpful”.

Four (4) users said that they “find all staff here are okay”, “yes they've been great” and “caring, helpful and professional”.

One (1) user said that “the reception staff are pleasant and helpful- they'll let me know what's going on and speak to you as if they know you”.

There were some negative comments as part of this question, (although they are speaking in some cases about access to the service, rather than staff).

One user suggesting that “they have not been helpful here, only my second time in here in a year”, “I've had cancellations where I had taken time off work (appointment was Friday and I was called on the Thursday) which affected work. Staff were on sick, but the secretary was helpful though” and “I have been registered with the service two and a half years. I was told I had been lost in the system- it was shocking” and “I kept

Enter and View Report: Chester le Street

getting told I would see someone as I came from perinatal mental health. I have had three sessions over the last three months but had nothing for 2 1/2 years prior”.

 **“I was only discharged from perinatal mental health because Chester le street was taking over, but I had nothing for 2 1/2 years, so I’m now having to have trauma therapy”** 

Has your history affected what the service has offered?

We asked service users if they thought their history affected what Chester le Street offered them and if they thought this was beneficial or not.

Most people agreed that the service having and using their history, was important and necessary. “It’s important that they know this- I get the same woman but sometimes it’s a trainee”, “They know who needs that information”, “It is comfortable to know that staff are well informed about my past mental health history”, “My son is autistic they need to know what meds he has had, and which haven’t worked”

Others said, “Hard to say- they know my history but I’m not sure they’ve ‘listened’ to my history”, “although I suppose it could be traumatic for people going back through recurring issues” and “I was told I might have my kids taken off me, if I got an assessment-it was horrendous”. “My daughter has recently moved from camhs- we automatically were told that she would qualify to be referred to the mental health adult unit- but there was confusion over this, when we turned up”.

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.

Of the thirteen (13) users who answered this question, only four (4) said they had seen, or had, a care plan. Comments from the same users were “initially we saw a written document,” “was very brief mind and we had a bit of difficulty with it, but I always get verbal feedback and it’s always very thorough.” One (1) user said that they “had been involved in their care plan”.

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The users who said they did not, or have not seen, a care plan said, “No but I’m not bothered about this”, “I definitely want to be part of my care plan being created though”, “there has never been a care plan –we just thought at the end she wasn’t being listened to”

Three (3) concerned users said that they were offered support that just didn’t happen– “I was told to just to keep ‘nudging my worker”, “I was offered therapy for PTSD –again had nothing though”, “I usually haven’t got time for this sort of thing, but I’ve had such a bad service” and “I asked for a supporting letter with regard to evidence for pip– it’s six months later and I still have nothing”.

Have you been told about or offered an ‘Independent Mental Health Advocate (IMHA)’?

Five (5) users said they had been offered advocacy or other support by the service, mentioning ‘housing’, ‘a drug worker’, ‘a self-help group’, ‘financial assistance’, ‘occupational therapist, Physio’ and ‘equipment to help around the house’.

Two (2) users said, ‘no they hadn’t been offered any additional support’ and ‘no point as it didn’t work’. Another said they felt that ‘nothing was required’ and two users said, ‘I am told or offered something, but it never happens.’

Would you know how to complain and feel comfortable?

Only two (2) of the service users said they knew how to complain or knew where to get the information from. Five (5) users said they “would find out how to complain if they needed to”. Eight (8) users also said they would feel confident in complaining, if they had to, one said “I’d be comfortable doing it, but I’d have to write it down in a letter”. One person said, “I know about the PALS system, but to be honest I haven’t got the energy to do it” and another said, “it’s just having the time and I always feel like they just ‘pass the buck’ to someone else when you ask why something hasn’t happened”. Two (2) users did not answer the question.

Do you understand what you are being offered, are you kept informed?

Four (4) users felt they understood what was being offered by Chester le Street and that they were kept informed and up to date.

One (1) user felt this was not applicable for them and one said sometimes they felt they understood.

Two (2) users said ‘No’, “I expected help and I’m not getting it yet”, and another “nothing’s happened, I’ve just been fobbed off with excuses”.

Positive comments were that it is a good service that doesn’t complain when a person is late, and that the staff normally bend over backwards to make things work for them.

Issues raised were around appointment cancellation-not being informed, on two occasions. Waiting times were mentioned by several users and, the type of support offered - "I don't want just to chat to someone."

One user said regarding injections- "it's been explained but I'm well now and I want to come off them, but they won't let me."

One user raised a point around how life would be easier if there was some flexibility in the hours of the service- "my son has taken a job which is 9:00 AM to 5:00 PM and he struggles to get out of his job, and it stresses him. One night open until 6:00 o'clock would be ideal so he could get there - if there could be a little bit more flexibility around this, that would really help us."

Chester le Street site and building

We asked service user's opinions of the building and attending the Chester le Street site.

Six (6) users said they found the building and site okay, "my first reaction was that it was open and clean, especially the reception they have reasonable space and the openness is much better", "the waiting room is very airy and clean and there is water provided" and "with pleasant rooms which were airy and fresh" and "you can get a hot drink".

The main concerns regarding the site were aimed at the car parking. Several users stating "You have to pay to park," "parking is a pain" and one user "ended up paying 50 pounds on the app for 60 days parking, we got confused -so it cost us 50 pound for 10 minutes to park". Several users we spoke to did not know about the free car parking around the corner for staff and users. One user told us they could not find any disabled spaces although on further looking they found signs hidden by the overgrown bushes. One user said "It feels like a police station to me ".



" I know it has been updated, the approach is less like a concentration camp now"



Activities and programmes

Three (3) users said no they were not offered or involved in any additional activities or groups, referred by the service- "I don't like anything like that" and "not interested".

Two (2) users said this was not appropriate or applicable to them. One (1) said yes, they had been linked to an activity group.

Two (2) users said, "the only thing we ever had were help sheets for my son to look into himself and that's fair enough because at the time other activities and programmes wouldn't have been appropriate" and "nothing offered to me with regard to activities or programmes and nothing in the community".

Anything else...

We asked service users if there was anything else they would like us to be aware of about Chester le Street.

Although there were not any themes from the additional information, a couple of comments that stood out were: -

"I worked with another Healthwatch - I complained that I was unhappy with my treatment, but nothing came of it. The NHS are pumping money in- what are they doing- it is making no difference! There is no point in trying- as nothing has changed in four years- I had to leave work. Sorry I cannot talk to you -I feel it is all pointless, but I also urge you to continue and not give up, like I have!"

"My son has ADHD, and he is 21 years old- it looked like he was going to go back on some meds that he had had before, he ended up having an appointment with the wrong person. It was a mental health worker and we needed to see a medical professional (doctor) to make sure it was appropriate for him to go back on these pills-stressed my son out massively as he had to take a day off his new work -so the pathway really was not clear and this caused us a lot of angst -we felt a bit passed around and I had to do a lot of pushing and probing to get things moving"

"I am so lucky to have the agency that I have -sometimes I have problems with staffing, but they'll let me know and ring me up if anything is different."

"My daughter said to me 'where are people like me to go for help' she is so anxious she cannot mix in with other people. Going from CAMHS to adult services was not something she has coped with. She felt something in between would be good where there can be an introduction to being around other people with her conditions."

Chester le Street staff feedback

Staff attitudes and behaviours

We asked staff if they felt they were able to listen to and support users and offer good customer care.

All six staff felt that they were delivering 'person centred' care. Mentioning "being able to listen closely to clients and understand their needs, desires, and concerns", "Every patient is treated with courtesy and respect", "We are caring and compassionate on the phones when speaking to patients" and "I think we all do our best to respect the privacy and confidentiality of our service users".

One (1) staff member said "I feel comfortable and supported here. We look after each other-have someone to bounce back off."

Four (4) members of staff mentioned sometimes there can be difficulties - "As admin we are front line and often bear the brunt of people's frustration", "Unfortunately, we often run into situations where family members advocating on behalf of others will become involved and blur the lines of engagement which is difficult" and "admittedly I think we can all be guilty of sometimes being judgemental rather than curious but such is human nature and I do think we work hard at helping each other, so that it is a very safe space to be in for all". Another member of staff said "staff had been a little unsettled by changes which impacts on the patients. IT for example, affects that."

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

Staff commented that client history is imperative to support risk management and care planning "Safety measures will be taken into account, and we all work hard on monitoring the safety of each other in and out of the workplace." One staff member saying that 'we need patient history-safety-risks and for medications tried.' "As admin staff we would only know patients' history if relevant to their care." "A person's history can absolutely impact care given i.e. if risks are high then care is structured differently and I suppose we don't get it right all of the time, people can feel like their pasts are used against them, but we do try to go with patient wishes and look at the most recent descriptors".

One staff member said that "If we have a plan to follow to manage behaviour, we may be given more information about their background", and another "It is a good thing learning about the patient so they don't need to recap everything as this could be traumatic and look like the staff have not read through the notes".

One staff member pointed out that "the new CITO system is not user friendly and very difficult to find out summaries and history" but another said "outside of risks, when I first work with someone, I do not look at their notes. I ask their permission-It sets me on good footing with the individual, allowing them to feel like they get choices in their care. People will respond negatively to a clinician who presumes they know everything about an individual."

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Users' preferences when creating a care plan/support

We asked staff if Chester le Street helped service users to maintain a level of independence, choice and control when creating their care plan or support.

Three (3) of the staff members we spoke to felt this question was not relevant to their role.

Some of the comments staff offered on this subject were "What are their goals – this is what the care plan is," "patients are involved in options for medication– gives them the choice within the care plan. We do this on laptops within the room, physically with the patient–copy provided to them" and "I always push for independence but sometimes that's unrealistic and people do need a more interactive approach, will need more sessions, or require that human interaction. We must understand that for many of our clients, we are the only people who give them positive messages, who believe in them, who have the tools to aid them in their suffering and that is terrifying for them."

Comments where staff had concerns were "Due to CITO– Clients are unable to access a printed version of their care plan! Which I think is ludicrous–It is highly unlikely even a handful of patients have access to a printed care plan" and "I do think we can sometimes promote independence a little too harshly simply because we are an adult service and the expectations are different but really, these traumatised adults were the traumatised children who didn't get the right support".

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

All three (3) staff that answered this question said they guided support for users in areas such as 'legal', 'benefits', 'formulation meetings', 'being the users voice as they don't have the interpersonal skills', 'bereavement', and 'transgender' issues.

Three (3) of the staff members we spoke to felt this question was not relevant to their role.

"I have offered a form of advocacy to clients in the sense that I help them clarify their needs, express their thoughts, and navigate complex situations.: I support clients in articulating their needs, desires, and concerns, whether they're making decisions about their personal lives, careers, or relationships. Providing Information and Resources: I guide clients by offering knowledge, suggestions, and potential options to empower them to make informed decisions, which can be particularly useful when navigating systems, policies, or services."

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

Three (3) staff members told us "We offer the patient the chance to speak with Leadership first about the complaints they may have, we also offer a PALS leaflet sent out in the post to the patients address, which has all the details–how to complain and who to contact".

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One staff member said that “many of our clients feel let down by services so I always feel having an upfront approach with this, is the most beneficial.”

One staff member gave a comprehensive explanation of how they would manage a complaint including “focus on clarity and structure, deadlines, acknowledging feelings, importance of feedback and entitlement to a response.”

Any breaks in the service that affect ongoing care?

Staff told us where there may be some affect to services for users they were linked to “patients see different staff if a duty worker is seeing them. The service does what it can but is incredibly overstretched”, “we have worked in admin with not enough staff to manage—they have tried to remedy this in last 6 months”, “some patients may see different people due to their mental health such as their CPN while getting support for their anxiety” and “users are normally supported by their Care Coordinator. If they are not in the office, they will be offered the chance to speak to a duty worker for support. If a user is not allocated due to being a new referral, they will also have support from the duty team.”

One staff member was worried that “some of my colleagues lack compassion regarding certain clients, depending on their own biases. However, I think collectively as a team, we share when we feel like this and recognise where this happens.” Another staff concern said “personally, I struggle working with intimidating males although I have a lot of support to ensure this doesn’t impact their care”.

One staff member said “I do think our service tries to meet the needs of its users, but we are affected by things out of our control i.e. budgets, staffing, current events so we just try to do the best with what we have.”

Do users get what they expect from the service?

Most staff said that there were ways they check that users understand what they are getting against expectations, of the service. Encouraging them to reach out and the offer of follow up support was mentioned.

Other staff said that they frequently receive calls from other departments, and they would always try to accommodate signposting to the relevant team/service. Staff also told us that they have access to basic sign language-interpreters, and they revisit and summarise to make sure users are clear.

We did witness one couple having support from an interpreter as part of the visit.

One staff member said they felt this question was not relevant to their job role.

What do you think about Chester le Street site and building?

All the staff felt that there could be improvement made regarding the building and site. Although some did mention that they keep an eye on the reception and waiting areas, to keep them as tidy and welcoming as possible. Also telling us that there were leaflets and information in the waiting room for patients to

take away. The waiting room is spacious and there are plenty of seats and a water fountain for patients.

Staff raised areas for concern and Improvement such as “we cannot offer refreshments, but this would be a nice idea,” “maybe some music or an electronic board that could give information and keep patients calm as they await their appointment.” “I think a TV would be beneficial in our patient waiting area as it is very quiet and not very inviting,” “the rooms are boring. They are a calming colour, but they are not inspirational. They do not promote wellness” and “we can never book rooms when we want them. It’s a good job we’re a planned care service because sometimes we have to wait weeks for rooms to be available when people need them-especially when trying to work around users jobs and childcare needs etc” and “the building and site is dated-especially the sensory areas, neuro diverse issues need better spaces” and “we only have a very basic kitchen”.

What about activities and programmes?

Staff told us that ‘carers and family members are welcome. Although we have limited capacity and staffing to offer support groups. But at the Health Centre there is a range of services located. Chester Le Street Treatment & Intervention Team, Learning Disabilities Team, Early Interventions Team, Talking Therapies & The Access Team.

One staff member said that “I do not know if we have anything outside of the family services, we provide but we have a family clinician. We have access to resources we can signpost to which I do believe we are all aware of. We did have DBT interventions, but these stopped.”

Anything else....?

Only one staff member offered anything else up they thought might be useful to raise- “social media and Mental Health awareness-now everybody thinks they have a Mental Health problem. This is significant and the benefits system do not help this. So, people who are very poorly, are suffering now and reliant on medication.”

Conclusion

The service users we spoke to were concerned about things such as cancellations, access to the appropriate type of staff, being lost or confusion around where they were in the system, not having a care plan, being offered support that just did not happen and/or lack of response. Some flexibility in the open hours for the service and who and how people access their appointments, was raised. For user’s -car parking is not ideal and signage not necessarily clear. Moving from children support services to adult services and some overlapping work was also raised, as necessary.

From staffs' perspective, areas such as support for admin (intimidating males/lack of compassion) was raised and IT System limitations affecting access to Care Plans. Staff had clear ideas for site improvements such as better room decoration/inspiration through pictures, Tv and sound engagement for users whilst waiting for an appointment. The staff struggle accessing rooms it seems at times, which makes it difficult to accommodate alternative arrangements for users.

Users were fairly happy with the support they were offered from Chester le Street staff; they acknowledged that they were professional, caring, and honest.

On a positive, staff were sensitive when considering user' history and one staff member suggesting that a user would first be asked if they were happy for their worker to access their history, seemed a very engaging approach, where possible.

Both users and staff feel the sites car parking is not ideal.

Healthwatch County Durham has continued to hear negative experiences from mental Health service users around the County, since the Enter and View was conducted. These experiences were like the views that led to the Enter and View being arranged, therefore, we want to reassure users that this Enter and View report is only a snapshot of experiences. We had two and a half hours where we talked with staff on site and we spoke to four users over the telephone, after the visit.

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 Chester le Street. Service users could have been at a sensitive time in their mental health recovery, and we were only able to speak over the telephone for a short amount of time, so their frame of mind could influence the responses we got.

It should be noted, that although everyone was welcome to come and speak to us, we have only spoken to thirteen users of the service (0 surveys came through the post from 20 packs that went out to users with support workers (although we only collected 4 unused packs from the site).

Recommendations

Below are our recommendations and highlights from our visit

Look to improve staff training and support in 'managing difficult/aggressive' situations and encouraging staff compassion for users. New I.T. software training, especially around 'Care plan development' and users 'personal files.' This will ensure that staff feel more confident, and users are aware, involved in their own care plans and errors are limited.

Staff should also record support agreed and timescales in the Care Plan so that this can be followed up, reviewed, and revisited by both staff and users.

Ensure users have access to the appropriate staff member to avoid wasted time and frustration (i.e.-Doctor rather than Mental Health worker when reviewing change of medication).

Look at how to manage the issue of access to rooms/services (operation times) - look to use less clinical spaces within the community if access is limited, in the meantime. Especially when trying to accommodate users with outside needs (childcare/work hours limitations or users moving from children's services across to adult services).

Look at how individuals are encouraged and specifically supported to complain who need extra help (for example difficulty with words/writing or lack of time) to do this.

Ensure that the service is clear and promotes what it can and cannot offer, so that this limits potential differences of opinion or feelings about individual care

Continue to check with individual users how they would like their Mental Health history used. Staff should double check how users would like this aspect managed- i.e. some users are happy that it is enough to have their support staff read up on this prior to meeting, some users want to relay this verbally to staff and others do not want to have to go through this with a new member of staff each time.

This will continue to help users feel comfortable in getting care that has considered their feelings.

Parking-ensure users as well as staff and visitors know about alternative free parking at the back of the site, by publicising this and informing users as part of their support, prior to visiting the site. Whilst that area is busy, all those people have the right to access spaces, when they become available.

Maintenance of pay car park-ensure the service responsible, maintains the car park including shrubbery cut back to make sure signage is clear.

Raise with appropriate staff/managers the possibility of installation of TV monitor and/or sound within the waiting area and interactive, inspirational pictures/information on the wall to promote wellness of users.

[Enter and View Report: Chester le Street](#)

There is a need for a drive to promote how the complaints procedure works. Some clarity around how this is dealt with, as some users feel demoralised and unmotivated to complain. Some suggesting that the service 'passes the buck' or are being told they should just keep 'nudging' their worker or it is just pointless, as the complaint will not be dealt with in a serious manner.

Consider Improving signposting to community resources/activities and other types of localised support, especially where there are long waiting times/lists. And the potential for using more of this as an overlap, where users are moving from children's services across to adult services in that they can have some exposure to diverse types of possible support to that they have experienced, so far.

How does the service respond when a user has been discharged from another mental health support service based on access to immediate Chester le street support? (no access for 2 and a half years has culminated in that user now seeking trauma therapy)

Promote and celebrate that several users said positive things about the staff at Chester le Street such as "they are very professional and caring -the care coordinator is lovely", "my daughter saw two ladies, they said they couldn't help but at least they were honest with us", "the reception staff are pleasant and helpful- and they'll let me know what's going on and speak to you as if they know you".

Provider Response

It was useful having Health Watch County Durham Enter & View visit Chester-Le-Street CMHT.

It's a shame that the limited feedback, may not give a clear representation of user experience here, within secondary care mental health services. However, the feedback is always invaluable and has been shared in our team meeting and has been well received.

Our practitioners work hard at collaboratively forming care plans with users to identify a clear pathway and treatment plan to support a journey to recovery, a care plan is a standard piece of work and document that can be reviewed, changed and added to or taken away depending on the users' presentation/ difficulties and needs and they should always be offered a copy of this.

Our staff are offered appropriate training via the trust, but we are always looking for suggestions in specific training that staff would find useful which can be requested, or we can provide bespoke training via our team's psychologist.

[Enter and View Report: Chester le Street](#)

We have procedures in place so that users are seen by the right professionals at the right time and in a timely manner however this can be difficult at times due to staffing/ sickness/ leave. Our clinicians do their best to support one another to make sure the users' needs are being met at those times.

Here at Chester-Le-Street Health Centre, we have a range of different services which includes the community mental health team, EIP, Learning Disability Team, Talking Changes and Access service and run by a 9am-5pm system. At times we can struggle with room bookings due to sharing rooms and we understand this can impact on consistency when thinking about same time, same place for planned appointments. Our admin team do try their best in rebooking appointments here at the health centre, but this can sometimes mean staff will have to access GP surgeries, home visits or meet in alternative locations to make sure the user has been seen.

Clinicians always review assessments and history of users as we acknowledge and understand revisiting the same questions can be very difficult and can feel like they are repeating themselves.

Clinicians are required to develop therapeutic relationships and shared understandings to make sure we are getting things right for the user; therefore, some question may need to be revisited. Clinicians will document all requests and wishes regarding the sharing of information, and we always try our best to honour this. We sign post to many other services available to support with social inclusion, bereavement support, employment support, support with benefits and finances, housing, groups and activities. We have leaflets in our waiting areas where users can self-refer, or call and clinicians will also signpost and refer on their behalf- should they have difficulties in doing this alone.

Parking is available outside Chester-Le-Street Health Centre and there is a small charge-the car park is owned by Durham County Council. We have a staff and user car park that is sign posted, and staff will inform our users this can be used, if spaces are available.

Users, family and carers are always encouraged to use PALS when thinking about complaints, sharing experiences they are The User Advice and Liaison Service who offers confidential advice, support and information on health-related matters.

Our team here at Chester-Le-Street CMHT are experienced, knowledgeable, caring, compassionate and recovery focussed, they work extremely hard to make sure users are always at the forefront of everything they do. We do manage extremely high caseloads due to large referral rates, but staff are closely supported to get users seen as quickly as possible and we do offer a duty system where mental health support can be accessed between the hours of 9am-5pm, who are awaiting allocation.

As a team we are working better with CAMHS for young users that are transitioning to adult services and have planned hand overs.

[Enter and View Report: Chester le Street](#)

We would certainly recommend a Healthwatch County Durham Enter & View visit. It has been very helpful highlighting areas which users value as well as areas where we need to reflect and make improvements. Jade Welsh (Team Manager)

Appendix

Appendix A:

Enter and View Questions for Chester le Street (Service Users)

Thank you for your time today. Healthwatch are speaking to users, family members and staff about Chester le Street and want to hear the stories behind these views.

How do you find staff attitude/behaviour here at this service?

How well do staff listen and support you to show what you need and want? Is your right to privacy is offered here? Have you seen good customer care? Do staff treat each person as an individual? Do you feel confident in the staff?

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

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? Any good points/worries about the service knowing about this?

Were you involved when creating your care plan?

Is the service helping you to maintain a good level of independence, choice and control? Is it reviewed?

Have you been offered any form of Advocacy'?

Would you know how to complain, would you be able to do this comfortably?

Do you understand what is being offered or what you are getting from the service? Is it what you expected? If not, explain

How do you hear from the service? 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 the service site and building (if you use it)-

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 the unit (i.e. leaflets) or can you get information in any other way? What about Activities and programmes?

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: -

Age.....Gender.....First part of postcode.....

Appendix A cont...

Enter and View Questions for Chester le Street (staff)

Thank you for your time today. Healthwatch are speaking to users, family members and staff about Chester le Street and want to hear the stories behind these views.

Staff attitude/behaviour at this service?

Can you listen and support users to show what they need and want? Is client's right to privacy offered here? Have you seen staff offer good customer care? Do staff members treat each person as an individual? Are you supported with the skills/tools required to work to the best of your ability?

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

Do all staff find out any past mental health issues of users? Do staff read previous notes, in order to have some prior knowledge of each client? Are there good points/worries knowing about a client's mental health history?

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

How does the service help users to maintain a level of independence, choice and control? How are users involved? Do you feel you receive appropriate training in this area? Is this reviewed?

Have you offered any form of 'Advocacy' to users?

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

Is there anything that adversely affects ongoing or promised care?

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

How do you check/know that users understand what is being offered and get from the service, what they expect?

Do you have the required resources? Do you put users 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 this site and building-

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 users take away information (i.e. leaflets) or can they get information in any other way?

What Activities, groups and other programmes are offered?

Are users 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 users access them?

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

Age.....Gender.....First part of postcode.....

Enter and View Report: Chester le Street

Appendix B:

Tell us about your Service!

Tuesday 6th November 2024
9.30am-12 noon
Chester le Street

Healthwatch County Durham is your local, independent health and social care champion. We are visiting this service on the above date/time to find out what you think about what it offers. We would like to hear from users, carers and staff about their experiences.

Come and tell us what you think about the service!

Claire Sisterson (Volunteer Support)

claire.sisterson@pcp.uk.net 07756 654223

www.healthwatchcountydurham.co.uk Tel: 0191 3787694/Text: 07756 654218

Whitfield House, Meadowfield Industrial estate, Durham, DH7 8XL

Tel: 0191 3787694 Text: 07756 654218

Enter and View Report: Chester le Street

Appendix C

Anonymised data – available on request



healthwatch

County Durham

Healthwatch County Durham
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