



Enter and View

Derwent Clinic
29 August 2024

healthwatch
County Durham

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Details of visit

Location:

**Derwent Clinic,
Shotley Bridge Hospital
Queens Road, Blackhill
Consett, County Durham
DH8 0NB**

Date and time of visit:

Thursday 29th August 2024 09.30 – 12.00pm

Authorised Enter and View Representatives:

**Paul Stokes
Mervyn Hockin**

Healthwatch Volunteer Support Officer:

**Claire Sisterson
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Type of service:

Community Mental Health Team

NHS Trust:

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

Specialisms:

Mental Health

Clinical Team Manager

Nicola Raine

Enter and View Report: Derwent Clinic

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 Derwent Clinic.

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 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 lead 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 Derwent Clinic 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 Derwent Clinic 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 the visit. Also included is feedback from a questionnaire left for completion at Derwent Clinic before our visit and questionnaires given to users who receive support at home via Derwent Clinic. 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

Derwent Clinic is a community adult mental health service base offering specialist mental health services for users living in the Durham and Darlington area. It also provides support, information and advice for parents and carers. Derwent Clinic also provides community mental health services in Derwentside for older users (this part of the service, MHSOP, is managed by John Herbert rather than Nicola Raine).

There are 1400 service users registered at Derwent Clinic.

There are around 50 members of staff working at Derwent Clinic. 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 Nicola Raine 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 Derwent Clinic 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 support at home, we asked the team at Derwent Clinic to take a pack with them at the next visit, as we wanted to give as many users as possible the opportunity to share their experiences with us.



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

We conducted 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 to the use of a private space for conversations if needed.



“Staff said to me you’ve been getting calls for 4 years—I haven’t had one call!”



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 an information pack. This pack contained details about Healthwatch County Durham, a letter about the Enter and View visit, the survey, and a stamped address envelope to return. We also left 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, sixty 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.

We conducted Five (5) users and Five (5) staff conversations/surveys, on the day. We received Three (3) further survey/s which were posted to us.

Two of our trained Enter and View Authorised Representatives conducted the visit along with the Healthwatch County Durham Volunteer Support Officer. The Volunteer Support Officer had met with the Team manager prior to the morning of the visit. A follow-up email was sent giving a debrief 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 Derwent Clinic. We spoke with five service users and five staff members on the day. Derwent Clinic had not taken any service users details at reception who might have liked to speak to us about their experiences, so we could not follow up with any additional users in this way.



How we recorded the findings

Representatives completed the survey with users and staff. They also made a note of any other relevant information users wished to give. 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 Derwent Clinic, entry is accessed via an automatic entry door. Once inside there is a reception with a window into the office. The entrance is clean and bright and led into a reasonable size waiting area.

There was an information board. Access to the reception is through a glass window which can be opened but creates a barrier for individuals and doesn't feel very welcoming.

The waiting room had several chairs and there was a water machine available to use.

Service user feedback

Staff attitudes and behaviors

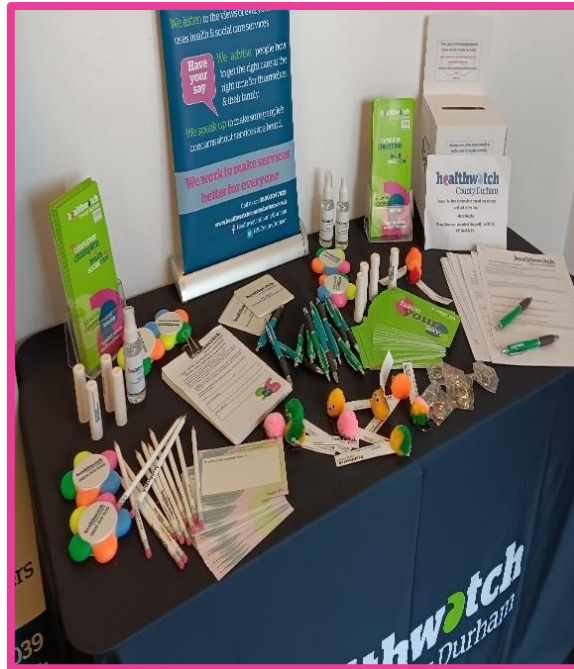
We asked service users about their experiences with the staff at Derwent Clinic.

Overall, the feedback was complimentary. Most staff were said to be supportive and kind, with one service user feeling staff **"go above and beyond"** to help support them. Users said staff were friendly enough and they received texts, letters and visits to their house. **"They try to solve issues and weren't passed around"**.

One client saying it was his first time here, but the staff seemed friendly enough, but another said they had a mixed experience as had been coming here for a long time.



“Edith and Nicola listen to me— they support me to attend my appointments”



Has your history affected what the service has offered?

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

Of those who answered the question users said they felt they had a **“good understanding of 'me' and my situation”**. One person said that they felt listened to and they knew them well and helped when their partner died. One person suggested that they struggled to get a meds review from GP, because it was prescribed by a psychiatrist. Another saying that they did not like being discussed with anyone else, so confidentiality was important to 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.

Half of the users said yes, they felt they had choice and control regarding their care plan and that for one of these **“this is very important”**. However, one said no, and they had no real support offered and it was not easy to access.

One person said that it was his first time here and he hoped that they would be sitting down together to work on his care plan today, with him.

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

Only one person (12.5% of service users) said they'd been offered an independent mental health advocate, one suggested they had not needed this.

However, one person said they have had services to support other areas of their wellbeing such as their physical health because of mental health issues. One person we spoke to was angry that the service assumed he'd had weekly phone calls when out of hospital, but this had never happened.

Would you know how to complain and feel comfortable?

Five (5) of the service users who answered the survey, said they knew how to complain or knew where to get the information from. One person felt they 'wouldn't need to complain', and another said this had been explained to them.

One person had a bad experience before coming to Derwent Clinic and had complained to both the CQC and to parliament. **"The services took 3 years to 'write' my report-it's just not worth complaining"**.

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

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

One person said they have planned appointments and are always called back when they call in. But one person was concerned that they had no follow up after being prescribed new drugs and another said that the CQC thought he'd been contacted by the service which he hadn't-and that worryingly, he'd found out that more than 50% of users of mental health services have never even met their coordinator.

One person spoke about Durham Council giving him support over the years because of drink/ drugs though. One also said that one appointment was cancelled as the staff member was sick, but that they had been informed.

"I have planned appointments. I'm always called back when I call in. Issues are taken to meeting to get views of others."

Derwent Clinic site and building

We asked service user's opinions of the building and attending the Derwent Clinic site. There were negative comments regarding the locality of the unit- **"Its two buses each way for me-so a later appointment would be better for me "**. **"It's also a bit secluded and hard to get to,"** said another.

Three (3) users said the building and site were okay (they appreciated the water machine and there were good areas to chat). One person said that you could hear

users in other rooms as they are not sound proofed. One person also said that although there was information to take away—they never did!



Activities and programmes

Only three users we spoke with mentioned being offered information about activities outside of the support Derwent Clinic offered, for one person who was offered it, they said they were not interested or ready. The two others that answered the question were not aware or had not been told about any other activities. One person said that *“The PIP users rang, and the Health Team turned up to help me though”*.

Anything else...

We asked service users if there was anything else they would like us to be aware of about Derwent Clinic.

Although there weren't any themes from the additional information, a couple of negative comments were that someone thought that they should have received counselling for PTSD but was discharged after a course on how to 'manage emotions' and that they would have to go on a waiting list to access the service again. Another suggested that it had taken a long, long time to get in here, although they had been called during Covid time. One positive comment was that Derwent Clinic answer the phone when they need someone—but that having a better list of contacts would be helpful!

Derwent Clinic 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 five (5) staff felt positive themselves and that the team were offering good care to service users. They felt that training and support was given to staff to help. Staff felt they were able to listen, support and advocate towards service users. They felt that each client is treated with respect, offered privacy and listened to and correct support given in respect of circumstances. Staff felt that they were able to treat users as individuals **but** that pressures on the service were limiting this.

“Yes, privacy always offered at the clinic and users given a good level of care, New IT system has been introduced”

“Yes, I can support as I have a clinical; background, I will direct to the person they need. Can get a clinician on the phone and in person”

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

Staff commented that they have access to client's history notes (from the 1990's to present day) plus other history can be gained through hospital records (for example). Archive notes and patient history are available for clinicians to view. Important as service is patient centred-not generic.

One staff member said that 'where there are worries about mental health and a need for a service, a client's history is necessary'.

A staff member told us that not **all** staff are aware of a client's history-not on reception-only clinicians know a client's history. Another reminded us that clinicians cannot see users when alcohol is involved either.

“Yes, past history is important to understand and support a client”

Users' preferences when creating a care plan/support

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

Only three (3) of the staff members felt they could answer this question, the other two (2) saying this was not applicable within their area of work.

One staff member said that with clinicians-users would be asked about their care plan, have input and be involved. Then have an Initial assessment at home then should be seen in the clinic.

One staff member said she was unsure about how or if this happened.

Another staff member said that **“I have not come from a mental health background and that no-I feel that I should have been offered a lot more training in this area”**.

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

Four (4) staff answered this question. Two (2) said, they hadn't mentioned this to users but that they knew the users use advocacy.

Another staff member (who was part of the Mental Health Service for Older People, 'MHSOP') said that there were 6 slots available in 3 clinics used by 40 users, in this hospital through outpatient's, to see doctors

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

Three (3) staff talked about the Patient Experience Team (PALS) when directing service users to complain, or to the leadership team at Derwent Clinic. Another spoke about there being 'a complaints leaflet' and that 'users could speak to clinicians' if they wanted to complain.

One staff member said that they would advise users they are in their rights to complain and ask for another worker.

"PALS service leaflets/Tel contact numbers available (details in reception or provided an appointment if needed) "

Any breaks in the service that affect ongoing care?

All staff mentioned that due to staff shortages sometimes, users would need to see a different member of staff (this would be a duty worker during the week)

One member of staff said that users will usually see the same Community Psychiatric Nurse (CPN) but see a duty worker in their CPN's absence.

At Derwent Clinic, one staff member suggested there was not a high sickness level, if an appointment is cancelled, the client would be slotted in with someone else. Another stating that staff need to be "open and honest with users, as lack of staff is lack of services to the team to offer users"

Adding that doctors are slightly different and don't get such high staff turnover.

"Staff shortages in mental health can sometimes affect users"

Do users get what they expect from the service?

One staff member said that users are given contact information for other services, if they weren't getting what they expected. Another suggested that yes users get leaflets and initial diagnostic assessment (Admiral Nurse, medication for example as part of the MHSOP) and can request more information on any of this.

One staff member felt this was not applicable to their job.

"This will be dealt with by users Community Psychiatric Nurse or CPN"

What do you think about Derwent Clinic site and building?

Four (4) of the five (5) staff had a negative comment regarding the building and said they needed somewhere with a larger waiting area in a more central location, and that they can't offer refreshments—users often ask about drinks and a food machine. One said “Small base—could get difficult in the future because of numbers coming through. Comfortable but small kitchen. There's a water machine (3 staff mentioned this) and users can ask for hot drinks “

Another said that room bookings can sometimes be busy as other teams use rooms at Derwent Clinic. On a positive, one staff member said that the base has leaflets available in different formats (and a website)

What about activities and programmes?

We were told family members and carers were able to be involved in the individual's activities/programmes of care if they wanted to (for example 'managing emotions' at Derwent Clinic). We were also told that an Occupational therapist was offered, Beamish and walking groups at the clinic. “There used to be a physio here which is starting up again after stopping during Covid. Exercise sessions also which were well attended”. Staff said that a weekly support group was run by the team, which CPN could refer to.

Anything else....?

Nothing more was offered by staff in the way of any other relevant information they thought might be useful.

Conclusion

The service users we spoke to were generally happy with the support they were offered from Derwent Clinic, they acknowledged that staff were generally friendly and accommodating. Important though that a member of staff felt that they needed training to carry out their work more effectively in meeting user's needs.

Some users mentioned problems such as being unable to get a GP medication review because of meds being given via Psychiatrist and another feeling they had no support around involvement in their own care plan.

Although the comments from staff pointed out a concern that there can be a shortage of staff, they are trying to avoid this affecting service users by making sure users are slotted in with someone else (often a duty worker).

Both users and staff feel the site has issues such as its general location, difficult to get to, rooms not soundproofed so confidentiality is compromised (for example)

However, Healthwatch County Durham has continued to hear negative experiences from mental Health service users generally 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 users 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 Derwent Clinic. 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, that although everyone was welcome to come and speak to us, we only spoke to five users of the service on the day and received three more responses through the post.

Especially disappointing that we only received three postal responses from 34 packs that went out to users with clinic support workers (we collected 24 unused packs from the site).

We also extended the deadline for feedback due to lack of response by a further three weeks. We received no telephone numbers of users collected via the Derwent Clinic reception, who we could ring to gather feedback, after the day of the visit.



Recommendations

Below are our recommendations from our visit

Look to improve staff wellbeing including reviews of training requirements, which should improve staff retention and value.

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

Look at how to manage the issue of confidentiality when on site—rooms not soundproofed—maybe look to use less clinical spaces within the community, in the meantime.

Ensure users understand how to complain without fear of 'comeback'

Care Plan—make sure that all users are as involved in their care plan as possible to retain a sense of independence, choice and control

Look at how to further support users better whilst on a waitlist.

Look to manage service user's expectations when there is a difference of opinion—i.e.—where someone feels they need counselling rather than attending a group support.

Ensure service users know who to contact about their support and have updated information on this.

Location of site—ensure users are offered the most appropriate timed appointments because of difficulty in getting to the site.

Follow up user contact, especially after new medication being given

Improve signposting to community resources/activities and other types of localised support.

Provider Response

As a team we welcome feedback from patients and carers. Having Health Watch visit our service has given an insight into how to make changes and improve service user and carer experience.

We have been able to implement some changes since receiving the report. "Breakthrough" will be visiting the team to support and improve staff wellbeing. We encourage staff to access the trust wellbeing service where they can engage in Mindfulness, access psychology and chaplaincy service. We encourage staff to raise any concerns they may have within the team and other trust platforms. The trust offers regular network meeting for long term health conditions, LGBTQ+, BAME, Armed Forces, Neurodivergent, Working Carers, Staff Livid Experiences and Menopause Matters Café. We are in the early stages of changing one of our rooms into a multi faith wellbeing room.

We always strive to ensure consistency is maintained where possible to reduce service users' anxiety. Recruitment and retention have at times proven to be a challenge, this can and has acted as a barrier to continuity of care. We are as a team and organisation addressing staff retention. Community mental health services are moving toward a gateway and intervention model of care which will improve staff retention. We have increased the number of staff who cover our duty rota to ensure that service users who are awaiting allocation have either telephone or face to face contact whilst awaiting the allocation of a key worker. A letter is sent to all new referrals into the team with the contact details for the Crisis Team, and various other support lines service users could access.

We are working with partner organisations to implement Community Mental Health Transformation, to improve patient care and experience. This will allow us to work holistically with service users to improve their overall physical and mental wellbeing. We have a weekly meeting with partner organisations and community resources to ensure service users have access to the support they require in a timely manner. We have developed a greater understanding of community resources our service users can access which has improved overall experience for service users, friend, families and carers.

We have forwarded a request to our estates department to address the issue raised around sound proofing the interview rooms. We offer appointments outside of Derwent Clinic such as client's homes and in community buildings. We need to ensure community facilities are appropriate, we ensure the environment has had a risk assessment to maintain the safety of the service user and staff member.

Nicola Raine (Clinical Team Manager)

[Enter and View Report: Derwent Clinic](#)

Appendix

Appendix A:

Enter and View Questions for Derwent Clinic (Service Users)

Thank you for your time today. Healthwatch are speaking to users, family members and staff about Derwent Clinic 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.....

Enter and View Report: Derwent Clinic

Appendix A cont...

Enter and View Questions for Derwent Clinic (staff)

Thank you for your time today. Healthwatch are speaking to users, family members and staff about Derwent Clinic 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: Derwent Clinic

Appendix B:

Tell us about your Service!

Thursday 29th August 2024
9.30am-12 noon

Derwent Clinic-Shotley Bridge

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)

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Appendix C



Anonymised data – available on request



healthwatch

County Durham

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