



# Enter and View

Lanchester Road  
24 October 2024

**healthwatch**  
County Durham

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# Details of visit

**Location:**

**Kirkstone Villa,  
Lanchester Road Hospital  
Lanchester Road  
County Durham  
DH1 5RD**

**Date and time of visit:**

**Thursday 24<sup>th</sup> October 2024 09.30 – 12.00pm**

**Authorised Enter and View Representatives:**

**Claire Sisterson**

**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**

**Team Manager/s**

**Jenna Wallace, Megan Loraine**

# 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 Lanchester Road Hospital.

Local Healthwatch representatives conduct 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 the community mental health team located at Lanchester Road 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 Lanchester Road 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 Lanchester Road before our visit and questionnaires given to users who receive support at home via Lanchester Road. 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

Although Lanchester Road Hospital covers a wide range of mental health facilities, service users referred to the CMHT as 'Lanchester Road' therefore for the purpose of this report when we refer to the service as Lanchester Road, we are only discussing the CMHT at Kirkstone Villa'.

It provides support for a range of mental health and learning disability services. It also provides support, information and advice for parents and carers. Lanchester Road is also amalgamated with 'North End House'.

There are 1600 registered clients (800 of those only require annual contact for medications or are awaiting ADHD/ASD assessments).

There are 44 members of staff working at Lanchester Road. 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 authorised representatives and was also sent to the Team Manager before the visit.

We met with Jenna Wallace and Megan Loraine 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 Lanchester Road 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 Lanchester Road 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 Megan Loraine and Jenna Wallace 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 of taking photographs was agreed and the use of a private space for conversations if needed.



**“Have an ongoing issue which they think they have answered, but it’s not enough for me”**



# 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.

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.

We conducted two (2) users and four (4) staff conversations/surveys, on the day. No further surveys were posted to us.

The Healthwatch County Durham Volunteer Support Officer conducted the visit and met with the Team manager briefly on the morning of the visit. A follow-up email was sent giving a debrief the day after the visit.

Service users were approached during the visit and asked if they would like to talk to Healthwatch about their experiences and understanding of the processes at Lanchester Road. Lanchester Road had taken twenty-one (21) service users details at reception, who agreed to speak to us over the telephone about their experiences, so we could 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

Once inside Kirkstone Villa, at Lanchester Road Hospital, there is a reception with a window into the office. The entrance is clean and bright and led into a small size waiting area. There was an information board to the left of the reception window.

Access to the reception is through a glass window which looked like it could be opened but creates a barrier for individuals and doesn't feel very welcoming.

The waiting room had several chairs and there wasn't a water machine available to use.

## Service user feedback

### Staff attitudes and behaviours

We asked service users about their experiences with the staff at Lanchester Road. Overall, the feedback was complimentary, and that staff are friendly. Three users said that the phones are not usually answered though, and this can cause problems as well as be frustrating. Most staff were said to be professional and listened to users. One user saying that "sometimes you must chase them-this has happened on a few occasions. One reception member is very good (she has a young voice!) but I don't feel particularly greeted". One user said staff have been "friendly and kind, but I still don't feel particularly well understood".



**“Alan at Kirkstone is the first person I feel that has really listened to me as a person, makes it feel like he ‘cares’ and he suggests ideas, but asks what I think”**

**“When I go in, I’m thinking ‘I hope I get to speak to the nice one!’”**



### **Has your history affected what the service has offered?**

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

Users suggested that they had not had a problem with this and felt that knowledge of their medical history was important for staff to have. One user felt that where associated staff did not have access to their medical history, this had caused a problem. For example, a woman who had overdosed, was treated by a paramedic as if she was simply very drunk. Another suggested that they had difficulties in the past- “but now they don’t trivialise it. It seems to matter to them, and they are non-judgemental”

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**“In a positive way, I’ve always been one NOT to ask for help. Brilliant here, because they have my history, they will prompt me and ask me more regularly”**

### **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.

Only one user was aware that they had one and had seen a copy of it and two others said they were in the process of having one made up.

Three would want to be involved, three were not bothered, one said it would need to be flexible.

Sixteen (16) users said they were not aware that they had a care plan and had not seen one.

A user said “Sometimes notes makes things seem petty and not helpful (i.e. ‘avoid self-harm’) written–does nothing to help. Although I like the idea of having something relevant written down”

**“don't think she has one and don't know how long her supported living is to be. She made enquiries about going to college, via Lanchester Road social worker but nothing came of it”**

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

The service seems to have a positive reputation in offering other types of support. Users mentioned being offered various types of external support (rather than formal Advocacy). ‘Housing/shopping’ (5), Debt (1), Patient transport (1), Money (1), Employment (3), study/University (1), Autism services (1), Relate (1), external opportunity to chat with volunteers (2 mentioned this as helpful although this had stopped) and two (2) users said they were asked if they needed help with ‘anything else’.

However, some users said that often, this didn’t work out–mentioning issues such as funding being stopped, lack of access to the internet, employer was not ready/willing to support additional needs and therefore ‘was not on for it’. One user had an unusual

situation where there was a compromise because of the work they did- in their professional role they came across other users in the service. This could be embarrassing and seen as a conflict. One user mentioned the support offered was not what was needed and not the right type of support (i.e. Offer to help with CV). A Carer of a user said they had unanswered questions about supported accommodation, length of tenancy, payments required and available grants.

## **Would you know how to complain and feel comfortable?**

Two (2) users did not answer the question and only two (2) of the service users said they knew how to complain or knew where to get the information from but five (5) said they would be confident in doing it, if they had to. Six (6) said they didn't know how to complain, two mentioned contacting the council or the CQC or talking to their support worker.

One (1) user said they did not feel they had the skills to do this.

But eight (8) users said no, they wouldn't be comfortable complaining. "I'd be worried about consequences", "don't believe I'd be taken seriously, and I'd fear retribution in some way", "God no! -would never complain-my life is in their hands. Worried it would be used against me"

**"Have complained in the past around an appointment I was not able to get to (I was on holiday so missed the letter) so they discharged me. I complained to PALS and emailed my GP who said I'd done the right thing. But the response from the service was 'our policy states....', nothing more heard, so waste of time."**

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

One (1) user did not answer this question. Six (6) users felt they got what they expected or needed and/or got more than they expected from the service.

Concern from a user was lack of follow up of support, i.e. "pharmacy had contacted Lanchester Road twice to explain who frustratingly, still got it wrong. Still had no review of new medications and an on-going issue about this"

One user felt that it was important for staff to keep each other up to date as they found it difficult repeating their story and what the problem is, especially when emotional,

trying to repeat themselves whilst crying!! “Feels shameful and repeating it makes me feel sick”

Another user felt that continuity of care had been good- “Dr Fairclough was off sick- someone covered-very good”

A user suggested that because of their work-they are treated differently, and staff think they don't need as much help - “I think they see me as 'not poorly enough'”.

Two (2) users were clear that one of the main difficulties happens when you are not able to access a named worker. Then it's either Duty worker or crisis team and that's where it's “have a nice bath” or “have a cup of tea and a biscuit”.

One user said, “One time the service sent an email to my husband rather than to me about an appointment-I was annoyed as this made me feel like a child”.

**“I rang the doctor as having side effects from meds. My doctor had no notification about my diagnosis, staff apologized as this was an error on their part, so wasn't noted-another disappointment”**

### **Lanchester Road site and building**

Users said some positive things about the site and building including the reception being clean and when they asked for a drink, they were given one. “Waiting room is ok as I never have to wait there very long”. One user said that the main building on the site has a lovely chapel there which they had used, they weren't sure people knew about. Almost every user mentioned how valuable having free parking on site was to them. Although the main road in front of the site is a very busy, fast road one user appreciated that services had put an island on the road which helps when crossing. One user said, “The service site is welcoming and perfect environment for me though”.

There were negative comments about the site and unit- Four (4) users said the site was difficult to get to, suggesting it takes two buses which is difficult, and when one used the buses, they were full of medication and the road to cross can be dangerous, “especially in that state”. Another said, “it's a 10-minute walk to the bus stop then 10-minute walk through weird field to the site”. Another said, “Impossible to get to the site, (should have left service at North End), near County Hall”.

Three (3) users said there were no drinks available. One user said they hadn't noticed any information to take away although there was a noticeboard.

Two (2) users talked about the waiting area being small and having no corner where you can snuggle away to and no pictures or poems to engage you. Also, rooms can be very cold (one in particular).

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Room availability and being overheard was raised by four (4) users- “you can hear people’s conversations-so when I’m in there, people will hear my discussions”

**“Would be nice to be greeted when you walk in”**

**“When I went into the unit lots of people were hanging around the area. Why does this happen-they took us to a private space to talk though”**



## **Activities and programmes**

Five (5) users did not answer the question, two (2) users said they had not been offered anything about this but Six (6) users we spoke with mentioned being offered information about activities outside of the support Lanchester Road offered. This included and mentioned ‘Waddington Street’ Project, the ‘Grow’ Programme, ‘Autism’ and ‘Formulation’ and ‘Art Therapy’. For two users who were offered information they said they were not interested as it involved meeting in groups. Other comments were ‘shifts at work’ and ‘managing my kids’ make accessing support activities/groups very difficult. Individual users told us ‘There are no neuro diverse groups, that I know of!’, ‘I sourced a group called ‘check point’ but it was through work so would have compromised me!’, ‘I asked Lanchester Road for voluntary services contact and I am now volunteering with them’ and ‘The best support group is the ‘Free Group’ based in North Road Methodist Church!’.



## Anything else...

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

There were a couple of issues raised by several user's worth noting: -

- Explanation/Understanding of diagnosis as a main concern-users having questions about their diagnosis and having the opportunity to ask what this means and how it will affect them "She asks them about a particular behaviour, and they say it's your autism?!"
- Referrals-offers are discussed which just don't happen and are not followed up "Things seem to 'disappear"- "refer you for 'that' and it doesn't happen". "Early on suggested 'emotional resilience'-waiting list but just didn't happen and not mentioned again". "Talking therapies-didn't happen. So just waiting again"
- One positive comment was that Lanchester Road "work around my childcare needs-couldn't manage otherwise"
- "Advancement' has been great, they swooped in-if I don't turn in for an appointment, they ring me to find out what's happening".

# Lanchester Road staff feedback

## Staff attitudes and behaviours

We spoke to four (4) members of staff, one said "There are barriers, where people can't get through on the phone and the waiting area can get full and overcrowded at times".

Another said, "through the reception window you can be heard talking to a client or another staff member, which does not allow for privacy-this is a bit concerning".

"We are the first point of contact-so we get some people who rant at us". "People have a right to privacy-sometimes family members call-so we have to check with their worker about the situation". "Risky patients have allocated certain rooms".

"I find there is a good attitude towards fellow staff members. Ensuring patient care and safety is a priority. All patients are treated as equals". "Although I personally don't have a case load-I can see patients are satisfied with their care"

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

One staff member felt it was useful to have users' history. "Sometimes it's useful to know whether someone's had help or not and if they are really struggling".

"This is needed for safety, and we don't judge people, maybe a long time ago people were stereotyped, but not here"

One staff member said they don't get involved or use this in their position and another felt it wasn't appropriate within their role.

## **“A patient said they had lost their medication, they have history of hoarding medicine—we have a documented process to follow for this”**

### **Users’ preferences when creating a care plan/support**

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

One staff member said on this “with MH problems, there is a drive to be in secondary MH services. Initially as a primary issue—we don't want to bring people in if they don't need to be. People have a different expectation about the intervention teams. Clients are sent their care plan which must be written collaboratively but there has been a change to the IT programmes which has had teething problems, affected this”.

Another said as they are responsible for sending them out—they “see bits of this-plan goes out to them”.

Another said that “the plan offers involvement and signposts users to other support services if they get ill, in the meantime”. And “we print care plans and send out letters-update the system, we know the managers”.

One staff member felt this had no link to their work and had no experience of this.

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

A staff member said that “we refer to advocates (Homegroup/Arch/GP's /St. Margarets.) The Social work hub is split. Humankind/Drugs/Alcohol/Eating disorder support. We have interface huddles including reps from GP, Social prescribers (East and West) and we have open days and veteran support”.

Another staff member said “I have spoken to advocates on the phone, asking to speak to CPN so we must use them here and that the ‘Home Group’ people-call you back too”

One staff member felt this had no link to their work and had no experience of this.

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

(3) staff talked about the Patient Experience Team (PALS) when directing service users to complain, or to the leadership team at Lanchester Road. “Share PALS numbers or can speak to a manager but can't always get an immediate response. PALS are independent”.

One staff member said that “No people aren’t told how to complain, if they ring up, we give them details on how to do this, give phone numbers and they can email and text, if they prefer”.

One staff member said, “We get people to complain-give PALS number and let the manager know”.

One staff member felt this had no link to their work and had no experience of this.

## **Any breaks in the service that affect ongoing care?**

Staff said “We don't have a big staff turnover. We have had IT issues that might have caused issues, i.e. notes gone missing in the system which was difficult. There is much more training now on MH issues linked to learning disabilities, Autism (DBT) and in the last 18 months I had psychological therapies and autism training, which has helped”

One staff member said that yes, ongoing care can be affected as staff don't want to take phone calls-staff ask reception to get the information from users, expect reception to get it and retain all that information. They then must speak directly to that user anyway!”

One staff member suggested that “sometimes staff sickness can be difficult, but clients seem to understand, as have good relationships-they call reception and get in touch with manager if staff are going to be off all week. Staff ask us about available spaces to use”

One staff member felt this had no link to their work and had no experience of this.

## **Do users get what they expect from the service?**

One staff member told us that that they get clients in to go through information with the care coordinator to get feedback and double check users understand.

Another said “I think so-we've had calls on this. People think we are an emergency service/appointment. People have even walked in asking to see someone. The Duty team managers call when they are back in.

One staff member felt this had no link to their work and therefore could not comment on this.

One staff member was clear that having only two telephone lines made things difficult or could result in a problem, but they also have a timeframe for responses (e.g. crisis team is 4 hours) which they thought helped.

**“I hear a little bit on this through phone calls—a user was being given therapy but thought they were going to get something else”**

### **What do you think about Lanchester Road site and building?**

Generally, staff feedback about the site and building were negative although all appreciated free accessible parking.

Staff felt that rooms could be updated (decoration wise) and suggested that sometimes it could be difficult in getting rooms and there should be more treatment rooms available.

Three staff members agreed that their work room was small, had no windows or fresh air but they also felt they were supported by managers who encouraged a walk out for fresh air and change of scenery.

Two mentioned it would be nice to have access to a water filter machine

One staff member said that there were two rooms outside and at the back of the building.

**“Whilst some nurses would personally come collect or tell users to meet them on the corner, some annoyingly expect me to take them round”**

### **What about activities and programmes?**

Staff told us that there was ‘social, emotional and mental Health’ (SEM), ‘mentalisation-based treatment’ (MBT), Wednesday group (which has a small number of people) and a couple of groups including a women’s group-by invite.

One staff member felt this had no link to their work and therefore couldn’t comment.

### **Anything else....?**

The Staff team generally were happy and said that they felt this was a good team to work in, where team building happens through things like quizzes, going for walks together and bringing cakes in. The staff said they had regular supervisions where they felt they were listened to.

For example, one said “I asked to do “handling difficult calls ‘training and it was organised-I’m doing NVQ training now too”.

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

**“I feel 100% listened to here. We can have  
good fun and laugh here too”**



# Conclusion

The service users we spoke to generally thought that the staff were friendly but there was mention that particular staff stood out both for positive and negative reasons. Also, several users said they often had to 'chase staff up' about issues. Both users and staff said that sometimes the telephones were not answered. Lots of users said they had questions about their care, and most had not seen or were aware of a 'care plan'. Again, both staff and users acknowledged that the service is effective in signposting users, to help with other issues.

Most users we spoke to said they wouldn't know how to complain, but most concerningly, half we spoke to would not feel confident in complaining because of fear, or lack of confidence that it would make a difference.

Whilst a third of users felt they were getting what they expected from the service, many of them said the main issues happened when they could not access their named worker, then that left either a duty worker or crisis team.

Issues with the site and building came up with both staff and users but 'privacy being compromised' through conversations being heard through room walls and reception, stood out.

Healthwatch County Durham has continued to hear negative experiences from mental health service users across the County generally, since the Enter and View was carried out. These experiences were similar to the views that led to the Enter and Views being arranged. Therefore, we want to reassure users this Enter and View report is a snapshot of experiences we heard within the two and a half hours we were present and from phone call feedback afterwards, 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 Lanchester Road. 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 two users of the service on the day however we managed to speak to twenty (out of twenty-one) users over the telephone.

Disappointing that we received no postal responses from 20 packs that went out to users with clinical support workers, but we were confident that we would get a good amount of feedback via the telephone sheet, filled by reception team.



# Recommendations

**Below are our recommendations/highlights from our visit**

**Both users and staff agreed that sometimes the phones are not being answered. Staff told us that staff don't want to take calls sometimes. Look at why this is and how this can be better managed, consider number of telephone lines into the unit.**

**Ensure staff consistency is maintained when greeting users and staff having clear roles about who and how users are greeted and supported physically to get to their appointment space/room.**

**Staff follow up on what has been agreed—making sure that staff update users regularly regarding meeting what has been offered especially around referrals, so that users don't feel they need 'to chase staff' on this.**

**Users felt that their mental health history is managed well at Lanchester Road. Continuing to make sure that staff and other associated support have the relevant information, is very valued by the users of the service**

**Nearly half of users suggested they would be worried about complaining for fear of 'come back' or felt it was pointless as had complained but had no proper explanation, only had a 'policy states.....' response.**

**Ensure users understand and are reassured that complaining is encouraged and would not affect ongoing care detrimentally.**

**Care Plan—hardly any users were aware or had seen a 'care plan'—however staff suggested that they go out to each user. There is a need to ensure each service user has a copy of their care plan, either electronically or by hard copy**

**Lanchester Road seems to signpost users to lots of alternative outside support, however users said this did often did not result in anything appropriate for them. The service should ensure it keeps up to date with what is available, review and follow up (as part of the care plan) to make sure users are offered the right type of support and have the time to raise unanswered questions.**

**Users said generally that their expectations were met around what they get from the service but said the main problems were around staff not 'following up' what they had agreed, including who communicates with who (for example—Dr not informed and husband wrongly informed). Ensure the service communicates with the relevant people, follows up what has been agreed and being clear about who is responsible for making sure this happens overall.**

**Not having access to the user 'named worker' causes an issue as 'duty worker or crisis team response felt tokenistic'. The service should look at why this is and consider further associated training.**

**Staff told us users' expectations of what the service is, is not up to date. Service should look at ways of communicating how the service now operates, more clearly.**

**Maintaining the free and accessible parking at the site was raised by all staff and users so this should be promoted as a valuable resource.**

**Both staff and users felt that a water machine would be a nice resource to have available—service look into installation of this.**

**Staff and users were all conscious that rooms did not allow for privacy because they allowed conversations to be heard (appointment rooms and reception). 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.**

**Improve general decoration of rooms and especially waiting area with suggestions of interesting pictures or poetry, for example, to engage users whilst at the site, would be welcomed by all.**

**Explanation and understanding of diagnosis are a main concern for users who still have questions. Finding a way to incorporate time and an opportunity to discuss this was raised by users. Can this be incorporated into care plans?**

# Provider Response

Unfortunately, after a further extension to the deadline, the service provider failed to respond, as required, to the recommendations and highlights as above.

The service provider however did send a response later which has been included as an appendix, at the end of the report.

# Appendix

## Appendix A:

### Enter and View Questions for Lanchester Road (Service Users)

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

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## **Appendix A cont...**

### **Enter and View Questions for Lanchester Road (staff)**

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

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Appendix B:

# Tell us about your Service!

**Thursday 24<sup>th</sup> October 2024**  
**9.30am-12 noon**

**Lanchester Road Hospital (CMHU)**

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

## Appendix D (Service Response) –Recommendations

**Below are our recommendations/highlights from our visit**

**Both users and staff agreed that sometimes the phones are not being answered. Staff told us that staff don't want to take calls sometimes. Look at why this is and how this can be better managed, consider number of telephone lines into the unit.**

We continue to work with our IT and communications departments the difficulties with phone lines. Calls coming to the building are diverted to team rooms and other offices when reception lines are busy, however as a community team clinical staff are not always in the building to assist with answering telephone calls.

There are sufficient administrative staff to cover the team and there is always staff based in reception to meet and greet patients and answer the phones.

**Ensure staff consistency is maintained when greeting users and staff having clear roles about who and how users are greeted and supported physically to get to their appointment space/room.**

Greeting patients and supporting service users to access the building will be added to the team meeting and reception/administration staff agenda to consider ways we can ensure consistency.

**Staff follow up on what has been agreed–making sure that staff update users regularly regarding meeting what has been offered especially around referrals, so that users don't feel they need 'to chase staff' on this.**

This feedback will be discussed within our leadership meeting and filtered into staff caseload management. We hope to identify some specific examples so we can assess what is causing delays.

**Users felt that their mental Health history is managed well at Lanchester Road. Continuing to make sure that staff and other associated support have the relevant information, is very valued by the users of the service**

**Nearly half of users however suggested they would be worried about complaining for fear of 'come back' or felt it was pointless as had complained but had no proper explanation, only had a 'policy states.....' response.**

**Ensure users understand and are reassured that complaining is encouraged and would not affect ongoing care, detrimentally.**

The team continue to welcome feedback in any form and we have a duty to inform patients on how to make complaints. As a team we continue to ensure staff are fully aware of the process and are able to explain this to patients effectively. It is disappointing that there was feedback that users felt there would be "come back" if they complained, this certainly is the culture of the team and we will address this within the team.

**Care Plan—hardly any users were aware or had seen a ‘care plan’—however staff suggested that they go out to each user. Could I.T. issues be affecting this conflicting information? If so, service should look at how to rectify.**

Our audit system monitors staff recording around sending out care plans. Whilst some are missed, this is raised in individual staff caseload management.

Within our new care record CITO, the care plan is co-created with the patient and we actively offer copies to the patient.

**Lanchester Road seems to signpost users to lots of alternative outside support, however users said this did often did not result in anything appropriate for them. The service should ensure it keeps up to date with what is available, review and follow up (as part of the care plan) to make sure users are offered the right type of support and have the time to raise unanswered questions.**

Our service continues to develop good links/communication with external providers.

We are part of a wider Community system within Durham and work closely with all partners to offer a range of services. Unfortunately, other services do have waiting times.

**Users said generally that their expectations were met around what they get from the service but said the main problems were around staff not ‘following up’ what they had agreed, including who communicates with who (for example—Dr not informed and husband wrongly informed). Ensure the service communicates with the relevant people, follows up what has been agreed and being clear about who is responsible for making sure this happens overall.**

As a service we continue to encourage Patients to participate in the formulation process. This is where treatment and intervention plans are developed for individual service users. In order to make it more accessible, our service offers patient participation in person and via video conferencing.

In unfortunate circumstances of miscommunication, we have reviewed specific instances as a leadership to determine learning.

**Not having access to the user ‘named worker’ causes an issue as ‘duty worker or crisis team response felt tokenistic’. The service should look at why this is and consider further associated training.**

The clinical staff acting as key workers see multiple patients each day and are not always to speak with directly. The purpose of the duty worker is to prevent patients from accessing support in the key workers absence. The service has dedicated duty staff, in order to maintain some level of consistency.

**Staff told us users’ expectations of what the service is, is not up to date. Service should look at ways of communicating how the service now operates, more clearly.**

As a service we continue to work with other agencies to help them understand what we provide and are currently reviewing the service offer. Service users and carers will be involved with this review.

**Maintaining the free and accessible parking at the site was raised by all staff and users so this should be promoted as a valuable resource.**

There are no plans for closure of car parking spaces or the addition of charges to parking facilities on site. There is sufficient parking available close by with dedicated disabled bays.

**Both staff and users felt that a water machine would be a nice resource to have available-service look into installation of this.**

We are currently reviewing this request within our service. Next door to our team site there is a café and refreshments available.

**Staff and users were all conscious that rooms did not allow for privacy because they allowed conversations to be heard (appointment rooms and reception). 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.**

As a service we utilise alternative spaces within the community.

Our team base undertakes a small proportion of our direct face to face work with patients and carers. We are a community team and provide support within the local community and homes.

**Improve general decoration of rooms and especially waiting area with suggestions of interesting pictures or poetry, for example, to engage users whilst at the site, would be welcomed by all.**

Staff are also keen to update decoration, and we are in the process of identifying some task groups to address this.

The building was recently decorated with new flooring and furniture.

**Explanation and understanding of diagnosis are a main concern for users who still have questions. Finding a way to incorporate time and an opportunity to discuss this was raised by users. Can this be incorporated into care plans?**

This is a key part of the formulation and care planning process. At any time, the keyworker can discuss this.



# healthwatch

## County Durham

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