

# Enter & View Visit Report

**Name of Service:** Chesterfield Treatment Centre

**Service Address:** 42, St Marys Gate, Chesterfield S41 7TH

**Dates of Visits:** 9<sup>th</sup> November 2017 (announced) &  
20<sup>th</sup> November 2017 (semi-announced)

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**WHAT IS ENTER AND VIEW?** Healthwatch Derbyshire (HWD) is part of a network of 152 local Healthwatch across the country established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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## 1. Visit details

**Service Provider:** Derbyshire Recovery Partnership (DRP)

**Time of Visit (From/To):** 09:15 - 16:00hrs - November 9<sup>th</sup>  
09:55 - 14:30hrs - November 20<sup>th</sup>

**Authorised Representatives (ARs):**

1. Caroline Hardwick
2. Dave Mines

**Healthwatch Responsible Officer:** David Weinrabe (Enter & View Officer)  
Tel: 01773 880786 or Mobile: 07399 526673

## 2. Description & nature of service

The Derbyshire Recovery Partnership (DRP) is a newly configured drug and alcohol treatment service managed through Derbyshire Healthcare NHS Foundation Trust and launched on April 1<sup>st</sup> 2017. The service is for adults (18+) who wish to address any issues that have been caused by the use of drugs or alcohol. The service operates from

four main sites with outreach facilities at various satellite venues. The main bases are sited at locations across Derbyshire at Chesterfield, Ilkeston, Ripley and Swadlincote.

The Chesterfield Treatment Centre is located in an old 'grade-listed' building in the theatre district of the town centre. The service moved early in 2017 to the building from its previous location at Bayheath House which had become an undesirable location for the service. Approximately 800 clients use this service and between 35-80 clients a day may access it at its busiest times.

### 3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, team manager, service-users and staff for their contributions to this Enter and View visit.

### 4. Disclaimer

This report relates to findings gathered on the specific date(s) of visiting the service(s) as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all service-users and/or staff but does provide an account of what was observed and presented to HWD ARs at the time of the visits.

### 5. Purpose of the visit

To undertake one announced and one semi-announced visit to each treatment centre and visit existing satellite facilities in order to:-

- Consider the suitability of the external and internal environments (physical and social) of each treatment centre in meeting the needs of service users
- Assess the accessibility of the treatment centres in meeting the principles of the Equality Act (2010) and implementation of the Accessible information Standards (July 2016)
- Gather the views of service-users and staff regarding the effectiveness of providing appointments in accordance with individual needs
- Determine the overall satisfaction of service-users with the process for raising, listening to and responding to any concerns where they arise
- Ascertain whether service-users are satisfied with the new service provision and identify perceived improvements or limitations of the new service compared to that which operated prior to 1<sup>st</sup> April 2017
- Gather the views of service-users and staff on the strengths and any limitations of the key worker systems in operation
- Consider the service-user views on the non-DRP rehabilitative/recovery services provision and the pathway between the treatment services and the DRP provision.

### 6. Strategic drivers

In July 2016 Healthwatch Derbyshire produced an independent report entitled,

*“Substance Misuse: Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire.”* This report generated 19 subsequent recommendations for consideration across a range of agencies and services including the treatment services. With the implementation of the new DRP service in April 2017, Healthwatch Derbyshire considered it timely to initiate an Enter & View activity to follow up the concerns raised in the report about the treatment centres and to enable the new service reconfiguration to be examined in this context.

## 7. Introduction/orientation to service

On the initial visit the Manager on duty, Sarah Bowers, greeted the ARs who were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting and were given a tour of the building. ARs were found an empty treatment room for them to occupy whilst they undertook their visit. During the tour around the manager introduced ARs to staff and key workers and asked if they would identify suitable clients who might be willing to speak to the AR's and direct them to the room allocated after their appointments.

On the second visit ARs were informed that managers were undergoing supervision meetings and Laura Caryl the Service Manager was on duty. She spoke to ARs regarding their needs for that visit and allocated the ground floor treatment room adjacent to the waiting area for them to use. It was agreed ARs would feed back to Ms Caryl if she was still available, at the completion of the visit.

During each visit ARs asked of any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit; of which there were none.

## 8. Methodology

ARs were equipped with various tools (checklists and questionnaires) to aid the gathering of information. The following techniques were used by the ARs:

- Direct observations of interactions between staff and service-users
- Observations of the physical and social environment in which the service operates
- Using semi-structured interviews to talk to service-users about their experiences, thoughts and feelings regarding the service provided
- Using semi-structured interviews to talk to members of staff (with the guidance from the team manager/person-in-charge) about their views on how effectively the service meets the needs of those they support
- Checking that service-users are communicated with clearly and in a way that meets their needs.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

## 9. Summary of key findings

- Six service users were interviewed (two female and four male)
- Two service user self-completion questionnaires were filled in. One was handed in to ARs whilst at the site and one was sent by post
- Of the seven service-users: one - alcohol abuse and six - substance misuse

- Period of time using service: <6 months = 3; 6mths-1 year = 1; 5-10 years = 3
- 14 key workers are based at the site and 4 were interviewed
- The area surrounding the new location was convenient for public transport and did not encourage loitering (no evidence of drug dealing observed in vicinity)
- Key workers found the availability and suitability of rooms a particular challenge
- The receptionist was reported by both service users and key workers to be a vital component in the smooth running of the service
- Service users praised the support they were given by key workers
- Service users found the appointment system good and flexible
- Key workers said that they generally had seen improvements with the new re-organised service.

## 10. Detailed findings

### 10.1 The external environment

The service is located in an old listed building in the theatre district of the town a short walk from shops and parking. This location had only been used for about nine months since vacating Bayheath House, the previous base site.

Unless very clear directions are available, the service building is difficult to locate on a first visit. This was made even more difficult on the initial visit where painting was in progress to the outside of the building making it harder to identify. A very small, discreet rectangular sign was eventually observed indicating that it was the DRP service.

On the second visit, the outside painting was complete and the building presented as smart and striking with its cream frontage and dark green railings and door.

Whilst the service does not appear to currently have any clients with mobility difficulties, it would need to be able meet the needs of such future clients. The pavement outside is narrow and would pose a challenge for wheelchair users as would the step into the front entry. The security entry bell/call system to the building however was at an accessible height. Equally, this entry bell/call system had an instruction next to it to assist those with hearing disabilities.

ARs viewed the rear access to the building and whilst a cobbled street with very narrow pavements had to be navigated, once arriving at the rear entrance door to the service it was suitable for wheelchair use and had a disabled toilet located within the wide entry hallway. However, those with disabilities arriving by vehicle would require permission to use the staff car park this we were told would be allowed for disabled drivers or their provided transport.

One of the reasons for the service moving from Bayheath House to this new site was to address a concern, which had also been observed within the Healthwatch report publication in 2016, that the location attracted 'drug pushers' outside of the building. ARs made their own observations of the immediate environment of the current location both on arrival and whilst going

out locally to take lunch. ARs did not encounter any evidence of ‘dealers’ loitering around the area and nor were there any individuals/groups drinking on the streets. This seemed to be borne out by both staff and service user comments received. Staff reported to ARs that the new site was considered better as it, ***“has removed problems from people hanging about and dealing near the service”*** and it was, ***“Nicer for staff entering and leaving at lunch time not having to encounter people hanging about outside.”***

Service users equally saw the advantages over the old location stating that it was a, ***“Better atmosphere here, not got people waiting about outside drinking”*** and another saying, ***“No people [dealers] hanging around outside here.”***

## 10.2 The internal environment

### 10.2.1 Facilities

There is a clearly marked reception desk visible through the glass internal entry door. The receptionist on duty promptly let people through and was friendly and efficient. The internal lobby was noted to have an array of relevant information posters displayed.

The waiting room was readily visible adjacent to the reception desk.

The building is arranged over three floors and has no lift and lots of stairs. All the ground floor doors to rooms and corridors were wide enough to accommodate a wheelchair.

Due to being a listed building there have been some restrictions in modifying it to be fit for purpose for the service. Staff were indicating to ARs that the lay out of the building sometimes limits the use and availability of rooms suitable for the service needs. One large room with original wall paneling on the ground floor, cannot be altered and is not able to be secured and consequently limits its usage.

Once in the building those with mobility problems would have to be accommodated on the ground floor due to the lack of a lift.

The downstairs disabled toilet next to the reception and waiting room is also used for drug urine testing and nearby is a cupboard type area for the needle exchange service. ARs were informed by a key worker that the location of the room for urine testing and needle exchange meant that conversations could be overheard in the corridor and reception areas which were adjacent to this (refer to 10.5.1).

Long corridors lead off to some toilets, one male and one female on each floor. Toilet facilities were only accessible through a locked secure door which meant that clients had to request access and be accompanied to and from the toilet areas. A service user informed the ARs that, ***“Toilet facilities very limited and we have to be accompanied so it is a problem if you have a medical condition that means you have to access them frequently.”***

There are a number of rooms on the first and second floor of varying sizes two larger ones on the first floor used for key workers and a couple for managers.

The second floor being mainly given over to treatment rooms and some larger rooms suitable for groups as well as a cramped clinic room for a nurse to offer vaccinations and other treatments as part of the health improvement service. Apart from the reception and the waiting room the rooms visited on the other floors and the one treatment room on the ground floor were all extremely cold and some appeared to have no obvious heating (see 10.5.1).

There are no facilities within the site for families with children. However, on both visits ARs observed clients arriving with young babies in prams/pushchairs. On both occasions the receptionist was observed to provide as much assistance as possible to these clients. On one occasion the client was enabled to remain with the baby and pram on the ground floor using the treatment room. On the second occasion a couple arrived with their child in a pram and were both due to have appointment in a treatment room together and so the receptionist arranged for them to leave the pram in the waiting room whilst they carried the baby up with them to their appointment.

ARs were told by the manager on the initial visit that, ***“It wasn’t deemed a suitable environment for children.”***

#### 10.2.2 Physical comfort

The waiting room was comfortable and pleasant but the corridors and treatment rooms, whilst displaying posters and information sheets, did lack in any or artwork or other decorative items making them appear somewhat somber.

Staff informed ARs that there was a plan to address this. There were some information posters on the walls in the waiting room and entrance area (see 10.2.1) but all of a rather serious nature.

The waiting room was at a pleasant temperature and ventilation was good. It smelt fresh was calm and seating was of a good standard being both clean and comfortable.

Floor coverings were in good order and the room benefitted from natural daylight due to having large rear windows.

#### 10.2.3 Social comfort

On arrival clients are booked in by the receptionist who was observed as being very efficient and pleasant; greeting clients respectfully and communicating with them, keeping them informed of their key worker’s availability and rearranging appointments where necessary. When a client’s appointment time arrived then their key worker came to meet them and take them to the appropriate consultation room.

ARs observed that waiting times for clients before being met by their key workers was on average at the first visit between 5-10 minutes although a 15 minute wait occurred once when one key worker was delayed in addressing to an issue before being reminded by the receptionist that the client was still waiting. On the second AR visit, waiting times tended to be a little longer as it was a busier day.

There was free Wi-Fi in the waiting area and a sound system on a table near the side reception window that was active with local radio being played during some parts of the visit depending on the preferences of those waiting for appointments.

There was a TV but ARs were informed that this was broken at the present time.

There was no water machine or other drinks vending machine available. There was a selection of magazines and some leaflets in the waiting area.

### 10.3 Staff appearance/presentation

Staff were dressed informally but well-presented and wore ID lanyards. They were all observed to be cheerful, courteous, respectful and empathic toward clients. All staff appeared to communicate clearly and well with service users.

### 10.4. Effective communications

#### Service users:

Some clients reported that they were given an information pack on their initial appointment explaining what the service provided and incorporating the complaints procedure but others seemed to be unaware of this (see 10.5.5).

ARs however did not note the concerns/complaints policy being displayed in the waiting area.

Personal communications were praised and clients felt they were treated with respect and dignity and did not feel judged.

One client commented with respect to written communications that, there was, *“Not as much information on the walls as in the previous place.”*

Everyone interviewed thought that their GP was kept well informed about their treatment. One client had asked for his GP not be informed about his treatment and this had been respected which he was happy with.

#### Staff:

ARs were informed by the manager that a key worker had obtained some literature in an easy read format for use with service users where appropriate. Specialist communication, sign language other languages would need to have additional services involved as these were not readily available.

### 10.5 Feedback from service users & staff

#### 10.5.1 The building and its facilities

#### Service users:

Generally most felt that the service was in a convenient location and easy to get to by bus. One comment received was that parking was not free nearby.

As indicated by the ARs experience and observations under 10.1, comments received referred to difficulties in finding the building on the first visit,

*“I walked up and down for half an hour, didn’t realise that was it as it just had a tiny sign under the letterbox.”*

*“Hard to spot but I knew where it was as used to visit service when it was located further up.”*

Various service-users expressed to ARs about the lack of any refreshment facilities within the waiting room as referred to under 10.2.3:

*“No water machine, had one at Bayheath.”*

*“No drinks available.”*

*“Miss having a water dispenser and paper cups.”*

*“No drinks available. At a previous service in another county they had water machine and a coffee machine which used tokens.”*

#### **Staff:**

As referred to under 10.2.1, staff expressed dissatisfaction with a number of aspects of the new building which impacted on working effectively which included:

Physical constraints and comfort such as:

*“Not enough rooms available.”*

*“Only the one ground floor room for the occasional ‘risky’ client who may need to leave quickly if they panic (I) try to see those there but (they are) not always available.”*

*“Organising appointments is more complex as room use can be restricted by the number of groups using the rooms as well.”*

*“Cold - heating system inadequate.”*

*“Urine testing room is not fit for purpose.”*

*“Ground floor rooms for drug testing and needle exchange very small and multi-purpose, where they are located unless people whisper you can overhear conversations have to be very careful not to breach patient confidentiality.”*

Professional communications and support such as:

*“Miss large open plan office for key workers, now we’re in two smaller offices (we) feel cut off from each other.”*

*“Communication between key workers not as immediate. Previously if someone was dealing with a difficult call they had plenty of immediate support around them in the open plan office. Now more difficult.”*

The benefits of the new location were expressed as:

*“Parking for staff is normally good and convenient.”*

***“Here we are better able to keep out people from entering who have no business being in the building.”***

The manager informed ARs that that the challenges facing the team due to the difficult lay out had meant the team had pulled together and communicated extremely well to problem solve some of the issue. In one way they had ***‘bonded due to the adversity’***.

#### 10.5.2 Health Team services

*eg doctors, nurses, pharmacy, needle exchange, acupuncture, Talking Therapies etc*

##### **Service users:**

Except for the previous comment regarding satisfaction with keeping client’s GPs informed (10.4), no other comments were offered about the health team services.

##### **Staff:**

At the time of the visits ARs were informed by the team manager that the service comprised of 14 key workers each holding an average ‘case-load’ of approximately 60 clients. The Service Manager, Laura Caryl, also informed ARs that the Chesterfield service was at present receiving about 15 new referrals a week.

The service also included three nurse prescribers, a pharmacist and a couple of doctors.

#### 10.5.3 The appointment system

##### **Service users:**

Everyone interviewed seemed to find the appointment system good and flexible.

***“I prefer a morning appointment and they try & get me one.”***

***“Have found it really good but depends on what key worker you have. I’ve just been given a new one and don’t know how it will work yet as I need afternoon appointments. They try and give you one if it’s available.”***

##### **Staff:**

The only comment received referred to an improvement in the system as follows:

***“Having one [telephone] number and the hub to organise initial appointments seems to work.”***

#### 10.5.4 The key worker system

##### **Service-Users:**

***“Key worker support is very good.”***

*“Just had best one I’ve ever had but now left so new one.”*

*“Varies, had five in one year. Good relationship with present one for 6 months.”* This same person went on to say that, *“Changing key worker is sometimes difficult as you feel you have to go through a lot of things again.”*

*“Best key workers.”* (Client comparing with experience in another county)

*“Staff very good here.”*

*“Best substance misuse service I’ve been to yet.”*

*“Staff very good, good support, very non-judgmental.”*

**Staff:**

The four key workers interviewed each had more than 10 years of experience working for the service and expressed their role satisfaction as:

*“Helping with client recovery.”*

*“Client contact.”*

*“Supporting people to help them change.”*

Aspects of their work that were considered most frustrating were:

*“Sorting prescriptions and re-authorising them after missed collections (which) takes up a lot of time.”*

*“Missed appointments.”*

*“Revolving door syndrome when clients relapse frequently.”*

Key workers thought that clients were most satisfied with their:-  
Key worker contact and support and relationship with them.

On the other hand the staff reflected on those experiences with which clients were thought to be least satisfied which they considered to be:-  
Sorting out prescriptions and the process of waiting to arrange this and/or the need to set up emergency appointments for prescription re-issues. However, this was only referred to by one service-user (see 10.5.5) as a service concern.

#### 10.5.5 Knowledge and confidence in raising concerns/complaints

**Service users:**

Some felt they would know how to raise a concern or make a complaint stating that they would speak to their key worker first. One client new to the service, said that they did not know how they would make a complaint if they had one.

One client informed ARs that they had raised a concern with their key worker regarding the policy on re-starting methadone. This varied from their previous experiences in two other counties. The client was confused with the inconsistency especially as they considered it was something that was a pharmacological/clinical based issue that should be no different across the country. The client was waiting to see if their Key worker could get an answer but if not they felt unsure how to make a complaint about this aspect of the service.

One client informed ARs that they had recently made a complaint about a temporary receptionist who was considered by the client to be **“not very helpful”** in locating their missing prescription. Then person did not inform ARs whether and/or how their complaint was resolved.

**Staff:**

There was no reference to this by any staff members interviewed.

10.5.6 Differences since the new DRP service commenced (April 2017)

**Service users:**

There were no specific comments offered to ARs about the re-organised service except for the noted positive impact about the relocation. Service-users however did recognise that the reception was better with one dedicated receptionist who gets to know the clients. Clients felt that as a consequence they have less explaining to do.

**“Receptionist is very good.”**

**“She tries to sort things out for you, get things organized.”**

**“(She) Chases prescriptions sorts out your appointment.”**

**Staff:**

Despite the problems expressed about the deficits of the building, staff talked positively about the impact that the DRP has had since it was established earlier in the year:

**“I like having alcohol clients, it improves my skills and I’m learning a lot.”**

**“Drug and alcohol abusers easier to treat in one location.”**

**“Job more varied and interesting so more satisfying and clients get better support as we learn more skills.”**

No one thought that the new service configuration had reduced the effectiveness of their role.

All staff were very appreciative of the receptionist role referring to her as a:

**“Very valued member of the team.”**

**“Having a very good regular receptionist helps remove a lot of admin problems and chasing about after prescriptions.”**

10.5.7 The rehabilitative/recovery (Non DRP) services  
*eg Hope Springs, Wash Arts, Rhubarb Farm, Nite Lite Shirebrook, Chesterfield Football Club, High peak Food Bank, Beardwood Natural Living Farm*

**Service-Users:**

Only one service user interviewed used any of the rehabilitative/recovery services (Hope Springs) which they said they had, **“Found it good.”**

**Staff:**

No comments received

## 11. Additional issues

11.1 **Other observations/findings of note**  
(record anything here that is not central nor been referred to within the main report)

None

## 12. Elements of observed/reported good practice

- There was free Wi Fi and a sound system in the waiting area
- The information pack which some clients referred to being issued with on their initial appointment
- Service reported as very good by service users especially those with experience across a number of other different Counties
- GPs were kept well informed
- The service was developing 'easy read' formats for clients
- Key worker support and the receptionist were especially valued

## 13. Recommendations

In preparing for these Enter & View visits it was agreed that any recommendations would be collated into a single summary report for senior DRP managers to respond to. That Summary report has included the principle findings from across the 4 centres and outlined recommendations that were generated from themes and issues evidence commonly found at all or across most of the sites.

This individual Treatment Centre report has outlined the detailed finding at this site and the recommendations below are considered to be specific to this site. As indicated there are further recommendations in the Summary report to which the findings at this site would have contributed.

13.1	Review the suitability of the location for drug testing and needle exchange to ensure that conversations cannot be overheard in the proximity (10.2.1, 10.5.1)
13.2	Check and improve the adequacy and effectiveness of the heating system (10.2.1, 10.5.1)
13.3	Repair the TV set located in the waiting area (10.2.3)
13.4	Review room design and configuration throughout the site to improve where possible the service-user and staff limitations identified (10.5.1 - staff section)
13.5	Consider how the current building will adequately accommodate the rapidly expanding service (10.5.2 - staff section)

## 14. Service Provider Response

No.	Recommendation	Response	Actions
13.1	Review the suitability of the location for drug testing and needle exchange to ensure that conversations cannot be overheard in the proximity (10.2.1, 10.5.1)	Providing confidential space for client appointments is essential when they are accessing services. <b>We will undertake a review of the locations used for needle exchange and implement a plan in conjunction with estates if necessary, to ensure that confidentiality is maintained at all needle exchange locations and interactions with clients.</b>	By: <b>31.05.2018</b>  To implement plan with completion date to ensure confidentiality in needle exchange venues and undertake spot-check.
13.2	Check and improve the adequacy and effectiveness of the heating system (10.2.1, 10.5.1)	We are aware from staff that there are areas of the building that are not adequately heated. <b>This has been reported to DHCFT Estates by the team managers and we will monitor the response to ensure that this issue is rectified.</b>	By: <b>31.05.2018</b>  To contact DHCFT Estates to agree plan to review site heating, rectify this issue and agree a date of completion
13.3	Repair the TV set located in the waiting area (10.2.3)	The screen in the waiting area is not a TV - it is a monitor. <b>We are awaiting for it to be linked to the IT system so that we can show a range of information including health promotion, harm minimisation and access to recovery projects</b>	By: <b>30.05.2018</b>  Contact IT/Estates to agree date for completion

No.	Recommendation	Response	Actions
13.4	Review room design and configuration throughout the site to improve where possible the client and staff limitations identified (10.5.1 - staff section)	<b>In response to this we have submitted a request to split one of the group rooms into two separate rooms.</b> Staff have recently introduced a new booking system to reduce the incidence of rooms not being available. We are now utilising space at DAAS (Dents Chambers location) which allows up to three workers to be able to see alcohol clients for assessments using portable devices to record information. This is specifically for alcohol clients as there are no drug testing facilities at Dents Chambers. There is also disabled access at Dents Chambers	By: <b>31.10.2018</b>  To contact estates to update on decision on feasibility of building changes and confirm dates of work schedule.
13.5	Consider how the current building will adequately accommodate the rapidly expanding service (10.5.2 - staff section)	<b>We will keep this issue under review but we do not foresee that this will cause a problem as we can continue to access space at Dents Chambers.</b>	By: <b>31.05.2018</b>  To review situation over next 3 months.