

Enter & View Visit Report

Name of Service: Ilkeston Treatment Centre

Service Address: Erewash House, Station Road, Ilkeston, DE7 5LD

Dates of Visits: 9th November 2017 (announced) &
22nd November 2017 (semi-announced)

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) Erewash House

Time of Visit (From/To): 09:15 - 14:20hrs - 9th November
09:30 - 14:00hrs - 22nd November

Authorised Representatives (ARs):

1. Shirley Cutts
2. Keith Eaton

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 1st 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 Ilkeston Treatment Centre is located on a busy main road leading to the central shopping area in Ilkeston. The number of clients accessing the service on a daily basis may vary between 22 and 60 use this service and between 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 1st 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 arrival ARs met Alice Smallwood, Team Manager, on both visit occasions, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting. On both visits ARs were advised that there were no specific circumstances that they should be aware of and/or may reasonably restrict any aspects of their visit.

ARs were advised as to which service-users were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions made during the process.

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

- Seven service users were interviewed (six male and one female)
- Of the seven service-users: 1 - alcohol abuse and 6 - substance misuse
- Period of time using service: < a few months = 1; 2-3 years = 5; 5-10 years = 1
- More informal conversations took place with an additional three service users participating in an arts session
- Six members of staff were interviewed
- Service-users and staff appeared very satisfied overall with the service which was noted to have improved since the new DRP service had been introduced
- A broad range of rehabilitative/recovery arrangements are in place to complement the treatment service.

10. Detailed findings

10.1 The external environment

ARs observed that the name of the building is clearly visible but the nature of the service it provides is signed more discreetly. The outside of the building looks well maintained and ARs were told that new windows have recently been fitted. Parking is plentiful in nearby pay and display public car parks.

Access to the building is via a buzzer entry phone system at the front entrance and the door is remotely unlocked by staff from their office. ARs were informed that there are plans to re-locate the secure entrance, via entry phone buzzer, inside the current entrance door which would prevent people having to wait outside on the pavement. Once through the main entrance, access to the service provision is up a fairly steep flight of stairs.

The ARs were told that service users who have mobility problems would be seen in an alternative venue. ARs were not informed that any clients using the service had mobility problems or other disabilities. However a comment was received (10.5.1) about the 'challenge' of the stairs.

10.2 The internal environment

10.2.1 Facilities

At the top of the stairs the centre is accessed through an unsigned door. There is a sign for the waiting room on the wall. The waiting room is directly on the left of the corridor through this door and does have a sign on the door. On arrival service users are met by key workers in the waiting room and taken through a security door to the consultation rooms. The rooms in the centre are being decorated according to the views of the service users with individual pieces of service user artwork located in many of the rooms.

In passing through the security door there are two rooms equipped as offices and during the visit were observed being used by the prescriber and the key worker for individual service user consultations. The needle exchange room is also situated in this secure area. In addition there are three larger consultation rooms all of which contain minimal furniture (four lounge chairs and a coffee table). They do however have painted feature walls.

One of these larger consultation rooms is used as a 'family room'. This room has a feature Disney character wall mural painted by a service user and a box of toys was noted to be available for any young visitors. During a conversation one of the ARs had with a staff member (understood to be the Service Manager) they suggested that the service '*did not encourage*' clients to bring their children to the site.

From the waiting room area, toilet facilities are freely accessible to service-users located within a corridor. A range of therapy related information was displayed in this corridor area. Staff offices are located further along the corridor and up a small flight of stairs. These offices are accessed via a keypad controlled security system.

Adjacent to the waiting room area is a good sized room furnished with a large table and office style chairs. This room is used by staff for meetings and service users for the Wash Arts project (see 10.2.2). It is currently being decorated by service-user members of the project. ARs became aware that 'Wash Arts' was only one of a number of ancillary support services that were associated with the centre (see 10.5.2, 10.5.7).

10.2.2 Physical comfort

The waiting room is small and furnished with a number of comfortable chairs. It also contains a television and DVD player however waiting is normally only for a few minutes. Wi-Fi is not available for service users within the building.

The waiting area was noted to be clean and well maintained with cleaning staff actively working in the centre when the ARs arrived.

The walls are decorated with artwork produced by the service users through a community interest company called Wash Arts. Service users were positive about the comfort in the waiting room - one told the ARs that it was, "**Warm**" and another commented, "***It has chairs - what more do you want?***"

10.2.3 Social comfort

The ARs noted that there were rarely more than two people in the waiting room at any time. The appointment system ensures that service users are seen promptly therefore, as indicated in 10.2.2, waiting times are at a minimum.

The waiting room was quiet, with no background music playing. There was however some reading material available mostly about the projects which are available for the service users to participate in. ARs were informed by the manager that the waiting room did not contain information posters or an excess of literature as there was no need for such additional information. ARs were unsure as to how information was communicated to service users and what approach was taken in providing accessible information.

The ARs noted that service users engaging with the Wash Arts activities were provided with drinks in the waiting room.

During the visit there were both a key worker and a prescriber holding clinics. Their offices are adjacent to the waiting room and they personally collected the service users from there.

10.3 Staff appearance/presentation

All staff were friendly and approachable. They do not wear uniform but all were smartly dressed and wore identification badges. All staff knew the service users by name and treated them in a respectful manner.

10.4 Effective communications

Signage within the centre is minimal. However, once service users find the waiting room, which is the first room on the corridor, then they are escorted by staff to the other areas of the centre.

All but one of the service users seen by the ARs are long standing users of the centre who understand the routine and are happy with how it works.

One service user spoken to had arrived without an appointment and was clearly in need of immediate help which was organised efficiently by the manager of the centre.

The ARs were told that the service receives approximately 60 calls per day from service users requiring additional help. These are received and managed by staff members in the office.

10.5 Feedback from service users & staff

10.5.1 The building and its facilities

Service users:

The building is functional and both staff and service users were generally positive that it meets their needs. However, one service user interviewed commented on the steepness of the stairs and the disadvantage for people with mobility problems.

Staff:

Staff generally commented that the building was good because they are the sole users whereas other DRP centres are shared with another service. One staff member also observed that they need a lot of small rooms for meeting with clients in privacy which they had available within the building.

10.5.2 Health Team services

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

Service-users:

The ARs were shown the facilities for needle exchange which are sensitively used to meet the needs of the service users. The service users fully understood the systems for using pharmacy services and their responsibilities in regard to these. They were aware that electronic records can be accessed by other health care professionals. Most rarely saw their GP but were confident that they could access information about their treatment.

The manager informed the ARs of a wide range of therapies and projects that can be accessed by clients attending the centre.

During the visit a group of service users was attending a 'boxercise' class, accompanied by staff, and a Wash Arts session was taking place in which the ARs were invited to join. The service users attending the session chatted openly about their problems and participated enthusiastically in the activities provided.

Some were also waiting for acupuncture treatment which is facilitated by trained members of staff. One service user commented that he had attended an 'Intuitive Thinking Skills' (part of the DRP service) course which he described as very useful. Another described his involvement in an allotment project, relaying

his satisfaction in using the produce he had been involved in growing. Another told how he and a neighbour were supporting each other in their attempts to manage their 'habits'.

Staff:

Only one comment received referring positively to the nurse practitioner (10.5.6)

10.5.3 The appointment system

Service users:

The ARs were told that the next appointment is given at each visit. Service users were clear about the frequency of their appointments, acknowledging that this was dependent on their progress. One service user saw the move from weekly to monthly appointments as a definite sign of progress. Most considered the appointment systems to be very flexible in meeting their needs and there was an evening appointment system also.

One respondent indicated that the appointment system was very strict and there were consequences if you missed the appointment or were late. This was explained as not always being offered a re-appointment the same day but normally within 1-2 days.

Another said that the centre is expensive to get to on public transport costing about £6-7 for each visit.

Staff:

No specific comments received.

10.5.4 The key worker system

Service users:

Most of the service users interviewed were positive about the support they received from staff. They understood the roles of both the key workers and the prescribers. Two service users have recently had changes to their key worker which they had found a little disruptive. The centre manager was sympathetic but the changes had been unavoidable due to staff changes.

A service-user commented succinctly on their perception of the key worker system as, "*It works.*"

Staff:

Those interviewed by the ARs were knowledgeable and enthusiastic about the service they provide. All were realistic about the behaviour and lifestyle of their client group while being confident that their support and treatment was beneficial.

As a team and as individuals the staff appeared motivated and enthusiastic about their roles. They considered the service to be clearly client led and cited their satisfaction as follows:-

“Like working with the client group.”

“Enjoy observing changes (in clients) - long-term and short - term.”

“All of it - it’s the best job in the world.”

“You are really making a difference,”

Staff also acknowledged that service users’ satisfaction, ***“varies hugely with the clients and the day.”*** Whilst staff felt that service users appreciated the ‘openness and frankness’ of key workers, the issues they felt clients had most difficulty with is that they:-

“Want help immediately and reluctant to wait - impatient.”

“Often feel they know what’s best for them (eg prescribing) and don’t like it when that’s not available to them.”

10.5.5 Knowledge and confidence in raising concerns/complaints

Service-users:

All the service users interviewed by the ARs were positive about the facilities and the services provided and stated that they had no complaints.

When prompted they said that if they had a concern they would either phone in or raise it during their appointment.

Staff:

No specific comments were received from staff regarding this.

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

Service users:

The majority of the service users were cognisant of the changes which had taken place in the service earlier this year. They were aware that it now also included alcohol abuse which was not commented upon negatively. All respondents thought the service had changed and got better commenting that, more so than previously, ***“It’s all down to me.”***

Service users interviewed acknowledged that the new service had adopted a ‘firmer approach’ from the staff which was further explained as recognising that the new DRP service had led to the staff being clearer about their roles and responsibilities.

One service-user said it had got much stricter, ***“If you are using street drugs you will not get methadone.”***

As indicated under 10.5.3 the approach to missed/late attendance of appointments was also more structured.

Staff:

Staff views on the new service configuration were overwhelmingly positive eliciting comments such as:

“A massive improvement in terms of managing and organising the service.”

“New DRP has enhanced not reduced our effectiveness.”

“Much better for the service user.”

“Drugs and alcohol together is an improvement.”

“Reduction in unnecessary duplication of assessments.”

With respect to the service-users, staff commented that service users were considered to appreciate the new service in terms of:-

“Clearer guidelines.”

“Treatment agreement.”

“Fewer duplicate assessments.”

(this related to clients with both alcohol and drug misuse issues)

“The fact that they get a good service.”

“Services provided by the nurse practitioner.”

- 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:

All respondents interviewed were aware of these services. The most popular appeared to be Wash Arts, Boxercise and auricular acupuncture. Boxercise was an activity carried out in local leisure centres and transport was provided from the treatment centre. One service user interviewed however was unable to attend these classes due to work and family commitments and another due to illness. All agreed that these services were very good in supporting the recovery process.

In addition to the rehabilitative/recovery groups the centre also provides:

- pre-treatment groups
- peer mentoring; peer support, and
- post-treatment groups.

Staff:

Staff valued the range of additional therapeutic activities/local community projects available to the service users to participate in.

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

- Rooms being decorated according to the views and active involvement of the service users
- The ‘family room’ with its feature Disney character wall mural
- Toilet facilities freely accessible to service-users from the waiting room area
- Broad range of complementary rehabilitation/recovery services available including transport provided to ‘Boxercise’
- The availability of peer mentoring/support systems, pre and post-treatment groups

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	To explore whether some of the rehabilitation/recovery service provision may be offered at times more suitable to those with family commitments (10.5.7)
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14. Service Provider Response

No.	Recommendation	Response	Actions
13.1	To explore whether some of the rehabilitation/recovery service provision may be offered at times more suitable to those with family commitments (10.5.7).	Recovery/rehabilitation service provision and access times are agreed by the commissioned recovery providers. However we are aware that they do provide services at a range of different times (eg Mutual aid (AA / NA) have evening, weekend and daytime meetings).	By: 31.05.2018 To feedback to recovery and rehabilitation providers.