

Enter & View Visit Report

Name of Service: Ripley Treatment Centre

Service Address: The Mews, 7 Church Street, Ripley, DE5 3BU

Date of Visit: 8th November 2017 (announced) &
28th 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 receives 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): 8th November: 09:30-16:40hrs
28th November: 09:30-13:00hrs

Authorised Representatives (ARs):

1. Mary Beale
2. Andrew Latham

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 (DHcFT) 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 Ripley Treatment Centre is located in an old converted building near the main town centre of Ripley. Approximately 600 clients use this service and up to 80 clients a day may access the service 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 April 1st 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 and 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 for both visits ARs were met by Emily Vane, Team Manager, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were informed that there were no special circumstances that they should be aware of and/or anything which may restrict 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

- Five service users interviewed (five x substance misuse including one also using the service for alcohol abuse)
- Period of time using service: most were 5-10+ years; one x 1 year for the alcohol abuse service only
- Six staff were interviewed
- Generally clients were very satisfied with the service and support of key workers
- Key workers recognised improvements since the introduction of the DRP but also have experienced increased work-load demands
- The overall building décor, maintenance and general 'house-keeping' needs attention
- The range of facilities and services available to clients may need to be made clearer to them

10. Detailed findings

10.1 The external environment

The centre is located within a small quaint courtyard off of Church Street in a refurbished building that retains many of its original features. The building appeared structurally generally well maintained.

The centre is not signposted and during the visit this was highlighted several times by both service users and staff. However, the lack of clear signage is intentional in order to avoid drawing undue public attention to the service facility and location.

The courtyard area is shared with a garden plant store, and a trinket store complete with cafe. The visits were conducted in autumn and the ARs observed many dropped leaves from the plants sold at the plant store that when wet could create a slip hazard to both staff and service users. Also noted was a small smoking area outside the service where the lockable ashtray had fallen open and the contents spilled on the paving. This was observed to be the case on both visits.

The centre itself has no parking facilities but there are many local roads and pay and display parking nearby.

The facility is close to many bus services, and service users spoken to reinforce that they had no issues in terms of public transport access but some had difficulties with the costs of transport (see 10.5.3). However, one service user who also used mental health support services, said that they received a Derbyshire County Council 'Gold Card' due to their mental health issues and this enabled them to have free bus travel.

CCTV provides remote video of activity leading to the centre and entry is gained via a video intercom and locked door. ARs did not observe any notices informing visitors of the use of CCTV. It was noted by the ARs during one conversation that on occasions the door is sometimes left open presenting a potential security risk.

The building, given its age and location, inherently presents issues for service users with disabilities/impairments. The centre has recognised this and has provision to cater for this shortfall in the Ripley Library located opposite.

10.2 The internal environment

10.2.1 Facilities

Once entering the building, a small double flight of stairs leads directly to a well-lit spacious waiting area used by all service users. The staff offices are located from the waiting room area via a secure entry door.

Within the waiting area, there are limited information displays, these gave the appearance of being untidy and not well maintained.

There is a suggestions box with forms for service users to provide feedback.

The nature of the building is that it is 'L' shaped with all service user consultation, testing and support rooms being located off the waiting area behind the secure entry door. The ARs did not observe any specific facilities for service users with sensory disabilities. However, the manager stated that there were forms with pictorial information on them for clients with reading and/or writing problems. Also an interpreter is available if needed.

The facility does have a separate family room available, but not all service-users seemed aware of this facility (see 10.5.1).

The waiting area has no water dispenser and two service users commented about not having the opportunity to get a drink on arrival. Another stated, "***It would be nice to get a hot drink in winter.***" However, during the ARs' visit they did observe hot drinks being given to two service users who had come in for their appointments.

Wi-Fi is not available to visitors or service users although no-one commented on this.

Both client and staff toilets are separate with both appearing to be basic but well maintained. The ARs noted that service users' toilets are located behind a secure door but could be accessed on request.

In the male staff toilet an electrical fused spur was noted just above the floor to the side of the toilet and this may require checking from a safety point of view.

On visiting, ARs were welcomed into the main staff office which was a highly populated area accommodating all the support staff (key workers, nurse, prescribers). This environment was stark in contrast to the rest of the facility and appeared rather dark and oppressive with no windows facing to the outside and hence devoid of natural light. Staff interviewed provided a number of comments about this working environment (see 10.5.1).

10.2.2 Physical comfort

The waiting area benefits from natural light and ARs considered it to have a generally warm airy feel. However, one service user commented that the waiting area in their opinion was "***dismal***".

The floor coverings appeared to be in good order and the decor fresh, however the walls appeared to be rather bare. The seating was low level and quite tired looking. There was a radio playing on the ARs' first visit but this was not apparent during the second visit.

The family room has a child friendly mural on one wall and new carpet. However, the seating looked much worn and the other walls were bare. The pool table displayed stains and a serviette had been left on top of it along with some books and this was observed to have remained the case on the second visit.

The room had a small collection of books but these were tucked away in plastic boxes behind the pool table. During conversation a member of staff remarked that the chairs were in a poor condition and also that a lot were not of an easy clean covering. This observation was apparently highlighted during a cleaning

audit that had taken place about a year earlier, but there was no evidence of any change since which the member of staff said was, ***“disappointing”***.

All the facilities dedicated to the provision of consultation rooms for the clients seemed fresh, clean and bright but lacked a ‘comfortable’ or ‘welcoming’ feel. The floor coverings are in good order with several being newly laid.

10.2.3 Social comfort

All service users observed by the ARs in the waiting area appeared comfortable and calm although background music was only being played on the first visit and there was no TV available.

Service users are welcomed on arrival by their key worker.

Whilst the waiting area does have reading materials available, which ARs observed some service users reading, generally all material seemed to be in a poor condition. One service user stated that ***“ I always bring a paper because the magazines are old and out of date.”***

There are facilities for children/families as mentioned previously in section 10.2.1 and 10.2.2

10.3 Staff appearance/presentation

All staff presented themselves smartly and respectfully and were dressed appropriately.

All staff observed and spoken to were extremely helpful, passionate, supportive and enthusiastic. The professionalism of the whole staff team in the service delivery really ***‘shone through’*** and was supported unanimously by service users spoken to with comments quoted in various sections of this report.

10.4. Effective Communications

Whilst the ARs noticed a lack of signage in the consultation areas it was acknowledged that service users do not need to find their own way around as they are accompanied by staff during their visits to the service.

ARs were informed that some forms were in pictorial/easy read format for service users with reading and/or writing difficulties. In addition the team manager said that the centre has access to an interpreter if required.

10.5 Feedback from service users & staff

10.5.1 The building and its facilities

Service users:

The service had provided the ARs with the use of the family room during their visits. A service user was surprised when entering this room and stated, ***“I didn’t know it existed.”*** and that there was ***“no children’s stuff”*** in the waiting room.

Due to the age of the building there are small sets of steps to negotiate along the landings and which is the route to the consultation rooms furthest from the

waiting room. One service user spoken to used a stick to aid walking and stated that they were well supported by staff whilst negotiating these small flights of steps and had no requirement to use the alternative accommodation in the library mentioned previously in section 10.1.

The same service user was disappointed that acupuncture and rehabilitation services were not clearly advertised and that these had to be asked for but some people “*do not like to ask*”. However, this service user was delighted with the level of support and care received from their key worker and support from staff overall.

Staff:

Staff consulted by the ARs regarding design and facilities of the building and its effectiveness on the delivery of the service in general referred to it being a good building overall, but with the need for some of the rooms to be decorated to provide a more conducive environment for treatment purposes.

Staff were equally concerned about their own working environment as referred to in 10.2.1. The staff office needs attention and staff stated that this has been awaiting to be repainted for some time but they do not know when it will be done.

Staff acknowledged that the treatment/consultation rooms in the further most areas of the building do create a personal safety issue. Several staff interviewed mentioned this challenge and said that where available another member of staff would accompany them nearby. One member of staff stated that the installation of panic buttons had been raised a few months back, but at the time of the visit there had been no feedback as to this or any other solution.

10.5.2 Health Team services
eg doctors, nurses, pharmacy, needle exchange, acupuncture, Talking Therapies etc

Service users:

All service users reinforced that they were very satisfied with the health support services received at the centre and that their treatment plans were well co-ordinated and shared with their GP (if they were registered with one), and individually they were well informed.

Staff:

Staff expressed that they were pleased to see the introduction of a shortly to be fulltime health improvement team (HIT) nurse and the newly setup facility to provide venepuncture and to deliver on site hepatitis B and C testing.

10.5.3 The appointment system

Service users:

The appointment system received mixed reviews from service users with one saying it was “*fine*” whilst the others stating that it is an issue.

The two main concerns noted were if a service user arrived late for their appointment, they could be refused access to services as there is little room for flexibility by the staff on some occasions. A new appointment has to be made which is a minimum of three weeks, but no more than four weeks, later. This impacts on daily pharmacy prescriptions for methadone which may then lead to service users relapsing.

One service user stated, *“If you decide you want help you want it now not in three months!”*

The second example stated was that of missing a collection of methadone medication at a pharmacy which then led to the withdrawal of the prescription. The service user stated that they then had to obtain another appointment with the centre to discuss their needs with a prescriber. The offer of such new appointments were reported to be weeks rather than days.

If service users were working it caused real problems with getting back in time to get their methadone from the chemists. Service users suggested that they would like later opening pharmacy times and more late night clinics at the service.

One service user stated that he appreciated that, *“They let me pick the time,”* and said, *“They always treated me fair.”*

Some service users on limited income have to walk to the centre as they live some distance away (four plus miles each way) which sometimes resulted in them missing appointments. As indicated, the consequences of such missed appointments were distinctly serious.

One service user stated that it cost him £6 to get to the centre which was a lot of money from his benefits.

Staff:

Each service user has an assigned key worker and their appointments are guided by this staff member and are signposted to other support services either in house or externally where needed.

Some of the staff feedback highlighted the appointment system as one of the aspects service users are unhappiest with.

Staff cited the same concerns that service users themselves had raised about the impact of missed appointments.

Staff stated that service users have to be dropped onto one week appointments instead of six weekly ones and that the system was, *“very rigid”*. Staff also noted that they now made fewer home visits and the process was less flexible and felt to be *“creating barriers”*.

10.5.4 The key worker system

Every service user spoken to was content with their key worker. Some stated that they had more than one and sometimes more than two during their

treatment with the centre but recognised that this can happen when staff leave.

One service user stated that their key worker, “*never turned their back on me*” and that they had, “*done a lot for me, it’s the least I can do for them*”, referring to resolving their dependency. Other service users said that key workers, “*never judged me*” and that they had, “*Never known anyone who could not get on with her*”.

One service user stated that he had thought his keyworker was not listening to him and stopped attending but was persuaded back into the service by the HIT nurse and was now progressing well.

Staff:

Staff engaged with during the visit all appeared to be very satisfied with their roles. One key worker said, “*I like all of it.*”

Others referred to the satisfaction with their individual client work and seeing the times when there is a little change in behaviour sometimes after many years of trying or even achieving non-dependency and/or when the client just says, “*thanks*” for whatever has been achieved or done.

Some staff shared frustrations that occur whilst carrying out their roles such as seeing service users who arrive late for appointments but having to react to the ‘*knock on effect*’ on the whole team in rearranging the daily diary, administration and other appointments.

Staff also expressed dissatisfaction with the perceived differences/unfairness in the way in which staff break times, lateness and/or fulfilling responsibilities is managed.

The majority of staff appeared to have concerns with the new Clinical Safety Plans which were considered to be very time consuming, and contain some things that are not deemed relevant to the service.

A member of staff also referred to experiencing pressures in covering shortfalls in the service particularly at the satellite site, and having to cover additional duties as a consequence.

Regardless of the above, staff felt that clients received a good service and thought that they appreciated the staff and the wide range of treatments provided. The services staff thought that clients most liked were the:

- unrestricted needle exchange during normal opening times
- prompt reaction to any crisis management
- rehabilitation groups
- acupuncture therapy
- use of a telephone to give the service user ownership of making GP appointments etc. (HIT nurse)
- group session drug counselling.

Staff considered themselves to be passionate about their work and felt that the clients appreciated the opportunities provided for them to, “*pour out their*

hearts without being judged”, to be, *“listened to and supported”* and that key workers would always, *“go the extra mile”* for them.

10.5.5 Knowledge and confidence in raising concerns/complaints

All service users were aware of how to raise a concern/complaint by telling their key worker or the service manager. If they had a problem with their own key worker one stated that they were, *“Confident to tell another key worker.”*

One service user gave an example of when they were unable to *“get on”* with one of the doctors at the service and their key worker moved the individual to another doctor which fully resolved the issue.

Another service user described how he had used the complaints procedure when he had felt that his key worker had gone behind his back and reported a personal matter to Social Services which resulted in his relationship breaking down with his key worker. From raising the complaint, it was dealt with and sorted out in approximately 10 days. This was before the service user’s next scheduled appointment at the centre which was much appreciated by them. The service user’s relationship with the key worker was restored and he currently remains with the same person and is happy to do so.

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

One service user was unaware of any changes made to the service in April and had not noticed any difference in their care from the service.

The other service users were aware of the changes made and confirmed that generally it had not adversely affected the level of care received but neither did they refer to any perceived improvements.

Some critical comments were received by ARs about no longer having access with help with benefits and similar social support. However, it was understood that this was not a service that was part of DRP. In addition a service user felt that there was a lack of weekend support (service no longer operates on Saturdays) or bank holiday crisis support.

Staff:

Staff feedback on how the newly configured service had improved the effectiveness of their role and service were:

-That key workers can now support both drug and alcohol dependant clients without the need for separate referrals being made. This had created greater opportunities for staff to develop and upskill.

-Key workers considered that they were now involved in a more holistic approach to treatment with additional therapeutic interventions being at their disposal.

-Multi-professional communications had improved with a single worker system of communication to other services such as social workers and the probation service.

Staff feedback on how the newly configured service had reduced the effectiveness of their role and service were:

- the IT system in use (System 1) making inputting data labour intensive and time consuming.

-Alcohol dependant clients no longer received home visits and this had a noticeable detrimental impact on those not attending appointments. Some of these clients dislike attending the centre because they may find the company and behaviour of some drug dependant clients disturbing.

-Key workers expressed that they had experienced a lot of change in a short period of time with workloads being increased and more clients to support which led to greater numbers of assessments to be conducted.

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

Only one of the service users spoken to had used any of the non DRP rehabilitation services. This was several years ago when they attended a Boxercise activity in Derby, which they enjoyed and it gave some structure to their Thursdays as it started early in the day and they had to be up and ready to meet the dedicated travel bus.

The views of a service user on perceived limitations of services in 10.5.1 were reflected by other service users. One service user stated, ***“It needs more things on offer.”*** He would like to see, ***“skating, bowling, art classes”***. Whilst another stated that they would like to see more advertisement and provision of, ***“activities and support groups”*** offered either in-house or externally.

However, one service user stated that his key worker had put him in touch with a local service called Opportunity for Change which he stated was ***“... the best thing done since been here.”*** He could not speak highly enough of this service and said they help him with everything and ***“opened doors”*** [for him].

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

- Staff were found to be professional, passionate and enthusiastic
- Material is available in pictorial form for clients with literacy challenges
- A Family Room is available
- The one incident recounted of using the complaints procedure suggested that it was easy to use and the issue resolved promptly

13. Recommendations

In preparing for these Enter and 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 four 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 ensure that the ashtray outside the entrance is emptied regularly (10.1)
13.2	To confirm that notices are in place to inform visitors of CCTV being in operation (10.1)
13.3	To check that the self-locking mechanism on the front door operates effectively (10.1)
13.4	To assess the safety of the electrical fused spur located above the floor to the side of the toilet in the male staff toilet (10.2.1)
13.5	To review general house-keeping services and impact of auditing to ensure a satisfactory standard is maintained with particular attention to the Family Room (10.2.2)

14. Service Provider Response

No.	Recommendation	Response	Actions
13.1	To ensure that the ashtray outside the entrance is emptied regularly (10.1)	The ashtray is currently broken which we believe has caused the current issue of it not being emptied. This has been reported to estates to be rectified.	By: 31.05.2018 To contact estates to confirm date that the ashtray will be fixed.
13.2	To confirm that notices are in place to inform visitors of CCTV being in operation (10.1)	We will ensure that appropriate notices are in place to advise where CCTV is in operation.	By: 31.05.2018 'CCTV in Operation' posters to be visible where CCTV installed.
13.3	To check that the self-locking mechanism on the front door operates effectively (10.1)	The self-locking mechanism is in working order. There is an issue where it can be 'put on the latch' which we have asked patients to refrain from. The building is a leased building and is not owned by DHCFT and consequently we are limited to changes that we can implement.	By: 31.05.2018 To contact estates to discuss whether there is a solution to this issue and whether swipe access could be installed

No.	Recommendation	Response	Actions
13.4	To assess the safety of the electrical fused spur located above the floor to the side of the toilet in the male staff toilet (10.2.1)	This has been reported to DHCFT estates and we have been informed that an electrician will attend to remedy.	By: 31.03.2018 To contact estates to confirm date that the electrician will attend to fix toilet.
13.5	To review general house-keeping services and impact of auditing to ensure a satisfactory standard is maintained with particular attention to the Family Room (10.2.2)	We have DHCFT domestic services that provide cleaning services to the building. Regular infection control audits will monitor cleanliness and hygiene standards. These will be shared with Estates and appropriate action plans put in place to remedy identified improvements that are required.	By: 31.03.2018 To ensure a system is in place for regular audits and to evidence that these are shared with Estates.