



Enter and View Report

Location: Stewart House, Tees Esk Wear Valley Trust, 53 Church Street, Hartlepool. TS24 7DX

Date of Visit: 21st November 2018

Healthwatch Visiting Team: Zoe Sherry, Judy Gray, Jan. Weedall

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained Healthwatch volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Hartlepool to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' within a given timescale.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what a service does well.

Acknowledgements

Healthwatch Hartlepool would like to thank the staff and residents of Stewart House Hartlepool.

Disclaimer

Please note that this report relates to findings observed during our visit made on 21st November 2018.

The Visit

On arrival it was noted that there was improved signage above the door. The intercom access was answered promptly, and we were admitted to the unit. Access was by a steep set of stairs which has been adapted to have 2 handrails. There is also access via a lift.

We were greeted at the desk by the receptionist. She did not know what we did but had received the poster and questionnaires yesterday.

We were met and made welcome and taken into a side room to meet the manager Colin Rowley. We again explained who we were. The manager was concerned about the Healthwatch team and how we would interact as there were possible 'poorly' patients.

The manager was concerned that there had been no risk assessment, but as this was an unannounced visit that would not have been possible.

The manager said it was not feasible to be alone as some patients may be anxious or at risk.

It was agreed that any interviews would take place in the public waiting area.

As we had a reduced team one member went to speak to staff on the upper floor and the remaining 2 stayed in the waiting room.

While talking to the manager we told him that the telephone number on Google was incorrect and this may be the way the public may look to contact Stewart House.

We were told that they were aware of anomalies of the contact numbers and it had been addressed and paid for, but so far it seems nothing has happened.

The area was light and airy, there were plenty of seats and soft music was playing that allowed more private conversations to take place. The reception area has recently been changed to give a large glass fronted window with easy vision and access to patients and staff.

There was a Clozapine clinic taking place where patients attend for medication. About 30 patients were expected to attend that day. The clinic was running late but this did not concern the patients. It was clear which patients were anxious and not suitable to approach. The majority of patients have been attending for many years.

We managed to speak to 4 patients, all of them happy with the service. The only concern raised was about the magazines only being for women.

All patients had been referred by a different access route. There had not been any delays in getting appointments and all were happy with the service.

The offices upstairs were well staffed, and people were happy to complete questionnaires. There were staff from Tees Esk Wear Valley Mental Health Trust Hartlepool Borough Council and integrated services.

There were four students of differing disciplines, one via a new training company 'Thinking Ahead'. It was pleasing that this student must stay in post for 2 years post qualification as part of her student package. Also, that a student paramedic was based with the staff at Stewart House.

The general view was that staff were happy, there were people who had worked in the mental health services for many years.

Caseloads could be a problem for some, also the time taken on paperwork which may have an effect on time for face to face working time with patients.

Several staff said more staff would be good but also accepted that this was not a realistic option in the present climate of resource and budget limits.

Some staff thought increased community resources would benefit the service and take pressure off caseloads.

All but 2 staff were happy with their support and supervision, others felt that though they voiced concerns nothing changed.

There was concern about lack of long term sickness cover for reception staff

The Approved Mental Health Professional's (AMHP's) had the most concerns about caseload size due to the complexity of their roles.

There was a lot of compliments and thank you's on the wall, please see appendix.

Client Questionnaires

1. How did you find out about Stewart House?

Clients were referred from four different sources and had varying lengths of involvement from recent to many years. (G.P. Sandwell Park, hospital and transfer from Thornaby)

2. Did you wait long to see someone?

Of recent involvement there was not a long wait for an appointment, about a month. The others had been in the system a long time.

3. When you were seen were you happy with what happened?

All were very happy with the support. Of the support worker one said 'is helpful, calm and supportive' another said 'A helpful team' and 'I get what I need'

4. How long have you been coming here?

Three have been attending for up to 20 years for injections, another has returned to the service for a second time after being signed off. He said he had not kept himself right and needed to return.

5. Is coming here helping you?

Yes.

It is helpful. 'I come monthly to get meds and a social chat'

Another said 'this is just my second visit but get my meds o.k.'

6. Is there anything else you want to tell us?

'Nothing to tell' 'all good here'

They don't have any magazines for men.

7. Could anything be better?

'No not really' 'I like the different art work' 'I am happy with the service'

It is too early to say but ok/good at the moment.

Staff Questionnaires

A total of 18 staff completed questionnaires.

1. Who do you work for.

The staff were employed by TEVW and HBC. Field and clinical staff in integrated teams as well as students from various disciplines and clerical staff

2. How long have you worked here?

There was a great range of lengths of occupational service. This ranges from new staff to others who have been in the service up to 20 years and one member of clerical staff 24years.

3. What is your role?

The roles varied - important reception staff and clerical support, several students from different courses, Clinicians, Managers, Specialist Nurses. Social workers and Support workers. All having a variety of roles and responsibilities.

4. Is your caseload manageable?

The students had appropriate caseloads for their training needs. Other staff had a variety of roles and their caseloads reflected their work. Most staff said that they managed their caseload but the volume of paperwork was heavy and intruded on time that could have been used with patients.

Two staff said that they struggle with their caseload due to the nature of their work specifically the AMHP workers who have spilt responsibilities and complex roles
All Staff said that have appropriate supervision

5. Are you able to easily voice concerns?

Most of the staff feel well supported and feel able to take concerns to their manager, they were listened to and the concern dealt with appropriately. Where able changes are made 'We have a supportive manager and team'

There is regular caseload management and team meetings every 2 weeks where concerns can be discussed. The manager is always available to be spoken to.

One member of staff was not so positive stating 'Yes I voice concerns within the team and HBC but nothing changes' It was not clarified what these concerns were.

6. Do you get regular supervision

All answered yes but the time scales differed depending on the role. Most had very regular supervisor, but clerical staff were less frequent

One AMHP said that supervision was regularly cancelled.

7. Do you think the service can be improved?

The TEVW student had difficulty accessing the I.T. although he had just transferred from another placement.

Provide long term sickness cover for the reception staff,

Several staff said that more support staff would help with workload. But it is recognised that this is not realistic due to the nature of the work, and the budget restrictions.

Have more community resources as there has been a reduction in these services.

Less paperwork would have a positive impact on face to face time.

Some improvements are currently being undertaken following an access team meeting,

One suggestion was to have waiting list if no more staff were to be available.

'AMHP duty needs to be recognised within the caseload as it is a statutory duty role'

We need extra resources.

We must keep the service integrated

Make more mental health training accessible for paramedics.

One voice said "No the service cannot be improved".

Conclusion

On the evidence we found on the day of our visit, the service worked well.

Staff are happy, though some have large caseloads.

The staff are well supported and listened to when voicing concerns.

The students are all enjoying their placements and are happy with the supervision and guidance they are receiving.

Clerical /reception staff would benefit from support to cover long term sickness.

It was good that the manager recognised the need to ensure the safety of the Healthwatch team during our visit. We thank him for that.

Recommendations

To consider caseload size, within the boundaries of the service needs, and staff pressures.

To consider staff support where there is absence through long term sickness

That, when the Healthwatch letter of notification arrives, to ensure that essential staff are informed of the impending visit and the purposes and role of Healthwatch.

Possibly re-visit on a different day to be able to meet more patients

Appendix 1

Thank you

To the Affective Disorder Team,

Where do I start?

What a journey it's been.

On this occasion I don't feel that a simple 'thank you' is appropriate. I feel I need to put into writing my experience and give credit where it's due to your team who gave me support and guidance through the darkest days of my life.

I met [REDACTED] at Roseberry Park prior to my discharge. Given the state of my mental ill-health at the time, fearful of everything and everyone and with very little hope, I felt an instant connection with [REDACTED] and comfortable in her company. She offered support and encouragement at appropriate times throughout the meeting and explained her role as my care coordinator, it was very reassuring and gave me some hope of recovery.

[REDACTED] maintained her professionalism throughout my care demonstrating great commitment to making a difference to others lives using her sound knowledge and skills in mental health.

A massive thank you to you [REDACTED].

I would also like to thank [REDACTED] for his support, guidance and expertise in regard to my medication and (his) endless knowledge, this contributed massively to my recovery. Thanks [REDACTED].

Also, thank you to all the reception team, always pleasant and polite, dealt with all of my queries professionally and promptly, it makes such a difference. Thank you, all X.

The care, guidance and support I have received has been faultless, you should be proud.

Well in some respects it saddens me to write this as it marks an end to my care with the service. However, I can honestly say it's the best thing I have done in regard to my mental health, a very positive experience, my only regret is that I didn't access the service a long time ago.

I would like to take this opportunity to wish your team all the success in the future in what I truly believe to be the most challenging areas of health care.

Kind regards

[REDACTED]

X

Appendix 2

Questionnaire for Clients

YOUR VIEWS MATTER:-

Please tell us what you think:-

1 How did you find out about Stewart House?

2 Did you wait long to see someone?

3 When you were seen, were you happy with what happened?

4 How long have you been coming here?

5 Is coming here helping you?

6 Is there anything else you would like to tell us?

7. Could anything be better?

Thank you for your help

Appendix 3



YOUR VIEWS MATTER

Staff Questionnaire

1. Who do you work for?
2.. Have long have you worked here?
3. What is your role?
4. Is your caseload manageable?
5. Are you able to easily voice any concerns you may have?
6. Do you get regular supervision?
7. Do you think the service can be improved in any way?
THANK YOU

Appendix 4 Response from Stewart House

Hi Carol

There are a couple of points of clarity for you.

The section which mentions the phone number. The correct number is on the Trust website. We're not sure where google are picking up the number from but will follow up.

The Students in training paragraph it's not a new training company it is a training initiative.

In terms of supervision we meet Trust standards for supervision (so only rare cancellations can occur) so am unsure whether this is a specialist supervision affecting one member of staff only?

I hope this is clear and helpful. Please let me know if you need any further information.

Thanks

Clare

Clare Cuthbertson

**Locality Manager
AMH Hartlepool Locality and Teesside Rehabilitation Services**

Mobile: 07468 767896
Tel Office: 01429 803744