

Details of visit**Service Provider:****Service address:****Date and Time:****Authorised****Representatives:****Contact details:****Enter and View****Eastglade Centre****1 Eastglade Crescent, Frecheville, Sheffield, S12
4QN****22nd February 2016****Chris Sterry, Hardeep Pabla****Healthwatch Sheffield, The Circle, 33 Rockingham Lane,
Sheffield, S1 4FW****Acknowledgements**

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if 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 they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. o the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To identify examples of good working practice.
- To observe the environment and processes in the public areas during opening hours.
- To identify any areas for improvement and make suggestions if appropriate.

Strategic drivers

- Isolated reports of difficulty accessing mental health services in a timely manner
- Healthwatch Sheffield focus on access for excluded groups of people
- Healthwatch Sheffield focus on access to mental health services before and following a mental health crisis.

Methodology

This was an announced Enter and View visit, arranged via the team manager. Access was given to the reception and the two waiting areas, in one of which our meetings took place. The visit was advertised in advance and the announcement flyer was placed in the display area in the waiting room.



The Team Manager was available to provide a tour of the building, during which we were shown the clinic room and a number of meeting rooms and for interview and one of the receptionists was also available. A few weeks prior to our visit there had been a 15 Steps inspection and one of the patient representatives from that inspection had also come to discuss the service. We found that all areas within the building were clean and well decorated.

Other information was gathered on ad hoc basis from patients in the waiting areas. All responses were in reply to questions posed by the authorised representatives. Finally, processes and interactions were observed throughout the morning.

Our findings were briefly discussed with the Team Manager and also the Administration Manager before leaving.

Summary of findings

- **We found an organised service with committed staff**

- The current range of services and staff are good, but staff felt that continuation of support services such as the men's group could be challenging given current funding arrangements
 - There are issues about physical access into the building by wheelchair users
-

Results of visit

General

East Glade Centre is one of the four Community Mental Health Teams (CMHT) in Sheffield that provide a service for people with a mental health condition. The service is managed by Sheffield Health and Social Care NHS Foundation Trust.

The types of condition treated include psychosis, schizophrenia, bipolar disorder, severe depression, anxiety, personality disorder and post-traumatic stress disorder (PTSD).

The Community Mental Health Team consists of three functions: The Access Team, the Recovery Team and the Home Treatment Team.

The Access Team and the Recovery Team operate 9am-6pm Monday to Friday.

The Home Treatment Team operates 7 days a week from 8am-6pm.

Access and the Physical Environment

The service is on East Glade Crescent from which you enter a spacious car park in which there is one disabled parking space. From the car park the building is on the left, however there is no signage from the car park to the main entrance, which is facing East Glade Crescent. East Glade Crescent is off Birley Moor Road, on which there is a large clear sign showing direction to the East Glade Centre. The external sign within the front of the grounds, which can be seen from East Glade Crescent, is clear, of good size and in good condition.

There are good transport links; buses 71 and 120 and 'Blue Line' Tram serve the centre.

To enter the building the front door is manually pushed open to gain access to the waiting area to the right, with reception straight on. A disabled toilet is on the left before reaching the reception desk. To gain access to all other areas is via security number pad doors. There is level access throughout the building.

In the waiting area seating is a well maintained continuous and comfortable bench seating starting on the wall to right of the front door, along the adjoining wall and then extending from this wall before the reception desk, so the bench seating is in the form of a semicircle. While this still allows reception to have some sight of all

persons waiting, it does not provide privacy for individual patients while they are waiting, which in some instances could cause some concern for some patients.

Waiting Area

The waiting area had a number of notices and posters on display which included:

- Current CQC inspection rating
- Information on SCAIS interpreting service
- Information for young carers, Rethink helpline, advocacy service

A number of NICE guidelines were on display which may require updating eg: Treatments for Drug Misuse were from 2007. All these guidelines are displayed above a heater by the entrance and all the papers had curled forward where one would have to rummage through them in order to find the one required. We were unsure how often these were used by patients, but thought it may have been better to have them in a folder.

A person in a wheelchair would have difficulty taking information leaflets as these are displayed above and behind the seating areas.

No child friendly facilities were observed. There is no specific room for breast feeding, but a suitable meeting room can be made available.

There is no specific prayer room but a meeting room can be made available on request.

FastTrack comment forms are clearly displayed in the waiting area.

There was no clock displayed in the waiting area.

Opening Hours

The service is open Monday to Friday from 9.00am to 6.00pm, patients are only seen from 9.00am to 5.00pm.

Practice Processes

Appointments

There are 2 receptionists, one is available during service open hours.

Patients access the service, normally, through GP referrals; however referrals can also be from Police, Housing, Safeguarding and self-referrals.

When making appointments a letter is sent as a confirmation, which the patients bring with them to the appointment. When a patient is called for their appointment the person they are to be seen by calls by stating the patients first name.

As the reception desk is in close proximity to the waiting area, conversations between patients and receptionists can be overheard. Receptionists greet people as they approach reception and are warm and friendly.

When booking appointments there are usually no problems, if there are difficulties with availability reception will discuss this with the patient's medical professional.

When English is a second language an interpreter will be offered when a person is making an appointment and this will be provided by SCAIS. When booking interpreters, it is preferred that the same interpreter is used where possible.

If there are difficulties with reading reception staff will provide help and ensure the required worker is available. There is a hearing loop in reception and a two-way screen.

For partial sighted or blind persons if the access by taxi the driver usually assists them into the building and to reception. Otherwise staff can assist access.

Where a person needs a taxi to attend for their appointment, this is booked through reception for SHSC approved Taxis.

'Did Not Attend' appointments are collated but they are not displayed on reception.

Friends and Family tests are available at reception, but patients are not routinely offered them. For completed FFT forms there is a box in reception.

A record of complaints and compliments is maintained for Governance and complaints are referred to SHSC at Fulwood House, Fulwood.

There is a Patient Participation group, which meets on average once per month.

Services

The Community Mental Health Team (CMHT) in Sheffield provide a service for people with mental health problems. The types of condition treated include psychosis, schizophrenia, bipolar disorder, severe depression, anxiety, personality disorder and post-traumatic stress disorder (PTSD).

Referrals are accepted from GPs or other clinical teams within Sheffield Health & Social Care NHS Foundation Trust. Referrals may also be accepted from other health or social care professionals, housing, voluntary sector, families and self-referral.

The Community Mental Health Team consists of;

- **Access Team:** This team is responsible for referrals and initial assessments, and also short-term work aimed at reducing the need for long-term involvement from services.

- Recovery Team: This team works with people who have severe or complex mental health needs and are likely to require input over the longer term.
- Home Treatment Team: This team provides intensive, short-term interventions for people who may otherwise require hospital admission. They also take referrals from adult acute in-patient services.
- Out of Hours Team: This team fulfils the Access Team and Home Treatment Team functions out-of-hours. The team operates 7 days a week 7.30pm - 7.30am and can be contacted via the 24-hour switchboard on 0114 271 6310.

Occupational Therapists run a variety of groups which include a recovery group; a men's group; together with Step Rise (Healthy Life Styles) and Sun:rise. IAPT also use the counselling rooms to see patients local to that area.

Art therapy and music therapy is no longer available. We were told this was due to a reduction in funding.

Staff and Training

There seems to be stable staffing across the board with reception staff having been employed for about 9 years. Staff stated that they felt valued and are happy and comfortable at work. Changes to practice have included recording patients notes electronically and other IT facilities have been introduced.

Reception staff have received specific training in Mental Health Awareness and Equality and Diversity training. This training is mandatory and is repeated every three years. Training can be accessed online as well as attending relevant courses.

Feedback on Services

During our visit we spoke to 4 people.

One patient, who was also involved with the 15 Steps inspection, spoke to us in the meeting room. She has been a patient for over 10 years and found the staff at the centre helpful, courteous and professional. When attending she does not have to wait too long to be seen and is called by the clinician by her first name. She has never been offered the Family and Friends Test. She has a crisis management plan in place and can ring the service during office opening and speak to her counsellor if available. She is happy with the treatment that she receives from the centre.

2 family members (they identified as being Pakistani) who were supporting their son's first appointment, also spoke with us. They made the following comments:-

- This was a new experience for the whole family and were anxious about what to expect
- The reception area is not private and her son gave his name, address and date of birth to the receptionist. This was heard by all in the waiting area and they were concerned about confidentiality.

- Some people may have difficulty with English and they were not aware that an interpreter could be booked
- All patients should be informed that a prayer room is available or have a poster up informing them of this

One patient listened to our conversations but said that he did not want to talk as he was waiting for his counsellor.

Recommendations

- Explore the possibility of an electronic door at the front of the building to assist wheelchair users.
- To install an intercom or bell push for requesting assistance
- To review the NICE guidelines and how they are used, and explore whether placing them in a folder or other location in the waiting area would be a better option
- Install a clock in the waiting area
- Produce a sign or poster to tell people that prayer facilities are available on request
- To explore further ways of making checking in at reception more private. E.g. is it possible for people 'booking in' to provide their details on a piece of paper to reception if they are uneasy being overheard?
- To make the following improvements to the implementation of the Friends and Family Test;
 - To display posters telling people what the test is and that everyone should be offered the opportunity to complete them
 - Reception staff to offer verbally the opportunity to all service users to complete the test and offer advice on how to do this
 - Staff to review Friends and Family Test comments and rates with the patients as part of the participation group

Service Provider Response

1. Electronic door at the front of the building to assist wheelchair users.

This has been considered during refurbishment of the waiting area, however the building does not offer scope to undertake this option. The entrance and lobby are not conducive to the provision of automatic swing doors as these would present

serious risks to users. Sliding automatic doors are preferable, however these would require considerable modifications. The current doors are light in action, have large accessible handles to facilitate easy operation and meet disabled access requirements. Reception staff are able to view visitors entering the building and are able to assist with opening doors if required.

2. To install an intercom or bell push for requesting assistance

A quote has been obtained to install a bell to summon assistance. This will be followed through by our Estates Team.

3. To review NICE guidelines and how they are used.

We will consider the provision of a more suitable leaflet rack in an accessible area.

4. Install a clock in the waiting area.

A clock has been ordered and is awaiting fitting by our Estates Team.

5. Produce a sign or poster to tell people that prayer facilities are available on request.

A range of appointment times are offered to service users to provide an appointment at their convenience. However, if someone asked to use a prayer room we could accommodate this by providing a suitable room, escorting them to the room and then escorting back to the reception waiting area.

6. To explore further ways of making checking in at reception more private.

If the service user quietly proffers their name when asked by the reception to confirm their name - they are offered a piece of paper to write it down. A lot of care and attention is given by the receptionists in protecting confidential details. We acknowledge the constraints of the reception area in offering a more confidential area to speak to the receptionist.

7. Friends and Family

A poster regarding this is displayed on the noticeboard.

Reception staff are informing service users about the Friends and Family Test.

