

Healthwatch Kent - November 2019

Experiences of people using community mental health services at **Albion Place, Maidstone**



Foreword

In October last year, our volunteers visited Albion Place in Maidstone to talk to people who were using the community mental health services. We wanted to hear their feedback about the service and understand what, in their view, could be improved. In January 2019 we published a report which detailed everything we heard as well as making a number of recommendations.

During the same time frame, we also visited five other community mental health clinics in Kent talking to a total of 89 people about their experiences. We shared all our recommendations with the Kent and Medway NHS and Social Care Partnership (KMPT) and encouraged them to make the necessary improvements.

We returned to Albion Place this year on two occasions, one in September and one in November. We wanted to talk to the patients who were currently using the service to hear their experiences and to see whether the service had improved.

This report details our findings from these new visits. Once again, we will be sharing what we heard with the Kent and Medway NHS and Social Care Partnership (KMPT) as well as the organisations that commission them. We will also be sharing our findings with the Care Quality Commission.

If you have a story to tell, get in touch and share it with us.

Robbie Goatham

Healthwatch Kent



What were we trying to achieve?

We wanted to talk to people who were currently using mental health services at Albion Place. Through their feedback we wanted to find out whether the service had improved since our previous visit in 2018 and to see whether our recommendations had been put in place.

In January 2019, we made the following recommendations for Albion Place:

-  The telephone system needs to be simplified to support patients better
-  Work with patients and carers to review the options given on the telephone booking system
-  Better communication about cancelled appointments needs to be implemented
-  Ensure medication is available when needed to prevent delays and return visits
-  All patients should have an accurate and up to date care plan
-  The patient and their family must be involved in developing a care plan
-  Ensure everyone is offered information and support





How did we go about it?

Our trained Healthwatch staff and volunteers visited Albion Place twice, once during September 2019 & the other in November 2019.

We spoke to:

19 patients



3 carers



The clinic had been informed of our visit and had displayed information encouraging people to share their stories with us. The clinic provided a room for us to talk privately with people on one of our visits.

During our visits, we spoke to patients using the service and listened to their thoughts and experiences.





What did we find? What did we hear?

- **66% of carers or relatives** told us **they were involved** in drafting the care plan
- **Over half (58%) of people**, told us that the **service had remained the same** with nothing getting worse and no improvement
- **69% of patients** felt **involved in their care**, telling us that it was “ok in some parts” and “I get a lot of support”
- **Only 56% of patients** had a copy of their care plan
- **58% of people** told us that they were **able to get through on the telephone** to talk to someone
- **48% of people** had been **offered support** by staff to access other health services
- **93% of people knew who to contact** in a crisis and **57%** had accessed the Crisis team service
- If patients failed to arrive for their appointment, **ALL OF THEM** said that a staff member **called to check on them**



How does it compare to last year?

Last year we said that better communications about cancelled appointments needed to be implemented, **50% of patients** had an appointment cancelled without an explanation.

This year we found that **33% of patients** had an appointment cancelled without explanation. Of the 9 people who had an appointment cancelled, only **66%** of them were offered an alternative time.

We said that the patient and their family must be involved in developing a care plan; **66% of patients** felt that they were involved in their care and 1 out of 2 relatives had helped to draft the care plan last year.

This year **69% of patients** felt involved in their care, and 2 out of 3 relatives had helped to draft the care plan.

We recommended that all patients should have an accurate and up to date care plan. **71% of the patients** that we spoke to had a care plan but not everyone was happy with the content of it.

This year we found that only **56% of the patients** that we spoke to had a care plan, with some of them believing that they hadn't been in the service long enough to have one (after 12 months).

Last year we found that **50% of patients** were offered information and **44%** were offered support to access other health agencies.

This year we found that **84% of patients** had been offered information on other useful agencies



Care Plans

During our visits, we heard a lot of comments about care plans. Some patients told us that they never had care plans, or that they weren't eligible for one or that they had to be in the service for a year or more to get one. Others told us that they DID have a care plan with some people suggesting it was out of date.

We went back to KMPT to get some clarification. They told us that all patients should get a care plan after their initial assessment. This plan may come in the form of a letter which some people may not recognise as their plan. There is no set time for the plan to be updated, as every patient is treated individually, and it will be dependent on what is agreed at their review. Reviews should be happening regularly but again this is can be dependent on each individual.



Our new recommendations

- **If an appointment has to be cancelled, the patient must be told WHY it has been cancelled and offered an alternative appointment**
- **If a patient has to leave an answerphone message, staff should respond to them in a reasonable amount of time (48 hours)**
- **Ensure those who want support to access other health services get it**
- **Where appropriate, carers and relatives should be involved in drafting the care plan**
- **All patients must have an up to date care plan, documenting changes to medication or treatment plan. This plan must be updated shortly after any review.**
- **Staff must ensure patients and carers understand what documentation will be used to keep them updated about their care.**
- **Contact details for the crisis team must be made clear; many patients thought that if they were in crisis then they should contact their GP, or a charity**

Our findings in detail

- The reception area was clean and tidy, with fresh drinking water. The site was accessible for visitors with a disability and there are clear fire evacuation routes displayed. There were information boards in the waiting area with a wide variety of leaflets. There was a TV screen displaying the numbers of the crisis team (although the text was small and difficult to read).
- The staff were friendly and courteous to patients arriving for their appointments.
- The average amount of time that people had been with the service was 5 years and the longest that someone had been with the service was 30 years.



Our findings in detail

Has the service improved?

11 people felt that the service was the same, **6 people** felt that it had improved and **2 people** said that it had got worse.

- "It's been good"
- "They're getting better at issuing drugs, used to take a long time"
- "I'm seeing the same staff, consistency is good"
- "They are gradually starting to improve the situation"
- "There is more signposting. The staff are helpful"

However we also heard some things that were not so positive:

- "Staff turnover is high"
- "It depends on who you see"

Telephone Systems & Appointments

58% of patients said that they were able to get through on the telephone, but **4 people** said that they couldn't.

- "I usually pop into reception instead of using the phone"
- "I had to go see my GP for medication in the end"
- "Difficult to get hold of people"

If people had to leave a message, **52% people** said that staff called them back.

- "Calls are not followed up. I've called a few times but I've had to chase it"
- "Eventually!"

11 people told us that they hadn't missed an appointment. Of the **7 people** who **HAD** missed an appointment, **ALL** of them told us that a member of staff contacted them to check that they were ok.

- "I was on strong medication; they called to check I was ok"
- "They have rung or text me"

Our findings in detail

Cancellations

50% of people told us that they had never had an appointment cancelled.

6 people did have an appointment cancelled and they were told the reason why, whilst **3 people** didn't get an explanation.

- "They always say why it's cancelled"
- "It's usually a staff shortage"

Of the people who did have an appointment cancelled, 83% of them were offered an alternative date.

About the care

69% of patients said that they felt involved in their care;

- "I get a lot of support"
- "Everything is explained at each appointment"

But **not everyone** was happy with their care;

- "I'm hoping it will get better"
- "It's shocking, I'm not happy with it"

Only **56% of people** we spoke to had a copy of their care plan;

- "It's not up to date"
- "I don't have one yet, I've been here for 6 months"
- "I haven't asked for one"
- "I have a letter with a general synopsis"
- "Not got one"
- "It's too early to have a care plan (been in the service for 1 year)"





Our findings in detail

Crisis service

93% of patients told us they knew who to contact if they felt they were in crisis, although the answers were mixed, with some people telling us that they would go straight to their GP:

- “The GP said I could call there for an appointment”
- “I would phone my GP surgery”
- “I access the service via the GP as they have known me for years and have been helpful in the past”

70% of people had called the crisis team before. There was a mix of feedback about the Crisis service;

- “Not useful, I just call the Samaritans instead”
- “I’ve had good and bad experiences”
- “Used them a couple of times, very helpful, we just had a chat really”





Our findings in detail

Support & Information

We asked patients if staff had offered them information on any other agencies that they may find useful.

3 people were not offered any information, however **16 people** were offered information, with answers including;

- “Mindset”
- “Bipolar support groups”
- “Mindfulness”
- “CBT course”
- “A walking group”
- “Group therapies”
- “vocational training”
- “Hope cafe”
- “Help to get employment”

We asked if patients had been offered support by staff to access other health services, and **48%** of patients **HAD BEEN OFFERED SUPPORT**.

Of the **10 people** who were not offered support, **5** of them did not want to have help.

Carers

2 relatives/carers told us that they had been involved in drafting the care plan.

One relative told us that their partner didn't have a care plan.

One person told us that the Trust communicated with them “very well” and one person said it was “quite well”.

- “The social worker isn't told about health care meetings”
- “I come to every appointment but not into the room (that's why they don't communicate with me)”
- “We have to tell the story to each health care professional; they should share my background with other staff”
- “We don't see the same doctor twice”



Acknowledgement

Healthwatch Kent would like to thank patients, family, friends, carers and our volunteers for taking the time to contribute to this piece of work.

Disclaimer

Please note this report relates to the findings on the days stated at the beginning of this report. Our report is not a representative portrayal of the experiences of all patients, family, friends and carers, only an account of what was contributed and observed during our visit on those days noted.



Healthwatch Kent

Healthwatch Kent is the independent voice for local people in Kent.

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

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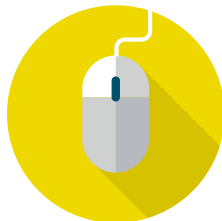
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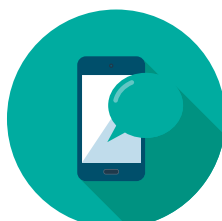


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