

Healthwatch Kent - November 2019

Experiences of people using community mental health services at **Arndale House, Dartford**



Foreword

In October last year, our volunteers visited Arndale House in Dartford 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 Arndale House this year on two occasions, both times in September. 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 Arndale House. 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 Arndale House:

-  Ensure that medication is available when requested so that people don't have to revisit the clinic or go without
-  Patient letters should be reworded to ensure they are jargon free and easy to understand
-  Ensure that all phone messages left by patients are acted upon as soon as possible





How did we go about it?

Our trained Healthwatch staff and volunteers visited Arndale House alongside partners from MEGAN CIC, a charity who are part of the new Mental Health User Network and offer mental health support. The visits took place during September.

We spoke to:

11 patients



2 carers



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

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?

- Only **50% of the patients** we spoke to **were able to get through** to the clinic, **the other 50%** said they either **couldn't get through**, or that they **could only "sometimes"**
- If the Trust **cancelled an appointment, EVERYONE** was **given an explanation** why and **EVERYONE** was **given a new appointment**
- **80% of the patients** we spoke to had a care plan
- **90% of patients** knew who to contact if they felt they were in crisis
- **50% of the carers** we spoke to were involved in drafting their relative's care plan





How does it compare to last year?

Last year we heard that 33% of patients who had left a message for a call back did not receive one. We recommended that all phone messages are acted upon as soon as possible.

This year we heard that 86% of patients received a call-back if they left a message.

Last year we recommended that medication is available when requested so that people don't have to revisit the clinic or go without.

We recommended that patient letters should be reworded to ensure they are jargon free and easy to understand.



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 patients may not always recognise as their plan. There is no set time for the care 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 the frequency can be dependent on each individual.



Our new recommendations

- **The telephone system must be improved to allow more patients to get through and speak to someone or have the facility to leave a message.**
- **All patients who leave a message must be responded to within 48 hours.**
- **All patients must have an up to date care plan, to include any changes to medication or their treatment plan.**
- **Where appropriate, all carers and relatives must be given the opportunity to be a part of drafting their relative's care plan.**
- **Staff must ensure patients and carers understand what documentation will be used to keep them updated about their care.**

Our findings in detail

- The staff were friendly and courteous to patients arriving for their appointments.
- The reception area was clean and tidy, with fresh drinking water. The lift was out of service on one of our visits and it was noted that it was only suitable to fit a standard sized wheelchair. The fire evacuation route was clearly displayed. There were information boards in the waiting area with a wide variety of leaflets however it also promoted meeting dates from over 1 year ago and requires updating.
- Most people we spoke to had been with the service for an average of 5 and a half years, and the longest that someone had been with the service was 30 years.





Our findings in detail

Has the service improved?

5 people felt that the service was the same, **2 people** felt that it had improved and **3 people** said that it had got worse.

- "I have seen different psychiatrists on each visit and had to use up most of my appointment time explaining again what my problems are"
- "Cutbacks"

But we also heard:

- "They are listening more and are more open to what treatment I would like"
- "(There is) someone to talk to, closely monitored medication, frequent check-ins. A safety net!"

Telephone Systems & Appointments

50% of patients said that they were able to get through on the telephone, but **2 people** said that they couldn't, and **3 people** said that they could get through only "sometimes".

- "Takes too long"
- "There is a very long wait sometimes"
- "Had to wait a long time"
- "Phones now make you wait a long time and keep transferring to another recorded message"

If people had to leave a message, **86% of people** said that staff called them back.

4 people told us that they hadn't missed an appointment. Of the people who **HAD** missed an appointment, **67%** of them told us that a member of staff contacted them to check that they were ok.

- "I got a letter a few days later to rearrange, but couldn't get through on the phone to rearrange"



Our findings in detail

Cancellations

Four people told us that they had never had an appointment cancelled.

6 people did have an appointment cancelled and **ALL OF THEM** were told the reason why.

Of the **6 people** who did have an appointment cancelled, **all of them** were offered an alternative date.

About the care

90% of patients said that they felt involved in their care and **80% of patients** had a copy of their care plan.



Crisis service

90% of patients knew who to contact if they felt they were in crisis, with **70%** having called the crisis team before. There was a mix of feedback about the Crisis service:

- “Called them from home, came in to sort out the problem”
- “Very good service”

Other people told us:

- “It was awful. I was left waiting in A&E for 6 hours for the Crisis Response Team to arrive, to help me leave”
- “Did not feel that they were of any help”



Our findings in detail

Support & Information

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

1 person was not offered any information however, **9 people** were offered information, with answers including;

- "MIND"
- "Samaritans"
- "Music therapy"
- "Endeavour"
- "Volunteering opportunities"

We asked if patients had been offered support by staff to access other health services, and **60%** of patients **HAD BEEN OFFERED SUPPORT**.

Of the **4 people** who were not offered support, none of them actually wanted to be offered it.



Carers

One out of the two carers we spoke to was involved in helping to draft their relatives care plan.

1 relative/carer told us that the Trust did "very well" at communicating with them.

1 person told us that they "didn't hear much at all".



Acknowledgement

Healthwatch Kent would like to thank the patients, family, friends, carers and our volunteers for taking the time to contribute to this piece of work. We'd also like to thank our partners, MEGAN CIC, who joined us on the visits and helped us to talk to patients.

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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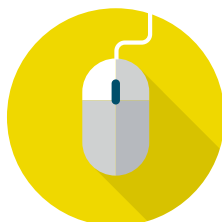
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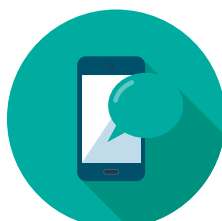


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