



# Enter and View

The Goodall Centre  
28 January 2025

**healthwatch**  
County Durham

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# Details of visit

**Location:**

**The Goodall Centre,  
Walker Drive,  
Bishop Auckland  
County Durham  
DL14 6QN**

**Date and time of visit:**

**Tuesday 28<sup>th</sup> January 2025 09.30 – 12.00noon**

**Authorised Enter and View Representatives:**

**Claire Sisterson, Mervyn Hockin**

**Healthwatch Volunteer Support Officer:**

**Claire Sisterson**

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**Type of service:**

**Community Mental Health Team**

**NHS Trust:**

**Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)**

**Specialisms:**

**Mental Health**

**Team Manager/s**

**Annette Booth (South Dales Team), Deborah Whiston (North Dales Team)**

# Acknowledgments and context

Healthwatch County Durham would like to thank the management, staff, and service users for making us feel welcome and taking part in the Enter and View visit.

An important part of the work local Healthwatch does is to conduct Enter and View visits. The purpose of this Enter and View Visit was to hear from service users and record their experiences at the Goodall Centre.

Local Healthwatch representatives conduct these visits to health and social care services to find out how they are being run and make recommendations about where there are areas for improvement. The Health and Social Care Act allows 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 users tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn and share examples of what they do well from the perspective of users who experience the service firsthand.

Healthwatch Enter and View 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 leader who will inform the service manager, ending the visit.

# Purpose of the visit

We have recently heard from users across County Durham about Community Mental Health Services. Although some of the feedback was positive, the majority were negative experiences from users and their carers.

We wanted to understand in more detail the issues users were facing whilst under the care of the community mental health team located at the Goodall Centre and decided to carry out a planned Enter and View. To gather a full picture of the situation we also asked to speak to staff members about their experiences of working at the Goodall Centre and supporting their service users.

This report relates only to the specific two and a half hour Enter and View visit, which includes feedback from service users and staff during the visit. Also included is feedback from a questionnaire left for completion at the Goodall Centre before our visit and questionnaires given to users who receive support at home via the Goodall Centre. Therefore, it is not representative of all service users, only those who contributed within the restricted time available, through interviews and other feedback.

# Description of the service

The Goodall Centre is a mental health service that provides assessment, treatment, support and intervention for adults. The Goodall Centre hosts both the South and North Dales Teams.

South Dales team has 839 clients and 21 staff (plus social care team of 6) who cover the social work hub

North Dales Team has 1020 clients (approx. 400 are 'keep in touch' (K.I.T.) users) and have 30 staff.

The service operates between 9am and 5pm Monday to Friday.

# Planning the visit

The questions used were carefully put together (appendix A) beforehand to reflect the approach we were taking. This was agreed with staff and authorised representatives and was also sent to the Team Manager's before the visit.

We met with the team initially to plan the visit, agreed to the processes, and made sure it would work for service users and staff.

We realised that there might be users who would like to comment on the service who were not going to be at the Goodall Centre on the day of the visit, so the surveys were left two weeks before the visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in.

For service users who had support at home, we asked the team at the Goodall Centre to take a pack with them at the next visit, as we wanted to give as many users as possible the opportunity to share their experiences with us.



We advertised the visit in advance (appendix B) and Annette Booth and Deborah Whiston briefed the staff and answered any queries before the day.

We conducted a preparation visit before the Enter and View to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures. The use of a private space for conversations, if needed, was agreed.



**“Have an ongoing issue which they think they have answered, but it’s not enough for me”**



# How was the Enter and View conducted?

To ensure we captured as many experiences as possible, including those that would not be there on the day, we created an information pack. This pack contained details about Healthwatch County Durham, a letter about the Enter and View visit, the survey, and a stamped addressed envelope to return. We also left a telephone contact sheet with reception, to encourage users to leave their contact number, so we could include their feedback by calling them after the visit.

Twenty packs and two contact sheets (one for the North team and one for the South Team) were left with a receptionist two weeks before our visit with a time limit of two weeks after our visit, to collect responses. Disappointing that we received no postal responses from the 20 packs that went out to users.

We conducted eight (8) users and three (3) staff conversations on the day. Four (4) further complete surveys were posted to us. Four (4) surveys were deposited in the box we left; we received one (1) by email and conducted nine (9) by telephone. One (1) person called us and asked if we could go to their home.

A follow-up email was sent giving a debrief the day after the visit to both team managers.

Service users were approached during the visit and asked if they would like to talk to Healthwatch about their experiences at the Goodall Centre. The South Dales Team had taken ten (10) service users' details, who agreed to speak to us over the telephone about their experiences. We spoke to nine (9) of these.

The North Dales Team took one (1) name but unfortunately later lost the sheet, so this could not be followed up.

Unfortunately, there was no way of differentiating whether users we spoke to were from the South Dales or North Dales team.



# How we recorded the findings

Representatives completed the survey with users and staff. They also made a note of any other relevant information users wished to give. All the questionnaires were anonymous. Following the visit, all results were input into a spreadsheet as 'raw data' for analysing.

## Feedback and findings

### Healthwatch County Durham observation

On approach it was clear that there were car parking spaces around the building, but all spaces were full (on all three occasions we attended the site). There were cars pulled up on the pavement in front of the entrance and the road seemed to have many potholes.

The main entry is through sliding doors to a small entrance foyer, which has access left, right and straight through to back car park.

The entrance is very plain, with doors to the left and right and, in those areas, there were display wall boards with a variety of information posters and some bright artwork giving a welcoming and calming feel. There were floor standing boards in the foyer which displayed further information.

There is a 'reception' sign and arrow as you walk in, positioned high on the ceiling. Water was available, and the areas were well lit.

There is a very small waiting room to the right. The reception area had no staff present but there was an intercom with two buttons to call either the South or the North Dales Team. A notice was shown giving instructions to take a seat and 'someone would collect you'.

## Service user feedback

### Staff attitudes and behaviours

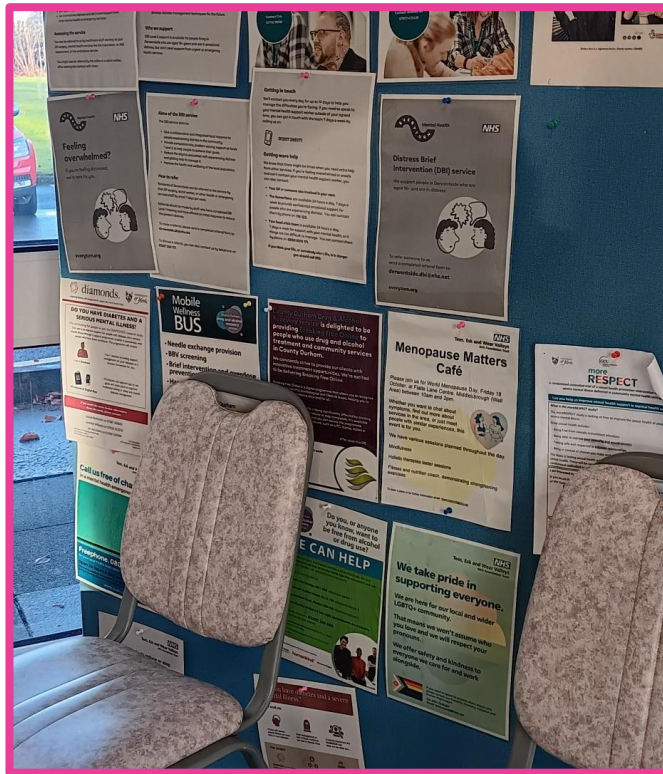
Although there was a real variance in experiences, overall, the feedback was complimentary, and that staff are friendly. More than double the number of users leaving positive remarks (17), as opposed to negative remarks (7). Suggesting staff were 'professional', 'friendly' and 'caring'. These users used terms such as 'comfortable', 'listened to' and 'flexible' when describing how staff were with them.

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However, the users who relayed negative comments (7) made clear statements about being unhappy with the staff. Using phrases such as not 'trusting staff', 'no records kept', 'not listened to', 'always seem rushed' and 'seen as a troublemaker'. Other comments were made about staff being 'uncaring', 'lacking empathy', 'bad attitude', 'getting different messages' and 'don't listen'. One user, although complimentary of the staff generally, said that "when you ring the reception intercom, its bizarre, staff respond as if 'you are putting them out!". Six (6) neutral comments were left.



**“When you ring the intercom its bizarre, staff respond as if ‘you are putting them out!’”**

### **Has your history affected what the service has offered?**

Users' responses in this area were mainly neutral suggesting "they don't have my notes but that's because I have come from elsewhere", "don't know if they've read them", and eight (8) users saying they were okay with the service having and using their history and notes.

On a positive a user commented that they had taken confidence in realising their history/notes had been considered. Another stating they were happy that if family members rang up asking questions, the service would not give out information-this was important as the user wanted their information kept private.

Two (2) users though felt that staff do not know their history and don't check this.

**“They need a full picture to get the right support, and is tailored to the individual, they do this well”**

**Were your preferences looked at when creating your care plan/support?**

Eleven (11) users were aware that they had a care plan but the same number, eleven (11), said they ‘didn’t have one’ and/or had ‘not seen one’.

One user who said they did have one suggested that it had been completed at the wrong time “when I was distressed and had disturbed thinking”.

One user said it would be helpful if care plans were ‘less wordy and clearer’.

**“It would be helpful if they were ‘less wordy and clearer”**

**Have you been told about an ‘Independent Mental Health Advocate’?**

The service had various experiences regarding other types of support.

Seven (7) users mentioned being offered various types of external support (rather than formal ‘Advocacy’) including ‘Housing’ (1), Employment (2), linked with CAB (1). Of these one (1) said that they had been ‘useless, hadn’t even kept any notes’ and another ‘it wasn’t the right time for me’.

Two (2) users were not sure whether they had been offered any additional support.

Ten (10) service users said they had not been offered advocacy or any external additional support. One (1) mentioned “I was not taken seriously about my concerns; an advocate may have provided a solution to this”. Another said “I asked for this but waited two and a half years–the advocate suggested a type of therapy to help but Goodall would not allow”. One (1) user said they had lost their advocate when discharged from hospital and five users (5) told us they rely on family members.

**Would you know how to complain and feel comfortable?**

Three (3) users did not answer the question and seven (7) said they knew how to complain but one said “I complained but was fobbed off, when I asked about escalation, I got nothing back” and another “complained but they did not address the issue–wouldn’t initially take a written complaint from me until I insisted”.

Two (2) users said they were ‘not sure’ how to complain and eight (8) said they ‘didn’t know’ how to complain, one mentioned “not being able to do this” and another said they had noticed leaflets about complaining in the waiting room. Two (2) users said they would be confident complaining without fear of comeback but three (3) said they would “fear some sort of comeback, after complaining”. Also “after complaining, the service could ‘no longer’ write me a prescription which they had done before”

**“I asked for information about organisations to help me escalate my complaint, but this was not given to me”**

## **Do you understand what you are being offered, are you kept informed**

Nine (9) users did not answer this question, one added though, 'we just have to plod on' and 'I had no expectations'. Thirteen (13) users felt they got what they expected or needed and/or got more than they expected. Noted that five (5) of these users were getting support at home rather than attending the site for appointments.

Concern from four (4) users raised with us that their needs were not being met at all:- "I have had no proactive or consistent health care at all", "Difficulty in getting to the site and they refuse to look at this" (2 Users), and "the service didn't even know about an incident raised with them 4pm on Friday- so no passing on of important information".

**"She changes the way she is with me especially when I'm not with my partner"**

## **The Goodall Centre site and building**

There were a couple of positive things said about the site and building including the 'rooms being clean and private', and 'water and leaflets being available to take'. Four (4) users said the site and building were 'Okay'.

Overwhelmingly though fifteen (15) users suggested the building and site were 'poor'. The reasons given for this were that the building is run down, feels clinical, depressing and therefore not relaxed (5). The waiting room is very small so feels claustrophobic, has old furniture and no air- so will choose to wait outside because of this (4). Rooms feel like a mental Health hospital so can feel 'locked in' (2).

Nine (9) users mentioned accessing the site to be very concerning- 'It's in the middle of a renowned, rough council estate', 'buses run only every hour' and 'Parking is not sufficient, potholes in the access road make driving haphazard'.

Two (2) users were very unhappy that they requested support through home visits which were turned down- when they asked, they were told 'they had been in before so could get in again' and another 'previous challenging behaviour made it not possible- even though a safety plan had been carried out'.

Two (2) users suggested having background music would relax users awaiting appointments.

**"I did call today because I couldn't remember the time of my appointment- I was on hold for 45 minutes before I got through. It's the same when you ring up- you don't know who you're speaking to it's just whoever is passing who catches the phone"**



## **Activities and programmes**

Only two (2) users said they had not had any information about outside activities, groups or programmes. One (1) of these users feeling this would have been useful as 'you can feel isolated'.

Eight (8) users either felt that this was not applicable to them or that they just were not interested in this. However, nine (9) users told us they had been encouraged to look at activity groups or programmes, including 'Environmental planting group', 'volunteer work', 'talking therapies', 'DBT programme', 'Pioneering Care partnership (PCP)', 'and 'Healthy eating group'-one mentioned 'Diamond' which had been good but had closed since.

**“My son loves to plant seeds so they put him in touch with an organisation that let him do this and they do it gently without pressure”**

## **Anything else...**

We asked service users if there was anything else they would like us to be aware of about The Goodall Centre.

There were issues raised by several user's: -

- I feel the management have no regard for user health and wellbeing. They are never available to talk to and make decisions based on money rather than user health referrals-offers are discussed which just don't happen and are not followed up "Things seem to 'disappear"- "refer you for 'that' and it doesn't

happen". "Early on suggested 'emotional resilience'-waiting list but just didn't happen and not mentioned again". "Talking therapies-didn't happen. So just waiting again"

- I need someone at home with me now. I am happy to do DBT but unhappy they say, 'I won't engage'. We are trying to get my records from them-we have emailed them asking if we can have a chat with them. It's imperative that I engage with MHT-but I don't think they have taken on board that they are the main service, and they are also the barrier for me
- Inflexibility of appointments-I must pay for a taxi to get here. They suggested I can't have a home support visit as they need to attend in twos.
- It would be a great idea if you invited Susan Tweddle (Holistic Therapist) to do 'Religi' on clients
- Sometimes must wait for half an hour here
- Issues for me are 'parking' and 'no receptionist -it's ridiculous'
- Could have a tea/coffee machine, would be nice
- As stated earlier, I feel lucky to be involved, with the service, although there are many options of support, I feel it is so important for the individual staff to give the right amount of care.
- building desperately needs to be spruced up, needs more organisation around the reception this would be more friendly. The staff look at you like you're stupid especially when you ring the reception bell.
- The nurse responded to me well one day- I was driving, and my hearing aid battery had gone down/was running out but my wife rang, and they spoke to her, and it was all sorted
- You don't want to stand out- it's a Cinderella sort of service; it's such a shame it would be much better placed somewhere else for users
- we are not a typical user of this service, but I can't believe how far my son has come. They have had patience with him, and it's paid off -they come to him here and the atmosphere is good, and he doesn't feel like he's judged.
- Life would be easier for me if they did later appointments. My appointments are on a Friday so I must always finish work early say 2:30pm and leave the job, in the afternoon but sometimes, I just can't leave. I've got to stay, so I would miss my appointment, so later appointments would make things much easier for me.
- I would say that I have been matched up well with my worker that I see fortnightly. They are listening to me, but I think it's important that people remember to listen and it's harder for a male for lots of different reasons. I still feel regarding mental health, you get a different response when asking for support as a male, as opposed to a female.
- An improvement is to look at some sort of management of the reception area and the possibility of a larger waiting area. I'm one of those people who must

wait outside to be called if there are more than a couple of people in that tiny room

- A priority for me would be to have a Clozapine clinic here or available

## The Goodall Centre staff feedback

### Staff attitudes and behaviours

We spoke to three (3) members of staff, one said “users are given good customer service by Lead Professional and then I take over to facilitate a Mental Health Wellbeing Intervention. I am given information on the individual’s set of needs, and I tailor the intervention and my communication to these”. “Making sure users are listened to and supported, is run through as standard”

Another said, “Reception used to be manned but was difficult with the number of staff available and having 2 teams here”. “We had an ‘expert by experience volunteer’ here who used to do some of the seeing people in, we lost that person-it worked well”.

### How does client's history affect what the service offers them?

One staff member told us “I will gain a brief history from reading formulation documentation. ‘Safety Summary’ and ‘Important to Know’ section of CITO is handy too. While I work with the user, I update these sections as I go, I think it shows respect and understanding-I would appreciate this care if I was a user.”

Another said, “we get different reactions to using people’s history, but we have to be clear and aware of peoples past, we don't always bring it up, but it can be a predictor of future presentation”. The third staff member said “We must consider safety with regard, and through accessing people's history”

### Users’ preferences when creating a care plan/support

One staff member said on this “Users are involved at all stages of their treatment. We ask many times what it is they want to address by being involved with mental health services. Their needs are identified by themselves. Users come up with their own goals and I help support them through this process, week by week”.

The second staff member said, “we have co-production of the care plan-users get a copy, printed off-its ‘person centred’”. The third said “with regard to a care plan, everyone should have them we give people hard copies; it's not a standardised approach-we try and make it informal through discussion and then write up”.

### How do you let users know about Independent Mental Health Advocacy?

A staff member said that “No we don’t have this, not that I can think of. I tend to signpost them to other agencies”. Another told us “There used to be a care coordinator who would sign post to the most suitable person. We are getting better at this. We have access to services such as ‘The Home Group’, CAB for

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debt, 'WELL' for social issues, these are added to the Care Plan". A third said "Yes we have an important support officer in each team, and we also have social workers based here".

### **How do you let users know how to complain and reassure them about comeback?**

One (1) staff member told us that they "haven't had to do so yet. If I did feel a user had a complaint, I would first advise they bring it up with myself so we can deal with it quickly. I would reassure them that all feedback is always useful, it's good to talk and helps our time together to be more effective. If they didn't feel comfortable discussing the issue with me, I would ask them to write/phone the Team Manager. Again, reassuring them that we appreciate both complaints and compliments as both help us improve the effectiveness of the service". Another said, "If there are issues try to keep it to the keyworker, then to leadership, onto PALS but we also meet every day for a 'huddle'". The third said "a girl unhappy here walked out, we received a letter, we worked together on it and now six months later we're working together again.

**“We don't need to give reassurances—people are not afraid of ‘come back’ around complaining “**

### **Any breaks in the service that affect ongoing care?**

Staff said "Users may see more than one Professional during the time they are in our service. I feel this is communicated well to users on the lines of there is a person in the service who can give you better advice than I am able to, is it ok for me to request an appointment? This might be for a medication review or a social care needs assessment for example. This is meeting the needs of the user".

"We make sure we speak to users; my background is as a nurse, and I try to make sure I leave time for questions. First appointment is based around expectations, look at managing this and It's always about resources we have a waiting list of 18 months; it's around user flow sometimes when appointments are cancelled, it just can't be helped—we ask admin staff to cancel, and a key worker should rearrange".

### **Do users get what they expect from the service?**

Staff said that often "one of the things that must be laid out at the initial appointment is that the service is not forever. This is the offer of an intervention, but their expectations are around longer-term support and looking at medication".

"Wanting the best for the service user. We get complaints about things we can't change, sometimes where it's a clinical decision. We are dealing with verbal aggression and difficult distressing situations"

### **What do you think about The Goodall Centre site and building?**

Staff at Goodall Centre had lots to say about the site and building. Stating clearly, they felt it was “not fit for purpose”, “nothing therapeutic about this base” and “it's not welcoming at all, some users refuse to come back”. “The building does not meet hygiene standards”.

The concerns centred around ‘Parking’, ‘Rooms’, ‘Access’, ‘Furniture’, ‘Privacy’ and ‘Signage’. Although parking seems to have been an issue for some time, a little while ago the back field was looked at as a potential add on for parking but there were some associated drainage costs, so it was dropped so parking has continued to be difficult. Rooms were raised buy all staff suggesting they were often ‘smelly’, ‘not all of the window’s work’, ‘not available and not enough rooms for staff’, ‘the consultation rooms are not great and cold’. The décor in the rooms is ‘very dated and lacks any sense of homeliness’. There is a ‘lack of adaptations for those with neurodiverse needs such as being able to turn the light down or reduce sound’ (e.g. soft closing doors). Staff told us the building and site is ‘not accessible’- “it was built prior to the disability act and has not been adapted. Therefore, people would be unable to get through the doorways into appointment rooms”. Chairs are not suitable for those who are pregnant, have mobility or joint problems. On ‘the Furniture’ staff said, “the desks and chairs show wear and tear and are damaged and they are limited so there’s often a need to move chairs from room to room, which is physically difficult and means extra preparation time is needed”.

Poor, and lack of, signage, makes “Privacy” difficult, “it’s a big issue”. “There is no way of knowing whether a room is occupied, so someone could just walk in. Also, there are no blinds so if you have a light on, you can see in from the carpark”.

## **“The appointment rooms, toilets and refreshment facilities are bleak and below standard”**

### **What about activities and programmes?**

Staff told us they do, or have offered, ‘DBT’- (dialectical behaviour therapy), ‘Structural Clinical management interpersonal skills’ and ‘Managing emotions’.

“Groups were a part of Goodall Centre’s agenda when I started working here about 1 ½ years ago. They still run but not in the number I would like them to. I am committed to getting these built up and will work with colleagues in the team to make this happen”.

Staff told us that “Yes, amongst our team we have knowledge of local services to refer to. I have had some good outcomes when they have been accepted by an organisation. I’m always keeping my eyes open for resources and support. I contact them directly to manage requests and share positives with the team- leadership team often circulate organisations too”.

### **Anything else....?**

“My final words are that staff and leadership at South Dales Team, Goodall Centre are very good. I don’t think the building is adequate for the needs of staff and/or users. It could be redesigned and improved to meet current needs”.



“We have a steady person running the team—and duty worker but it’s not the same people each time. We struggle with high caseloads—ADHD assessments, are a much wider issue which have doubled in the last 5 years”.

“We need more cohesive working especially around protection. There are problems but we’re not looking at user needs, we have a lack of resources and there is a different priority in the two teams. We need staff development and ‘up skilling’ as sometimes there is defensiveness between the two teams, so we need encouragement and incentives to work better, too”

**“We need staff development and ‘up skilling’,  
encouragement and incentives”**

## Conclusion

The service users we spoke to generally were complimentary and thought that the staff were friendly. However, even some of these people said they felt like they were spoken to by staff answering queries at reception ‘as if they were putting them out’. Users were happy that the service has access and uses their medical MH history and thankful that user’s privacy is maintained. Nearly all users mentioned a problem with reception not being managed.

Only half of the users thought they had or had sight of a care plan. Suggestion that they should be less ‘wordy’ and ‘clearer’.

The Goodall Centre seems to do well in signposting to other support services other than a couple of users being refused an advocate, when requested.

More than half of users told us they didn’t know how to complain and a couple who had complained said, it had not resulted in anything worthwhile. Some users said they would not complain about fear of ‘comeback’ and one suggested things had changed since a complaint had been lodged.

More than half of the users said they got what they expected but 4 users said they got no care and two raised issues about where they accessed care, as a major problem.

Both staff and users raised that the building and site is not fit for purpose highlighting issues with parking, rooms, furniture, privacy and signage.

Healthwatch County Durham has continued to hear negative experiences from mental health service users across the County generally, since the Enter and View was carried out. These experiences were like the views that led to the Enter and Views being arranged. Therefore, we want to reassure users this Enter and View report is a snapshot of experiences we heard within the two and a half hours we were present and from phone call feedback afterwards, from those who were involved and does not represent the whole picture.

# Limitations

This Enter and View Report was not designed, nor does it claim to provide a representative view of the service users, carers and staff at The Goodall Centre. Service users could have been at a sensitive time in their mental health recovery, and we were only able to speak for a few minutes, so their frame of mind could influence the responses we got.



# Recommendations

Most users felt that the **staff were friendly**, professional, caring and make them feel comfortable.

Some users mentioned though, that staff answering the intercom line at reception, **made them feel they had 'put them out' and 'inconvenienced'** them.

A minority of users said they could **not trust staff**, felt they **weren't listened to** and **lacked empathy**. Further suggesting that **records were not kept**.

The service needs to **better manage the intercom system at reception**, with an agreed polite response, irrelevant of who answer these calls.

Staff told us that there is a need for more **cohesive working**, especially as there is a **lack of resources**. Stating that there are sometimes **different priorities in the two area teams** which can be difficult. Staff **upskilling and development** was raised as a need. Staff **encouragement with incentives** should happen too. Managers of the service should look at training and support to staff, in these areas.

Users felt that their **mental health history is managed well** at The Goodall Centre. Continuing to make sure that staff and other associated support have the relevant information, is very valued by the users of the service

Nearly half of users suggested they **did not know how to complain** and half of those would be **worried about complaining about fear of 'come back'**. Some felt **it was pointless** as had complained but **had no proper explanation**, was **'fobbed off'** and **'didn't come to anything'**. Interesting that some **staff thought differently** that users were **'not afraid' to complain about fear of comeback**.

The service should **'proactively'** ensure **users understand the process** (including 'escalation') and are reassured that **complaining is encouraged** and **would not affect ongoing care** detrimentally in any way.

Care Plan—**contrary to what staff said happens**, half of users were **not aware or had seen a 'care plan'**. There is a need to ensure each service user has a copy of their care plan, either electronically or by hard copy. Users asked that **care plans should be 'clear', not 'too wordy' and 'reviewed' regularly**.

The Goodall Centre seems to **positively signpost users to lots of alternative outside support** and nearly all users had been offered additional support in this way. Although a couple of users had **asked for an 'advocate' support**, which **had not happened**.

The service should ensure it keeps up to date with what is available, review and follow up (as part of the care plan) to make sure users continue to be offered the right type of support. The service should **make sure clear information is given around how,**

**why and when a particular type of support can or cannot be offered** (i.e. advocate request). If a request cannot be met, **offer an alternative solution**.

Users said generally that their **expectations were met** around what they get from the service, but **we noted that half of these users were receiving care within their own home**. Two users were **frustrated** who felt their care should be 'at home' but **this had been refused**. An issue raised was around **flexibility of appointments**—meant he could **not always get out of work** to get to an appointment. If there was **one night with an extended hour to 6pm** that would make life much easier—can this be considered/raised?

The service should give clear reasoning around the **agreed location of support that can be offered** (whether at the site, at home or elsewhere).

Staff told us that user expectation is often **around long-term support**, but this is not always possible so should be clarified at the earliest most appropriate point.

Nearly all users had been **introduced to an activity or group** by The Goodall Centre.

**Adding 'Groups' onto the team huddle agenda** each week, as suggested by staff, would be a good way of keeping the team up to date with what's available.

Both Staff and users agreed that **the biggest issue with the service, is the building and site**.

Whilst a new purpose-built building on a new user-friendly site may be unrealistic, problems with **'Rooms', 'Signage', 'Furniture', 'Reception', 'Parking'** can, and should all be considered by management and staff, in the meantime: -

- **Rooms** should be checked to make sure they have watertight, windows that open/close. Rooms should be cleaned to a high standard and appropriately heated. A system of managing room availability should be put in place, especially taking on board which rooms are accessible, and which are not. Room décor should be updated—consider door surround colour distinct to door and wall colour. Ideally having all door surrounds the same colour for public areas and vice versa for clinical areas (especially for users with dementia or sight issues). Too many posters make 'information overload' and not useful so look at better coordination of publicity, posters and artwork. As the waiting room is so small, consider alternatives where users can wait or be collected from, on arrival. Look at the possibility of having soft background music in waiting space.
- **Signage**— Welcome message and information of 'Left to reception' and 'right to waiting room' (or vice versa) should be erected at a sensible height as users enter either of the entrances to the building, removing the existing 'reception' sign on the ceiling which cannot be seen. The rear entrance is not signed and there is no indication that the car park extends to the rear of the building. Internal rooms need an adjustable sign on each door allowing people to know if the room is currently in use or not. The toilet door would serve users better if it had a picture of a 'WC' on it.

- **Furniture**– consider carrying out an inventory of furniture required throughout, including having a variety of chair types, heights and sizes. Appropriate furniture is needed in each room to avoid staff having to move furniture from room to room regularly. This includes disposing of furniture and equipment no longer used. Installation of a clock in the waiting room, would be beneficial to all.
- **Reception**– There are obvious problems in having a non-staffed reception. Management and both teams should come to some arrangement around how reception can be better managed, so that all people that attend the site (not just users of the service) are welcomed politely and clearly instructed by a staff member, on arrival. Look to recruit an **'expert by experience volunteer'** as before to work on reception.
- **Parking**–Managers should check that the number of disabled marked car parking spaces, is appropriate/adequate according to the space and layout. Clearly there is generally not enough car parking spaces, so consideration again of how this need can be met.
- **Privacy**–Staff and users were conscious that rooms did not always allow for privacy. Look at how to manage the issue of confidentiality when on site- maybe look to use less clinical spaces within the community, in the meantime.

# Provider Response

*Goodall Centre covers a large urban and rural area within the Durham Dales. The Goodall Centre is the team base for the Bishop Auckland area, other space used is at the Richardson Hospital, Barnard Castle, Willington Health Centre and the Pioneering Care Centre, Newton Aycliffe with many patients receiving care in their own homes/local community.*

*The Goodall Centre environment is currently under review with the TEWV Estates team and work was already underway to review the clinical space and office space that is available within the building.*

*The location of the building within Bishop Auckland is accessible via local bus routes and when patients are unable to get to premise the team do offer alternatives to ensure engagement. As mentioned above, The teams at the Goodall Centre utilise satellite bases across the dales area, which promotes inclusivity for attendance at either home visits, or if not suitable, visits at other buildings suitable for appointments.*

*We have recently reviewed our reception arrangements and there is meet and greet from 9 to 5 and we are currently trialing the premises to be open 8 to 6 Tuesday to Thursday to support people who work or would prefer earlier or later appointments.*

*There are two teams based at the Goodall and during 2025 the two teams will be merging together to form the Durham Dales team, this will provide a wider range of*

Enter and View Report: The Goodall Centre

*psychological interventions for patients and a broader skill mix. Via the national transformation programme, the changes within this service are already starting to adopt a focus on recovery via joint working, appropriate interventions, recovery focused frameworks, and encouraging patients to utilise their strengths to propel them forwards regardless of their presentation. The transformation programme highlights the need for a 'no wrong door' policy for patients, to ensure a seamless pathway throughout their care and treatment.*

*The merge planned for these teams is already underway and is starting to demonstrate the adaptability of mental health service provision, to cater for the variable, and changeable needs of the population that we represent. Early indicators are very positive, and whilst there is going to be a period of change, and subsequently a period of consolidation; the future of a transformational mental health service within the dales is achievable, and hopeful" (Jane King-TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST)*

# Appendix

## Appendix A:

### Enter and View Questions for The Goodall Centre (Service Users)

Thank you for your time today. Healthwatch are speaking to users, family members and staff about The Goodall Centre and want to hear the stories behind these views.

How do you find staff attitude/behaviour here at this service?

How well do staff listen and support you to show what you need and want? Is your right to privacy is offered here? Have you seen good customer care? Do staff treat each person as an individual? Do you feel confident in the staff?

Do you feel that your history has affected what the service has offered you?

Did you tell the service about any past mental health issues? Had someone read your previous notes, did you feel this meant they already knew about you? Any good points/worries about the service knowing about this?

Were you involved when creating your care plan?

Is the service helping you to maintain a good level of independence, choice and control? Is it reviewed?

Have you been offered any form of Advocacy'?

Would you know how to complain, would you be able to do this comfortably?

Do you understand what is being offered or what you are getting from the service? Is it what you expected? If not, explain

How do you hear from the service? If you were unable to do what the service asked you to do, what happened? Were you offered any type of alternative help? Have you ever been put in touch with other organisations to help with your wellbeing? Linked to your support, have you made a specific request and was this organised for you?

What do you think about the service site and building (if you use it)-

What do you think of the building and are the spaces/rooms comfortable-could you suggest any improvement? Are you offered refreshments during your visit/s? How do you find the waiting room? Do you ever take away information from the unit (i.e. leaflets) or can you get information in any other way?

What about Activities and programmes?

Are you able to involve your family members and carers as part of your support here? What regular support groups meet at the site/service or elsewhere and do you access them?

Anything else you would like us to be aware of: -

Age.....Gender.....First part of postcode.....

Enter and View Report: The Goodall Centre

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## **Appendix A cont...**

### **Enter and View Questions for The Goodall Centre(staff)**

Thank you for your time today. Healthwatch are speaking to users, family members and staff about The Goodall Centre and want to hear the stories behind these views.

#### **Staff attitude/behaviour at this service?**

**Can you listen and support users to show what they need and want? Is client's right to privacy offered here? Have you seen staff offer good customer care? Do staff members treat each person as an individual? Are you supported with the skills/tools required to work to the best of your ability?**

#### **How does client's history affect what the service offers them?**

**Do all staff find out any past mental health issues of users? Do staff read previous notes, to have some prior knowledge of each client? Are there good points/worries knowing about a client's mental health history?**

#### **Client's preferences when creating a care plan/support?**

**How does the service help users to maintain a level of independence, choice and control? How are users involved? Do you feel you receive appropriate training in this area? Is this reviewed?**

#### **Have you offered any form of 'Advocacy' to users?**

#### **How do you let users know how to complain and reassure them about comeback?**

#### **Is there anything that adversely affects ongoing or promised care?**

**What happens if someone is offered some type of support that does not happen, or was different to what they expected? Do users tend to see the same staff for their support or are they seeing different users? Would you say the service meets what it has offered users, if yes how and if no, why not?**

#### **How do you check/know that users understand what is being offered and get from the service, what they expect?**

**Do you have the required resources? Do you put users in touch with other organisations to help with their support? Linked to support, if someone makes a specific request, how is this managed/considered?**

#### **What do you think about this site and building-**

**What do you think of the building and are the spaces/rooms comfortable-could you suggest any improvement? Are you able to offer refreshments during client visit/s? How do you find the waiting room? Can users take away information (i.e. leaflets) or can they get information in any other way?**

#### **What Activities, groups and other programmes are offered?**

**Are users able to involve family members and carers as part of their support here? What regular support groups meet at the site/service or elsewhere and how do users access them?**

#### **Anything else you would like us to be aware of: -**

**Age.....Gender.....First part of postcode.....**

Enter and View Report: The Goodall Centre

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Appendix B:

# Tell us about your Service!

**Thursday 24<sup>th</sup> October 2024**  
**9.30am-12 noon**

**The Goodall Centre (CMHU)**

Healthwatch County Durham is your local, independent health and social care champion. We are visiting this service on the above date/time to find out what you think about what it offers. We would like to hear from users, carers and staff about their experiences.

## Come and tell us what you think about the service

Claire Sisterson (Volunteer Support)

[claire.sisterson@pcp.uk.net](mailto:claire.sisterson@pcp.uk.net) 07756 654223

[www.healthwatchcountydurham.co.uk](http://www.healthwatchcountydurham.co.uk) Tel: 0191 3787694/Text: 07756 654218

Whitfield House, Meadowfield Industrial estate, Durham, DH7 8XL

**Tel: 0191 3787694 Text: 07756 654218**

Appendix C–Anonymised data – available on request



# healthwatch

## County Durham

Healthwatch County Durham  
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