

**Developing “Mystery Shopper” capacity for  
alcohol services**

**A report on an AERC funded project to assess  
the feasibility of Mystery Shopping**

**March 2012**

## Summary

The AERC provided Alcohol Concern with a small grant to pilot mystery shopping in alcohol services. This project “shopped” the Compass service in Enfield using shoppers recruited from Foundation 66’s service user group.

The project was a success but not an unqualified success. It was straightforward to recruit and train the shoppers, it was harder to find a commissioner who wanted to use the shoppers: perhaps because of concern about jeopardising relationships with services. The service staff were very happy to be shopped and felt it was a crucial process.

The main problems were:

- Moving beyond mystery shopping assessment processes and related elements such as environment and literature. Staff were resistant, perhaps rightly, to mystery shopping in groups and counselling sessions
- Finding believable addresses for clients.

However, the process has demonstrated that mystery shopping is possible and beneficial, and the structure devised by Alcohol Concern provides a model which other partnerships can build on.

## 1. Background

The AERC provided Alcohol Concern with a small grant (under £5,000) to pilot mystery shopping in alcohol services. This is a report of the project.

Mystery shopping is the technique whereby people are paid to go into shops and services to determine the quality of the response customers receive. This is familiar in industry but has also been used in local authorities to evaluate public services. It would be possible to use similar techniques in alcohol services; but as far as we were aware the technique had not been used in the alcohol field to date.

A large literature exists on mystery shopping in general, however, far fewer in the health care sector. Useful articles on its use in healthcare include:

- Health Care Taps 'Mystery Shoppers' - *Wall Street Journal* - August 8, 2006
- Mystery shopping in health service evaluation. Moriarty H. et al - *British Journal of General Practice* – 2003
- Improving Psychiatric Services Through Mystery Shopping – Lazarus A. - *Psychiatric Services* 60:972-973, July 2009

## 2. Purpose

The overall aim of this research project was to review the feasibility of mystery shopping in alcohol services by testing it out in a local alcohol treatment system.

The aim of the mystery shopping in this context was to set up a process that would be able to describe to commissioners and service managers the experience of using a particular service including:

- service availability
- appointment systems
- waiting times
- reception practices
- information provided
- printed and verbal advice and

- other features as required by the commissioner.

The project would provide additional benefits by providing former service users with an opportunity for skills development and some paid work as mystery shoppers. Shoppers were paid £100 for their efforts.

### **3. The project**

Once funding was agreed in early 2011 Alcohol Concern began a four element process:

- Identifying and training two or three former service users who could be trained as mystery shoppers
- Identifying, via commissioners, an appropriate alcohol service or system of services to undergo the mystery shopping
- Undertaking the actual shopping
- Feedback to the service.

#### **3.1 Finding a service**

As a London based organisation Alcohol Concern decided to focus on one of the 32 London boroughs, this would be both cost effective and practical for the London based shoppers that we had identified. We also wanted a straightforward treatment system rather than one with multiple Tier 2 and 3 services as is the case in Westminster or Camden.

This became the most challenging stage of the project. The assumption had been that commissioners would be interested in this opportunity to review services. However, the first two we contacted both considered the opportunity and after some time rejected it because they were about to re-tender services or were concerned about the impact it might have on the relationship with services.

Eventually Enfield expressed a willingness to be engaged. Enfield has a single Tier 2 /3 alcohol service provided by Compass in Edmonton and the service itself was very happy to be engaged in the process. It is possible to speculate that commissioners may be more nervous about these processes than the services.

*It is important to remember that this report is focused on the mystery shopping process it is not a report on Compass Enfield; however, it is worth recording that the views on the service were very positive.*

#### **3.2 Agreeing the content of the mystery shopping**

The biggest constraints on the content of the shopping were ethical concerns. Compass was very happy for shoppers to comment on issues set out in the specification i.e.:

- service availability
- appointment systems
- waiting times
- reception practices
- information provided
- printed and verbal advice

However, two boundaries were set:

- Shoppers could not participate in group programmes because this would jeopardise other clients' confidentiality.

- Ongoing counselling or other one to one interventions after an initial assessment were felt to be a bad use of staff time in a service which had enough clients to deal with already.

This limited the shopping to telephone and initial assessment contacts, but would test all the issues in the above list.

In addition, it was agreed that once the shopper had completed the interaction with the service, Alcohol Concern would immediately tell the service that they had been visited by a mystery shopper. This would mean that no further service time was used on the intervention and any records can be deleted, so that this does not interfere with service reporting to commissioners.

### **3.3 Finding shoppers**

This had been envisaged as the challenging part of the process but proved easier than finding a service. Alcohol Concern approached Foundation 66's service user committee and they readily agreed to be part of the process. We met with the committee and identified five people who were willing to be trained. All of them saw it as a way of giving back something in their recovery process and felt it would be helpful and interesting rather than threatening.

Interestingly, the one major concern was that no permanent record would be created of their visit in the service's files. This had already been agreed with Compass.

### **3.4 The training course**

Alcohol Concern developed a one day training course for the mystery shoppers which four of the original five people attended. The other person permanently dropped out of the process. The four were evenly split in gender terms but all were White British. All were in their 30s and 40s.

The course itself is set out in Appendix 1 and the accompanying PowerPoint slides.

The shoppers were all ex-service users in recovery with at least a year's experience of alcohol services. The training focused on giving them the confidence to undertake the role using their own experience to present a convincing persona, explaining the information required and enabling them to report back in an appropriate manner.

The core of the training was role play in which the participants practised playing a mystery shopper. The key to this was to find a role which was as close to their own persona as possible. As recovering drinkers they could not go in smelling of drink or pretending they were very unwell when obviously they were neither. Instead the course focused on finding a role which fitted their persona. One, for example, chose to be someone in recovery who felt threatened by relapse. Another was a family member seeking help. This process was less challenging than envisaged.

The mystery shoppers were informed that they would report:

- factual information about the experience of being in a service; and
- the shoppers' feelings about what happened to them with an explanation as to what actions or experiences made them feel that way.

They were not to make a judgement on the service only describe what happened.

In addition a mystery shopper agreement was established for the participants to sign. All four happily agreed it. The agreement is set out in Appendix 2.

### **3.5 The shopping process - Compass**

Compass's manager had agreed the process and staff were aware that it was going on. All staff were provided with an information sheet on the process which is in Appendix 3. After discussion with the manager it was decided that Alcohol Concern would not come to a staff meeting to brief staff face to face. This appeared a reasonable decision at the time but in retrospect staff stated that they would have appreciated a face to face briefing.

Compass staff were then told that the shopping would occur over a four month period in autumn 2011. The long time period was to ensure that staff began to forget about the process and not spend all their time trying to spot the mystery shopper. The staff felt that this had been an effective technique.

### **3.6 The shopping process – the visits**

Nine mystery shopping events were scheduled over the four months: five visits and four phone calls. In the end one further mystery shopper dropped out in the last weeks of the process, meaning he could not be replaced. Therefore three phone calls and four visits were made as part of the process. Each of these was written up and the findings shared with the Compass Manager and, at the end of the process, with Compass staff.

Once the shopper had completed the interaction with the service, Alcohol Concern immediately told the service that they were a mystery shopper.

The shoppers then either wrote a report themselves or worked with the Alcohol Concern lead to draw up a report for discussion with the service and the commissioner.

The three written reports are included at appendix 4

### **3.6 The shopping process – the problem of finding an address**

The most challenging problem to overcome was where the shoppers were to say they came from and who their GP was.

To qualify for the Enfield service they would need to live in Enfield, but choosing shoppers who come from Enfield is problematic because they are very likely to be known to the service they are visiting. If, as we did, people are recruited from outside Enfield they will have to be provided with a convincing address and GP otherwise it will become immediately apparent that they are mystery shoppers. The address would also need to vary otherwise it would be clear that the shoppers were all giving the same address or GP.

We were fortunate that one of the shoppers had family in Enfield and she used that address. However, for the other shoppers we had to identify a false address. In the end we identified a couple of roads and chose numbers that did not exist on that road. We then showed the shoppers the area on Google maps so that they had a rough idea of where they lived in case there were any questions. If pressed they were to say they were new to the area. We also identified a GP practice nearby which they could use.

These are simple solutions but ones which limited the engagement. Once the service wrote to the patient or GP they would learn that they had been given a fictitious contact and raise suspicions that they were a mystery shopper. Therefore, we had to limit the contacts to single visits and immediately after it contacted Compass to avoid unnecessary letters being sent out.

### **3.7 The shopping process – were they identified?**

None of the shoppers were identified during the interviews. One suspected she might have been but the staff interviews suggested that this was not the case. Indeed the Compass staff reported identifying someone as a mystery shopper who turned out to be a genuine client!

Importantly shoppers were told that if challenged they were to deny it and if the process became impossible were to simply make their excuses and leave. This situation did not occur.

### **3.8 Feedback and debriefing**

After the mystery shopping each shopper was offered a face to face support meeting. Two of them took the opportunity. Neither felt that the process had been particularly stressful and there is no evidence that the shopping jeopardised recovery in any way. All the shoppers felt nervous before the process but stated that they had enjoyed the experience in retrospect.

The staff at Compass were offered a debrief session immediately after the end of the process. Unfortunately (unbeknownst to Alcohol Concern) the service was required to move offices and the feedback was delayed by several weeks.

At the meeting feedback was given on the findings and then feedback was sought on the process. The comments were not always consistent but the key points to emerge were:

- The staff were aware that the process was taking place.
- Initial concerns focused on client confidentiality especially with regard to groupwork.
- They were simply told the process was happening and would have appreciated a meeting about it.
- They felt that as it was part and parcel of what they do on a daily basis they did not think that much about it and being very busy soon forgot about it.
- There was occasional speculation about who was and who was not a mystery shopper
- They feel that mystery shopping is crucial.
- They felt it was good to get a neutral view of what the service does
- It kept them on their toes in assessment
- If the shopper moved beyond assessment it would detract from genuine client work
- Groupwork mystery shopping would be hard for the shopper and unfair on the other clients. They would not want people to be pretending in groups.

## **4. Conclusion**

This project was a success but not an unqualified success. Challenges and problems were experienced; however, this learning and the framework Alcohol Concern has developed can provide guidance for other partnerships who are interested in undertaking mystery shopping.

It is possible to undertake mystery shopping. The staff who were being shopped felt it was a beneficial, indeed crucial, process. The shoppers found the process relatively simple. Former service users can play the role of mystery shoppers with support and training. It is interesting that the greatest anxiety seemed to be on the part of commissioners.

The material in the appendices to this report provides a structure which other partnerships can use to develop their own processes.

However, the challenges that are the hardest to overcome are the deceptively simple ones:

- Moving beyond mystery shopping assessment processes and related elements such as environment and literature. Staff were resistant, perhaps rightly, to mystery shopping in groups and counselling sessions
- Finding believable addresses for clients.

Within these constraints mystery shopping is possible and this report points a way forward.

**Becoming a *Mystery  
Shopper* for Alcohol  
Concern**

**One Day Training  
Course**

**Trainer's Manual**



## **Introduction**

“Mystery Shoppers” are paid to anonymously use shops and services to assess the quality of customer service. This is familiar in shops and other services but has also been used to check public services.

Alcohol Concern is piloting mystery shopping for alcohol services. In order to offer high quality mystery shopping the participants will need to be trained and this course outlines the content of that training course.

## **Aims and learning outcomes**

**Aim:** To provide participants with the ability to undertake the role of a *mystery shopper* in alcohol services

### **Learning Outcomes:**

At the end of this training, participants will understand:

- Alcohol Concern’s expectations of a mystery shopper
- The support that Alcohol Concern can offer
- How to present themselves as a current client in alcohol services

## **Course Requirements**

To run this course trainers will require:

- A PowerPoint projector and computer
- Flipchart paper and pens
- Flipchart stand
- One copy of the Toolkit booklet for each participant
- One copy of additional handouts (at back of this booklet) for each participant
- A room suitable for the number of participants

In particular, you will require someone who can play the role of a clinician in practice interviews with participants.

## Training Day Programme - Timings

Session	Time	Content
	09.45	Arrival
1	10.00	Introductions & ice-breaker
2	10.30	Being a mystery shopper
	11.30	Break
3	11.45	Developing the person I will present to the service – pairs work
4	12.30	Practice interviews
	1.00	Lunch
5	2.00	Practice interviews
	3.00	Break
6	3.15	Practice interviews
7	3.45	Any further questions and next steps
8	4.00	Evaluation and finish

## **Detailed Tutor's Notes**

## **Session 1: Introduction and icebreaker**

### **Purpose:**

- Trainer and participants introduce themselves
- Provide group with programme for the day and learning objectives
- Agree groundrules with the group that provide a safe and supportive learning environment
- Encourage participation through an icebreaker exercise

### **Resources:**

- PowerPoint slides 2-7
- Handouts – Toolkit booklet
- Flipchart and pens for icebreaker

### **Time:**

30 minutes

### **Activity:**

- Trainer introduces him or herself and welcomes participants to the day's training.
- Trainer provides information on housekeeping and health and safety requirements of the environment including fire safety.
- Trainer goes through the aims, objectives and learning outcomes for the day using PowerPoint slides 2-3.
- Trainer goes through the programme for the day using PowerPoint slides 5-6.
- Trainer highlights the Groundrules PowerPoint slide (4) and asks if participants wish to add anything to the rules. The trainer adds anything new on flip chart.
- The Toolkit is given out to each participant.
- Tutor leads an Icebreaker exercise. PowerPoint slide (7)

### **Icebreaker**

Most trainers will have their own icebreaker exercises that they use; therefore, this course will not specify an exercise.

## **Session 2: Being a mystery shopper**

### **Purpose:**

To set out

- The role of the mystery shopper
- Alcohol Concern's expectations of a mystery shopper
- The support that Alcohol Concern can offer

### **Resources:**

- PowerPoint slides 8-23

### **Time:**

60 minutes

### **Activity:**

- The tutor presents the material in slides 8-23.
- The tutor offers the opportunity to ask any questions or raise any concerns.

## **Session 3: Developing the person I will present to the service**

### **Purpose:**

- To help participants decide how to present themselves as a current client in alcohol services

### **Resources:**

- The workbook
- Flip chart and pens,
- PowerPoint Slides 24-26

### **Time:**

45 minutes

### **Activity:**

- Tutor briefly presents slides 24-26
- Tutor splits the participants into pairs. The tutor will have to work with someone if there is an odd number.
- Ask participants to work together to complete section 3 of the workbook

## **Session 4: Practice interviews 1**

### **Purpose:**

- To enable participants to think about how they will present themselves to services in a safe context.

### **Resources:**

- The workbook
- Flip chart and pens,
- PowerPoint Slides 27-28

### **Time:**

30 minutes

### **Activity:**

- Tutor briefly presents slides 24-26
- Tutor splits the participants into pairs. The tutor will have to work with someone if there is an odd number.
- Ask participants to use the questions in the workbook to interview each other

## **Sessions 5 & 6: Practice interviews 2 & 3**

### **Purpose:**

- To enable participants to practice interview with a clinician in a safe environment.

### **Resources:**

- In particular, you will require someone who can play the role of a clinician in practice interviews with participants.

### **Time:**

110 minutes

### **Activity:**

- Participants work in turn with a clinician to practice their role
- Other participants watch the intervention
- After each intervention the tutor and participants give positive feedback and suggestions for change.



## **Session 7: Any further questions and next steps**

### **Purpose:**

- To identify appropriate harm minimisation strategies for young people who are drinking

### **Resources:**

- None

### **Time:**

15 minutes

### **Activity:**

- Participants return to the large group
- The tutor gives the participants the chance to ask any questions and make any comments
- The tutor explains the next steps in the process (which will be dependent on the current situation).

## **Session 8: Evaluation**

### **Purpose:**

- To give participants the opportunity to feedback on the training programme.

### **Resources:**

- Evaluation forms (Handout at end of this pack)

### **Time:**

10 minutes

### **Activity:**

- Trainer gives each participant an evaluation form to complete individually. Trainer to collect these in.
- Trainer thanks group for their participation and closes the training session.

# Handouts

## Handout

### Mystery Shopper Course Evaluation Form

**Please take a few minutes to complete this evaluation form to enable us to evaluate the training.**

*On a scale of 1-10, to what extent does each of the following statements apply to you before attending the training, 1 being disagree strongly and 10 being agree strongly (please circle):*

I understand the support that Alcohol Concern can offer me  
1    2    3    4    5    6    7    8    9    10

I have an understanding of recognising indications of alcohol misuse.  
1    2    3    4    5    6    7    8    9    10

I understand how to present myself as a current client in alcohol services  
1    2    3    4    5    6    7    8    9    10

What aspect of the course has been most useful?

Are there any aspects you would recommend we improve?

Is there anything else you need to enable you to work as a mystery shopper? If yes, please give more information.

Please use the space below for any further thoughts, reflections or comments:

Thank you for completing this evaluation form. Please leave your completed evaluation form with your trainer before you leave the course.

## Appendix 2

### Alcohol Concern Mystery Shopper Agreement

My name is .....

I live at.....

.....

My date of birth is .....

I would like to undertake the role of a mystery shopper to test alcohol treatment services. I agree to behave according to the standards set out below while acting as a mystery shopper for Alcohol Concern. I understand that this is not a role that has a salary or wage but Alcohol Concern will provide me with fair compensation for all my expenses and a small honorarium to compensate for my effort.

I understand that I can withdraw from the process at any point I choose. I realise that if I feel my well-being, including my sobriety, is threatened at any point I should withdraw and seek help. I understand that Alcohol Concern will offer close support in the early stages of the process and support me if I find the experience difficult or distressing.

I understand that it is important that my role as a mystery shopper is not known to the alcohol services that I might visit. Therefore, I will do all I can to prevent other people knowing about this role or the identity of the services I am visiting. I understand that Alcohol Concern realises that I may have to tell a few people such as family and people helping my recovery, but I will tell as few people about it as possible. In particular, I will make no mention of my role on electronic media such as Facebook, Twitter, and other internet sites.

I will not talk to anyone outside Alcohol Concern about my experiences in visiting a service. However, I understand that Alcohol Concern will make an exception to this if I find the experience stressful or distressing and need to talk to someone helping me to recover.

I understand that Alcohol Concern will provide me with training in how to perform my role in the process. Above all this will include agreeing the way I will present to the workers in the alcohol service.

If asked if I am a mystery shopper by staff of the service under review, I understand that Alcohol Concern expect me to say that I don't know what a mystery shopper is or deny it. If this becomes too difficult I understand that I should simply leave the service without any further explanation.

After the visit I will meet with Alcohol Concern staff and describe the experience with the help of its staff; however I understand that I can write the report myself if I wish to. I understand my report and the reports of other shoppers will be turned into an overall report by Alcohol Concern. I understand that I will have a chance to comment on that report and correct any errors in the sections about my experience. This will happen before the report is sent to anyone outside Alcohol Concern. I understand that I will not have to attend any other meetings with the services I visit.

I understand that my mystery shopping role will be limited to non-medical interventions and complementary therapies. I will not seek or accept any medication or medical interventions.

I understand that Alcohol Concern will provide me with a local address that I can use for the project; however, I understand that I will need to have a mobile phone and be prepared to give that number to the service that I visit.

I understand that all records made of my visit to the service will be deleted once the project is over and that the services and commissioners will have agreed to this prior to my visit. I also understand that Alcohol Concern will keep any information you learn about me confidential and will keep no written records about me other than those required to make contact and brief details of mystery shopping undertaken for the organisation.

I confirm that I agree to the above conditions

Signed

.....

Date

.....

## **Appendix 3**

### **“Mystery Shopping” – Compass Enfield A detailed specification**

#### **1. Introduction**

“Mystery Shopping” is the technique whereby people are paid to go into shops and services to assess the quality of the response customers receive. This is familiar in industry but has also been used to evaluate public services. This project will pilot the application of this technique to alcohol services.

#### **2. Aim and objectives**

The overall aim of the mystery shopping will be to:

- Ensure that service users and carers receive a quality service from Compass Enfield.

This will be achieved by.

- Describing to service managers and commissioners the service user and carer experience of using a particular service.

#### **3. Framework and methodology**

- Alcohol Concern will ask a number of people with experience of using alcohol services to seek various forms of help from Compass. These people will be trained by Alcohol Concern in how to conduct themselves during the process. They will also be reimbursed for their time.
- Shoppers will be required to adhere to a code of confidentiality covering talking about their experience of the service and any people they may have encountered there.
- If asked if they are a mystery shopper by staff, the people used will be under instruction always to deny it.
- After appointments, shoppers will describe and record the experience with the help of Alcohol Concern staff. These will be transcribed and collated into a report by Alcohol Concern.
- The report will not make judgements about the service. It will simply describe and record the client experience.
- Mystery shoppers will not be required by Alcohol Concern to attend subsequent meetings with the agency. The report will be the limit of their feedback. Any questions about the process from the service to the client will be passed on by Alcohol Concern.
- Mystery shopping will be limited to non-medical interventions. Mystery shoppers will not seek or accept any medication.
- Mystery shoppers will not attend group activities to maintain the confidentiality of other clients.
- Alcohol Concern will, not secretly record interventions in any way. However, staff may listen to the shopper’s side of a telephone contact to ensure quality from the shopper’s side.



- Alcohol Concern will provide support to the shoppers if they find the experience distressing.
- Alcohol Concern will provide Compass with a telephone contact to use in the case of complaints or concerns or if the service has problems which mean a mystery shopper would be inappropriate e.g. significant staff sickness.
- Alcohol Concern is happy to provide a staff member to meet and talk to Compass personnel about any aspect of this process.
- Alcohol Concern expects that no member of Compass staff will seek to make contact with any of our mystery shoppers as a result of this process. If any contact is required this should go through Alcohol Concern.

#### **4. Modalities to be tested**

Alcohol Concern will make a maximum of 9 contacts or visits to test some or all of the following areas of the Compass service:

- Telephone advice and information
- Drop-in advice and information
- Triage assessment
- Brief and extended brief interventions
- Care planning / action planning
- Comprehensive assessment
- One to one psycho-social interventions
- Follow up.

In addition Alcohol Concern will seek to test the effectiveness of Compass's Needle Exchange Service.

The shoppers will approach the service as either current or recent users or carers.

Alcohol Concern will not at this stage reveal the number of shoppers and will not reveal their identities before or after the process.

The shoppers reserve the right to test the system by cancelling appointments, arriving late or early for appointments.

#### **5. The focus of the shoppers**

Within the modalities the shoppers will be addressing the following questions:

- Was the service accessible and available?
- Were appointment systems easy to use / flexible?
- Were waiting times encountered?
- How welcoming / appropriate were reception meet and greet practices?
- What advice and information was provided and did it address client need?
- What was the quality of printed and verbal advice and other information?
- How user friendly were assessment procedures / one to one interventions?
- How appropriate was the suggested next step?

#### **6. Timescale**

The mystery shopping will take place over a period of four months between xxxxxx and xxxxxx. This will minimise the chances of shoppers being identified: a risk which would be much greater in a very short timeframe.

## **7. Data recording**

Alcohol Concern recognises that it is important that data on the mystery shoppers is deleted from service records. It is agreed that this will occur.

Mike Ward  
June 2011

## Appendix 4

### **Mystery Shopping Report of Ken's visit to the EDAS drop-in service on 15<sup>th</sup> September 2011**

Ken arrived at the advertised start time for the drop-in session at 9.30am. The receptionist asked him for his name and then asked him to take a seat. Ken did not have any problem with this greeting other than that he found the reception area didn't have magazines or information to look at. He had seen that water was available.

Ken had no further conversation with any staff member until he was collected by the worker at 10am. Again Ken did not feel concerned by the wait.

The worker introduced himself, shook hands and took Ken to what he described as a doctor's surgery. The room felt OK. Ken felt that the worker had an informal and approachable manner. He came across as caring and Ken said that he felt "he had his heart in it."

Ken was told the worker's name but could not remember it later and it was not on any of the paperwork given to him.

The worker explained what he was going to do and introduced the paperwork. Ken described there as being a lot of paper but he did not feel it was off-putting or unreasonable. He described the process as "very thorough". It was eased because the worker used lots of encouraging phrases such as "It's never too late to start", "I can see you really want it" and "We can offer you help here" throughout the process. Ken found this positive and motivating approach very helpful.

The questions covered, according to Ken, date of birth, address, marital status, whether he had children, GP, ever overdosed, suicide history, self harm history, mental and physical health and housing status using a 1-20 scoring scale, offending and prison.

Ken was presenting as someone who had stopped drinking of his own accord 3 weeks before and the worker took him back to the point he had stopped and focused questions about his drinking from there.

The worker then moved on to the next steps. He asked about how Ken was now, and then explained that help was on offer and what would happen next. He was told that he would receive a letter inviting him in for treatment in the next week. He understood that this would involve a one to one session. The session lasted about half an hour.

Ken came away with two pieces of paper – a complaints form and a service user rights and responsibilities sheet. Both are one side of photocopied A4.

Ken was very positive about the session. He had found it a very motivating experience and was very complimentary about the way the worker had tried to help him.

## **Appendix 4 contd.**

### **Observations during Mystery Shopping experience**

#### **Claire (Alias used at service *Louise Keys*)**

Venue: Compass, Enfield

Date: Telephone contact - Wednesday 22<sup>nd</sup> September  
In person visit - Thursday 23<sup>rd</sup> September

#### **Telephone contact:**

I rang under the pretence that my friend had found the service on the internet and encouraged me to attend something he called a 'drop in'. I enquired about what the drop in was and what happened. I felt the information I was then given was hurried, sparse and abrupt, the manner of the staff member throughout the phone call made me feel as if the staff member was a bit harassed and didn't really have time to explain things to me or reassure me.

An assessment was mentioned and in keeping with my character I asked the staff member to explain what an assessment was and was told that I would see a nurse for assessment. I feel this was incorrect information, but am not definite as maybe the assessment staff members are trained nurses, please ignore if so. I then asked again what the actual assessment was and apologised that I didn't know much about what went on in an alcohol service, I was not reassured at this point but the drop in time was reiterated and a brief overview of the assessment process was given describing it as an hour long session to talk about what help I needed. I asked if I needed to bring anything with me to assessment and was told no, I said, "thanks, bye" and the staff member said "bye" only, the telephone call then terminated.

Overall I felt that were I a genuine individual, nervous about accessing a service for the first time, I would not have felt welcomed or reassured by this first contact.

#### **In Person Visit:**

##### **Reception**

I arrived at reception at about 10:15 am and explained I had phoned the day before and been told to come to the drop in for an assessment. The staff member took my name and told me to take a seat but gave me no further information about what would happen next, waiting times etc.

Over the next 50 minutes I gleaned more information from other service users approaching reception to complain about the wait and overhearing the staff member explain the system to them (i.e. it's first come first served and due to the nature of drop in there was a wait time due to those who arrived earlier.

That they had two members of staff conducting assessments and telling SU's an approx wait time). I feel that this explanation should be given at first point of contact so that SU's know what to expect which would prevent many of them from getting agitated and feeling the need to complain or walk out (as I observed two people do so).

The staff member on reception changed, I assume for lunch, but I wasn't aware of a handover taking place. I then observed an argument between the staff member and a service user complaining about continuously experiencing long waiting times. This verbal exchange could easily be heard by all those in the reception area (approx 6 people including myself at the time). I did not hear the staff member apologise to the service user for their wait and in fact heard them defend the service and then tell the service user "Well, I'm not going to sit here arguing with you," which I felt was very unprofessional.

### **Assessment**

I was called by a staff member at approx 11:45 and greeted politely and warmly and invited to follow the staff member to a room. The room was occupied and it then took a few minutes to find an available room. The staff member apologised for the wait.

The staff member immediately put me at my ease and we had a brief informal chat about why I was there. The assessment process was explained in easy to understand terms and the staff member checked I was happy to proceed.

Throughout the assessment the staff member built rapport with me and went out of their way to ensure I was comfortable and understood each stage of the process. I was impressed by the way the staff member explained the service in a way that wasn't overwhelming and they were also very knowledgeable about the dangers of stopping on one's own.

The staff member signposted me towards a relevant group and went above and beyond to ensure that a person who they thought was nervous and scared would be able to attend. They offered to introduce me to the group facilitator prior to the group and also offered to meet me at the service before the group started to provide support also. They also then spent a few minutes after the assessment to show me the group room and some of the work that is done within a group to reassure me further, which also impressed me.

Overall I feel that the staff member was warm, friendly, professional, showed appropriate levels of care and empathy and were obviously knowledgeable in their field. I feel that the assessment process was dealt with in such a way as to not become onerous but flowed well. And I especially liked the extra support regarding the group I was invited to.

## My Experience and impressions of Compass 308 Hertford Road, Edmonton Green

Tuesday 26<sup>th</sup> October 2011

I phoned compass at 1.30 and explained that I wanted to find help and support for myself and my partner, who was drinking very heavily. The receptionist was polite and helpful and told me that I could get an appointment with a referral from my doctor. When I asked if I could come in for some support for myself, she tried to put me through to Faye Reade who deals with Family Support. Faye was unavailable so she put me through to Fatima.

Fatima was really empathic and understanding. She asked me if I could try to encourage my partner to come to the Drop-in on Thursday morning anytime after 9.30. When I explained that I didn't know how to get him there and that I didn't think it was likely that he would come, she said "Just tell him he can come down for a chat, nothing will happen but we can give him some information around the harm he is doing to himself." She also added "If he doesn't want to come because he would have to wait to be seen, I will try to get him an appointment". She was very kind and made me feel that help was easily accessible.

Thursday 3<sup>rd</sup> November 2011

I walked into the reception area at around 10.30 and asked if there was anyone I could see regarding support for myself and my partner and his drinking. The reception was a very clinical environment but I liked that because it made me feel that I was going to get proper professional help and advice. I told her that I had spoken to Fatima on the phone a couple of weeks ago and that she had told me that I could come in.

The receptionist tried to call Faye Read, but she was again unavailable so she told me to take a seat and wait. After two minutes Fatima came and took me to another room. She asked a few questions about my partners drinking (How much, what and how often does he drink). She explained the dangers of stopping drinking abruptly and how I could help my partner to cut down slowly, to self medicate. On the practical side she also gave me lots of helpful advice, stressed the importance of eating (dry crackers or toast to begin with), to drink one water to each beer to try and cut down (Strawberries also are good because they contain antioxidants).

She added that the physical side of the addiction had to be sorted out first and talked about the different types of detoxes available. She told me that they had specialist addiction doctors working there who would be able to prescribe medication to help him detox and that he could be monitored. She went on to explain that after the withdrawal effects are gone the psychological addiction has to be addressed and told me about the groups they had and the day programme (4 days a week for up to six months).

As I was leaving she also said, that if I was having real problems getting my partner to the service, I may be able to get a service user to come to my home and speak to him. She told me to go to "Break the cycle" at Community House, who run an afternoon service and speak to Bill who would be able to help me.

Fatima couldn't have been more helpful and it really came across how much she cares. She spent a lot of time explaining everything she could and giving options on treatment available so I really felt I was well informed. I think any client coming to this service is incredibly lucky, if all the staff are like Fatima.