



Enter & View Report

Child and Adolescent Mental Health Service (CAMHS) – The Beacon Unit

July 2024

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Report details

Details of Visit	
Service Address	CAMHS The Beacon, Glenfield Hospital, Groby Road, Glenfield, Leicester LE3 8HD
Service Provider	Leicestershire Partnership NHS Trust (LPT)
Date and Time of visit	Wednesday 24 July 2024, 10am
Authorised Representatives undertaking the visit	Kim Marshall-Nichols, Dervis Duygun Fethi, Chris Bosley, Dulna Shahid (Staff) and Hollie Hughes (Staff)

Acknowledgements

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland would like to thank the service provider, patients and staff for their contribution to the Enter & View programme.

Disclaimer

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

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland.

Purpose of the visit

- To gather patient views of the service provided at the Child and Adolescent Mental Health Service (CAMHS) – The Beacon.
- To observe the facilities and operation of the service.

Methodology

This was an announced Enter and View visit, organised through the management team at The Beacon. As well as having access to the communal areas, we were given a tour of the unit.

During the visit, the Authorised Representatives observed the surroundings to gain an understanding of how patients engaged with staff and the facilities.

During our visit we spoke to two patients, asking them about their experiences of the Beacon Unit based on a pre-developed question set.

At the end of the visit, we gave our initial findings to the management team.

Summary of the findings

Summary

- The Beacon is located at Glenfield Hospital, accessible via Groby Road, with clear signage on the campus and a large 'The Beacon' sign on the building.
- Opened in November 2020, the unit was previously based at Coalville Community Hospital.
- The ward at The Beacon has 15 beds for young people aged 13-17.
- There have never been more than 8 inpatients at one time on the ward, partly due to a 75% nurse vacancy rate.
- At times during high periods of acuity in the past three years, 12-13 staff have been needed for up to only 5 young people, the minimum safe staffing ratio is usually 6 to 5 staff for 5-6 patients when acuity is less.
- We spoke to two patients who reported that staff are nice and support them well.
- Both patients spoke about the food not being appetising and not for 'young people'.

Results of visit

Description of the CAMHS Unit – The Beacon

The Beacon is based at the Glenfield Hospital site in Leicester. There is clear signposting to the site within the campus. There is a large 'The Beacon' sign on front of the building.

The CAMHS Unit was opened in November 2020 and was previously based at Coalville Community Hospital. There are 15 beds on the ward for young people aged 13 - 17.

During our tour of the unit, we were told that there have never been more than 8 inpatients at The Beacon at one time. This is partly because of nurse vacancies. Another reason for the unit being underused is changes in provisions at TIER 3.5 level with introduction of the intensive community support team ICST, that manages high levels of risk that are keeping many patients who were previously admitted out of hospital.

Access to the Unit

Driving into the hospital site, there is adequate signage for The Beacon. The side of the building which is visible from the road is bright yellow which catches the eye. The unit itself is separate from the other hospital buildings. There is free parking with 20 parking spaces and an additional 2 disabled spaces. There is a bike park and an area kept clear for ambulances.



When accessing The Beacon via public transport, there is clear signage with a 'Pedestrian entrance only' pathway.

The Enter and View team were required to sign in and out of the unit.

The Unit

Upon entrance to the unit there is a small, screened reception area. Through secure doors there is a waiting room and an accessible toilet. Through further secured doors there is a corridor with a toilet, various meeting rooms for occupational therapy, the multi-disciplinary team, the Manager and two classrooms. The space is bright and clean. The range of rooms cater for different activities.

The classrooms are set up with various teaching materials. There are bright, attractive educational display boards which cover a variety of subjects. The Beacon staff team includes a head of teaching and a second teacher. They are part of the Leicester Children's Hospital School.

The school's primary base is in the community, for young people with additional needs and those coming out of hospital. Young people have sat GCSE and A-level exams through the school at The Beacon. Teachers plan to attend voluntarily one day per week throughout the summer holidays to provide sessions for the students but otherwise, the school rooms are not used out of term time.



The Beacon has an air lock door system. All fixtures and fittings within the unit are anti-ligature for safety. The unit is all on one level and fully accessible.

There are 56 cameras in The Beacon. Staff do not constantly monitor them. We were informed that the camera system is used when there is an incident and they can only be accessed by the Matron and Ward Sister.

The Ward

Upon entrance to the ward, there is a safe ward display. This has details of staff members including photographs and names. There is also a noticeboard with a weekly activity timetable (including therapeutic sessions).

There is a large communal lounge with comfy chairs and a television in the centre. The nursing office has a window facing the area. There are various positive affirmation displays: 'Look on the bright side' and 'Positive Reminders'. There are two visiting rooms for parents separate to the communal areas, we were not shown these on the tour. We were told: **"We do allow bespoke visits if patients are really poorly"**. There was a range of books, learning materials and games in the classrooms and in the lounge.

There is a fully functioning kitchen which patients can use. There are separate rooms for de-escalation and seclusion. There is also a quiet room which we did not see but were told is being developed into a sensory room.

The garden area is an open space, we were told that Leicester City Football Club have funded an exercise wall and an Astroturf sports pitch. There are colourful chairs and a table. There is a football and some plants. The building is around 3 sides of the garden and a wall is on another side. The wall has been partly decorated with graffiti of hearts, leaves and birds. The Matron told us that PE lessons are being added to the school timetable next term.



When asked about access to braille, we were told that there were braille signs on all doors however these have been picked off by the patients.

There are alarm buttons in all rooms.

Bedrooms

There are 15 bedrooms including 2 extra care rooms for high-risk patients. All bedrooms have an ensuite shower room. Patients can personalise their rooms with pictures and belongings once assessed as safe. The Beacon is a mixed ward for males and females. There is a male corridor and a female corridor as well as one room in between if needed which could be secured to join either side.

In the corridor to the male bedrooms, there is a large section covered by a white substance in between the glass of the window. The Matron told us that because of the design, it cannot be cleaned.

We were shown an extra care room. This was the larger of the 2 rooms that we were shown, it is accessible for a wheelchair and has grab rails and access to a garden area. The Beacon has never had an inpatient who uses a wheelchair. There is a bed, whiteboard, shelves, TV and a desk which is all built in. There are no internal doors or toilet seats. For privacy, the practitioners can access magnetic saloon style doors which they will attach to the ensuite room. The walls are decorated with green paint. There are alarm points but no cameras in bedrooms. We were told that there would usually be 2 or 3 staff present with the patient in this room at all times.

On the door to the bedrooms there are 'know each other' forms which details the patients preferred name, likes, dislikes, hobbies and interests. There's also a section for the patient's favourite TV programme, movie, music, place, book and animal. Other space is free for things that are important to the patient – their favourite quote or people.

The Matron pointed out that the main doors to the bedrooms are anti ligature doors. If there is any weight on them then the staff personal alarms will sound. Patients can bring in electrical items. There is a list of prohibited items such as glass and bin bags. Patients are encouraged to give their phones in at night for sleep hygiene. Staff deliver sessions on phone safety.

We were not shown inside any rooms within the female ward on the tour. The current patients were all female at the time of our visit and one patient was in their room. There were coloured pictures decorating the front of the bedroom door. The Matron said that they allow this although it does often pull the paint off when the pictures/ decorations come down.



Information available to patients

Welcome and induction packs are given to every family which include how to make a complaint. Advocacy services regularly visit. There is a notice board with Patient Information Liaison Service (PILS) information for parents. The activity rota is shared with parents.

In the waiting rooms and the corridor at the entrance to the patients' social area, there is information about independent mental health advocacy, POhWER Advocacy and the Care Quality Commission (CQC).

Patient feedback

During our visit, there were two patients present on the ward. We spoke to both patients about their experiences.

What is a typical day like for you here?

Person A: "Sleep, crafts, talking to staff. I prefer the Leicester CAMHS."

Person B: "Arts and Crafts, sit in bedroom. I have been here 8 weeks."

How would you describe your interactions with the staff at the unit?

Person A: "Mostly nice and available."

Person B: "Wind them up."

What has been the most helpful aspect of your time at the CAMHS unit?

Person A: "Support from staff."

Person B: "Yes, staff to help you all day, every day."

Is there anything you think could be improved to better support young people like yourself?

Person A: "Food is bland and tasteless, for elderly people, not for young people."

Person B: "Food not appetising, just have toast and tea. No foods to help."

Both patients would usually live in different areas of the country, Lincolnshire and Sheffield.

Staff feedback

During our visit, we spoke to two staff members. One staff member said they feel well supported; a lot of training is given when starting at the unit. Another staff member said that over the last few weeks it had been busy. They reported that care can be inconsistent as each member of staff works differently. They said that it would be better if all staff were consistent with routines. One person said, **“Community meetings, at first it wasn't happening, then it did, it confused the patients, but then it stopped.”**

A staff member spoke about various activities, they do ward walks and walks off campus to Bradgate Park, however this has not happened for quite a while as there have been some patients with severe needs. There is an activities coordinator who will organise activities and there is a ward vehicle that can be used. The occupational therapist can bake with the patients. Also, patients are able to request what they would like to do.

One staff member spoke about what improvements could be made and they spoke about consistency from staff. They reported that every day there is new staff, one staff member is responsible of managing shifts and this has been difficult and challenging. One staff member spoke about the team being very supportive, **“everyone looks after each other, open to suggestions. Able to voice some of the things that I was concerned about, but all supportive and they support me.”**

Staff spoke about challenges faced at the unit. One person said it, **“can get challenging when patients are distressed and [you] can't get involved as a student nurse.”**

One person said the team are, **“working on recruitment so getting more staff, at the moment [The Beacon is] relying on agency staff but it is hard as they don't know patients' information, we have to give the information and they don't have that rapport with the patients. The Matron has been recruiting and new staff are set to start.”**

One staff member spoke a little about interaction with families, saying that they can call the unit at any time and the team will update them on how the patient is.

Staff members spoke about food choice for patients with one saying, **“food choice will be written down, whatever is made, that is what they have to choose from. There is food wastage.”**

On the subject of food, another staff member said, **“Food choices are very poor, it is not very appetising. Food gets wasted. Tried to get the menu changed but nothing has been done about it.”**

After the visit, we contacted the matron to ask further questions about the admission and discharge criteria, as well as the 'CAMHS population' and why it no longer seems to fit The Beacon.

The Matron shared, “Admission criteria: assessment and treatment of acute mental illness. In addition, there may be the presence of neurodevelopmental disorders, mild Learning Disability, or eating disorder/ difficulties. Admissions are usually based on the severity of symptoms, risk posed towards self or others, and as a last resort, keeping in line with least restrictive practices when all other options have been exhausted, i.e., community services including TIER 3.5 ICST.

(ICST is the intensive community support team, so they are commissioned as a TIER 3.5, they offer more intensive support than a community team, similar to crisis teams, but keep patients for several months, as well as offering longer term Dialectical Behaviour Therapy (DBT), family therapy and other psychological approaches. Their main client group is the young people with emotional dysregulation, self-harm and attachments issues, who often face prolonged stays on inpatient wards.)

Discharge is usually based on a reduction of symptoms, levels of distress, or risk behaviours, and is a dynamic process. For instance, it is sometimes possible for patients to be discharged while still exhibiting moderate levels of risk if these behaviours are associated with emotional dysregulation and autism spectrum disorder (ASD), where attachment difficulties and the hospital setting may be contributing to increased risks.”

“The population has largely changed because patients with moderate symptoms of acute mental illness are now treated in the community, with the emergence of TIER 3.5 and intensive community support services. It is now commonly acknowledged that inpatient units often make some behaviours worse, particularly in relation to violence and self-harm, if patients have ASD [Autism Spectrum Disorder], attachment difficulties, and emotional dysregulation. Over the past 5 to 6 years, patients coming into hospitals are far more complex, with comorbidities, including eating disorders, disordered eating, and higher numbers of patients with neurodevelopmental disorders. There is also an increase in patients being admitted who are not able to return home due to parental control or the inability to keep them safe. Thus, there is largely a presentation of socially driven issues on top of emotional dysregulation, which often worsens in inpatient settings—referring back to the attachment difficulties and types. The Beacon is not unique in that there are many beds closed and no patients waiting to come in. Nationally, many low secure beds are closing, and services are being supported to offer day-type services due to the reduction in the need for inpatient beds.”

Recommendations

We recommend The Beacon:

1	Revise the food menu to include more appealing, age-appropriate food options for young people.
2	Consider gathering regular feedback on meals from patients and make adjustments to cater for their preferences and nutritional needs.
3	Consider a pre-order food system to avoid food wastage.
4	Replace the damaged window in the male ward.
5	Implement standardised routines and practices across all staff to ensure consistent care for patients, reducing confusion and variability in patient experiences.
6	Develop a plan to increase the utilisation of The Beacon, allowing it to provide dedicated support for young people and adolescents with moderate symptoms who do not require inpatient treatment.
7	Utilise the rooms outside of the ward more, especially when the classrooms are not in use during the school holidays for therapeutic sessions such as art, music etc.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following response to the report:

After the agreed changes were made, after review of the first draft, the service is happy with the contents of the report and agree it to be an accurate reflection of the visit carried out by Healthwatch.

Distribution

The report is for distribution to the following:

- CAMHS The Beacon
- Leicestershire Partnership Trust (LPT)
- Care Quality Commission (CQC)
- Leicester City Council (LCC)
- Leicestershire County Council (LCC)
- Rutland County Council
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com and www.healthwatchrutland.co.uk

healthwatch

Healthwatch Leicester and Healthwatch
Leicestershire
9 Newarke Street
Leicester
LE1 5SN

www.healthwatchll.com

t: 0116 257 4999

e: enquiries@healthwatchll.com

@HealthwatchLeic

Healthwatch Rutland

Main Rd

Barleythorpe

Oakham

LE15 7WD

www.healthwatchrutland.co.uk

t: 01572 720381

e: info@healthwatchrutland.co.uk

