



Enter & View Report

Child and Adolescent Mental Health
Services (CAMHS) Unit

23 February 2016

Report Details

Address	Coalville Community Hospital CAMHS Unit Ward 3 Broom Leys Road Coalville Leicester LE67 4DE
Service Provider	Leicestershire Partnership NHS Trust
Service Commissioner	NHS England
Date and time of visit	Tuesday 23 February 2016 11.30am-2.30pm
Authorised representatives undertaking the visit	1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead

Acknowledgements

Healthwatch Leicestershire would like to thank the service providers, service users and hospital staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Tuesday 23 February 2016. Our report relates to this specific visit to this service and is not representative 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 & View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.





What is Healthwatch?

Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

- View a CAMHS Unit and see how it works
- Observe the delivery of care given to young people
- Observe what support is given to young people
- Insights on waiting times for admission and referral process
- Capture the experience of young people and staff of a CAMHS Unit

Strategic drivers

- Local Healthwatch remit covers the breadth of health and social care services children and young people might use, including Child and Adolescent Mental Health Services (CAMHS).
- The Government's ambition over the next five years (by 2020) to support improvements in Children and Young People's mental health and wellbeing services.
- There is an interest in the CAMHS Service from people across Leicestershire following the relocation to Coalville Hospital from Oakham House.

Methodology

This was an announced Enter & View visit.

We had previously visited Coalville Community Hospital as part of our Enter & View programme to Wards 1 & 2 on the 6 and 20 January 2016.

On the day of our visit to the Unit we met with the Ward Matron and staff members. We were welcomed by all the staff at the Unit who spent time with the Enter & View Team explaining how the Unit operates. We were given a tour of the Ward and its facilities. (We had approached the CAMHS Inpatient Manager about a pre visit to the CAMHS Unit - Ward 3, on the 20 January but unfortunately this was not possible).

This meant that our time to meet with young people was shorter than we planned as they were engaged in other activities or meetings. Notwithstanding this, we were able to gather some useful insights on the experience of young people in Ward 3.

Authorised representatives conducted conversations with staff members and spoke with young people about their experiences of the Unit and the care they have received. The authorised representatives explained to everyone they spoke to why they were there and left them with a Healthwatch Leicestershire leaflet.

A large proportion of the visit was observational, involving the authorised representatives observing the surroundings to gain an understanding of how young people engaged with staff members and the facilities.

Description of the CAMHS Unit - Ward 3

The Child and Adolescent Mental Health Services (CAMHS) Unit is based on Ward 3 of Coalville Community Hospital following the move from Oakham House in March 2015. The service is commissioned by NHS England (as from 2013) and is delivered and managed by Leicestershire Partnership Trust (LPT).

This is a CAMHS Tier 4 Unit. CAMHS Tier 4 units are specialised services that provide assessment and treatment for children and young people with emotional, behavioural or mental health difficulties. There are four tiers of care. Tiers 1 to 3 are community or outpatient-based and commissioned by Clinical Commissioning Groups (CCGs) and local authorities.

The CAMHS Unit is a 10 bed Ward providing care for young people aged 12 to 18 years who are experiencing mental health problems and are living within the East Midlands, and sometimes further afield. The service provides assessment, diagnosis and treatment of a range of conditions including psychosis, depression, anxiety related disorders, eating disorders and learning disability associated with mental health. Around 70 young people are admitted to this Unit every year and on average stay for six weeks.

The Unit has a number of facilities for use by the young people, which include, an on site school, outdoor gym, therapy kitchen, activity room, quiet room, extra care suite, lounge with a pool table and laundry facilities. There are separate toilets for males and females on the Ward.

All the young people at the Unit have agreed to come into the hospital voluntarily and are not detained under the Mental Health Act (2007).

Whilst most young people are informally admitted, there are some young people who are admitted and detained on the Ward under the Mental Health Act.

Summary of Findings

At the time of our visit, the evidence is that the Unit provides a very good standard of care.

- Young people told us that there is a positive relationship between them and the staff
- We have noted that the school cannot accommodate all the students to be taught together due to limited space
- We saw evidence of a well developed programme of activities (therapeutic and social) for young people
- Staff told us that Carers' Assessments are not routinely offered
- We observed thorough and detailed staff handover processes

Results of Visit

Entry and Access to the Unit

The team observed that access to the Unit was via key code system. All the internal doors are kept locked and staff have keys and fobs to access the rooms in the building. Staff and visitors are given a personal alarm while they are in the Unit.

The Enter & View Team were required to sign in and out at the main hospital reception and again in the Unit.

Waiting Rooms

There is a waiting room outside the Unit and another immediately inside which is used as a family room. The waiting room has information leaflets for visitors, comfortable furniture and water was available.

On the wall, there is a poster with a list of restricted items, which includes; mobile phones, aerosol cans, knives, plastic bags cigarettes, lighters and hair dye.

We also noted a board with photos and names of staff and a whiteboard that is updated each shift to tell visitors which staff are on duty.

There is a "Tell Matron" comment box for use by patients and family members with instructions for paying compliments, making complaints or for general comments. We were told by the staff that the Unit has received good comments and feedback from young people and visitors.



The Ward

On the day of our visit we were told that there were 11 young people staying on the Ward with one person choosing to stay on alternate nights.

We noted the centrally located nurses' station on the Ward that allows clear lines of sight in any direction for observations. From this vantage point, the lounge can be observed and the Enter & View team saw young people interacting informally with each other and gave the appearance that they had developed friendships during their stay.



In the lounge there is comfortable seating, a pool table, TV and DVD player, books and DVDs. There is also direct access to an outdoor area with grass and a patio area which included a mini gym with fixed exercise bikes and outdoor furniture for use by the young people.

Young People Dorms

We saw three single sex dorms in the Ward -one has 4 beds and two have 3 beds.. We were told that the number of people in each dorm depends upon the gender mix of the young people. Each young person has a bed, bedside cabinet and there is a large storage Unit with hanging space for clothing. There are curtains around each bed for privacy and a shower room in each dormitory.

We noted that there is a convex mirror on the ceiling in each of the dorms and were told this allows the staff to observe the young people in an unobtrusive manner.

The dorms are brightly painted and young people can have their own choice of pictures and posters on the wall above their beds. In each dorm there is a chalkboard wall where the young people can write their thoughts and feelings. We were told that staff monitor this. The dorms are kept locked during the day, however we were told that access can be requested at any time by a young person from the staff on duty.



Activities

We saw two timetables, one for education and one for activities organised by the Activity Co-ordinator.

There is an activity chart with weekly activities which include Young Peoples' meeting, pool tournament and quiz, baking group, DVD evening and swingball or games. In the corridors there are word and number puzzle displays.



The staff told us that the young people were involved in the choice and placement of the wall stencils and art in the corridors and common rooms. We noted that some of these are looking tired.

Current evidence of involvement included a large 'Thought Tree' located on one wall in the central area where young people have attached individual stickers with positive comments about their in-patient experience.

The young people are encouraged under supervision to do their own laundry, to once a week shop for and cook their own breakfast and occasionally are escorted to visit and use local recreational facilities.

Care, Support and Treatment

We were told that there is a pre-visit to the Ward before admission where information about what can be brought to the Unit is outlined. Each young person has a designated named nurse and associate nurse. There is also a welcome pack (containing a series of booklets) that sets out the details.

There is a weekly meeting which is a formal ward round that is attended by members of the multi-disciplinary team including medical, nursing, occupational therapy, psychology and education. The young person, and their parents and carers are also invited. It is noted that this is often not routine practice in all CAMHS mental health wards.

The consultant and nursing team also plan and deliver a Care Programme Approach (CPA) meeting every 4-6 weeks for each young person. At these CPA meetings, all appropriate individuals/ representatives are invited and this may include the CAMHS community team, parents/ carers and education staff. Skype sessions can be arranged for those unable to attend in person. We were told that social care were invited to attend the meetings but are not a regular feature in the CPA meetings.

We noted that there were three CPAs meetings taking place on the day of our visit.

Discharge Planning

We were told that discharge plans are discussed with the young people in CPA meetings and/or Ward rounds.

We learnt that on average the length of stay is 42 days and during this period and when appropriate the young person is offered periods of leave in preparation for discharge.

We were told that most of the young people are discharged to a CAMHS Tier 3 Service, which may be the Area Team or the CAMHS Community Team. However, some young people may be discharged to a more secure/ intensive service.

There is support for parents and carers before discharge to enable the process to be as successful as possible. At aged 18 years any young person who needs to remain in care would move to an adult Ward in negotiation with adult Mental Health Services and their family.

The staff team told us that they make every effort to enable quick repatriation of out of county placements. The staff recognise the benefit of treating the young people nearer their home - better for families, the young people and their support network (including social and educational).

Waiting times and referrals

This Unit is part of the East Midlands Provision and we were told that the young people are admitted from across the East Midlands area with referrals coming from a range of sources including; A&E Departments, GP Practices and CAMHS Community Teams.

The staff told us that everything is done to organise co-location with other services. Young people who need high intensity intervention are sent to more specialised accommodation, e.g. specialist eating disorder service.

Admissions are taken using the clinical decision of the Consultant Psychiatrist and the Matron. There are planned admissions which give young people and their families an opportunity to visit the Unit and meet with staff before being admitted.

We were told that the Unit does not hold a waiting list but does operate a priority list. Bed occupancy is on a countrywide basis and is managed by Case Managers within NHS England. If there is an urgent need for an out of hours bed, the Ward sister and the deputies are contacted.

We asked about crisis admissions and staff told us that crisis admissions are usually from A&E who provide a referral form.

After our visit we sought further clarification from LPT for information on response times and they told us that the response times are outlined in their service specification as follows:

- Emergency referrals will be reviewed and responded to by a senior clinician within 4 hours and emergency assessment will be offered within 12 hours
- Urgent transfer referrals will be reviewed and responded to within 48 hours
- Routine referrals will be reviewed and responded to within 1 week

We were told that the Unit is not currently funded for a crisis team but work is underway with, Young People and their families, the CCGS and Local Authorities to design and develop a clinical model and supporting business case to develop a crisis and home treatment team for young people in mental health crisis in Leicester, Leicestershire and Rutland.

We were told that the overall number of serious incidents, which can include self-ligature or self-harm, has reduced since the move from Oakham House. Serious incident reports are generated to Leicestershire Partnership Trust (LPT) and every use of the extra care suite is reported. The extra care suite is used for those who need time out to deal with their increased stress and where some mental health assessments are completed. The extra care suite has a television, a storage room and a shower room.

All incidents are reviewed by the staff and we were told that appropriate action is taken and reported every month.

Staffing Levels

We wanted to know about the staffing levels at the Unit and were told that there is five staff on duty each morning, five in the afternoons and four at night.

For each shift, we were told that there are two qualified staff on duty. The ward matron is not part of the duty roster, and the deputy ward matrons are allocated an agreed number of 'management' days each month.

The staff team includes nursing staff, occupational therapists, activity coordinators, family therapists, psychotherapist, and dietician.

We were told that if extra or cover staff are needed they are usually taken from a list of bank staff. Very occasionally agency staff are used from an agency contracted by procurement. We were told that bank staff usage is 20%, with agency staff usage around 3%. We were told that staff members have been there for quite some years and there is a low turnover of staff. The low turnover provides for a better continuity of care - a feature that contributes to the positive relationships we observed between the staff and young people. We also noted a comment made by a young person that 'the staff were lovely, really supportive and the Unit feels like home'.

Staff have their own meetings to discuss reflective practice every other Tuesday, alternating with a training and staff development meeting. We were told that these meetings have an

external facilitator. The nurses also meet weekly, on a Friday, for an exchange of information and professional updates.

The Ward also supports nursing students from De Montfort University who spend part of their placement at the Unit.

Staff Shift Handover

The Enter and View Team was invited to sit in on the afternoon staff shift handover meeting. There were five members of staff at the meeting and they reviewed hard copy notes and electronic records for each young person currently at the Unit.

All the staff present appeared to be familiar with the handover process and where necessary were seeking appropriate clarification from their colleagues.

Handover discussion included; visits due by patients, arrangements for education sessions due to staff sick leave and appointments in the diary for the afternoon. Cover for staff off sick and a prior order for patients' medication was also noted.

The summaries of each young person's care plan mentioned any risk profiles. There was a concern expressed by a young person's parent about access to social media whilst the young person is on leave from the Unit. The staff felt that a discussion with the young person and their parent in a family therapy session might be a useful way forward with this issue. A doctor from the Unit would phone the parent to discuss the concern raised.

The staff were advised that part of a broken knife had been found on the Ward. This was discussed and a more stringent check of cutlery after meals was instituted in addition to the routine risk assessments that are carried out before young people are allowed access to the kitchen with a member of staff.

The Enter & View team observed that the staff had genuine concerns about this incident and were committed to ensuring patient safety in the Unit.

Schooling arrangements

There is an onsite Children's Hospital School - a charitable trust that provides education for the young people. The Teaching Staff are employed by the Hospital School.

The Education Co-ordinator told us that there is limited space since the move to Coalville (one-third of their previous accommodation), which has meant that there is a rota in place for lessons, and not all the young people can be taught together.

All the young people at the Unit are involved in education. The school that the young person usually attends sets their academic work and the hospital school staff provide any support and motivation to achieve the desired outcomes.

We were interested to know how the school operated and were told that there is a shift system currently in place. The Education Co-ordinator told us that this affects the number of hours of education received as the school only offers 10+ hours of contact time with each student.

We were told by the staff that there is insufficient space for a library or a dedicated area for computers. The school provides Kindles for the young people and we were told these are popular and that the young people look after these.

Speaking to patients, relatives and carers

The staff spoke openly and freely to the Enter & View Team. We wanted to know their views on the move to Coalville and how they are adapting to the new Unit.

A general comment was that the move to Coalville went well and that the staff team are still in the process of adjusting to the reduced space.

The staff told us that single rooms on the Ward would be better for the young people to give them their own space but given the limited space for this temporary move space was needed for classrooms and staff offices. (It should be noted that communal living arrangements were preferred by two of the girls we spoke to).

We were told that discussions have begun on options for an alternative build or refurbishment being considered at a number of sites.

The staff room is separate from the Unit (within Coalville Community Hospital), which the staff felt was not ideal. They had told us they would prefer a room on the Ward so they are easily accessible and close to what is happening on the Ward.

Young people comments

We were able to speak to a quarter of the young people on the Ward - two girls and a boy. We asked the Young People their views and experience of the Unit. We asked them their views on the staff, how they were able to raise their issues and what they felt was good or not so good.

They told us that the staff were supportive and particular mention was made of the friendliness of the domestic staff.

The young people described the weekly group meetings on a Wednesday as very productive and where they can see their progress and talk to the staff about any issues or problems they are having. The young people spoke positively that everything is 'in the open' and there were no secrets about their care.

One young person told us that they had been discharged from the Unit before and had been admitted for treatment in other units and had come back to Coalville for further care.

This young person told us that this is the best Unit they had been to.

The young people told us that the staff made allowances for visitors who arrived out of visiting times and that this flexibility was appreciated.

We got a strong view from the young people that we spoke with that they liked the Unit and the feeling of home that it provides. The girls particularly liked the dorms as they liked having others to talk to and felt that they would be isolated if they were on their own. The boy would prefer his own room.

They told us they enjoyed the food and also the opportunity to shop for and cook for themselves.

The school provision was praised. A particular comment was that if a young person did not feel up to schoolroom attendance, schoolwork might be brought up to the lounge.

They appreciate the outdoor gym but would like an internal gym facility for the times of inclement weather. We were told that young people are only allowed mobile phone usage if they are out in the community and not on the Ward.

Parents and Carers

We were told that parents and carers are encouraged to speak to staff about their concerns and it is an important part of the process that families and carers feel supported.

Parents and carers are, with the consent of the young person invited to attend CPA meetings. If this is not possible staff will endeavour to have telephone discussions with them. In the waiting room there are information leaflets, one of which advises of the Carers Group (held every other week).

There are plans for a parents and carers group to be held at weekends when more family members can visit. There are also plans to introduce independent advocates for patients.

We were told that there has been some training for staff about support for carers, however, we noted that Carers' Assessments are not routinely offered.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that young people felt about the care and support provided. The following recommendations reflect the findings from the Enter & View visit:

- 1.** The decoration and wall art in some of the corridors appeared tired and would benefit from being refreshed and engage the young people in ideas and brighten the corridors with new décor.
- 2.** Although space is limited, consideration could be given to expanding the space allocated to the school.
- 3.** Explore the scope to offer indoor gym activities at the present site or a new location.
- 4.** Carers' Assessments are not routinely offered. This is an area of practice that needs to be reviewed. In light of the Care Act (2014), we would suggest that Carer Assessments are offered and implemented routinely as good working practice.
- 5.** Continue to explore the possibility of commissioning a Crisis Team attached to this facility.

Service Provider Response

This report was agreed with the service provider as factually accurate. Leicestershire Partnership Trust have provided the following response to each of the recommendations:

- 1.** Agreed. This is being taken forward by the Occupational Therapist and Activity Coordinators for the Ward.
- 2.** The use of the occupational therapy room is always available to the school should they require it. This room is next door to the school room, and has a window between both the occupational therapy room and school room, which has been installed to aid vision and view.
- 3.** Agreed. Our multi activity room is used for a number of purposes, including for dining and other activities. This will be taken forward by the Occupational Therapist and Activity Coordinators for the Ward.
- 4.** Agreed. This will be taken forward by the Ward Matron and Lead Consultant and supported by the Senior Matron for Inpatients/ LD.
- 5.** Agreed. Work continues with the Service Group Manager and clinical CAMHS teams to progress the development of a business case, and through the Future in Mind Transformational Plan for LLR to agree local funding.

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Child and Adolescent Mental Health Services (CAMHS) Unit

23 February 2016

Distribution

The report has been distributed to the following:

- CAMHS Unit - Ward 3 Coalville Community Hospital
- Leicestershire Partnership Trust (LPT)
- University Hospitals of Leicester (UHL)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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