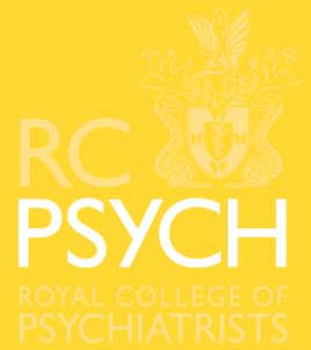


QUALITY NETWORK FOR
OLDER ADULTS MENTAL
HEALTH SERVICES



Quality Network for Older Adults Mental Health Services Annual Report 2016

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Artwork: Cherwell Ward, Oxford Health NHS Foundation Trust

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Foreword

There have been a number of changes since the Royal College of Psychiatrists' Old Age Faculty report FR/OA/I (2011) into older peoples' inpatient care was published. These changes encompass different domains of care affecting older people. Services have responded differently to ever increasing numbers of old people, the arrival of dementia strategies, the renewed focus on age specific/ageless services all of which have affected the quality of inpatient services provided to older people with mental health problems.

We are pleased to introduce a "new look" Quality Network for Older Adult Mental Health Services (QNOAMHS) which has developed from the AIMS OP work begun in 2008. The new network is sector specific which ensures learning across older age services. It is not just about accreditation either, it provides opportunities for peer-review and shared learning across services and will be providing additional benefits to members including networking and training events. One of the many new benefits is an annual report on the network's activity and the overall performance of members against the standards. This provides an opportunity to share learning and for services to identify with the rest of the network.

One of the first tasks of the QNOAMHS has been to review the standards for the provision of older adults' mental health inpatient care. The standards are due to be published in the new year having been developed from a comprehensive consultation with stakeholders and a policy and literature review. The standards cover NICE guidance and link in with the requirements of Care Quality Commission.

This report describes the development of the new network and provides opportunities to review the activity of the past year. It is informative and important to member and non-member services alike. 2017 will be a year of development for the network and we really look forward to welcoming new members and to engaging services in developing a network which meets your needs. I urge all of you to get involved in the myriad of ways you can communicate, via the discussion forum, newsletters, events and peer-reviews. We are also interested to recruit new members to the advisory group and the accreditation committee so if you would like to help direct the work and ensure that we are responding to the needs of older age adults with mental health difficulties as well as the staff that work with them then please let the project team know. They are waiting for your call.

Dr Hari Subramaniam Msc, MD, DPM, FRCPsych
Chair of Advisory Group for the Quality Improvement Network for Older Adult Mental Health Services
Consultant Psychiatrist for the Elderly & Hon Senior Lecturer University of Leicester Bennion Centre/Hynca Lodge Leicestershire Partnership NHS Trust

December 2016

Introduction



Artwork: Cherwell-Fulbrook Centre, Oxford Health NHS Foundation Trust

An introduction to the Quality Network for Older Adult
Mental Health Services and this report.

Introduction

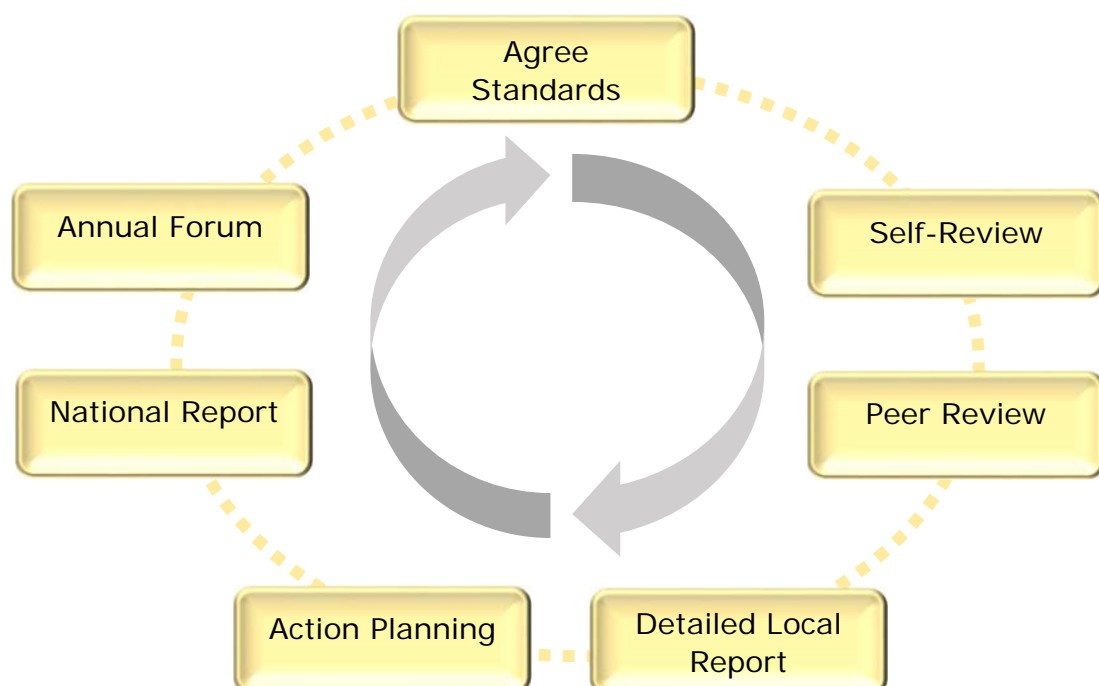
History of the Quality Network for Older Adults Mental Health Services

The Quality Network for Older Adults Mental Health Services was developed in 2008 as Accreditation for Inpatient Services- Older People (AIMS-OP). The network is an initiative of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) which aims to raise the standard of care that people with emotional or mental health needs receive by helping providers, users and commissioners of services to assess and increase the quality of care they provide.

The network operated for a number of years under the AIMS-OP name offering the accreditation process to inpatient older adults' services. In September 2016 the decision was made to rename the network in order to better reflect the focus on quality improvement as well as the addition of the Peer Review process (see page 16 for more details).

Annual Cycle

The Quality Network for Older Adults Mental Health Services works throughout the United Kingdom to improve the standard of care provided in mental health services for older adults and enables the sharing of best practise at a national level. It achieves this by offering a continuous cycle of review:



This process benefits members in a number of ways:

- Brings together a range stakeholders including staff from all professional backgrounds, service users and their carers and partner organisations
- Services are supported to identify and address areas for improvement
- Spread of learning within the organisation: learning and innovations arising from the process are often spread beyond the participating service to other services within the organisation
- Personal development: individuals receive training and are able to improve their professional practice.
- Services are engaged with a network of peers, enabling sharing of good practice and ideas
- The Annual Report helps services to benchmark their own performance against other services, and identify trends in service provision.

Alongside this, the network offers member services:

- **Special Interest Days** dedicated to a topic identified by the network and led by members
- **Email discussion group** providing access to experienced and knowledgeable professionals from a range of disciplines
- **Organised visits to other services** supported by an experienced lead reviewer

Art Competition

Throughout this report you will see a range of artwork which was submitted as part of this year's art competition. The competition was open to service users from all member services and the winning entries will be included in network documents throughout the year. This competition also created an opportunity to raise the profile of the network within member wards and gave service users the opportunity to be involved. The art competition will become a regular event and will feature in network newsletters, which will also be published regularly.

Art Competition Winners

1st Prize – Watercolour Lily Ann Jenkins, Cherwell-Fulbrook Centre, Oxford Health NHS Foundation Trust

2nd Prize - Journey Bridge Ross Clark, Clock View Hospital, Mersey Care NHS Trust.

3rd Prize Sandford-Fulbrook Centre, Oxford Health NHS Foundation Trust

This Report

This is first annual report for the Older Adults Network, and covers membership activity between 1st April 2015 and 31st March 2016. The report primarily focuses on 17 member services that have completed the accreditation process in the time period mentioned. However, many of the themes identified in this report are challenges for Older Adults services generally, and therefore recommendations will be helpful for all our services caring for older patients. We hope services can use the report to benchmark their own performance against other services and identify trends across service provision. This report also reflects on identified areas for improvement for the network and the changes we're making to ensure member services receive a valuable experience.

Network Membership and Activity



Artwork: Sandford-Fulbrook Centre, Oxford Health NHS Foundation Trust

An introduction to the membership of the network, the levels of accreditation and network activity between 1st April 2015 and 31st March 2016

Quality Network Membership

Throughout the time period covered by this report the Quality Network for Older Adults Mental Health Services offered accreditation to inpatient mental health services. During this period there were four levels of accreditation:

Services who are 'Accredited as Excellent'¹:

- Meet all Type 1 standards
- Meet >95% of type 2 standards
- Meet all or the majority of type 3 standards, with a clear plan for how to achieve the others

Services who are 'Accredited':

- Meet all Type 1 standards
- Meet >80% of Type 2 standards
- Meet many Type 3 standards

Services who are 'Deferred':

- Do not meet one or more Type 1 standards, or a substantial number of Type 2 standards, but demonstrate the capacity to meet these within a short time

Services who are 'Not Accredited'

- Fail to meet one or more Type 1 standard, or a substantial number of Type 2 standards, and do not demonstrate the capacity to meet these within a short time

There is a broad set of standards for Older Adult's Inpatient Mental Health Services. It is vital that some standards are met to achieve accreditation, whereas some standards are aspirational. Therefore each standard has been categorised as follows:

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment
- **Type 2:** standards that an accredited ward/unit would be expected to meet;
- **Type 3:** standards that are aspirational or standards that are not the direct responsibility of the ward/unit.

¹ As of the 1st January 2016, the network (along with the rest of the CCQI) no longer offers member services the accreditation status of 'excellent'. Instead, services will either receive the status of 'accredited', 'accreditation deferred', or 'not accredited'. All services were informed of this change in advance.

The Quality Network had 67 members on at the end of this cycle. The status of these services is as follows:

- 26 services 'accredited as excellent'
- 15 services 'accredited'
- 3 'deferred'
- 1 'not accredited'
- 18 'participating'

The majority of member services are based in England, however 1 in Northern Ireland. Below illustrates where member services are in the country along with their accreditation status. For the full list of members and their accreditation status please refer to our website (www.rcpsych.ac.uk/qnoamhs).



Network Activity

This year there have been 17 Accreditation Visits within the network. Fifty-three reviewers attended these visits, of whom 92% were OP specialists. Of this pool of reviewers, 32 attended only one visit, 13 attended two visits, 4 attended three visits, and 3 attended four visits during the 12 month period. The majority of visits had five reviewers on the team. All the visits had either a service user or carer representative on the peer review team and 9 had both.

Reviewers

The opportunity to share learning and benefit from visiting other services is central to the quality network model. In busy schedules, attending a peer review provides an opportunity for reviewers to dedicate time to thinking about service delivery and quality improvement, to take back to their own wards. In order for wards to galvanise on this important part of their membership, it's necessary that they have staff who are trained to attend peer reviews. In January 2016 we held a reviewer training where we trained 9 new Older Adults peer reviewers. It was also the first time that we offered the specialist lead reviewer training and we were very pleased to train five new OA lead reviewers.

Feedback from our members has stressed the importance that peer reviewers have experience of working with older adults. As such we have pushed to ensure our members have peer review team that all have current or previous experience working in an OA service.

Views from some of the network's Lead Reviewers:

"I have been involved with AIMS since 2009. I have been a peer reviewer since 2010 and this year (2016) I completed my Lead Reviewer training and I have led 2 reviews. Being a lead reviewer is an exciting opportunity to ensure the best possible care is given to patients and their carers within an area that I am very passionate about. Your role on the day of the review is to lead the team, facilitate and focus the day drawing on the knowledge that you have of the accreditation process. The project team are always on hand to offer ongoing support"

"Being a Lead Reviewer is an excellent way of sharing good practice, experiences to ensure we deliver the best care for patients and developing networks across organisations"

Governance and Quality Assurance

Advisory Group

This year we have developed an advisory group for AIMS OP. The advisory group comprises of professionals who represent key professions and areas of expertise in Older Adult's Services including service users and carers with experience of these services. The purpose of the group is to advise and support the project team to improve the quality of services, through standards-based peer review and accreditation, and to further the work of a network of Older Adult Services. A number of key appointments to the group have also been made and recruitment is still ongoing. Dr Hari Subramaniam has been appointed as the first chair of the advisory group. He is also involved in the development of older adults 4th Edition standards.

Chair's Biography: Dr Subramaniam is an experienced Consultant Psychiatrist with specialist skills in the assessments of mental health problems and cognitive dysfunctions in the elderly. He is one of the lead consultants with responsibilities for the Older Peoples inpatient units at Leicestershire Partnership NHS Trust (LPT). He passionately believes in innovation and development to provide high quality clinical care and effective clinical leadership as a means to achieve this. Under his clinical leadership, LPT advanced a number of service development projects - chiefly the provision of new and improved inpatient facilities to provide older people's inpatient care within the trust. Other contributions include the setting up of a specialist older persons' liaison service and the development of nurse led memory assessment clinics. His research interests include service development and evaluations and he has publications in the areas of affective illnesses in the elderly. He is a Hon Senior Lecturer at the University of Leicester and has been involved in multiple collaborations with partner agencies. He has a Diploma in Mental Health law and has medico legal expertise in mental health assessments of the elderly.

We would also like to introduce our other members of the Advisory Group:

- **Dawn Rosen**, Ward Matron, Northamptonshire Healthcare Foundation Trust
- **Tracey Dodds**, Infection Control and Tissue Viability Lead, Northamptonshire Healthcare NHS Foundation Trust
- **Sue Gardiner**, Clinical Nurse Manager, Birmingham and Solihull Mental Health Foundation Trust

Accreditation Committee

The Older Adult Accreditation Committee is made up of professionals, service users and carers' representatives who have specialist knowledge of Older Adults services. They come together quarterly to review the evidence collected during self-review and the accreditation visit. The roles of Chair and Deputy Chair of the Combined Accreditation Committees have been created to oversee Accreditation Committees for all networks within the CCQI. The current chair is Dr Margaret Oates and Elaine Clark serves as Deputy Chair. Together with the Older Adult Accreditation Committee, they make a decision about the accreditation status of the ward. The Older Adult Accreditation Committee is chaired by Dr Natasha Lord.

Chair's Biography: Dr Natasha Lord is the Chair for the Older Adult Accreditation Committee. She is an inpatient clinical psychologist working with older people in Worcestershire Health and Care Trust. Natasha's work includes providing assessment, advice, and intervention for individuals who are experiencing emotional difficulties or difficulties communicating their needs. This work can either be directly or with carers, families or staff. Natasha is also very active in improving the standard of practice for older people who access inpatient services. Natasha was part of the first mental health service to join up to John's Campaign, enabling carers to remain with their relative in hospital, and has provided support to other NHS Trusts who wish to adopt the principles. Natasha also set up an email network for OP inpatient clinical psychology and is part of the Inpatient Work-stream for the Faculty of Psychology for Older People (BPS/FPOP) who are currently developing best practice guidelines for working psychologically into inpatient services. Natasha was nominated for the Una Holden award in 2014 for her innovative work for OP inpatient services.

We would also like to introduce our other members of the Accreditation Committee:

- **Nick Nalladorai**, Carers' Representative
- **Ban Al-Kaissy**, Consultant Psychiatrist, Lincolnshire Partnership NHS Trust
- **Julie Fulea**, Modern Matron, Oxford Health NHS Foundation Trust
- **Ian Gee**, Ward Manager, Northumberland Tyne and Wear NHS Foundation Trust
- **Julie Grainger**, Project Assistant (Occupational Therapist), Age UK
- **Margaret Milburn**, Ward Manager, Northumberland Tyne and Wear NHS Foundation Trust

Feedback from the Network



Artwork: Cherwell-Fulbrook Centre, Oxford Health NHS Foundation Trust

A summary of feedback from services who have hosted their accreditation visit this year, and the peer review teams.

Striving for Change through Feedback

Telephone Interview Report²

Early last year, we conducted a series of telephone interviews with our member services enquiring about their experience of being part of AIMS-OP (As it was known at the time). 12 professionals (all from different member services) took part in this interview.

"It shows good status - shows you can maintain good standards" – service member on the value of AIMS-OP membership

In terms of value for money, 31% chose excellent, 38% good and 15% indicated the value for money being average. The responses for accessibility and clarity of information were generally favourable with just under half of the respondents saying it was excellent (46%) and just under half said it was good (46%) indicating an overall positive response. Respondents made several comments including "Straightforward and very clear", "Easy to talk to someone and to navigate website" and "Good networking and communication via emails".

"Good, detailed, practical and shows good insight" – service member on Peer Reviewer training

In terms of how important people considered their membership with AIMS to be, a vast majority (69%) of respondents indicated that they thought their membership was very important and 15% chose important. Members commented that their membership is "Very important", "Well respected" and "Shows high quality of care as standards are high",

"All very important, patients, sharing and learning" – service member on what aspect of the service they valued most

Similarly, importance of 'being accredited', 'improving the quality of your service' and 'meeting and learning from others', was scored consistently high by individuals choosing excellent with 78% choosing excellent for all three elements.

	Being Accredited	Improving the quality of your service	Meeting and learning from others
Very Important	78%	78%	78%
Important	15%	7%	0
Average	0	15%	7%
Not so important	7%	0	15%

² If you would like to see the full report, please visit our website

Table 1: Q5 - Rate of importance for "Being accredited", "Improving the quality of your service" and "Meeting and learning from others"

The overall experience of AIMS OP was favourable. 54% respondents specified that their overall experience with AIMS-OP was excellent.

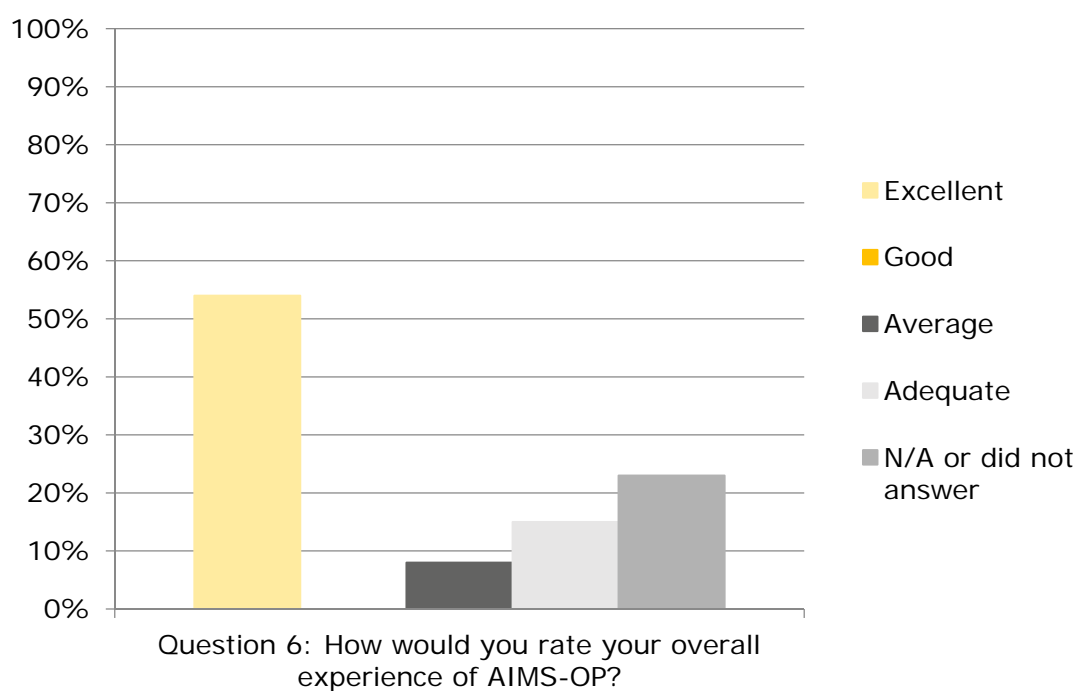


Figure 1: Overall experience of AIMS-OP

"Learnt a lot and it gave a new perspective. Put plans in place that were beneficial to the unit." – Service member on their overall experience of AIMS-OP.

Ongoing Feedback from Service Members ³

While the Telephone interview feedback offered an evaluation of AIMS-OP, we have also collected ongoing feedback after all the accreditation visits conducted. The feedback we have received from accreditation visit teams over the past year has been extremely positive. As Figure 10 illustrates, 91% found going through the peer review process 'very helpful', and the remaining 9% found it 'mostly helpful'. Similarly high percentages described the opportunity to meet people from other settings (86%), and the support from the AIMS-OP team (88%) as 'very helpful'.

"I find the process really helpful – it is great to see the innovative practise that is out there"

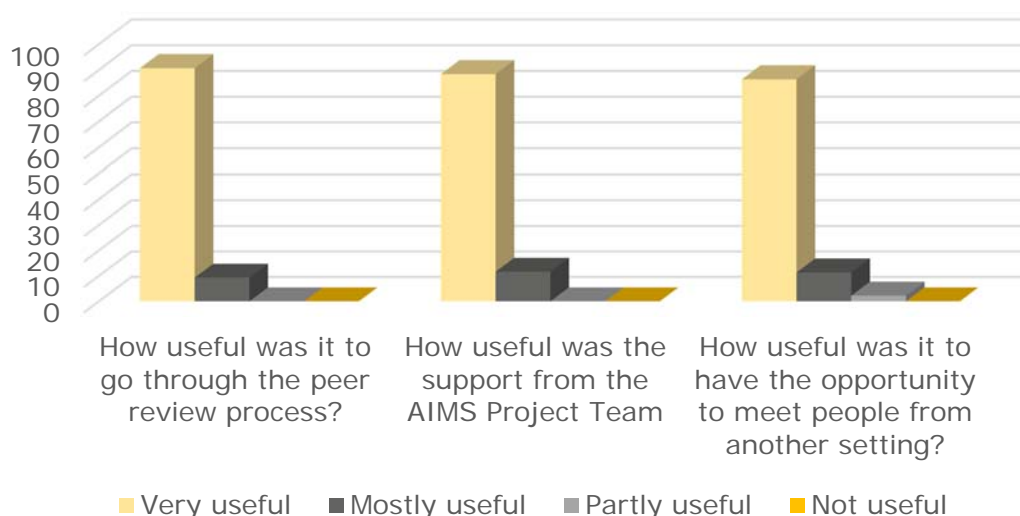


Figure 2: Peer reviewers' feedback on usefulness of peer review

Most importantly, 91% of peer reviewers stated that they had learnt something new after attending the accreditation visit. This supports the aim of accreditation visits not only helping to determine a service's accreditation status, but also to promote learning and best practice for both the host team and peer review team.

Do you feel you have learnt anything new?



Figure 3: Percentage of peer reviewers' who felt they had learnt something new

³ Figures in this section are based on 44 feedback responses. Not all questions were answered by every respondent.

The Changes We're Making

Your feedback has been pivotal in driving the changes we have made. For example, the move towards recruiting only OP service specific professionals has been strengthened by the telephone interview feedback report where members strongly suggested the need for attending and hosting for professionals who have OP specific knowledge.

Other ongoing action points from your feedback include:

You said: 8 peer reviewers during this cycle year reported that they were not able to complete some elements of the accreditation visit. One reviewer cited the reason for this as there being "limited time for discussion to share best practice". Other reasons included that there weren't any carers to talk to on the day of the visit, and that on the day the peer review team was small.

"[There was] limited opportunity to speak to patients, limited number of carers available"

We did:

- We are planning to pilot peer reviews outside of the accreditation process. This will focus less on evidence and therefore should allow more time for an open discussion about how services can improve. It will also support services who do not feel ready for accreditation by helping them take part in quality improvement without the fear of not being accredited
- We have organised two peer reviewer training days in the upcoming year which will help us to achieve a target of 5 peer reviewers per accreditation visit more often.
- We are now encouraging services to provide telephone numbers for carers who aren't able to attend on the day.

You said: Your feedback from the Telephone interview highlighted to the team that service members valued the opportunity to meet face to face, and wanted to more often. The project team agree that this is crucial in order to maintain ongoing quality improvement and learning.

We did: We hope that member services will benefit from coming together to events of mutual interest. The Quality Network for Older Adults Mental Health Services hosted its first Annual Forum in September 2016, and there are other opportunities are planned for 2017 (see [Upcoming Dates](#)).

"[There are] one or two Level 2 standards that arguably I would see as essential and Level 1"

You said: Several peer reviewers have considered and queried the standards for Older Adult inpatient mental health services. For example one reviewer stated that the standards "could consider more focus on physical health screening/ falls management as [this is] particularly pertinent to OP services."

We did: We are currently working towards publishing the 4th revision of our standards. We will be incorporating a core set of standards relevant across all types of mental health services developed by the British Standards Institute, as well as including specialist standards related to Older Adult Inpatient Mental Health care. The standards will be mapped to key policy and regulatory frameworks and all members will be given opportunity to feedback and contribute to the revision them before they are published.

You said: Peer reviewers have highlighted to us the length of time that is taken by handwriting comments on accreditation visits. This is important to address as it's crucial that all the standards can be covered in the day. We also recognise that the data collection process, and services access to information, could also be improved.

"It takes a long time to hand write all comments made from other reviewer booklets"

We did: Another development will be the introduction of (College Accreditation and Review System) CARS throughout the whole of the CCQI. This will allow the accreditation and review process to become streamlined, and will give services a single portal to access all the information they need about their accreditation such as their membership details, contextual information, review information and reports. CARS will also help analyse aggregate data and trends, which can help the network address particular themes that services are finding difficult to meet.

You said: Members have highlighted the need for there to be greater sharing of information and a reduction in the number of emails sent.

We did: We have launched the OP specific email discussion group as a platform where members can share innovative ideas that have had a beneficial impact on their service, while reducing the total number of emails. Members can use this email discussion group by sending a message to OPdiscussion@rcpsych.ac.uk.

Network Data and Performance



Artwork: Ross Clark (Clockview Hospital, Merseycare NHS Trust)

This section reviews how services performed against the standards and criteria between April 2015 and March 2016, and identifies areas for improvement that will be helpful for all services. It also brings together the contextual information we've collected from services over the past year.

Contextual Data

As part of the accreditation process, services complete a contextual information form prior to the commencement of their self-review process. We collect this information to help us understand how many patients a service supports, which types of professions are supporting them, and the ratio between the two prior to their accreditation visit.

Figures 4, 5 and 6 show the number of beds, occupancy levels and average length of stay across the 17 older peoples' services that completed the self-review between August 2015 and June 2016. We hope member services can use this data to benchmark their services compared to their peers, and give an indication of where their service sits within this national picture.

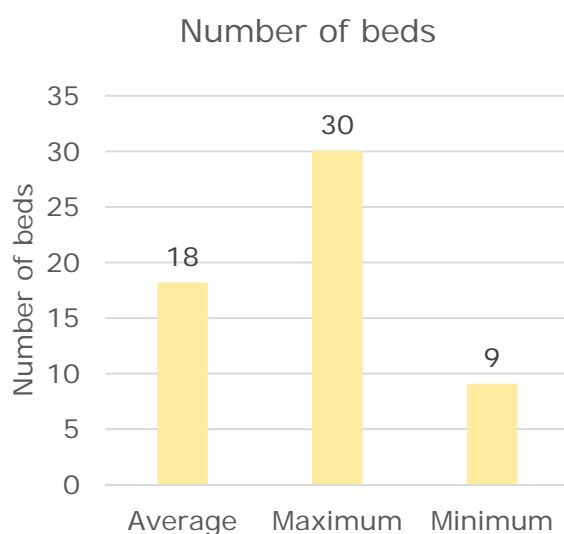


Figure 4: Averages for number of beds across 17 wards

The data indicates a big range across member services in terms of their size. We have used this information to inform the revision of the standards. For example, we have written specific standards for wards with 10 beds, 20 beds and more to reflect this diversity.

With regard to occupancy there was again a large variation across services. Some services will use leave beds during busy times and this accounted for the maximum occupancy of 111%.

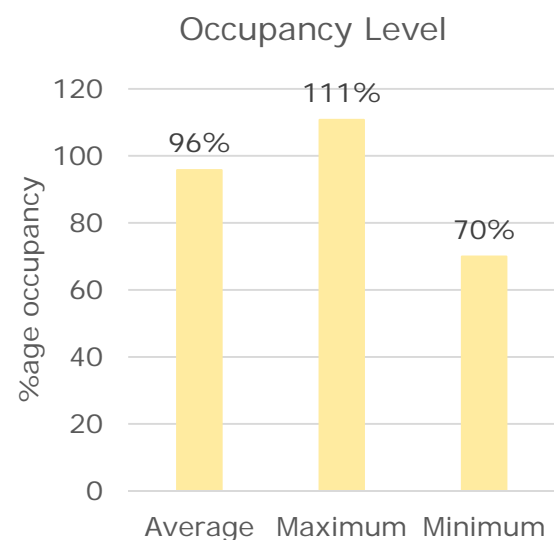
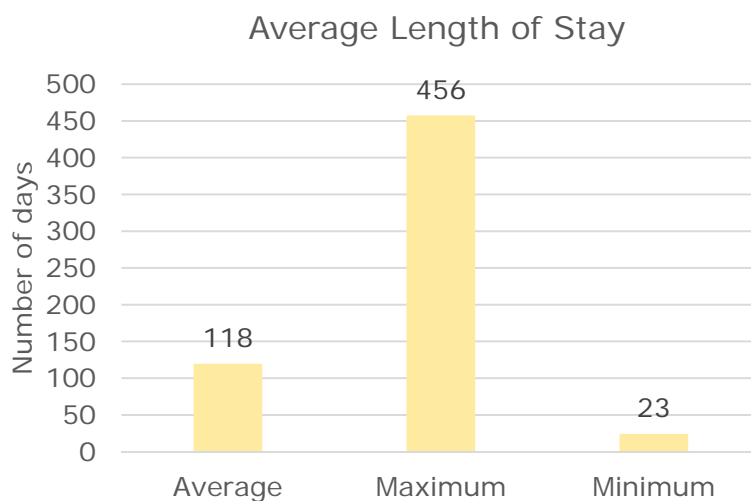


Figure 5: Percentage averages for bed occupancy levels across 15 wards



Again, across services there was a large variation in average length of stay for patients. Some patients stayed for less than 1 month on average, whereas other services had an average of 12-18 months.

Figure 6: Averages for length of stay for patients across 15 wards

Staffing

Figure 7 illustrates that for member services Registered Nurses and Nursing Assistants have the highest Whole Time Equivalent (WTE) of the different professions listed. It should be noted that Multi-Disciplinary team (MDT) members have much lower WTE.

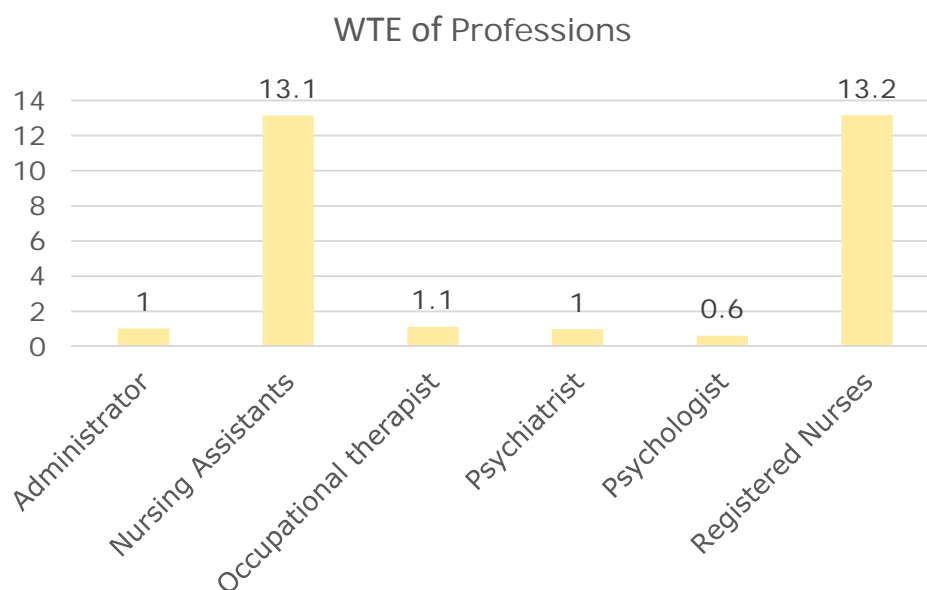


Figure 7: Mean WTE across different staff professions working in the 17 OP services.

Network Performance

Members are required to self-review their service against a set of standards. This is followed by a peer review which aims to validate the self-review evidence. The section below reviews the data that was collected from the 17 services who completed the self and peer review during this cycle year. While this data only reflects 17 services, it is hoped it will give an indication of areas where services need to improve, but also areas where services are already successful. Suggested recommendations have been given for services in light of the areas where the data indicates improvement is required. These recommendations are drawn from comments made by review teams, the OP Accreditation Committee and by observations of good practice of member wards.



Figure 1: Performance against 3 edition OP standards from 17 services

Figure 6 shows how successfully 17 services met Type 1, 2 and 3 standards within the 3rd Edition AIMS OP standards. Services are evidencing a high number of Type 2 and Type 3 standards during peer review. However, the data also tells us that a number of services are not evidencing the 100% Type 1 compliance required to achieve accredited status. During this cycle year, 11 services had not met 100% of Type 1 standards after completing their peer review. While most of these services met over 90% of Type 1 standards, two services were performing below this.

Failure to meet Type 1 standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. As a result, it is important to identify whether there are any specific Type 1 standards that services are struggling to meet more often. The section below identifies the most commonly unmet Type 1 standards and offers suggested actions for services in order to support them to evidence these standards.

Themes from Unmet Type 1 Standards

Analysis of Type 1 standard scores from 17 services helped us to identify a list of standards which were more commonly unmet.

Standard No.	Standard	Number of services not meeting
U8.4	All staff who administer medication have been assessed as competent to do so. This is repeated annually using a competency-based tool.	6
8.14	All staff have received diversity awareness training.	4
8.24	Staff who undertake assessment and care planning have received training in how to assess capacity, and the Mental Capacity Act (England and Wales).	4
40.13	Male and female patients have separate sleeping accommodation in separate areas of the ward/unit.	3
U8.23	Staff who undertake assessment and care planning have received training in care planning as part of the care management programme, including CPA (or local equivalent) and discharge planning.	3
U8.25	Staff who undertake assessment and care planning have received training in risk management and risk assessment.	3
U19.4	If the patient is found to have a physical condition that may increase their risk of collapse or injury during restraint this is: <ul style="list-style-type: none"> • clearly documented in their records; • regularly reviewed; • communicated to all MDT members; • evaluated with them and, where appropriate, their carer/advocate. 	3
32.3	There are prominent signs showing hand-washing techniques near all clinical hand-washing sinks.	3

Table 1: List of unmet Type 1 standards identified at peer-reviews across 17 services.

Areas of improvement and recommendations

The data in Table 3 displays the 8 Type 1 standards that were most commonly unmet. Five of these standards relate to staff training. With regards to the standard which is most commonly unmet (U8.4 relating to staff competency to administer medication), discussions on peer-reviews have revealed different reasons for non-compliance. Some services refresh the course only every three years. This means that they do not comply with the requirement set out by the standard. It is also the case that sometimes services are not able to provide sufficient evidence to suggest compliance when they complete the assessment on a ward level. Often compliance information regarding mandatory training are kept on organisational trackers. However, ward level trainings may not be saved in a similar way. In order to provide evidence for compliance, it is essential that services keep a record of all ward level trainings.

Similarly, other standards related to staff training are often regarded as unmet as suitable evidence is not available on accreditation visits. The project team recommend that services complete an audit of all staff members and when they have completed specific training. If staff members are not required to have the training this should be stated as 'Not Applicable'. Where a staff member has not completed training this should be addressed quickly, and evidence of the training being booked in can be presented to the accreditation visit team.

It is recognised that the majority of wards do have separate male and female bedroom areas. However some wards struggle to meet this standard either due to their environment or because of a limited number of beds locally resulting in a ward admitting a male patient to a female designated room or vice versa. Services should ensure that they make every effort to ensure that they comply with gender separation guidelines and that they have policies and procedures in place for if they breach them.

Top Tips for your Accreditation Visit!



- Keep a record of all ward level training for the peer review team to see
- Complete a training matrix of all staff and when they last received training – the project team can provide you with a template for this!
- If you don't meet the same-sex requirements, provide evidence of how you are working towards this single sex provision and that you have considered how to protect patients' privacy and dignity

Themes from the Carers' Survey

Carers and relatives of patients in each ward are asked to complete a survey during the accreditation process. While this information is not sufficient alone to determine if services are meeting specific standards, it does help give an indication of how services are performing. Analysing this data collected from carers across this year can help identify themes in carers' feedback across services.

Figure 7 identifies 4 areas where services are making achievements, and 4 areas where services can improve, as a result of data provided by carers.

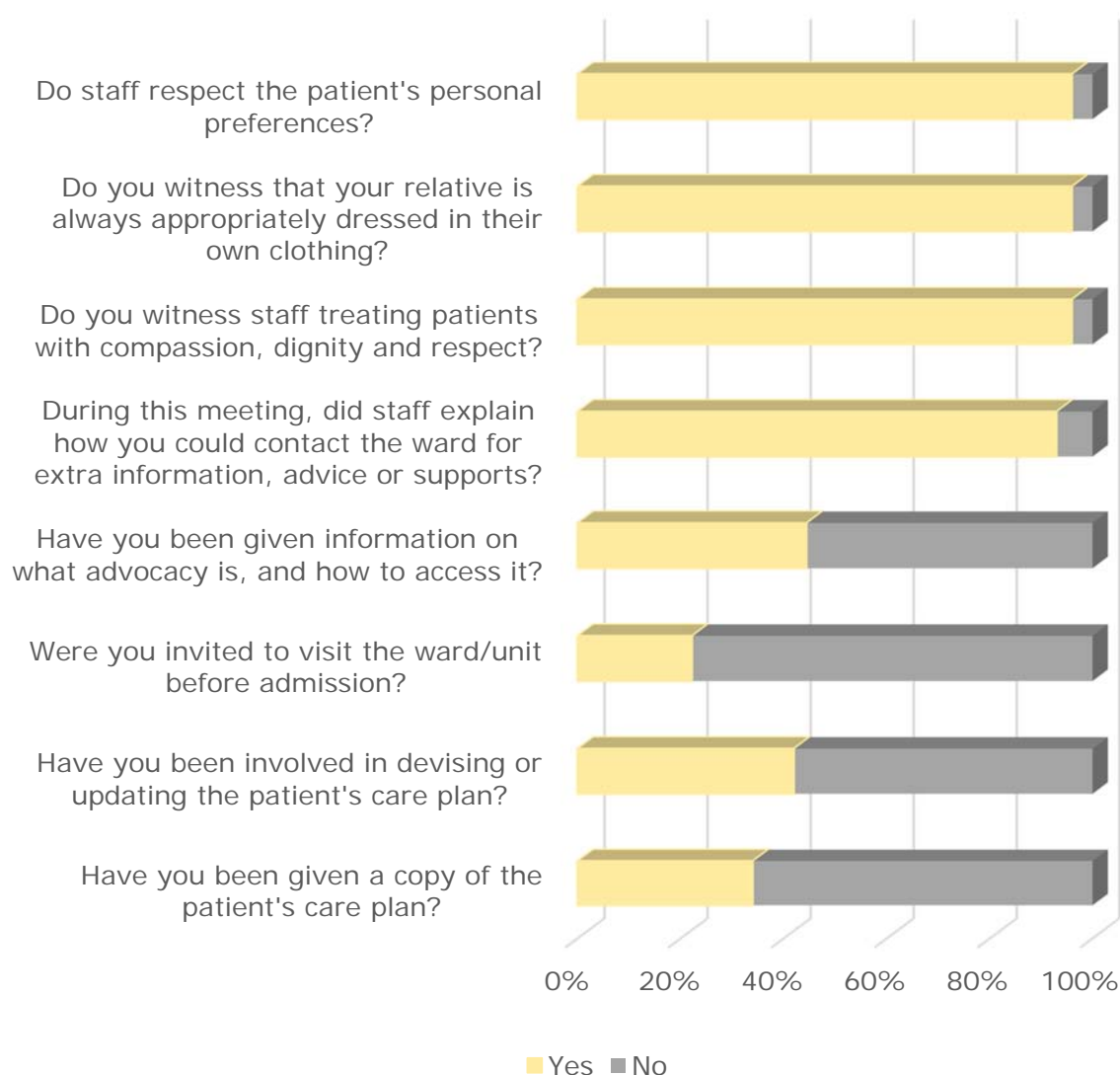


Figure 7: Responses to carers' survey (169 responses)

Areas of achievement

Figure 7 highlights that carers often agree that the service treats their relative with respect, dignity and compassion and takes their likes / dislikes into account. This is very positive and highlights the person-centred care that member services' are delivering. Similarly, 93% of carers reported that during an initial meeting staff explained how they could contact the ward for extra information, advice and support. This illustrates that initially carers' needs are addressed by services, helping to support them.

Top Tips for Improving your Working Relationship with Carers!



- Provide information about local advocacy services
- Utilise the knowledge carers have about their loved ones strengths and needs
- Allocate time to inform carers about their relative's care and progress

Areas of improvement and recommendations

Partnership working between staff and carers appears to be an area where services need to improve. Only 41% of the carers had been involved in devising or updating the patient's care plan, and similarly only 34% had received a copy of it. It is essential that carers are involved in the care of elderly patients as it is possible that the patient may lack the capacity to make important decisions about their care due to their health. It is also important that opportunities are available for carers to review information, like the patient's care plan or their medication plan. Advocacy can support carers themselves as well as helping them with getting their relative's needs met and therefore it is of concern that less than half of carers were given information about how to access it.

One way services can make improvements in this area is by allocating time to sit down with the carer and discuss the care of the patient. Services should ensure that there are systems in place which not only allow carers to have access to the patient related information (subject to agreement with patient) but also confirm that carers are up to date with patient's progress. Information about advocacy and where to access it locally should be readily available and given to carers at the earliest opportunity.

Themes from the Staff Survey

All staff members also complete a survey prior to the service's accreditation visit. Similarly to carers, this data alone cannot determine if a standard is met or not, but gives an indication of how a service delivers care as well as the supervision and training staff receive.

Areas of achievement

Analysis of staff responses over the last year shows a more consistent pattern compared to the carers data. Staff are asked about 123 different elements, and as Figure 8 illustrates an overwhelming majority of these (96 elements) were responded to positively by either 80% or more of staff across member services. This illustrates quite clearly that generally staff are very satisfied and have a good impression of the services they work in.

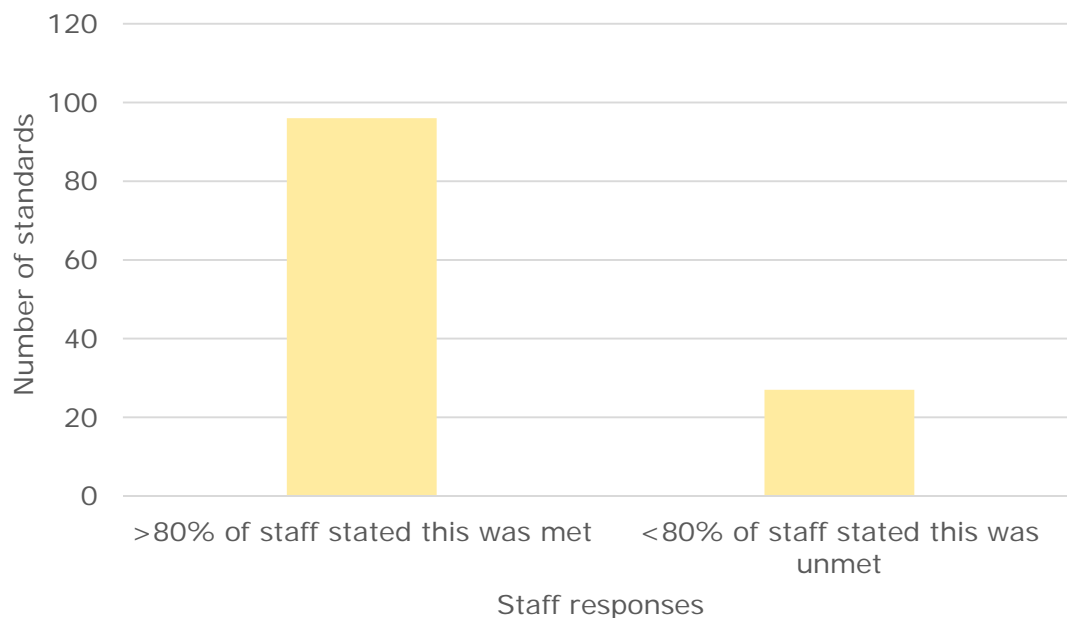


Figure 8: Responses to 123 questions in staff survey (444 responses)

Areas of improvement and recommendations

However, there were 27 elements that did not reach this threshold. As Figure 9 illustrates, questions related to supervision were much more variable with 21% stating they did not receive clinical supervision every 8 weeks and 17% of staff stating they did not have regular line management supervision.

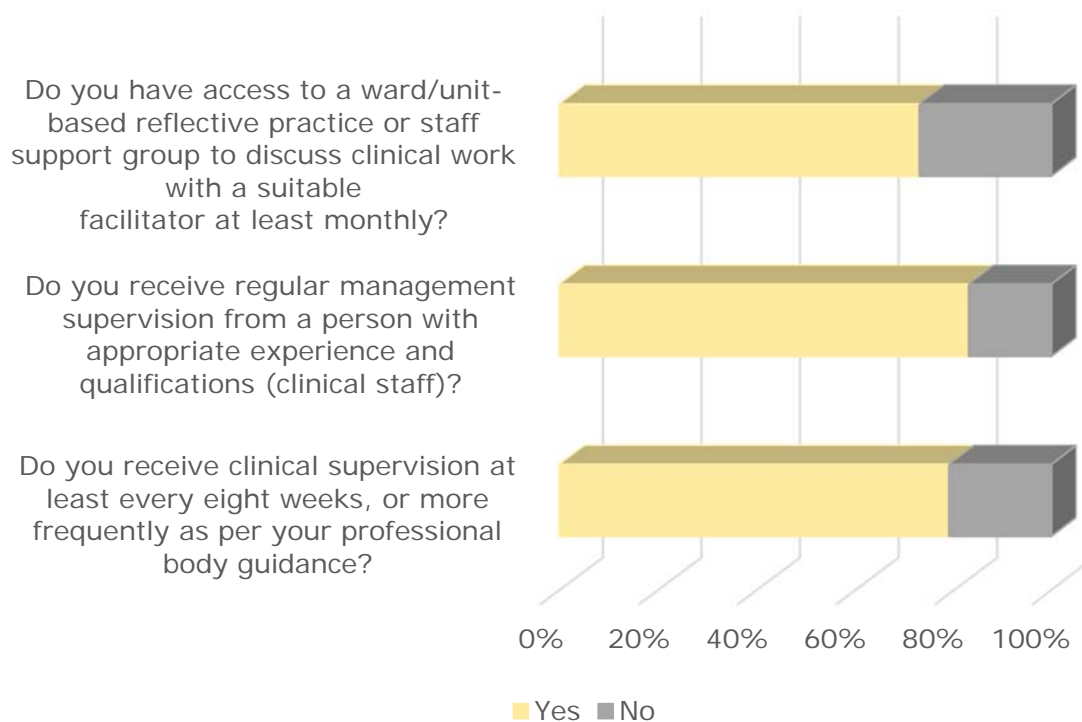


Figure 9: Responses to questions regarding supervision

Discussions on peer-reviews have revealed that staff do not always get regular management supervision. Many times, this is confused as being synonymous with clinical supervision. It is essential to differentiate between the different types of supervision (clinical, managerial and reflective/group) as they cover different agendas and topics. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice (CQC, 2013). Management supervision is a separate process to clinical supervision whereby the line manager meets with staff within their remit on an individual basis to monitor performance; in line with the staffs individual development needs and agreement of personal development plans. Access to regular management and clinical supervision is a Type 1 standard in the 3rd Edition of AIMS OP standards and a service not meeting this cannot receive an accredited status.

Another area which received more mixed responses from staff was questions related to therapeutic input. As Figure 10 shows, a quarter of staff reported that patients do not have access to specialist practitioners of psychological interventions for one half day per week, and a third reported that patients didn't have access to local complementary therapies that were delivered by trained professionals. This data coupled with the lower WTE for MDT staff suggests that some older adult wards may lack a therapeutic focus.

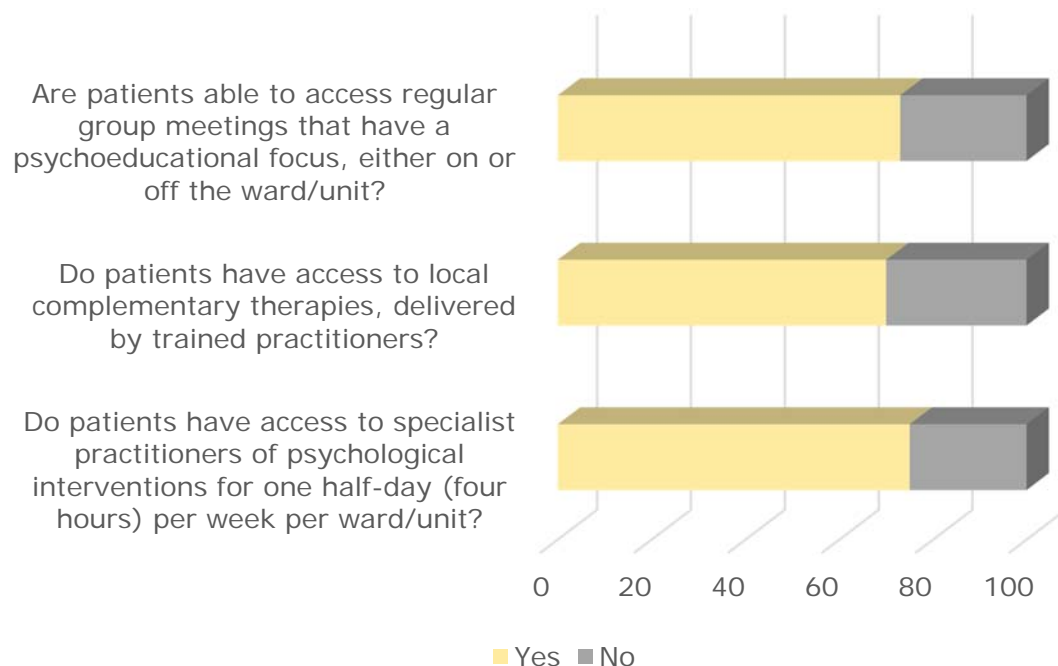


Figure 10: Responses to questions regarding therapeutic input

This subject was addressed in the Annual Forum 2016 presentation 'How to make the best use of psychology on Older People inpatient units' by Natasha Lord and Sarah Dexter-Smith. Together they discussed the value of Psychology in older adult inpatient wards, which includes:

- Assessment of complex presentations including behaviours which challenge
- 1:1 direct therapeutic work e.g. people experiencing personality difficulties and risk, carer support
- Group therapeutic work e.g. Mindfulness Group, Recovery group
- Identification of and support for ward staff to deliver psychologically-driven interventions

The full presentation can be found on the network's web page: www.rcpsych.ac.uk/qnoamhs

Data Collection

The data that we have presented within this report has come from the carer's survey, staff survey and an analysis of unmet type 1 standards. While this has given us a number of interesting and useful insights into the performance of services within the network, we will be making some changes into how we collect data for future annual reports.

Bakkar Observation Tool

The main omission from this report is the service users' perspective. As many of our members work with patients living with dementia response rates for our service user surveys are, understandably, low. On wards where the review team are unable to meet with patients on a review visit they complete an observation tool over lunchtime. However there are a number of challenges with the current tool, including that it only focuses on a mealtime. For this reason we have worked with medical student Azza Bakkar to develop a new tool for gathering service user input. After a thorough literature review she concluded that a new observation tool would better meet our needs and set about developing one. We named this new tool the Bakkar Observation Tool (or BOT) in her honour. The BOT will become part of the self- and peer-review processes when the 4th Edition of the Older Adults Inpatient Wards standards are published. With its improved methodologies it will enable us to capture patient experience in relation to the new edition of the standards. This will allow us to include feedback of patient experience in both local and national reports.

College Accreditation and Review System

Along with the BOT, the implementation of the 4th edition standards will also see the network adopt the new College Accreditation and Review System (CARS). CARS is a new online system, which will facilitate the accreditation and peer review processes. CARS will enable services to complete their own assessment of how they are performing against the standards during the self-review period. This will help services to identify their own areas of achievement and for improvement, as well as providing more detail about the service for the review team.

As part of the self-review process we will also be introducing a questionnaire for referrers and partner agencies. We recognise that the relationship between older adult wards and other agencies is vital to good quality patient care. Poor relationships not only impact on care but can lead to inappropriate admissions and delayed discharges. Understanding a service from partner agencies viewpoint will further help us, and the service themselves, identify things that they do well and where they can make improvements.

Local, service level reports will also be improved, in order to make the key findings more easily accessible. They will also include data benchmarking the services performance against the national data as presented in this report.

CARS will also produce much more data about services performance against the standards. This will allow us to include analysis of all standards within the annual report, rather than just Type 1s. This will benefit services who are already performing well and would like to focus on more aspirational standards.

Meet the Team



Sarah Paget, Programme Manager

My name is Sarah and I have been the Programme Manager for the Quality Network for Older Adult Mental Health Services since April 2015. I have worked at the CCQI since 2004 managing two networks that quality assure and improve the quality of the psychosocial environment in a range of settings, across sectors and client populations. Working with the older adult network represents a bit of a full circle for me as my first job as a newly qualified psychiatric nurse, in Wales, was on “psychogeriatric” wards. How times have changed. I look forward to being part of the future of older adult services as well as its past.

Hannah Rodell, Deputy Programme Manager

I have been working on the network for about 18 months and have really enjoyed getting to know more about the services and the people who work within them. It's a pleasure to work with professionals who show such dedication and passion, even when they are working in challenging circumstances. I have a background in the third sector supporting those who suffer from mental health problems and have been working at the CCQI for a number of years, previously on the Perinatal Quality Network.

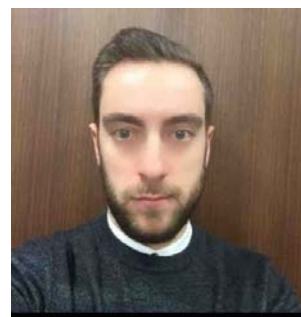


Ellie Parker, Project Worker

I've recently joined the CCQI after looking for a role where I could work with inpatient mental health services to make a positive difference to the care patients receive. I'm looking forward to learning more about older adult services, and the professionals working within these services. I have previously worked in the third sector supporting families who care for a relative with a learning disability who displays challenging behaviours.

Joel Lewis, Project Worker

I've worked at the Royal College of Psychiatrists in various roles over the last three years. I started in the College's Policy Unit, helping to improve awareness of mental health and use the expertise of our membership to respond to consultations. I co-authored a paper on how drug treatment services need to respond to new trends in substance abuse. After joining the CCQI, I worked on the Quality Mark, an accreditation programme which supports acute hospitals to improve the care of their elderly patients. I'm really pleased to be working across two inpatient networks and seeing first-hand the work that our members put in to improve services.



Upcoming Dates

Peer Reviewer Training

London – Monday 6th February 2017 (closing date for applications Monday 16th January 2017)

Lead Reviewer Training

6th February 2017, London

Special Interest Day

28th March 2017

Annual Forum

10th November 2017

If you have advice, an example of best practise or a query regarding Older Adults Mental Health Services, email our Email Discussion Forum

OPDiscussion@rcpsych.ac.uk

If you have a question for the project team, please email OP@rcpsych.ac.uk

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