

# Older Adult Functional Wards

## Operational Policy

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OPERATIONAL POLICY SUMMARY		
<p>The purpose of this policy is to provide an operational policy covering all functional care wards at Essex Partnership University NHS Trust (EPUT). The document outlines the main components of the service and is informed and supported by Essex Partnership University NHS Trust policies, procedures and practice guidance.</p> <p><b>[Aug 24] – This SOP remains active but is currently under review to reflect EPUT’s 2024/25 Time to Care transformation, in particular the new Therapeutic Acute Inpatient Operating Model for Adults and Older Adults’ – Lizzy Wells, Director of Mental Health Urgent Care &amp; Inpatient Services</b></p> <p><b>The Trust monitors the implementation of and compliance with this operational policy in the following ways:</b></p> <ul style="list-style-type: none"><li>• weekly and monthly quality audits in relation to standards of documentation and care planning</li><li>• health and safety audits</li><li>• ligature audits</li><li>• compliance inspections</li></ul>		
Services	Applicable	Comments
All older adult functional mental health wards	✓	

**The Director responsible for monitoring and reviewing this policy is  
Director of Mental Health**

## Older Adult Functional Care Wards OPERATIONAL POLICY

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## Older Adult Functional Care Wards

### 1.0 INTRODUCTION

The five Older Adult functional wards offer admission, assessment and treatment to people over the age of 65 who have a functional mental health problem. The wards may also accept patients under this age who are experiencing specific frailty and complexity issues related to their age (please see 6.0 and 7.0 for admission criteria for under 65 and 65-70 admissions).

The care teams consist of a Consultant Psychiatrist, medical staff, nursing staff, non-appropriately trained support staff, psychologist Occupational therapy staff and access to wider therapy staff. All members of the inpatient team contribute to the delivery of patient centred care.

Whilst an Inpatient on the ward the service user will receive a comprehensive mental health assessment, that will identify individual needs, and where necessary diagnostic assessment which may determine an overall outcome regarding care needs.

The wards cover a wide geographical area covering the whole of Essex and link into community based dementia services in their various localities.

Admissions to the wards are facilitated throughout the 24 hour period. Service users can be admitted informally, detained under the Mental Health Act (1983) or via the mental capacity act (2005).

The care team offer a person centred approach to care delivery. Various tools are used to help care for the service user including the trusts '**My care, My recovery**' document which allows the team to work collaboratively with the service user to tailor the care delivered by the wider team.

Referring community teams and the AMHP and emergency care teams will be required to gatekeep all admissions to the wards utilising the least restrictive option where possible.

Prior to admission the purpose and aims of the admission must be clearly articulated to the person being admitted their family and carers. The aim is to ensure purposeful and planned admission goals with identified care and treatment needs and projected length of stay at the beginning of the admission process.

Specialist intensive support and **Home First teams** will assist at point of admission to identify any potential early discharges including any present care package needs and will maintain input and support during the admission process alongside the allocated care coordinator. **Appendix 1 – Dementia/Functional Inpatient Pathway**

## 2.0 AIMS AND OBJECTIVES OF THE SERVICE

### 2.1 Objectives

- To provide comprehensive multi-disciplinary inpatient admission, assessment, treatment and future care planning for Older Adults over the age of 65 presenting with a functional mental illness who are in crisis and cannot be safely managed in a community setting.
- To assess each person's needs and jointly negotiate a plan of therapeutic interventions of a multidisciplinary nature as required involving the patient, their carers and associated services with the patients consent.
- To provide the necessary care support and/or therapy (as identified during the assessment) to enable the patient to recover from the acute phase of their illness and to be well enough to leave hospital.
- To allocate a Named Nurse acceptable to the individual who takes responsibility and continually evaluates the patient's progress to ensure that therapeutic objectives are met in conjunction with the patient, their carers (with the patients consent) and the multidisciplinary team.
- To continually evaluate and monitor the overall needs of each patient so as to ensure that those services required are available to allow those needs to continue to be adequately and appropriately met once the person is well enough to leave hospital
- To carry out ongoing appraisals on all staff supporting this up with regular supervision to ensure staff training and development needs are met and that training is provided to meet identified service needs.
- To develop and maintain good inter-agency working relationships e.g. Social Services relatives, education, CPN's and Specialist Services to the benefit of patients.
- To explore and establish effective links in the community to promote effective integration and relationships with local services to facilitate successful discharge of patients on the ward and to promote normalisation and recovery.

### 2.2 Aims

- The aim is to provide care utilising the least restrictive option for patients where their current risk profile cannot be supported by treatment in a community based setting
- To provide a safe environment that meets the individual needs of Older Adults in crisis, suffering from acute mental health problems.
- To provide an environment where assessments can be carried out as swiftly as possible to promote a swift return to the community and avoid delay in discharge.
- To provide a range of skilled care interventions to meet individual patient's needs.

- To involve all patients, relatives and carers (with patients consent) in the assessment, planning, formulation implementation and evaluation of their individual programmes of care.
- To facilitate effective re integration into the local community.
- To provide detailed assessments of patients' needs for community placement/home care If return to home is not an option when the patient is well enough to leave hospital.
- To liaise with partnership and whole health economy services to ensure any specialist care required from those services is readily accessible to patients receiving treatment for mental health issues.

### **3.0 SCOPE OF THE OPERATIONAL POLICY**

This policy applies to all older adult functional assessment in-patient beds located at EPUT

### **4.0 REVIEW AND MONITORING**

The service has quality targets/indicators set out for them to meet. The following are some of the key targets/indicators that we are measured on:

- Care Quality Commission to receive at least good in all key lines of inquiry
- Care Quality Commission Mental Health Act Monitoring
- Internal peer reviews/audits
- Care Plan and Risk Assessment targets
- Venous Thrombosis Embolism Assessment and Prophylactic targets

### **5.0 NATIONAL GUIDANCE**

The service will uphold the principles covered in NICE Guidance and quality standards covering functional mental health conditions

### **6.0 REFERRAL AND ELIGIBILITY**

Patients over the age of 65 who present in crisis or in an acute phase of mental ill health for which treatment in the a community setting is not viable due to the degree of risk posed to themselves or other)

(Please see 7.0 for detail of admission criteria for people aged 65-70)

Consideration will also be given to patients under the age of 65 who present with an enduring physical health condition or frailty who would be considered as vulnerable on an adult acute admission ward.

The criteria for admission in these circumstances are as follows;

- Presence of 2 or more chronic long term health conditions
- Polypharmacy: more than 5 medications
- Rockwood >5

Decision to admit must be agreed by the inpatient OA Consultant

All admissions should be gatekept by the appropriate community team to ensure that the least restrictive option is considered.

**(See Appendix 1, 2& 3)**

## **7.0 CRITERIA FOR ADMISSION TO OLDER ADULTS INPATIENT BEDS**

1. All patients aged 70yrs and above requiring inpatient treatment unless there are clear clinical reasons as to why it should be to an adult ward. Issues to consider in such clinical decisions would include risk to others, clinical presentation and patient choice.
2. Patients aged between 65 – 70yrs to be assessed utilising the criteria below to ascertain whether their individual needs will be best met on an adult or older adult inpatient unit.

For admission to an older adult ward the following criteria for evidence of frailty should be met;

- Presence of 2 or more chronic long term health conditions
- Polypharmacy: more than 5 medications
- Rockwood >5

If these criteria are not met admission should be to an adult ward unless otherwise indicated by a clear clinical rationale.

3. All patients with an established primary diagnosis of dementia except those that are secondary to acquired brain injury or alcohol related brain damage will be admitted to a dementia ward.
4. Patients below 65yrs of age without a diagnosis of dementia to be admitted to an adult ward. If there are reasons why the patient's needs are better met on an older adult ward a discussion between Consultants needs to occur prior to any transfer and documented in the clinical case notes.

## **8.0 CARE PATHWAY**

### **8.1 Care Assessments**

The patients named nurse will complete an initial 72hr assessment care plan with the patient/carer detailing the needs identified in the admission assessment and further investigations/interventions to be undertaken. This will also identify the level of observation required for the initial assessment period. All patients will be given an estimated discharge date on admission with forward care planning with the discharge coordinator, MDT, patients and carers.

Initial assessment will also require the following assessments to be completed:

- MUST
- Waterlow
- Manual Handling
- Falls risk screening
- Full body map
- VTE (venous Thrombosis embolism)

An on-going comprehensive physical, behavioural, and social assessment will be carried out by the MDT over a 4 – 6-week period in line with recovery focused principles and the care programme approach

This will include:

- Full physical examination and screening, I.e. bloods urinalysis, ECG.
- A seven day assessment of diet and fluid intake, behaviour and sleep pattern and where appropriate continence.
- Full OT assessment of functioning of activities of daily living.
- Future care needs and referral to relevant agencies e.g. social care.
- Joint working with patient and relevant others to identify strengths and strategies to reduce risk profile and mitigate risks. This may include referral to Psychology for ongoing assessment and intervention.

A Multidisciplinary care review will take place at least weekly. CPA reviews will take place following admission and prior to discharge as a minimum. Additional CPA reviews may be held as required.

## **8.2 Risk Assessment and Management**

All patients admitted to the wards will have their individual needs assessed by the Multidisciplinary team and be allocated a designated named nurse who will coordinate the completion of a risk assessment and management plan which will be documented on the clinical database. As much as is possible this will be completed in conjunction with the patient to identify coping strategies and protective factors to mitigate the risks.

A '**profiling bed risk assessment**' should also be completed on admission (on Paris/Mobius). If the older adult patient is assessed to be a suicide risk/risk of ligature then an anti ligature bed should be allocated, if their physical needs do not require a profiling bed. If a profiling bed is required due to physical needs or there are no anti ligature beds available then the engagement and observation policy should be adhered too, and Level 3 observations care planned until the risk has reduced.

Risk assessments and risk management care plans will be subject to review and updating at least weekly via the Multidisciplinary care review, clinical meetings and handovers.

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### **8.3 Interventions / Joint-Working**

The wards maintain close links with the community teams. Where patients have a named care coordinator within the community team the ward will request they attend relevant care reviews.

Patients admitted who do not have a care coordinator will be referred to the appropriate community team within 24hrs of admission.

### **8.4 Care reviews**

Care reviews provide an opportunity for open, honest and informal communication between the patient, family carer and MDT. There is a weekly review of each patient by the ward consultant using a multidisciplinary team approach and more frequently if necessary. Patients are given a choice as far as is practically possible of attendees at their reviews. The review will be timetabled for each patient in advance and effort is made to ensure the timetable is adhered to, in order to avoid patients and families waiting unnecessarily for their allocated time. Where timetabled appointments cannot be met, staff will endeavour to inform relevant parties at the earliest opportunity.

Annual physical health checks are undertaken if due whilst the patient is on the ward. Any physical health problems identified at any stage during admission will be followed up appropriately.

**Occupational Therapy** interventions are available and will provide a range of therapeutic and recreational activities on the ward in conjunction with the whole ward team.

**Sessional Psychology** is also provided but defers across each geographical area. Although the exact details of the input varies across each locality in terms of number of sessions provided to each ward, the nature of the work will be the same. All of the Older Adult Psychologists on the inpatient wards offer psychological assessment and formulation, brief psychological therapy where indicated and where feasible with regards to the discharge plan and group work.

Daily community meetings are held to capture patient experience and they serve as an ideal venue for communication between service users and staff groups.



Other professionals are available via referral for specific interventions as follows:

- Physiotherapy
- Tissue Viability
- Diabetes specialist nurse
- SALT
- Social care
- Safeguarding team

## 8.5 Care Planning

The team will utilise the 'My Care, My Recovery' to develop a person centred care plan and in order to inform the overall specialist inpatient care plan. The care plan will be compiled in conjunction with the patient and as much as is possible and they will be encouraged to sign it. Copies of the care plan will be provided to the patient and carer (with the patients consent).

## 8.6 Section 131 / 132

### Section 131 – Informal Patients' Rights Monitoring:

A copy of information leaflet "Your Rights as an Informal Patient" (**Appendix 4**) will be given to the patient on admission/first occasion of discussing rights. Where there is a significant change in the patient's mental state. Following a Mental Health Act Assessment and the patient is not subsequently detained under the Act. The patient has got to consent and understand the following:

1. They have come into hospital voluntarily to receive care, treatment, or therapy and we will involve them at all stages.
2. As an informal patient they have the right to leave the ward at any time, however we are responsible for the safety and care of all patients, therefore it is important that they always tell a member of staff when they are leaving the ward.

**(Appendix 5)** Section 131 – informal patient's rights monitoring form

### Section 132 - Detained patient's rights monitoring

All patients detained under the mental health act will have their rights read to them and recorded under 132 rights forms. Leaflets for the section will be provided for patients and their Nearest Relatives.

## 8.7 Service User / Family Involvement

Patients and carers (with patients consent) will be consulted in all aspects of care whilst on the ward. The named nurse will arrange regular 1:1 sessions with the patient and carer throughout the admission to discuss, agree, review and plan on-going care.

The named nurse will coordinate how information will be communicated to the carers in conjunction with the patient. Patients and carers will have the opportunity to attend and participate in care reviews and other relevant meetings.

## **8.8 IMHA & IMCA & POHWER**

Patients have the right to access independent advocacy and staff can provide information and assist patients to contact this if it is required or requested. Access to advocacy services is provided by POHWER. The service offers:

- Support at clinical reviews, CPA reviews, tribunals and meetings
- Help and support service users in making and resolving complaints
- Information on service users rights within mental health system
- Signposting service users to local services, self-help groups and user groups
- Helping people to voice ideas and opinions about the service they are using
- Support in talking with professionals

Advocates do not make decisions for their clients or try to tell people what they should do; they will listen and offer support in whatever way is appropriate. Advocates endeavour to provide information in order to empower service users to make informed decisions.

## **8.9 Discharge Planning**

Discharge planning is to be discussed with service users/carers from the point of admission and an appropriate strategy to support safe discharge identified within 72 hours of admission. Patients will be allocated an estimated date of discharge (EDD) at this point on admission. This will ensure that plans are put in place to enable the client to recover/stabilise as quickly as possible whilst referring to relevant community agencies to plan towards discharge. Discharge planning will be carried out as part of a structured review of care needs and in line with the Care Program Approach (2008). The review will consider the package of care required, the presenting risks, and the identification of an appropriate clinical strategy to support a planned discharge. The SAFER patient flow bundle should be applied to support timely discharge

### **Discharge Planning**

Discharge planning is to be discussed with patients/carers from the point of admission and patients will be allocated an estimated date of discharge (EDD) on admission. This will ensure that plans are put in place to enable the client to recover/stabilise as quickly as possible whilst referring to relevant community agencies to plan towards discharge. This is completed within the CPA process and regular length of stay focused meetings.

## **8.10 Timely Discharge/Transfer from Acute Inpatient Wards.**

Once a patient is medically optimised for discharge, it is not suitable that they remain in hospital, prolonged and unnecessary inpatient admission can have a negative impact upon health outcomes.

Consideration is given to if: -

- patient's mental state is stable enough to leave hospital.
- Patient is medically optimised to leave hospital.
- Patient has a suitable place to go.
- Patient's relatives and those involved in patient's care are aware of follow-up arrangements, and that care plan is in place and they are in agreement with it.

Patients do not have the right to remain in hospital longer than required. If a patient's preferred care placement or package is not available once the patient is medically fit for discharge an available alternative which is appropriate to their health and social care needs will be offered on an interim basis. The patient will be discharged to the interim placement whilst they await the availability of their preferred choice (**Appendix 6 for Choice Letters**).

### **8.11 Multi - Disciplinary / Multi - Agency Discharge Planning:**

Joined up planning will promote effective discharge and positive outcomes for the Patient. Where appropriate joint assessments with for example Essex County Council to be facilitated. Where patient need indicates, presentation to external panels such as continuing healthcare panel or joint referral panel is to be completed.

The Nursing team will be responsible for organising discharge from the ward. This will include: -

- Ensuring the Client's personal property, clothing and valuables are collected and accounted for.
- Arranging a supply of medication from pharmacy, and discharge letter to GP.
- Transfer letter, if going anywhere other than their own home.
- Arranging transport via hospital transport or family / carers / friends etc.
- Arranging escort where necessary.
- Ensuring all other agencies involved are aware of discharge arrangements.
- Client and family are aware of all arrangements.

On discharge the nurse in charge or nominated nurse will write entry in nursing notes on the clinical data base to confirm the discharge plan.

Following discharge the ward will complete a follow up telephone call within 48hrs to check that patient is settled and record this on the clinical database

## 9.0 DELAYED TRANSFERS OF CARE/LENGTH OF STAY (LOS)

**Delayed Transfers of Care / Length of Stay (LOS)** – Inpatient, community and system processes are in place to escalate actual and potential delays in transfer of care. These processes are in line with the Trust flow and capacity processes and protocols.

All Operational and Clinical Managers to support Ward Managers and Discharge Coordinators with resolving delays in:

- Completion of Mental Health Nursing Needs Assessments
- Completion of Continuing HealthCare documentation – DST checklist and tool.
- Preparation of reports and presentations to S.117, SDS/CPB and CHC panels.
- Ensuring Care Act compliance
- Ensuring compliance with Mental Health Act and Mental Capacity Act requirements.
- Safeguarding
- Complex cases involving multi agencies/services
- Choice and accommodation issues for patients and carers.

## 10.0 PRIVACY DIGNITY & SAFETY

### Privacy, Dignity & Safety

The wards are committed to providing and maintaining a safe and therapeutic environment for all patients admitted to the unit.

The Trust has a responsibility to protect and safeguard the well-being of its patients, ensuring that they are protected, as far as is reasonably possible, from abuse, harassment, exploitation and violation and that the dignity and welfare of those in its care remains paramount. We must at all times balance the rights, needs and dignity of individual patients with the Trust's responsibility to ensure the wellbeing, safety and security of all patients, staff and visitors.

All of the wards are mixed sex ward with clearly defined male bedrooms/bathrooms and female bedrooms/bathrooms.

Roding and Ruby wards have en-suite bathroom facilities for each bedroom on the ward. Henneage, Beech and Gloucester have shared facilities which are appropriately zoned to male and female areas that can be changed dependant on patient cohort and need.

Where mixed sex accommodation does not provide single sex bathroom facilities we recognise that our female patients could feel uncomfortable with this and it may compromise the privacy and dignity of our patients. As a result the following will be adhered to, to ensure we are protecting our patients' privacy, dignity and safety at all times:

Whilst this is not in breach of the current guidelines, we recognise that our female patients could feel uncomfortable with this and it may compromise the privacy and dignity of our patients. As a result the following will be adhered to, to ensure we are protecting our patients' privacy, dignity and safety at all times:

1. Patients with a history of sexual abuse and/or exploitation (all genders) will have a clear care plan in place to protect them and provide appropriate care and support, including an appropriate level of observation.
2. Any patients with a history of sexual abuse and/or exploitation should be placed on Level 3 observations immediately on admission in accordance with the Trust Observation and Engagement Policy. Following MDT review a discharge/treatment plan will be agreed alongside a thorough risk assessment which will identify the patient's level of vulnerability and risk within a mixed sex ward. This will include a management plan on how this risk is managed and may include specification of a single sex ward should the patient require transfer for ongoing in-patient treatment.
3. Communal areas on the ward will be closely supervised by staff at all times.
4. All female patients will have a care plan in place relating to privacy, dignity and safety on the ward. Nursing staff will co-produce this care plan with the patient to ensure that she is comfortable with her surroundings, feels safe with the plan in place and is aware of how to ask for help if she feels she needs it or is uncomfortable at any point. This may include being chaperoned by staff when moving through the male accommodation area; using the female lounge; being nursed by female staff etc.
5. Any patient who displays sexual disinhibition (all genders) will have a clear care plan in place to protect them and others, including appropriate observation levels and consideration of transfer to a single sex ward if necessary and appropriate.
6. The MDT will provide a safe environment for all patients in line with the EPUT Clinical Guidelines on Sexual Health and Behaviour on Mental Health In-Patient Units (CG60) and the CQC Report on Sexual Safety on Mental Health Wards (2018).

#### **Patient's Sexual Safety on the Ward:**

Everyone has the right to sexual safety on the ward. All staff need to be alert and aware of the potential of inappropriate sexual behaviour and take appropriate action in line with the Trust's sexual safety guidance and safeguarding policies.

Staff may offer one to one time or space to talk about what has happened.

Depending on the situation, it may be appropriate to discuss what have been said with the patient's consultant or the other patient involved. However, they will not have to discuss it with the other patient. Some hospital managers may also be informed.

**(Appendix 7 sexual safety collaborative guidance).**

**(Appendix 8 Sexual Safety Leaflet)**

## 11.0 INFORMATION GOVERNANCE

All staff are expected to be aware of the Caldicott principles and have valid mandatory training competency in relation to Information Governance.

Written clinical information is kept in the ward office which is locked at all times. All computer based notes are accessed via individual passwords and must not be shared

## 12.0 SERVICE TRAINING

There is an expectation that all staff will be compliant with trust mandatory training.

## 13.0 WORKING HOURS

24 hrs per day, 365 days per year

## 14.0 HEALTH AND SAFETY

All staff are expected to be aware and have knowledge of Section 7 of the Health and Safety Policy. This details the local health and safety requirements for the ward. All staff are expected to hold valid mandatory training competencies, specifically TASID, Manual Handling and Fire.

All staff are expected to carry an alarm on their person whilst on duty and are responsible for ensuring that it is charged and in working order.

The ward environment is subject to yearly inspection regarding Health and Safety.

### The Garden

Access to gardens to be supervised in line with individual risk assessment for patient completed for use.

Appendix 8: **Inpatient Garden Access Protocol**

Appendix 9: **Garden Supervision Competency Questionnaire**

Appendix 10: Memo dated 4/12/2020 '*Learning from Serious Incident – Garden Access*'

## 15.0 SAFE MANAGEMENT OF COVID 19 - January 2021

This paper is intended as an addendum to the current unit Operational Policy. In order to ensure mitigation and management of the risks to patients and staff associated with COVID a number of actions have been implemented.

All patients admitted to the ward will be subject to a COVID risk assessment, swabbed and isolation planned accordingly. Attempts will be made to establish if the patient has been in any areas which could be considered as high risk, such as a hospital environment, exposed to a person with confirmed or suspected COVID 19. If

a patient is unwilling or unable to isolate then the Trust flowchart for this situation should be followed.

All patients are swabbed for COVID 19 on admission and at the days indicated by the current national guidelines if still on the ward. Roding ward is deemed an amber pathway and as such admissions to the unit if there are positive COVID – 19 cases should be considered in line with the balance of risk and advice sought from the Infection Control Team.

If requested, patients are able to wear face coverings on the ward following a risk assessment relating to this which must be documented clearly in the clinical records. Where possible, the mask will be a disposable (Type IIR) face mask provided by the service. The ward is to ensure that they advise the patient of the correct procedures for donning and doffing of these items, providing the required disposal and hand cleaning facilities.

To help with social distancing, ward occupancy will be reviewed in line with updated Government guidance. Staff should be vigilant of any breaches in PPE or social distancing.

Social distancing posters will be displayed in all rooms detailing maximum number of patients/staff that can occupy the space at any one time.

Furniture and environment has been altered to maximise 2 metre social distancing e.g. removal of sofas.

Dining room to have a maximum number of people as stated on the door at one sitting in line with Infection control guidance for each ward

Two sittings will be provided for hot meals where necessary and those having sandwiches are encouraged to eat in lounges/outside. Use of hub to be shared between wards with cleaning of the environment in between.

Dining tables will have reduced seating to allow for good social distancing.

Latest Government guidelines and current NHS guidelines will be discussed daily at ward community meeting, handovers and ward safety huddles.

As and when leave is permitted in line with national guidance patients will be required to wear a face mask whilst outside of the wards in line with Government guidance. Patients taking Sec 17 leave or any other planned leave need to be risk assessed prior to leave and on return to the ward for any risky behaviour such as ability to maintain social distancing or visits to high risk areas. Patients may need to isolate on return following Infection Control guidance

COVID patient information will be included within care plans, particularly those in isolation giving information on issues such as PPE.

All patients admitted to the ward will be subject to a COVID risk assessment and isolation planned accordingly with outcomes. Intervention packs will be provided to patients in isolation as it is acknowledged that being in isolation from the main ward environment may cause additional distress.

Daily/weekly community meetings/ mutual help meetings to be held in line with existing unit protocols to enable update on Government information and to support the patient group with understanding and adhering to social distancing requirements.

COVID safety huddles will take place each day as a minimum.

## **16.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES**

All Trust policies and protocols  
 Nice Guidelines  
 National Service framework for mental health

## **17.0 DEFINITION OF TERMS**

MDT	Multidisciplinary Team
CPA	Care Programme Approach
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
CQC	Care Quality Commission
MHA	Mental Health Act
AMHP	Approved Mental Health Professionals
CMHT	Community Mental Health Teams

## **18.0 APPENDICES**

- Appendix 1: Older Adult Inpatient Dementia & Functional Care Pathway
- Appendix 2: Older Adult Pre-admission Assessment Form
- Appendix 3: Frailty Scale/ Rockwood frailty scale
- Appendix 4: leaflet 'Your rights as an informal patient'
- Appendix 5: SECTION 131 – INFORMAL PATIENTS RIGHTS MONITORING FORM
- Appendix 6: Choice Letter
- Appendix 7: Sexual Safety Leaflet
- Appendix 8: Inpatient Garden Access Protocol
- Appendix 9: Garden Supervision Competency Questionnaire
- Appendix 10: Memo dated 4/12/2020 '*Learning from Serious Incident – Garden Access*'