

Dementia Care Wards Operational Policy

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OPERATIONAL POLICY SUMMARY		
<p>The purpose of this policy is to provide an operational policy covering all dementia care organic 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>[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 & Inpatient Services</p>		
The Trust monitors the implementation of and compliance with this operational policy in the following way:		
<ul style="list-style-type: none">• weekly and monthly quality audits in relation to standards of documentation and care planning• health and safety audits• ligature audits• compliance inspections		
Services	Applicable	Comments
n/a	n/a	

**The Director responsible for monitoring and reviewing this policy is
Director of Urgent Care and Inpatient Mental Health Services.**

Dementia Care Wards

OPERATIONAL POLICY

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Dementia Care Wards

1.0 INTRODUCTION

The dementia care wards offer admission, assessment and treatment to people diagnosed with dementia or has a working diagnosis of dementia. The care teams consist of a Consultant Psychiatrist, medical staff, nursing staff, psychologist, physiotherapist and Occupational therapy staff all of which contribute to the delivery of patient centred care (**Appendix 1**)

Whilst an Inpatient on the ward the service user will receive a holistic assessment including mental health physical health, and social that will identify individual needs, where necessary diagnostic assessment and this may determine an overall outcome regarding future placement.

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). If admitted via Mental Capacity Act (2005), a best interest assessment is to be completed. (Appendix Admission Procedure). Clinical judgement would be used to determine where patients would be best served (functional/organic wards) and which legal framework would be most appropriate.

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 Support' document which allows the team to work collaboratively with the service user/carer/loved ones and to tailor the care delivered by the wider team.

Referring community teams and the AMHP (Approved Mental Health Practitioner) and emergency care teams will be required to gate keep all admissions to the wards.

The Pre-admission screening tool (**Appendix 2**) needs to be completed by the gatekeeping team (community) and will be sent to the bed management team to source available bed. The aim of this is to identify purposeful and planned admission goals with care and treatment needs identified at the beginning of the admission process. Appendix 2 is attached and to be shared.

Discharge planning is to commence at the point of admission. All professionals involved including the Specialist dementia intensive support teams will continue to assist from point of admission to identify any potential early discharges including any present care package needs in collaboration with the ward discharge co-ordinator, 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 patients with a diagnosis or working diagnosis of dementia.
- 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
- 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 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 and be adequately and appropriately met once the person is well enough to leave hospital.
- To develop and maintain good inter-agency working relationships e.g. Social Services, relatives, education, community teams 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 from the ward.
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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 therapeutic environment that is equipped to meet the individual needs of people and their families experiencing crisis that cannot managed safely in the community setting.
- 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 in the assessment, planning, formulation implementation and evaluation of their individual programmes of care.
- To provide support to carer's and relatives (including carer groups, providing education, carer assessments, sign posting to external partners).
- To facilitate effective reintegration 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 carry out assessment of individual capacity in respect to all aspects of care and ensure that all care provided is administered in the best interests of the patient and all relevant steps are taken to ensure that care is given within the required legal framework.
- To ensure health targets such as coronary care and stroke reduction, fluid and food intake etc. are actively addressed within the service offered.
- 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 organic dementia 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 areas
- 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: Dementia: Supporting people with dementia and their Carers in health and social care

6.0 REFERRAL AND ELIGIBILITY

Persons of any age who have a diagnosis or suspected diagnosis of dementia for which treatment in a community setting is not viable due to degree of risk posed to themselves or others. All admissions should be gate kept to ensure least restrictive option is considered. **(See Appendix 1, 2 & 3)**

7.0 CRITERIA FOR ADMISSION TO ORGANIC ADULTS INPATIENT BEDS

1. All patients with an established primary or working diagnosis of dementia those that are secondary to acquired brain injury.
2. Patients with an acquired brain injury or where the patient has significant cognitive impairment from other causes will be considered on a case by case basis.
3. Those patients whose predominant clinical needs at the point of gatekeeping are related to a functional mental health need but where a clinical decision and risk assessment has been made that their needs can safely be met on an organic ward.

8.0 CARE PATHWAY

8.1 Care Assessment

Within 4 hours of admissions, the admitting nurse will complete an initial assessment and care plan that will cover the 72hr care plan with the patient/carer detailing the needs identified in the admission assessment which is completed at the time of admission and further investigations/interventions to be undertaken. This will also identify the level of observation required for the initial assessment period. Risk assessment must be completed within 4 hours of admission.

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

- Admission assessment by a ward doctor
- MUST
- Waterlow
- Manual Handling
- Falls risk screening
- Full body map
- VTE
- Essence of care
- Consider discussions about the lasting power of attorney and Do Not Attempt Resuscitation (DNAR) status.
- Screening tool pre admission may be used as supporting information
- This is not a comprehensive list and further assessments may need to be carried out depending on the needs of the patients and service requirements

An on-going comprehensive physical, behavioural, cognitive and social assessment will be carried out by the MDT over a 4 – 6-week period in line with the principles of CPA.

This will include:

- Full physical examination and screening, I.e. bloods urinalysis, ECG.
- A seven day assessment of continence, diet and fluid intake, behaviour and sleep pattern.
- 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. Care 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 Risk management Plan

All patients admitted to the wards will have their individual needs assessed by the Multidisciplinary team. They will be allocated a designated named nurse who will coordinate the ongoing review of the risk assessment and management plan which will be documented on the clinical database. As much as practically possible this will be completed with the patient and where this is not possible i.e. due to cognitive state, a nominated representative. Risk assessments and risk management care plans will be subject to review and updating at least weekly or as clinically required via the Multidisciplinary care review, clinical meetings, handovers and safety huddles.

Consideration should be given to completing a 'profiling bed risk assessment' If the older adult patient is assessed to be a suicide risk/risk of ligature. 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 to, and Level 3 observations care planned until the risk has reduced.

8.3 Interventions / Joint-Working

The inpatient wards provide multidisciplinary interventions and treatment programmes for patients on the wards. The ward maintains 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 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.

9.5 Physical health interventions are undertaken as required whilst the patient is on the ward. Physical health problems identified at any stage during admission will be followed up appropriately by the appropriate service. These should be completed collaboratively with the service user and carers.

8.5 Occupational Therapy

Occupational Therapy offers both individual and group therapeutic interventions focusing on physical and mental health promotion, remediation, skill maintenance and environmental/behavioural modification. This in turn identifies the person's functional skills and deficits which allows the Occupational Therapist to modify the environment, the task and develop strategies which is shared with other caregivers to maximise the person's independence and quality of life. As part of the discharge planning the role of the Occupational Therapist is to identify risks and make recommendations that include the level of care needed, the sensory-behavioural approaches to care as well as assistive technology and equipment and environmental adaptations.

8.6 Sessional Psychology

Psychology input is provided to all inpatient Dementia Wards across EPUT. This comprises both direct work with patients and their families, and indirect work with the ward team, and is informed by best practice guidelines published by the British Psychological Society. Direct work includes psychological and psychometric assessment of patients. Observational assessments and formulation for difficult to manage behaviours that challenge are provided.

In addition to direct work, the Ward Psychologist brings psychological thinking to the weekly ward reviews and one-to-one consultations with ward staff if required. This enables the MDT to have an additional perspective besides the medical model. Staff training sessions by the Ward Psychologist and Assistant and Trainee Psychologists are offered when requested, to equip staff with psychological knowledge and skills to understand and meet unmet needs and manage behaviours that challenge effectively. Staff support sessions are provided as and when needed, especially if there has been a Patient Safety Incident (PSI) on the ward or staff are reported to be stressed due to difficult and complex caseloads. Service evaluation via service-related projects to improve clinical care are also undertaken from time to time.

An Orientation Meeting is held every morning to support patients by providing a predictable structure to the day. In this meeting, patients are encouraged to gather and view the orientation board, which displays key information for their day. This includes displaying in words and pictures: the day, date, season and weather; the menu and time for each meal; and the planned activities timetable. It is less structured than a typical 'meeting' but provides a set space and opportunity for staff and patients to communicate and ascertain needs to best support patient experience

8.7 Other Professionals

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

- Physiotherapy
- Tissue Viability
- Diabetes specialist nurse
- SALT
- Social care
- Safeguarding team
- Nutritional advisor where available
- Palliative Care

This list of professionals is not exhaustive and there may be others professionals providing input as per individual patient needs.

8.8 Care Planning

The team will utilise the 'My Care, My Support' document 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 carer 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).

8.9. Section 131 – Informal Patients' Rights Monitoring:

Everyone has the right to liberty and security of person. No one shall be deprived of his/her liberty in accordance with a procedure prescribed by law: the lawful detention of a person after conviction by a competent court (Article 5 of the European Convention of Human Rights)

A copy of information leaflet "Your Rights as an Informal Patient" 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:

- They have come into hospital voluntarily to receive care, treatment, or therapy and we will involve them at all stages.
- 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.

Section 131 – informal patient's rights monitoring form to be completed

8.10 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 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.

Other professionals working with the patient will liaise with the family as per the patient's need.

8.11 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 user's 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.

8.12 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 (4-6 weeks). 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. The SAFER patient flow bundle should be applied to support timely discharge (Appendix 6).

8.13 Timely Discharge/Transfer from Acute Inpatient Wards

Once a patient is medically fit 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: -

- Patient's mental state is stable enough to leave hospital.
- Patient is medically fit enough 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 4 for Choice Letters**).

8.14 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 (117) 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. Face to face follow up to be arranged prior to discharge with community teams.

Following discharge, the ward will complete a follow up telephone call within 24hrs 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) - Weekly inpatient and community call to escalate actual and potential delays in transfer of care. Participation to this conference call will include community and inpatient teams, discharge coordinators, social work consultants, health and social care commissioning teams. Emphasis of the call is to identify barriers to discharge and agree joined up actions to address and resolve.

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

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

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 wards are mixed sex with clearly defined male or female bedrooms.

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:

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 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/relative/carer 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 female patients being chaperoned by staff when moving through the male accommodation area.
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).

Patients' Sexual Safety on the Ward:

Everyone has the right to sexual safety on the ward.

Patients may feel angry, hurt, embarrassed or many other emotions.

However, it is best that they tell a member of staff so that the staff on the ward can approach the patient who has been inappropriate. Staff may offer one to one time or space to talk about what has happened.

It may be appropriate that staff to speak with the person who has been inappropriate and support them to change their behaviour. However, if the situation warrants more investigation, other professionals may get involved. The member of staff spoken to will share the information with the nursing team who are on duty.

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 5 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 mandatory training. Training specific to dementia care environments such as Virtual Dementia Tour and GERT suit training may be provided.

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 TASI, 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.

15.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

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

16.0 DEFINITION OF TERMS

MDT	Multidisciplinary Team
CDA	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

17.0 COVID

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 swabbed for COVID-19 on admission and at day 7 if still on the ward.

Ward occupancy to be no more than 85% - this will be reviewed in line with updated Government guidance. Any admissions above this should be approved by Associate Director or delegate

Social distancing posters in all rooms detailing maximum number of patients/staff at any one time.

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

Dining room to have a maximum of people at one sitting in line with Infection control guidance for each ward

Two sittings for hot meals where necessary and those having sandwiches 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 discussed daily at ward community meeting, handovers and ward safety huddles.

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 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 patient in isolation as it is acknowledged that being in isolation from the main ward environment may cause additional distress.

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.

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.

18.0 GARDEN ACCESS

Inpatient garden facilities differ across all inpatient sites in EPUT. Some areas do not have direct access to gardens and others do. Managing these areas safely has posed several challenges in terms of allowing patients access to fresh air whilst managing the potential risks that the garden areas pose. The Mental Health Code of Practice directs:

Behavioural disturbance can be minimised by promoting a supportive and therapeutic culture within the care environment. Unless an individual is subject to specific justifiable restrictions (e.g. for security reason), primary preventative strategies should typically include the following, depending on the individual's assessed needs which is "Organising environments (Care Environment) to provide for different needs, for example, quiet rooms, recreation rooms, single-sex areas and access to open spaces and fresh air.

Access to fresh air should never be restricted or used as a 'reward' or 'privilege' dependent on 'desired' behaviours.

In order to minimise the use of restrictive practice and enhance patient experience this protocol is intended as general guidance for principles in all inpatient areas to ensure that patients in hospital have access to fresh air and outside space. This guidance can be adapted for local use following these general principles, but such a change must be authorised by the Quality and Safety Group.

Observation of the Garden environment

Whilst patients are accessing garden areas there should be a member of staff outside with them observing the area at all times. This should be allocated by the Nurse in Charge as part of allocation of shift duties at the handover and a rota devised which is clearly communicated to the team on duty. Allocation of this duty should take into account whether the member of staff has had their competencies signed off on the Garden Competency Questionnaire. The Engagement and Supportive Observation Competency Checklist should also be completed.

The member of staff needs to stand in a position of the garden where they have full visibility of the whole garden environment and all of the patients within it. They will also need to have an understanding of the environmental risks in the ward's garden and what risks they are observing for in the group of patients being observed.

Consideration can be given to inpatient therapy staff who may be able to provide supervision for patients in the garden or provide groups in the garden which may assist with patients accessing the area more frequently.

Access/Garden Open times

Inpatient areas will need to make a decision based on the environment how they will manage access to their garden. Any restriction to the garden due to safety, layout etc. will be recorded in the ward's General Workplace Risk Assessment in accordance with CG92 – Global Restrictive Practices Clinical Guideline.

It is acknowledged that there will be the need for protected times where staff will be actively engaged in other activities with patients which may prohibit garden observation. At these times garden access should not occur. Each ward will need to ensure that protected times are clearly displayed and communicated to all patients on admission, through community meetings and ward information leaflets

Protected Times

This list is not exhaustive and there may be other times where garden access will need to be limited.

- **Medication time** – 2 staff will be actively involved in this process so will be unable to allocate garden observation to staff at this time
- **Meal Times** - Staff will be actively involved in ensuring that all patients' nutritional and hydration needs are being met and encourage adequate intake. Therefore, they will be unable to allocate garden observation at this time. However, during summer months it may be appropriate and desirable for patients to facilitate meals being taken outside. Every effort should be made to facilitate this where possible.

Times of high acuity and activity on the ward – It is acknowledged that there may be times outside of timetabled protective time where it is not safe or feasible to have free access to the garden area. The decision to limit access due to this must be made by the nurse in charge, clearly communicated to the team on duty and documented and reviewed in any subsequent safety huddles. In these cases, a datix should be raised detailing the rationale for garden access being limited. Patients will have to be informed accordingly.

Access to Garden at Night – Good sleep hygiene should be encouraged on all inpatient units and therefore garden access should be limited to a minimum and patients encouraged to appropriately prepare for sleep during late evening. However, there may be occasions where a patient would benefit from accessing fresh air/outside space during the night. The nurse in charge should adopt a flexible approach to this and appropriately risk assess, discuss and agree access with the patient and the team on duty and allocate a member of staff to observe and support the patient whilst in the garden area.



19. PROTECTED CHARACTERISTICS

The Equality Act (2010) covers everyone in the United Kingdom and protects people from discrimination, harassment and victimisation. It covers nine “Protected Characteristics” which includes: age, disability, race, marriage & civil partnerships, religion or belief, sex, gender reassignment, sexual orientation, pregnancy & maternity.

Under the Public Sector Equality Duty, the Trust must consider how their decisions and policies affect people with these characteristics, and make sure that their actions are not directly or indirectly discriminatory to any of these nine groups.

As part of the admission assessment, staff will strive to identify any protected characteristics with the patient that they may have, making sure this is clearly documented in their medical record, and work with them to agree a care plan that supports them appropriately to ensure that they are free from discrimination and that any identified needs can be met.

Support can be obtained if required by contacting one of the local Equality Champions, by accessing our Staff Equality Guides on Input, or by contacting the Equality Advisor.

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