



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



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National Audit of Violence

Module 2 National Report

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Introduction

1. Overview of Module 2

This part of the programme provided participating wards with a structured way of auditing the environment in which care/support was being delivered. It served to highlight features of the environment that either supported, or hindered the prevention and effective management of severely challenging/violent behaviour.

Two teams were invited to audit the environment against a series of standards. The teams then came together to discuss and agree consensual ratings, comments on exceptions, and (where applicable) make recommendations for improvements for each standard.

The environmental audit was designed to involve a broad spectrum of people in the auditing process:

- staff who worked in and were familiar with the ward;
- people who were in a position to make change 'happen' e.g. managers, commissioners, members of the trust board (or equivalent), maintenance staff;
- people who could bring an 'external' perspective e.g. service user representatives, workers from the local voluntary sector.

The process was deliberately interactive and team members were encouraged to think laterally – particularly when coming up with 'ideas for improvements'.

Unlike other modules of the audit programme, the audit tool was generic and applied both to services for adults of working age, and old people's services¹.

2. Content of the audit tool

The tool sets out a checklist of 38 standards relating to safety in the physical environment, the bulk of the standards for the audit were drawn from the two guidelines on the subject². A copy of the audit tool is available to download at www.rcpsych.ac.uk/nav

3. Audit methods

Local project teams were asked to set up two teams, each of between 4 and 6 members.

Team 1: staff who worked on, or had close associations with, the ward being audited, e.g. the ward manager, one other member of the nursing team, a modern matron or clinical nurse specialist, one or two other members of the ward's clinical team, the risk manager, a member of the estates team

Team 2: people who did not have direct links with the ward being audited, e.g. service user representatives, staff from other parts of the trust e.g. a receptionist from a local day hospital, a member of the trust board, local commissioners, external parties e.g. a solicitor, visitor from a local voluntary group.

The teams were then asked to visit the ward independently and audit the environment against the checklist of standards. By the end of each visit, each team was expected to have generated a single complete audit checklist that reflected the team's consensual scorings, comments/exceptions, and ideas for improvements.

¹ Guidance was given to teams about when some standards might not apply to their service setting and could be scored 'not applicable'.

² Violence: The Short-term Management of Disturbed/ Violent Behaviour in Psychiatric Inpatient Settings and Emergency Departments, NICE 2005, (www.nice.org.uk).
Management of Imminent Violence - Clinical practice guidelines to support mental health services, Royal College of Psychiatrists 1998

The two teams were then brought together to agree the following:

- a consensual scoring for each standard i.e. 'met' or 'not met';
- a list of comments/exceptions that reflected the views of the two teams;
- a list of 'ideas for improvement'³ that reflected the views of the two teams.

The final, consensually agreed checklist was then entered via the web-based link.

4. Data management

- **Data collection**

The data collection period began in January 2007 and continued until 10 April 2007⁴. Data was collected using a paper-based version of the tool and then submitted via an on-line link to the 'National Audit of Violence' web page www.rcpsych.ac.uk/nav-data to the SnapSurveys database software.

- **Data analysis**

The survey data was extracted from the SnapSurveys database. The quantitative data was then analysed and presented using Microsoft Excel. The qualitative data was exported into Microsoft Word and analysed manually.

5. Data presentation

177 wards submitted data for this part of the audit programme. This report contains the *national* findings for compliance with each of the 38 standards and a summary of all qualitative data (comments/exceptions and ideas for improvement).

NOTE: Percentages are presented without decimal points (e.g. 56%, rather than 56.4%), resulting in some 'rounding up' of scores, meaning that sometimes total scores will appear to be 99% or 101%

218 lines of *national* qualitative data were analysed. Analysis of the qualitative data can be found in appendix 1. The comments have undergone a standard spelling and grammar check but otherwise remain unchanged.

³ These may be changes to the physical environment; practice changes, changes to ward routine, etc

⁴ The initial deadline of the end of February was extended at the request of many participants.

General environment

A well-planned physical environment is one which allows adequate space, reasonable comfort, privacy and safety. The unnatural environment of a ward should be made more homely. Staff must be aware of a ward's design features so that they can help patients to benefit from the good aspects and minimise the effects of the bad.

Standard 1: All areas look clean

National results	
MET	61%
NOT MET	14%
COVERED BY PEAT	25%

Standard 2: All areas look friendly

National results	
MET	60%
NOT MET	26%
COVERED BY PEAT	14%

Standard 3: All areas smell clean

National results	
MET	64%
NOT MET	16%
COVERED BY PEAT	19%

Standard 4: There is access to natural daylight

National results	
MET	72%
NOT MET	12%
COVERED BY PEAT	15%

Standard 5: There is access to natural fresh air

National results	
MET	81%
NOT MET	19%

Standard 6: There is a perception of space and overcrowding is avoided

National results	
MET	74%
NOT MET	26%

Standard 7: Noise levels are adjusted to meet the needs of the people living/residing on the ward

National results	
MET	70%
NOT MET	19%
COVERED BY PEAT	11%

Standard 8: Ambient temperatures and ventilation are adequately controlled

National results	
MET	35%
NOT MET	54%
COVERED BY PEAT	11%

Standard 9: Sight lines are unimpeded

National results	
MET	44%
NOT MET	56%

Standard 10: There are good routes of entry and exit in the event of an emergency e.g. fire disturbed/violent behaviour

National results	
MET	74%
NOT MET	14%
COVERED BY PEAT	12%

Standard 11: A crash bag is available within 3 minutes

Note: this would apply in settings where rapid tranquillisation, physical intervention and seclusion might be used.

National results	
MET	80%
NOT MET	17%
N/A	3%

Standard 12: Crash bag equipment is maintained and checked weekly

Note: this would apply in settings where rapid tranquillisation, physical intervention and seclusion might be used.

National results	
MET	84%
NOT MET	11%
N/A	5%

Provision of specific areas

Standard 13: Provision is made for children visiting the ward

National results	
MET	69%
NOT MET	15%
COVERED BY PEAT	12%
N/A	5%

Standard 14: There are single sex toilets

National results	
MET	88%
NOT MET	12%

Standard 15: There are single sex washing facilities

National results	
MET	88%
NOT MET	12%

Standard 16: There are single sex day areas

National results	
MET	43%
NOT MET	42%
COVERED BY PEAT	10%
N/A	6%

Standard 17: There is single sex sleeping accommodation

National results	
MET	84%
NOT MET	5%
COVERED BY PEAT	11%

Standard 18: There is a separate area to receive patients with police escorts

National results	
MET	52%
NOT MET	34%
N/A	14%

Standard 19: There are adequate quiet spaces for patients for prayer and quiet reflection

National results	
MET	74%
NOT MET	26%

Standard 20: Long narrow corridors, numerous doors or corridors that lead to locked doors and dead ends are avoided.

Note: this standard is particularly relevant in wards that support people with dementia.

National results	
MET	61%
NOT MET	31%
N/A	8%

Standard 21: Doors are colour-coded to help patients to identify rooms. There are clear and simple signs at a visible height.

Note: this standard is particularly relevant in wards that support people with dementia.

National results	
MET	37%
NOT MET	44%
N/A	20%

Standard 22: The ward provides suitable access and facilities for people who have special needs.

National results	
MET	71%
NOT MET	29%

Standard 23: Internal smoking areas/rooms have powerful ventilation and are fitted with a smoke-stop door(s).

National results	
MET	34%
NOT MET	33%
COVERED BY PEAT	8%
N/A	24%

Standard 24: Patients have access to an outside area which is adequately fenced to ensure privacy and security.

National results	
MET	70%
NOT MET	30%

Standard 25: There is an activity room on the ward.

National results	
MET	73%
NOT MET	27%

Standard 26: The ward environment helps patients become and remain oriented.

Note: this standard is particularly relevant in wards that support people with dementia.

National results	
MET	73%
NOT MET	16%
N/A	11%

Standard 27: There is a day room with a television.

National results	
MET	97%
NOT MET	3%

Standard 28: There is a designated area or room specifically for the purpose of reducing arousal and/or agitation. This is in addition to a seclusion room.

National results	
MET	54%
NOT MET	46%

Standard 29: There is a designated seclusion room which is 'fit for purpose'.

Note: this standard only applies to services that use seclusion.

National results	
MET	21%
NOT MET	18%
N/A	61%

Standard 30: Patients can lock their bedroom doors (with external staff override).

National results	
MET	56%
NOT MET	37%
N/A	6%

Standard 31: Patients can lock bathroom doors (with external staff override).

National results	
MET	88%
NOT MET	7%
N/A	5%

Standard 32: Patients can lock toilet doors (with external staff override).

National results	
MET	92%
NOT MET	7%
N/A	1%

Features that the ward offers

Standard 33: Personal effects are safe and accessible.

National results	
MET	68%
NOT MET	32%

Standard 34: Furniture is arranged so that alarms can be reached and doors are not obstructed.

National results	
MET	85%
NOT MET	15%

Standard 35: There are accessible alarms in interview rooms, reception areas and other areas where one patient and one staff member work together.

National results	
MET	76%
NOT MET	24%

Standard 36: There is a system that ensures that all alarms (for example panic buttons and personal alarms) are well maintained and checked regularly.

National results	
MET	81%
NOT MET	19%

Standard 37: A copy of the policy for preventing and dealing with all forms of harassment and abuse is displayed prominently.

National results	
MET	60%
NOT MET	40%

Standard 38: Meals and other foods (finger foods) are available outside of mealtimes.

Note: this standard is particularly relevant in wards that support people with dementia.

National results	
MET	92%
NOT MET	8%
N/A	1%

Appendix 1: National qualitative data

STANDARD 1: All areas look clean

Positive	
<ul style="list-style-type: none"> • Very clean and bright, lovely decoration and wall coverings • All areas looked clean and tidy • Kitchens particularly clean • Cleaning inspections carried out on a monthly basis • The whole ward was exceptional • Regular audits on ward to ensure cleaning is maintained to a high standard 	
Exceptions	
General ward	<ul style="list-style-type: none"> • In a state of disrepair with deteriorating decoration • Lack of storage • All looking tired, dreary and dull • Dependent on time of day, some areas are untidy • Paintwork could be touched up in areas • There were a number of little repairs that needed doing • Poor standard of maintenance
Cleaning	<ul style="list-style-type: none"> • Vents not being cleaned • Linen grills dirty - difficult to clean • General sense of grubbiness • Dirty environment • Stains on some of the walls which couldn't be cleaned off • Cobwebs around fans • Walls and fixtures and fittings looked worn and gave appearance of 'grubbiness' • Dirty paintwork
Dining area	<ul style="list-style-type: none"> • Floor needed to be swept/cleaned
Kitchens	<ul style="list-style-type: none"> • High traffic of patients make mess • Can sometimes have dirty cups piled in sink • Dirty
Shower and bath rooms	<ul style="list-style-type: none"> • Cluttered • Poor flooring • Needed to be cleaned more regularly • No ventilation • No plug in sink • Mould on walls and ceiling • Grimy shower • Towel accumulation • Needed repainted
Toilets	<ul style="list-style-type: none"> • Smelly • Blood noted on one wall • Dirty dressing in bin with no lid • Lack of bins • Not clean • High traffic of patients make mess
Sluice	<ul style="list-style-type: none"> • Grimy
Bedrooms	<ul style="list-style-type: none"> • Untidy • Needed to be vacuumed • Some were untidy due to patient choice • Stained duvet • Needed redecorated • No access for cleaning • Needed to be repainted
Clinical/treatment room	<ul style="list-style-type: none"> • Flaking paint • Lino floor was slightly dirty • Bin was full
Interview room	<ul style="list-style-type: none"> • Contained a lot of unnecessary clutter
Staff office	<ul style="list-style-type: none"> • Untidy
Smoking room	<ul style="list-style-type: none"> • Unclean • Needed to be redecorated • Filthy ventilation shafts • Smoke stains • A disgrace

Garden/external courtyard/conservatory	<ul style="list-style-type: none"> • Untidy • Up-tipped chairs • Items left untidily on the grass • Cigarette butts • Floor needed to be swept/cleaned • Needed attention for rubbish and maintenance • Unkempt
Carpets/flooring	<ul style="list-style-type: none"> • Needed to be replaced • Stained • Smell comes up with deep cleaning • Littered • Badly worn • Dirty • Papers on floor • Difficult to clean (vinyl flooring)
Furniture	<ul style="list-style-type: none"> • Well worn • Not in good condition • Needed to be replaced • Wear and tear • Fabric and furnishings poorly maintained
Windows	<ul style="list-style-type: none"> • Some of the external windows were a little dirty
Ideas for improvement	
Re-organise use of space	<ul style="list-style-type: none"> • Site sitting rooms away from main lounge • Look for alternative storage areas • Store linen in a separate cupboard (patient lockers stored here too)
Change patient behaviour	<ul style="list-style-type: none"> • Encourage patients to take responsibility, assisted by staff • Reduce the amount of property people can bring onto the ward
Change staff behaviour	<ul style="list-style-type: none"> • Clarify details of rota for deep cleaning with ward staff • Review ward staff responsibilities regarding daily routine of clearing/cleaning up • Ask nurses to help with keeping environment clean when domestic staff are not available • Review vigilance around hygiene with regard to the toilets • Increase prompts from staff to encourage greater tidiness • Tidy up staff areas
Redecorate/re-furnish	<ul style="list-style-type: none"> • Reapply for funding • Investigate alternative flooring • Investigate options of mounting art/pictures • Consider use of easier-to-clean fabrics • Re-paint the ward • Allocate small budget for 'touch up' work • Introduce regular painting/decorating programme • Purchase some replacement furniture
Change cleaning service	<ul style="list-style-type: none"> • Extend housekeeping service • Extend cleaning contract to include garden • Develop a 'housekeeper' role • Machine-clean vinyl floors on a more frequent basis • Increase frequency of vacuuming • Clean windows • Replace window grills • Encourage frequent change of linen • Improve deep clean rota • Increase routine checks to ensure walls/rails/floors of bedrooms are clean • Ask domestic staff to attend to ashtrays • Increase frequency of cleaning of filtration system • Ask domestic services to dismantle and clean radiators regularly

STANDARD 2: All areas look friendly

Positive	
<ul style="list-style-type: none"> All areas looked friendly, as far as possible, in a clinical environment The ward was light and open All areas looked friendly generally and there was a homely feel to the ward Despite being a locked unit, the overall feel was of bright and well-lit open areas Visible attempts to make the area more friendly in a very old building which was not "fit-for-purpose" The ward reflected cultural aspects, with seascapes, fishing villages, and seaside pictures - all reflecting the cultural aspects of (the area) There was lots of patient information and a nice welcoming environment The lounge overlooked a dementia-friendly garden Murals in the day areas brightened the ward The leaflet racks were well-stocked with information, and the racks were labelled as information for patients, information for carers, and information on the mental health act Patients had plenty of space to display personal photos etc by their beds The decoration was homely with pictures, plants and some personal belongings in clients' bed areas Levels of visual stimulation were good 	
Exceptions	
<i>General ward</i>	<ul style="list-style-type: none"> Although generally welcoming, the wards had little to identify and reflect the demography of the local community An old thirties villa style unit, there were definite institutional features The building appeared claustrophobic The structure and plan of ward, with long corridors etc, appeared cold It felt functional It felt like a fairly Spartan environment It lacked spaciousness It was dark, with low light levels It was not welcoming to patients coming onto the ward for the first time The decor was tired and drab The furnishings and decor were not 'homely' There was a lack of ambient lighting The notice-board was over-crowded Not all the decoration was homely and welcoming The whole ward area appeared very stark, impersonal and unfriendly: no paintings wall bare; little or no information for visitors Attempts have been made to make the ward look homely, but there was still a 'temporary' feel about it (ward was only set up as a temporary measure, but it has remained operational for a number of years) The signage was poor The actual furnishings looked clinical The screens taped over the viewing windows of the doors were unacceptable
Entrance/admission room/reception area	<ul style="list-style-type: none"> Long corridors before arriving at ward Unfriendly looking and not user-friendly Plain and unwelcoming Rather long and cluttered No staff offices or nurses station at the entrance to ward
Dining area	<ul style="list-style-type: none"> Unwelcoming, lacked 'homely' feel Felt clinical Too small
Bedroom corridor	<ul style="list-style-type: none"> Bit "clinical" Bare and fairly bleak
Bedrooms	<ul style="list-style-type: none"> You had to walk past patient bedrooms to get to the main staff office Lack of modern, non-damaged furniture No wall decoration Lacking in colour and too clinical No en-suite bedrooms Male wards were a little less friendly than the female ward The door panels in the bedroom doors were clear glass so there were privacy and dignity issues

<i>Lounge</i>	<ul style="list-style-type: none"> • It felt like a waiting room, not a lounge where patients could relax • Chairs situated around the walls made the area appear institutionalised
Bathrooms and toilets	<ul style="list-style-type: none"> • Lacking in colour and too clinical
Interview rooms	<ul style="list-style-type: none"> • Not a friendly or safe environment, mainly due to the fact that it was being used as a storage area
Visitors room	<ul style="list-style-type: none"> • Dark and unwelcoming • Needed more information
Ideas for improvement	
Redesign/change use of space	<ul style="list-style-type: none"> • Lower the ceiling • Partition the dormitories • Install proper partitioning within the bedrooms • Provide individual sanitary facilities • Re-site phone to guarantee privacy • Create smaller seating areas • Relocate nurses station to entrance at top of ward • Improve reception area to ensure better feel on arrival • Create a proper reception area • Move furniture to enable patients to see each other, and encourage communication and discussion • Improve access to garden • Improve ward layout • Re-deploy unused dormitory as a therapies room or office • Consider redesigning dining area • Make better use of the cupboards that are on the ward for storage purposes • Remove spare furniture to avoid a cluttered feeling • Store clinical supplies, e.g. gloves/wipes, out-of-sight of service users but accessible to staff • Investigate alternatives for privacy/dignity re: clear glass door panels
Redecorate, refurnish, repair	<ul style="list-style-type: none"> • Keep spare roll of wallpaper for touch up purposes • Works order placed • Secure curtains in dormitories • Negotiate a quicker response from the maintenance team • Introduce small budget for redecorating • Obtain costing for dining room chairs • Replace soft furnishings and furniture • Paint walls a warmer colour • Develop maintenance and renewal plan to keep on top of repairs • Review bedroom fixtures and fittings so these are standardised in each room

<i>Change staff behaviour</i>	<ul style="list-style-type: none"> • Ensure staff wear badges at all times • Emphasise responsibility for checking and welcoming visitors on to the ward • Consider alternatives for staff doing work behind reception • Increase staff visibility on the ward
Improve appearance	<ul style="list-style-type: none"> • Buy cushions and pictures/murals/(patients) artwork/multicultural artwork • Add appropriate pictures/paintings to the walls to reflect the cultures of the local community and improve the 'homely' view • Explore possibility of having some pictures in Perspex frames screwed onto the walls of the corridor areas • Fit new drawers/cupboard doors for kitchen • Buy information holders • Change lighting to make hallway brighter • Display pictures and plants • Provide welcome board on entry/daily activity notice board/welcome packs/comments box/suggestion board • Replace curtains • Introduce cork boards in the bed areas • Tidy notice-board • Provide more information about local community i.e. maps, shops, local amenities, facilities for visitors, information about local transport • Improve the ways the ward reflects the cultures of the local community • Consider the option of developing a more 'bistro' theme/feel to dining room • Change colour scheme • Increase natural light by removing unnecessary curtains • Reconsider the installation of telephone on the ward • Notice-boards: make explicit differences in notices for staff, service users and visitors • Make signs bigger for people who may have sight problems • Provide notices in different languages, signposting to posters • Provide more leaflet racks for information about BME issues • Provide up-to-date magazines, newspapers • Provide single rooms • Secure curtains in dormitories • Review the colour of the soft furnishings, (pink/flowery colours for a male ward is perhaps not the most appropriate) • Put up a 'welcome' board • Purchase/provide culturally-sensitive material e.g. information regarding special diets, the trust's spirituality service • Improve notices on entry • Concentrate 'homely' items in one room, rather than scattered throughout the ward, so that there is at least one homely area • Provide material screens in matching fabrics with Velcro attachments for the viewing panels on doors
<i>Rebuild</i>	<ul style="list-style-type: none"> • Ensure rooms are purpose-built
Other	<ul style="list-style-type: none"> • Decrease patient numbers to avoid exceeding the ward capacity • Address balance between need for hospital/infection control, and homely environment • Liaise with other agencies regarding cultural input • Introduce routine security checks • Link in with the Mealtime Standards Group for areas around the dining room

STANDARD 3: All areas smell clean

Positive	
Positive <ul style="list-style-type: none"> All areas were cleaned daily All areas were well maintained by cleaning services There was a nice fresh feel to the ward area 	
Comments/Exceptions	
<i>General ward</i>	<ul style="list-style-type: none"> Odour in all areas in the fabric of the building Odour pervaded the building and couldn't be removed, even after cleaning The smell of smoke was almost everywhere Poor air circulation
Reception area	<ul style="list-style-type: none"> Close to the designated smoking room
Activity Room	<ul style="list-style-type: none"> Carpet smelled
Bedrooms	<ul style="list-style-type: none"> Adjacent to outdoor smoking area Carpet smelled
Bathrooms/ shower room	<ul style="list-style-type: none"> Ventilation system in the bathrooms not working Mouldy smell Drains smell
Sluice/laundry area	<ul style="list-style-type: none"> Accumulation of laundry Incontinence bins
Lounge	<ul style="list-style-type: none"> Roof window in the lounge area did not open Due to high levels of incontinence chairs were extremely smelly (despite a rigid steam cleaning regime on all chairs that are soiled)
<i>Dining room</i>	<ul style="list-style-type: none"> Stuffy
Personal factors	<ul style="list-style-type: none"> Poor self care Attendance to open wounds Body odour Incontinence
Kitchen	<ul style="list-style-type: none"> Drains smell from kitchen sink: congealed food Lingering food smells
Smoking room	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> Move smoking area to allow fresh air in all bedrooms Decommission smoking room Arrange for external storage for laundry bags awaiting collection
Redecorate, refurbish, repair	<ul style="list-style-type: none"> Fit extractor fans Change the carpet Ward manager currently in discussion with the PFI provider regarding new chairs Remove carpets from bedrooms Provide more practical furniture Change the carpet Fit new flooring in bathroom Place works order for ventilation to be fixed Arrange for an engineer to fix the roof window opening mechanism, or install replacement roof windows Replace carpet in reception Provide more appropriate flooring and furniture Remove the carpets and cover the floors with a wear-resistant decorative surface made of e.g. resin-based melamine
Change cleaning service	<ul style="list-style-type: none"> Ensure ward team work more closely with housekeeping and service users Provide ward team with feedback about general housekeeping issues Ensure carpets are cleaned more often/a regular carpet cleaning regime is introduced Investigate alternative smell neutralisers Use deodoriser system/aromatherapy systems to purify air Trial new products for housekeepers to address odours Review cleaning regimes Provide full-time cleaner Provide dedicated domestic staff on the ward Improve monitoring of standards of cleanliness Empty bins more frequently Improve deep clean rota Extend housekeeping service

	<ul style="list-style-type: none"> • Extend cleaning contract to include garden • Develop a 'housekeeper' role • Machine-clean vinyl floors on a more frequent basis • Increase frequency of vacuuming • Clean windows • Replace window grills • Encourage frequent change of linen • Improve deep clean rota • Increase routine checks to ensure walls/rails/floors of bedrooms are clean • Ask domestic staff to attend to ashtrays • Increase frequency of cleaning of filtration system • Ask domestic services to dismantle and clean radiators regularly
Change patient behaviour	<ul style="list-style-type: none"> • Address personal hygiene with individuals • Emphasise personal responsibility

STANDARD 4: There is access to natural daylight

Positive	
	<ul style="list-style-type: none"> • There were lots of large windows and patio doors, with good access to outside areas • All rooms had windows and access to daylight • Patients had access to a ward courtyard area which: was sufficiently spacious to allow some exercise; landscaped/planted (maintained by patients); had seating areas and a sheltered area; could be accessed by patients in the hours between dawn to dusk • Some areas of the ward had natural daylight showing through large windows, giving a sense of a bright and airy atmosphere • There were lots of windows on the ward and areas for looking out onto the garden
Comments/exceptions	
General ward	<ul style="list-style-type: none"> • Ceilings low on corridors • External light obstructed by buildings
Main corridor	<ul style="list-style-type: none"> • Lit by fluorescent tubes • Very dark and gloomy • Needs at least 50% of lights switched on in the corridors
Bedrooms	<ul style="list-style-type: none"> • Limited, due to frosted glass for service user privacy
Conservatory	<ul style="list-style-type: none"> • Sunroof was dirty
Other rooms affected	<ul style="list-style-type: none"> • Family room, shower room and toilet areas, clinical rooms, bedroom corridor
Ideas for improvement	
Redecorate	<ul style="list-style-type: none"> • Brighten up reception and corridors
<i>Change to cleaning</i>	<ul style="list-style-type: none"> • Clean grills/windows
Change lighting	<ul style="list-style-type: none"> • Provide brighter, more reflective light fittings • Install skylights • Investigate different lighting alternatives e.g. daylight bulbs, natural bulbs • Explore channelling daylight from outside the building to the inside • Provide more lighting in the corridors and activity rooms
Redesign, relocate	<ul style="list-style-type: none"> • Put in capital bid to have an external window installed in the nursing office that will improve both light and ventilation • Ward would require complete refurbishment/redesign • Relocate to a purpose built unit specifically designed with our client group in mind

STANDARD 5: There is access to natural fresh air

Positive	
<p>Positive</p> <ul style="list-style-type: none"> • There were two gardens: easy access; internal courtyard • There was access to gardens from lounge and dining room • All windows were able to be opened in patients' bedrooms • The ward had access to a garden from the patients' lounge and quiet room • The ward had three lovely areas for patients to go outside and which are real sun traps in the summer • There were two gardens, both secure: one is a larger garden that is fenced in, but visible from the hospital road; the other is a secure courtyard surrounded by the other ward walls (the latter allows patients who are disinhibited, or for whom dignity may be an issue, to access fresh air; it is also covered, therefore safe in the rain or other conditions) 	
General issues	
<ul style="list-style-type: none"> • Access to gardens is made available after ward risk assessment due to risk of patients absconding over the fences and walls: the majority of the time access is granted • Patients have to go downstairs and out of the building with an escort; informal patients are encouraged to get some fresh air with relatives when they come to visit • Some windows did not open and others would not close properly; the door to the garden could not be opened as it is not secure (no fence) • Garden/patio area is available, but was not equipped to meet the needs of the client group • Key required: permission needed • The ward was on the second floor so it can seem to some people a long way to go get outside • People need to either walk down stairs to go outside, or use the lift: this is especially difficult if the lift is out of order • The ward was on the top floor of a 3-storey building on the site of a DGH: patients who are on increased levels of observation have to be escorted by staff if they wish to go outside; the out door space is limited to two small internal courtyards, which are shared by 5 wards; all other outdoor space is limited and lacks privacy due to the vicinity of the car parks • Very restricted: access to roof garden but it is shared with other wards in the building • Ward was in a general hospital with no access to fresh air unless escorted from building • Ward was on a second floor: no garden area; windows only open 2 inches; some patients are not mobile or well enough to go out into main hospital grounds, so can go for several months without any fresh air • The ward was very warm and had controllable air conditioning and under floor heating which was slow to adjust 	
Windows	<ul style="list-style-type: none"> • Windows were restricted which limits flow and fresh air • Not all of the windows opened • Windows were bent and draughty • Limited opening and presented ligature points • Stuffy, not helped by secondary glazing • The grills stop 50% of the air
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Plans are being drawn up in collaboration with the estates department to provide an outside area • Consider converting roof area into a roof garden
Change patient behaviour	<ul style="list-style-type: none"> • Encourage patients to go out to garden
<i>Improve security</i>	<ul style="list-style-type: none"> • Erect higher and more secure garden fences and walls • Make part of the garden a secure area so people do not need to be accompanied outside • Look at alternative window designs to allow more air in, whilst still being secure • Fit new windows that open to 100 mm only • Fix vents on windows (metal sash) to stop items being passed through • Install restrictors to the windows so that the windows can be left open

Improve ventilation	<ul style="list-style-type: none"> • Open windows to air rooms • Install air conditioning/extractor fans • Free all windows so they can be opened effectively • Open the skylights more often to regulate temperature
Improve access	<ul style="list-style-type: none"> • Introduce 'protected time' for access to outside areas • Insert ramp over step to garden
Relocate	<ul style="list-style-type: none"> • To ground floor • To a purpose-built unit with garden in the middle so that the building itself acts as the barrier

STANDARD 6: There is a perception of space and overcrowding is avoided

Positive	
	<ul style="list-style-type: none"> • There was a large living room large separate dining room and two quiet areas, which were large rooms if patients want time on their own • Lots of space, large communal areas • The high airy ceilings within the lounge areas made this ward feel spacious and it did not appear crowded • The TV lounge and quiet rooms were very spacious; service users also had easier access to other rooms such as relation and recreation rooms which are again very spacious; the dining area was large enough to accommodate more than 40 service users and it is hardly filled • There had been a reduced bed capacity that has improved the feeling of overcrowding; the corridors were wide and generally had natural lighting • There was plenty of space in the ward, with a large day area with lots of armchairs and dining chairs and tables; there were rarely more than 3 people to a table at meal times; some of the bed areas had external views
General ward	<ul style="list-style-type: none"> • Not enough opportunity to walk about • The ward only has 5 beds and each patient has their own single bedroom, however, the day room doubles as the dinning room and on ward round/review days when the second lounge is in use, all the patients have to use the main lounge (this can be a problem if there is a disturbed patient in the ward) • The ward was small and the only area for personal space for patients was in their individual bedrooms (feedback from the patients was that there is not enough space) • There was no space for 'alone' time and dormitory space is quite tight • Space was very restricted in bathroom and toilet areas, which has an impact on the physically unwell; the dayroom was not big enough for all patients, and particularly not when there are visitors; in order to access the interview room, you must also go via the dayroom (if there is a service user who is particularly disturbed being admitted, activities of service users in the dayroom may be affected)
Garden and Conservatory	<ul style="list-style-type: none"> • Confined • Insufficient seats for number of patients
Lounge	<ul style="list-style-type: none"> • Cramped • Only 5 seats in lounge for 15 people
Dining area	<ul style="list-style-type: none"> • Small • Cramped • Crowded if the ward is fully occupied • Institutional • Thoroughfare • Tables not big enough • Only 2/3 of the patients can eat at the same time
Bedrooms	<ul style="list-style-type: none"> • Only people with single rooms can be alone
Bathrooms	<ul style="list-style-type: none"> • Insufficient numbers
Quiet areas	<ul style="list-style-type: none"> • None on ward
Other problem areas	Smoke room, male-only area, interview room, activity room, corridors
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Remove unused cupboards/furniture • Use ADL kitchen at meal times, in addition to dining room • Modify building to improve feeling of space and increased therapeutic space

	<ul style="list-style-type: none"> • Extend lounge area or move lounge into old smoking room • Change layout of dining room • Consider relocating the dining area • Reconfigure smoking room as quiet room • Utilise another dayroom for dining • Remove clutter • Reorganise rooms • Produce outside wall mural to create perception of more space • Convert part of large ward area to a 'quiet room' • Investigate use of smoking room for main lounge • Create a male-only lounge • Convert side rooms into quiet rooms • Change a 'disused' shower room into another living area • Reduce patients numbers
Redesign	<ul style="list-style-type: none"> • Consider using the roof area to extend the ward • Create a structured 'walking loop' • Consider developing a conservatory in the internal courtyard • Develop the garden area to include more quiet secluded areas with benches for people to sit and contemplate • Plans in place to extend the ward
Improve equipment	<ul style="list-style-type: none"> • Provide flat screen televisions on walls to give more space • Have more 'phones available throughout the ward to make the reception area less crowded • Investigate lighting alternatives to create lighter areas
Change patient behaviour	<ul style="list-style-type: none"> • Encourage patients not to congregate at one end of the ward and make more use of all the space available • Promote the use of the 'low stimulus room' • Promote the use of all lounges within the ward
Relocate	<ul style="list-style-type: none"> • To a purpose built unit • To a bigger area

STANDARD 7: Noise levels are adjusted to meet the needs of the people living/residing on the ward

Positive
<ul style="list-style-type: none"> • Vacuuming is carried out at specific and planned times to minimise disruption • The ward cleaner does not vacuum until 10.00hrs • Doors are self-closing and quiet • The TV room was well soundproofed • Floors are carpeted • The extractor fan in the laundry room is turned off at night time from 22.30hrs and turned on about 08.30hrs • There is a noise curfew between midnight and 6am which ensures that noise is not an issue at night • Service users are aware that they are not allowed to play music loudly, and there is a nurse responsible for monitoring the environment every 30 minutes to ensure that noise levels are acceptable • There is a separate room for visitors to the ward to minimise disruption to the other patients; there is a booking system for visitors to ensure there are not too many on the ward at any given time • Personal stereos have been bought to minimise noise on the ward • There are plenty of areas where noisy patients can be taken to ensure they do not disrupt others
General issues
<ul style="list-style-type: none"> • Doors: squeaking; bells; alarms; slamming • Equipment: extractor fans; fire alarms (testing); alarms (there are a scarcity of fobs for staff to disable alarms); fan heaters; vacuuming/cleaning machines; fridge • Noisy air-vent and rattling windows (on windy days) • Floors: hard wood surfaces that are noisy to walk on; creaking floors • Patients: music room; young patients playing loud music; associated with disturbed/aroused behaviour, cerebral agitation and hearing problems • Televisions and radios • Phones • Faulty fire door beeping • High number of occupants • Other wards • Echo

	<ul style="list-style-type: none"> • Outside noises e.g. building works, traffic • Thin walls • Shared rooms
Quiet room/office	<ul style="list-style-type: none"> • Not soundproofed
Bedrooms	<ul style="list-style-type: none"> • Doors have no observation windows so there is a constant need to open them for observation; this causes particular disturbance at night
Dining areas	<ul style="list-style-type: none"> • When all patients get together
Reception area	<ul style="list-style-type: none"> • Due to the volume of people who spend time in reception and who pass through
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Create a quiet area • Consider relocating the dining area • Create an additional sitting room • Relocate the 'phone to another area of the ward • Provide specific areas/rooms devoted to particular activities e.g. TV room
Redecorate, refurbish, repair	<ul style="list-style-type: none"> • Discuss issue of banging doors and possible solutions • Adjust the mechanism of the doors/use WD40 on door hinges! • Sound-proof rooms • Upgrade windows • Pursue complaint about ventilation • Consider carpet in some areas • Revamp the ward fixtures and fittings • Consider more soft furnishings to absorb noise
Improve equipment	<ul style="list-style-type: none"> • Investigate alternatives to just having stationary phones behind reception • Review use of fan heaters • Review telephone alert system/change the telephone tone • Provide headphones for patients to listen to music
Policy and procedures	<ul style="list-style-type: none"> • Review fob arrangements and/or develop a system for use • Explore having a quicker response from external company to major alarm faults
Change staff behaviour	<ul style="list-style-type: none"> • Continue to reinforce the message about having a quiet culture • Improve observation of side/quiet areas • Monitor usage of stereos • Ensure that the activity room door is kept shut when stereo music or the drums are being played • Ensure there are regular checks of noise levels on the ward • Encourage staff to wear soft soled shoes - especially at night • Ask staff to close the door behind them instead of letting it slam and put a notice on the door explaining this
Change patient behaviour	<ul style="list-style-type: none"> • Increase patient awareness of the impact of noise levels on others on the ward, e.g. through notices • Promote respect for others among client group
Redesign/relocate	<ul style="list-style-type: none"> • Move to new building • Extend the unit to provide more space
Other	<ul style="list-style-type: none"> • Explore possibility of reducing the bed numbers on the ward • Increase levels of OT to ensure patients are occupied and diverted

STANDARD 8: Ambient temperatures and ventilation are adequately controlled

Positive	
<ul style="list-style-type: none"> All areas were warm and welcoming Patients were able to control the temperature in their own rooms through using their own thermostats Staff had access to radiator control and windows and skylights open easily; patients were also able to control temperatures in their rooms; issues of temperature are discussed with patients in weekly community meetings; the Extra Care Area had a separate, electronically-controlled, air-conditioning and heating system 	
General issues	
<ul style="list-style-type: none"> Lack of control of individual radiators and overall heating in the building PFI helpdesk required to adjust temperature Poor quality ventilation due to window restrictions Inadequate ventilation system Inefficient central heating system Poor air circulation Air conditioning available in portable modules but not to every patient Air conditioning units had wheels and were moved by service users so were never in the same position Computerised system, limited staff control, no patient control of temperature in any area Heating system was inconsistent: different ends of wards were different temperatures Both temperature and ventilation were poorly controlled Can be hot in the summer Can be too cold in winter Due to the under-floor heating, changes in temperature within rooms took time to have an effect There were controls in each area but some did not work properly Reported that staff sometimes wear coats on nights The heating on the ward was variable with the majority of time spent with it being too hot (this had been reported to the maintenance department and nothing had been done so far) Ward was an old building: heating could not be controlled and is sometimes too hot 	
Kitchen	<ul style="list-style-type: none"> Associated with industrial machines
Other areas	<ul style="list-style-type: none"> Bathrooms, seclusion room, laundry area, bedrooms
Ideas for improvement	
Improve equipment	<ul style="list-style-type: none"> Discuss with maintenance contractor and estates alterations to heating system and ventilation to improve performance Deputy manager of the ward to contact maintenance to look at individual heaters Improve extraction Install ventilation fan Install thermostats into heating systems Install draft proofing Repair the radiator valves Provide substantial air conditioning system Replace the central heating system with individually controlled radiators Provide user-controlled temperature control Fit new windows Investigate portable air conditioning alternatives
Change behaviour	<ul style="list-style-type: none"> Ensure staff and patients are aware of how to control temperature Advise service users in advance about appropriate clothing to bring in, in-keeping with the temperatures on the ward Open the skylights more often
Other	<ul style="list-style-type: none"> Register 'Ability to control temperature locally' on Corporate Risk Register Secure garden area Clean ventilation shafts

STANDARD 9: Sight lines are unimpeded

Positive	
<ul style="list-style-type: none"> • Blind spots are managed with staff observation and the use of mirrors; no CCTV in use • Good line of sight: good balance between observation and patient privacy • Mirrors were installed therefore there are no blind spots • The blinds to bedrooms could be overridden by staff • The position of the nurses station allowed full observation of all corridor areas • There were blind spots on the ward in the form of closed doors, however, nursing practice is adapted in response to the environment and observation and risk managed appropriately 	
General issues	
<ul style="list-style-type: none"> • Limited CCTV • Blind spots, e.g. areas at each end of ward cannot be viewed from nursing station, bedroom doors are inset in alcoves • The building was designed for different era/use • The design of the ward is a T-shape, which means that some areas are difficult to observe • The nurse station is sunk into the wall • Corridors have a bend half-way down • Some doors open outwards and restrict views • The gardens, which are used for smoking, are inadequately lit • Generally there is good visibility except at night-time, when patients are asleep: nurses have to constantly keep opening doors to facilitate good observations of patients • No vision panels in any doors • In all rooms there are blind spots due to doors opening inwards • Large ward over 2 floors: many blind areas and unobservable rooms • Garden area out of sight • Large pillar in corridors • The layout of the ward means that all sight lines are impeded • Observation window on one bedroom door too high • The ward is extremely large and staff have to observe 25 bedrooms: the majority of patients cannot be observed unless they are all seated near the nurses station; this can lead to overcrowding in one specific area • The ward is of a square design, there is no observation available to see around the 90-degree angles • Ward is not designed for people with dementia: there are too many doors that look the same; the corridor is too long and patients are often out of sight 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Review bedroom layout • Redesign ward, involving clinicians
Improve equipment	<ul style="list-style-type: none"> • Consider installing/updating CCTV • Install mirrors • Increase the number of pressure pads • Install vision panels in doors with a blind mechanism • Improve layout in rooms • Relocate camera monitor to ensure that staff can quickly spot anyone outside • Increase the number of vision panels • Move the nursing station • Install a new door with a re-positioned window
Changes related to ward staffing	<ul style="list-style-type: none"> • Increase ward staffing levels • Review use of routine observation
Change patient behaviour	<ul style="list-style-type: none"> • Think about limiting service user access to the clinical corridor
Other	<ul style="list-style-type: none"> • Undertake an internal review of blind spots on the ward • Organise meetings with relatives, carers, and independent visiting scheme, to review situation and find solutions

STANDARD 10: There are good routes of entry and exit in the event of an emergency e.g. fire, disturbed/violent behaviour

Positive	
<ul style="list-style-type: none"> • There were five emergency exits on ward, all clearly signed and accessible • Fire exits were well marked • There were good routes of entry and exit throughout the unit with signage evident throughout • Patients are reminded of the fire procedures weekly in the ward meeting 	
General issues	
<ul style="list-style-type: none"> • Signage for some of the emergency exits was at knee level • It was difficult to find a key for the exit • One of the five exits needed a code • One of fire doors appeared not to open with the allocated key • The door leading to fire escape was through the resource room which is kept locked and does not open automatically • Patients were allowed to smoke in bedrooms • There are concrete ramps leading to grass hill which would be difficult for older people to climb and beds would get stuck • The fire escape has no ramp and a step that would pose difficulties for wheelchairs and elderly patients • The dormitory area is upstairs which could pose a risk to personal safety on the stairs • Evacuation would be slowed in event of emergency as ward is on 2nd floor • There were good routes (but patients must be aware of these routes) • The corridors were narrow • A chair was obstructing the fire door in lounge where majority of patients would be 	
Specific problem areas	<ul style="list-style-type: none"> • Clinic room, interview rooms
Ideas for improvement	
Improve equipment	<ul style="list-style-type: none"> • Contact Fire Officer to obtain new signage for exits • Review use of ramps • Increase number of fire exits • Change system so that all doors opening automatically • Lower the position of signage which identify entry and exit routes • Look into having fire blankets on the ward • Install a ramp • Buy purpose-built, wall-hanging, boxed fire extinguishers • Consider changing the exit mechanism to one that may be activated quicker (e.g. swipe) • Install photo-luminescent fire signs, rather than ordinary signs (as there is no natural light in corridors)
Change staff behaviour	<ul style="list-style-type: none"> • Ensure that staff are made available to clear routes when disturbance necessitates the movement of patients • Ensure that ward staff check fire door • Provide "induction" for patients • Ensure that staff are faster in establishing the cause of alarms when they are keeping patients in a contained area, and that they are aware that it is not a comfortable situation for the patients
Policy and procedures	<ul style="list-style-type: none"> • Check policy for evacuating people in wheelchairs • Revisit operation and security of fire doors • Instigate system where packs of master keys are available which have to be signed in and out • Review emergency exit procedures and equipment with regard to violent incidents, e.g. the use of swipe cards and fobs instead of keys • Change the evacuation meeting place, as current location means walking through another ward
Redesign/Relocate	<ul style="list-style-type: none"> • Rebuild • Complete redesign of ward

STANDARD 11: A crash bag is available within 3 minutes

Positive	
<ul style="list-style-type: none"> • An emergency trolley is in place • Staff had key access to clinic room in which the "crash bag" is housed • The ward was fully equipped, staff were well aware of its location, and staff undergo the appropriate training in its use 	
General issues	
<ul style="list-style-type: none"> • Staff may not get to the bag because they have to go through several doors 	
Ideas for improvement	
Improve equipment	<ul style="list-style-type: none"> • Waiting for the Trust to supply defibrillation equipment • All equipment to be kept on the trolley, rather than spread across the trolley and the treatment room
Staff training	<ul style="list-style-type: none"> • How to give emergency IV drugs • CPR and the use of equipment • ILS annual update • Specific guidance on Rapid Tranquillisation for older adults
Other	<ul style="list-style-type: none"> • To be taken up with Resuscitation Officer • Position of crash trolley to be reviewed

STANDARD 12: Crash bag equipment is maintained and checked weekly

Positive	
<ul style="list-style-type: none"> • All staff check and are familiar with the equipment (training records suggest this is the case) • Checked on a weekly basis; checklist signed to verify this 	
General issues	
<ul style="list-style-type: none"> • No evidence of checking and maintenance • Not checked weekly • Some discrepancies with checking • The ward has a local standard of checking equipment fortnightly, and after any incidents • There were no formal checking systems in place at the time of our visit 	
Ideas for improvement	
Change ward routine	<ul style="list-style-type: none"> • Introduce scheduled weekly/weekend check • Draft form to remind staff to do weekly checks; nominate someone to monitor this • Revisit policy • Set up a log that is to be signed-off at agreed intervals by a nominated employee who will ensure regular checks on the equipment are made; create a log that shows training is being provided to keep staff up to date on its use • Introduce generic checklist
Audit/monitoring	<ul style="list-style-type: none"> • Check records to be checked to ensure compliance

STANDARD 13: Provision is made for children visiting the ward

Positive	
<ul style="list-style-type: none"> All visits take place in an off-ward areas: there is a specific room available (with appropriate decor, furniture, toys, etc) for conducting child visits Children are not permitted on the ward: there is a separate family-only visiting room for 4 wards which has 2 visiting areas Family Room is in reception: good location as children don't have to go near bedrooms Rucksacks are provided for child visitors which contain sweets, activities and information about mental health Clients and their families are provided with information about children visiting the ward and provision is made when necessary There is a Child Visiting Policy on the ward and every staff member is aware and familiar with the policy 	
General issues	
<ul style="list-style-type: none"> Off-ward facilities: only patients allowed leave from ward can use these Room is not always available as it is shared with two other 3 wards There was no sign on the door to show it was a family room The environment did not feel friendly The interview room doubles up as children's room, and there was nothing in the room for children There facilities were poor: the dining room is generally used but is very public and not fit for this purpose The policy on children visiting was not clear The family room might need to be risk assessed for safety i.e. child-proof plugs 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> A room has been identified for alteration A child-friendly zone is to be created A secure play area for children visiting the hospital is to be built
Improve equipment/facilities	<ul style="list-style-type: none"> Offer a wider range of toys for different age groups Create a sign for the door Hang pictures/cartoons on the walls Buy new furniture Remove glass items Revise cleaning schedule to include toy cleaning
Policy and procedure	<ul style="list-style-type: none"> Check Child Protection Policy Consider risk assessment systems to ensure children's safety when visiting the ward, particularly when ward is unpredictable and volatile Hospital to look at facilities as a whole and advise divisions as necessary about intentions to provide suitable and adequate facilities Develop Children Visiting Policy Ensure staff record risk assessments when assessing whether children should be allowed to visit the ward
Change staff behaviour/ward routine	<ul style="list-style-type: none"> Nominate a designated person to take 'ownership' of the room Risk assess family room
Provide information	<ul style="list-style-type: none"> Put information on the ward notice boards and in the ward pack to advise on Children Visiting Protocol
Redesign/relocate	<ul style="list-style-type: none"> Complete redesign required

STANDARD 14: There are single sex toilets

Positive	
Positive <ul style="list-style-type: none"> All clients had en-suite facilities The unit is not single sex, but the distinction for toilets and washing areas were clearly signed with symbols 	
General issues	
<ul style="list-style-type: none"> Patients have to cross corridors to get to toilets labelled as single sex Not met for staff The ward is mixed sex but had no separate facilities Toilets are not clearly identified as male or female There were toilets on the male and female corridors, however, it isn't practical to have designated male and female toilets outside of the corridors due to the client group and the confusion and disorientation some people experience The ward had plenty of single sex toilets, however, explaining to a man that is dementing that he cannot use the vacant toilet, as it is a ladies toilet, can provoke not only incontinence and embarrassment, but also hostility 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> Identify separate toilet areas
Change admission criteria	<ul style="list-style-type: none"> The ward could stop accepting women, but some patients would not want to go out of county
Other	<ul style="list-style-type: none"> Provide additional signage

STANDARD 15: There are single sex washing facilities

Positive	
<ul style="list-style-type: none"> All clients had en-suite facilities All rooms had a sink and a washbasin All patients are washed individually with privacy and dignity maintained in bathrooms or bedside 	
General issues	
<ul style="list-style-type: none"> The only available bath was not single sex The bath and shower were used by both sexes The bathroom with a hoist was in a male corridor The facilities were not clearly identified as male or female Washing facilities were labelled as single sex, but corridors have to be crossed to get from bedrooms to wash rooms There is only one bathroom and shower for 16 patients One bathroom was provided for really active independent people, and one for enabled patients; the bathrooms therefore could not be gender separate 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> Provide allocated bathrooms Increase the availability of en-suite facilities Increase the number of bathrooms and shower facilities on the ward
Improve equipment	<ul style="list-style-type: none"> Check whether a portable hoist is available within the unit
Other	<ul style="list-style-type: none"> Improve signage

STANDARD 16: There are single sex day areas

Positive	
<ul style="list-style-type: none"> There were not single sex day areas although due to the size of the unit and three separate lounges and a large lobby area, this was possible and areas are rearranged and reallocated on an 'as needs' basis 	
General issues	
<ul style="list-style-type: none"> The integration of sexes in day areas for socialisation purposes is encouraged There was a female lounge but currently no male lounge There were insufficient rooms Male and female patients share the same garden There was no facility for single gender day rooms, nor is it really an achievable aim: the way the ward is designed, the only way for single sex day rooms would be for one gender to walk through the genders other day area; also, again due to the wandering nature of people with organic problems, the only way to prevent people of the wrong gender entering the day area would be to lock people in their lounge There were a variety of day areas, but none was single sex This was tried but it didn't work; there had been very little negative feedback about having mixed sex day areas 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> Designate two areas to single sex areas, in addition to communal area Convert smoking room into a male lounge Designate a lounge for one sex, even if this is only at specific times of the day Review the whole ward, available space, and the way rooms are currently used Redesignate current smoke room Trial a single sex, female ward
Redesign/relocate	<ul style="list-style-type: none"> To be considered in new ward area Would be addressed by the expansion plans Not possible in current facilities One bedroom could be converted to a single sex day area

STANDARD 17: There is single sex sleeping accommodation

Positive	
<ul style="list-style-type: none"> All patients had their own room There were two 'pods' per sex on the ward: occasionally, a pod becomes mixed; gender observation always in place if this arises Male and female areas are never mixed; there are designated bays/single rooms 	
General Issues	
<ul style="list-style-type: none"> Certain rooms are used for females, but corridors have to be crossed to access bathrooms Each patient is in a single room, but there are no defined male or female areas Individual single rooms are not clearly sign posted There are occasions, due to space, when a female may need to be placed on the male corridor: a full risk assessment is carried out in advance of this There are separate gender dorms, but these are not very private; persons with dementia can wander into each other's rooms easily 	
Ideas for improvement	
Change admission criteria	<ul style="list-style-type: none"> Make ward male-only and send females out of county, but some patients would not want to go out of county
Change ward systems	<ul style="list-style-type: none"> Ensure there is no mixing Improve the planning of bedrooms usage to ensure that women and men are grouped together
Redesign/relocate	<ul style="list-style-type: none"> Create separate areas in new build Submit capital bid to increase provision of female areas
Other	<ul style="list-style-type: none"> Improve the signage indicating female-only areas

STANDARD 18: There are separate areas to receive patients with police escorts

Positive	
<ul style="list-style-type: none"> • There were two private, quiet rooms available • All police escorts/transfers are conducted in the air lock to maintain privacy and dignity • An Extra Care Area, which is a self-contained suite of rooms and garden, is used to receive this type of patient • Anybody who is accompanied by the police is taken straight into the bedroom area and nursed in that environment to minimise disruption to other patients 	
General issues	
<ul style="list-style-type: none"> • All entry to the ward is via a front door into the main area • At present the police escorts have to come onto the main ward area, and then into the second lounge area: this is a problem if the second lounge is being used for reviews, or by a patient's visitor • There was no separate door; police have raised this as an issue • There was no separate area is available on the ward: the use of the activity room is promoted, however, this is not a safe area in cases where violence is involved • Patients with police escorts would be admitted through the main doors, which is a very public area; there was no specific reception room area for such cases • The room was small, had no toilet facilities, and was visible to other patients; it was not fit for purpose • There was no designated area for police escorts: there is was a private consulting area but this is in the middle of the ward, so the patient would need to be marched through the ward first 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Redefine the use of the activity room/reception area; provide more lockable cupboards so that the activity equipment is moved • A quiet area could be designated for interview purposes
Improve equipment	<ul style="list-style-type: none"> • Fit a blind
Policy and procedures	<ul style="list-style-type: none"> • Develop a Police Escort Protocol for the unit • Consider accessing the ward via the garden, so that patients could arrive close to the ward general office • Ensure Main Reception calls to let the ward know someone is coming with a police escort
Redesign, relocate	<ul style="list-style-type: none"> • Create a partitioned reception area • Create a new entrance

STANDARD 19: There are adequate quiet spaces for patients for prayer and quiet reflection

Positive	
<ul style="list-style-type: none"> • A multi-faith/quiet reflection room was available; all service users had individual bedrooms • Patients had their own bedroom area; the women's quiet room included Snoezelin rope lights with a stereo for soft music if required; there was also a very small covered courtyard area that could be used for quiet reflection; service users were offered escorts to the chapel on the ground floor of the block 	
General issues	
<ul style="list-style-type: none"> • The available quiet space was not adequate for the number of patients on the ward • All rooms were either occupied or had another use • Although patients had their own rooms, there were few inspirational places on the ward • Some lounge areas did not seem to be used • Areas were off-ward and people need to be escorted 	

Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Consider creating meditative-type spaces using the garden areas, (although security would need to be increased which could make it less therapeutic) • Improve the existing areas by introducing calming focal points, e.g. a safe water feature such as a pebble pond, a gravel garden/Japanese Zen garden type area, or just a simple bird-bath • Investigate option of creating a quiet area on the ward • Use the dining room as a quiet area when not in use • Make the space more inspirational using peaceful pictures, etc • Develop the courtyard on the ground floor by cutting back the shrubs to allow for more seating areas • Reduce the population of the ward and redesignate bedrooms as quiet rooms
Improve furnishings	<ul style="list-style-type: none"> • Buy new, comfortable chairs
Provide information	<ul style="list-style-type: none"> • Advertise availability of individual religious artefacts in hotel folder • Advertise bedrooms and quiet rooms for this use in unit information • Signpost and promote use of the quiet room
Redesign, relocate	<ul style="list-style-type: none"> • Create a purpose-built room with an observation window, etc • Redesign the ward to accommodate a specific quiet room, and dedicated clinical/interview rooms • The small courtyard area has a step at the doorway restricting its access for people with mobility problems and is considered a trip hazard, so a new entrance and redesign would be required

STANDARD 20: Long narrow corridors and numerous doors or corridors that lead to locked doors and dead ends, are avoided

Positive	
<ul style="list-style-type: none"> • Corridors were wide, light, and airy • Corridors were wide: windows at the end of the corridors made the corridors feel shorter; a sun-room at the end of one corridor stopped it reaching a dead end; artwork on the walls down the corridor broke up the length • Single-storey building, rooms well dispersed • Some doors are locked for patients' safety, and the corridors have no dead ends 	
General issues	
<ul style="list-style-type: none"> • Back corridors were long; both ended in locked doors; both had numerous doors • Corridor lead to dead-end and a locked shower-room, which was also a blind spot • Long corridor; stark in appearance; two dead ends; numerous doors either side of corridor • Old building • Service users felt vulnerable in upstairs corridors • The corridors were not excessively long but overall their narrowness and dim lighting led to a poor overall impression • The ward had incredibly long corridors 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> • Review position of certain rooms • Move the nursing station to the end corner at night-time
Improve furnishings, fittings and fixtures	<ul style="list-style-type: none"> • Improve present light fittings • Improvements have been made to break up the corridor, with a seating area placed in the middle with a patient payphone and chairs; more lighting around this area and more pictures/ information on notice boards would help to break this area up; perhaps more decoration and signs to point to the quiet room at the end of the corridor to welcome patients into a nice space and encourage more use of this room • Provide better, clearer signage on doors • Replicate things done elsewhere on the ward to break up space, such as use of mirrors, pictures, and paint • Provide signs in the corridors to differentiate the different areas giving more orientation • Consider painting different areas different colours i.e. bedrooms areas a different colour to the day areas
Improve	<ul style="list-style-type: none"> • Consider installing CCTV or mirrors

equipment	
Other	<ul style="list-style-type: none"> Remove odd items of furniture and hospital/technical equipment in the dead end areas of the ward: if the items are no longer used or functional, they should be cleared from the area
Redesign, relocate	<ul style="list-style-type: none"> Re-design layout of building Move to a modern purpose built unit

STANDARD 21: Doors are colour-coded to help patients identify rooms. There are clear and simple signs at a visible height

Positive	
<ul style="list-style-type: none"> Adequate signage and wings were colour-coded Door not colour-coded, but signs were clear, at visible height, and some had Braille Not colour-coded but pictures were used to identify rooms 	
General issues	
<ul style="list-style-type: none"> Although some colour was present, the signing wasn't clear enough, and the colour coding did not give clear enough orientation Doors were grey; signage was generally poor Doors were colour coded but were repainted all the same colour by decorators; some signs were placed quite high up Signage was generally too small for those with poor eye sight to see There were some bedroom doors without labels for service users to have their names on; all bedroom door labels for service user names were similar to each other, which could cause confusion; the corridors all looked very similar, which could also be confusing for service users and visitors 	
<i>Ideas for improvement</i>	
Improve signage	<ul style="list-style-type: none"> Create designs that reflect the type of room e.g. symbols like a man at a desk for office, bed for bedroom, etc Colour-code doors and make individual beds identifiable Enlarge signs Consider using removable letter sets as white board marker was difficult to read in all cases and some appeared to be smudged Ensure accuracy of signage following change of use of rooms Consider colour-coded zones on the unit to make it easier for people to get their bearings Develop personalised signs for doors with the patients Re-site sign on the lounge door as it could not be seen when the door is open Install clear and easily visible signs, perhaps including other languages Put signs and maps on the wall, i.e. 'you are here', to help people navigate their way around the unit Investigate the option of having names or pictures on bedroom doors which will light up in the dark so service users can find their rooms at all times of the day Create a 'welcome board' with photographs of the team Ensure staff members wear their name badges at all times so service users, carers and visitors know who they are Colour-code by painting the architrave around doors

STANDARD 22: The ward provides suitable access and facilities for people who have special needs

Positive	
<ul style="list-style-type: none"> • All areas meet DDA requirements • Although the ward was on the first floor there were lifts in the building and the corridors were wide and spacious; there were disabled toilet facilities; one room sign was in Braille • Disability aids available: wide doors; single floor; no stairs; brightly lit • The building had excellent access and facilities for people with special needs 	
General issues	
<ul style="list-style-type: none"> • There was a step up to the mixed lounge • Access was not up to standard • There was no facility for deaf or blind people • There was a disabled bathroom and bedroom on the first floor with a lift, but the corridors were too narrow to accommodate easy use of a wheelchair, and most signs on the ward were too high to be seen from a wheelchair; there were no Braille signs on the doors • The shower trays were raised, and the beds were fixed to the floor, both of which could be problematic • There were no facilities for assisted bathing • Old building: not suitable for people with special needs • Access to other facilities such as kitchen, bathroom, etc may be difficult for a patient with mobility difficulties • Bedrooms were small and difficult to manoeuvre hoists 	
<i>Ideas for improvement</i>	
Change use of space	<ul style="list-style-type: none"> • Make all the entries and exits wider by removing parts of the walls
Repair	<ul style="list-style-type: none"> • Repair broken lift
Improve equipment	<ul style="list-style-type: none"> • Fit induction loops for hard of hearing people • Install an outside elevator or stair lifts • Install wet room • Install magnetic holds for fire doors • Fit low-level height switches • Label all rooms with Braille signs for blind people • Purchase a hoist • Provide an adjustable-height bed which isn't fixed to the floor • Improve showers • Install a button/stamper to open door • Move signs to a lower height • Change taps to help increase people's independence
Redesign, relocate	<ul style="list-style-type: none"> • Improve wheelchair access to toilet and washing areas by redesign of doors • Move to new building
Other	<ul style="list-style-type: none"> • Carry out DDA audit • Investigate routes to access equipment to minimise delays • Provide staff education in disability awareness • Undertake a risk assessment to identify issues and potential solutions

STANDARD 23: Internal smoking areas/rooms have powerful ventilation and are fitted with a smoke-stop door(s)

Positive	
<ul style="list-style-type: none"> Doors fine; smoke resistant lino in smoke room; plenty of ashtrays provided; ventilation excellent 	
General issues	
<ul style="list-style-type: none"> Adequate ventilation but no smoke-stop door Allocated smoking in large day area: waste of valuable living space No extractor fan Good ventilation near, but not next to, bedrooms Patients switch off ventilation system as it is noisy; if door is held open, there is smoke drift, and the room is close to a bedroom Dining room smelt of smoke No specific smoking area, small lounge area used: smoke permeates into corridor, and located close to bedroom areas; no ventilation other than windows; no fire stop door Outside facilities for smoking: this has issues regarding poor lighting and grass turned to mud Smoking room has now been closed: the only place patients can smoke now is outside in the garden; this is not appropriate in the winter; this could cause behavioural difficulties Smoking room smelt and was poorly furnished; no extraction system was installed Ventilation fan not powerful enough 	
<i>Ideas for improvement</i>	
Change use of space	<ul style="list-style-type: none"> Designate a smaller smoking area Build smoking shelter
Repair redecorate	<ul style="list-style-type: none"> Door has been damaged and is to be replaced Plans to fit tamper proof ventilation system so patients can't switch it off Repair non-functional ventilator Repaint the room
Improve equipment	<ul style="list-style-type: none"> Fit extractor fan Install smoke-stop door
Change behaviour	<ul style="list-style-type: none"> Ask smoking cessation advisors give advice to all admissions and offer support if wishing to quit smoking Offer all non-smokers adjacent to the smokers courtyard area replacement rooms as they may be reluctant to open their windows

STANDARD 24: Patients have access to an outside area which is adequately fenced to ensure privacy and security

Positive	
<ul style="list-style-type: none"> • A courtyard was accessible 23 hours per day • Large garden and patio area plus large courtyard to the rear, all accessible from ward • Well-maintained and secure garden; fencing was punctuated by plants, which reduced its impact visually • Patients had access to an outside area which was fairly enclosed and had a fence: hedge has grown over the fence, which increased the privacy of patients 	
General issues	
<ul style="list-style-type: none"> • There were two outdoor areas, but neither was suitable: unsafe (potholes, uneven paving, unsafe furniture); not secure (no fence) • Although it is not overlooked by other buildings, the garden was not secure from intruders and there has been a problem with illicit substances being left in the grounds • There are two internal quadrangle areas which patients have access to, but these are shared by five wards, and are looked onto by the bedrooms, and day room for the older people's service • Garden areas was not safe for patients to use independently • Currently no access to outside area other than out the fire exit at back of ward and down outdoor stairs: only low-risk patients can use outdoor area when escorted by nursing staff; staffing levels are not sufficient with current ward overcrowding • Garden must be staffed at all times in case patients attempt to climb fence • Garden area unsafe to access freely, not friendly or well maintained • Garden courtyard within the building was secure, but is overlooked from windows, and affords no privacy • No wheelchair access • No privacy: felt like a cage • Open courtyard; some security issues at night; inadequate lighting • Patients in courtyard clearly visible to passers by in hospital grounds • Foothold in gates allows both an absconson and intruder issue • Wooden fence: patient from another ward recently broke through fence 	
<i>Ideas for improvement</i>	
Change use of space	<ul style="list-style-type: none"> • Fence of outside lounge area to provide outside seating area • Utilise the roof area
Repair	<ul style="list-style-type: none"> • Fix pot holes, paving • Build fence around the garden • Increase height of fence • Landscape the garden • Provide additional seating and improve the environment • Improve the lighting in courtyard • Widen the pathway from lounge to allow for wheelchairs to move more comfortably: pathway very close to patients bedrooms, consider moving this over to the middle of the garden to reduce noise and increase privacy • Consider strategic planting of trees or increasing height of boundary fence • Use anti-climb paint
Improve equipment	<ul style="list-style-type: none"> • Buy new furniture • Consider installing CCTV
Change staffing	<ul style="list-style-type: none"> • Increase staffing to supervise the garden areas
Cleaning	<ul style="list-style-type: none"> • Pressure clean outside area • Introduce routine clearing/cleaning of rubbish, etc • Refer to voluntary services co-ordinator to seek voluntary help in keeping the gardens maintained
Relocate	

STANDARD 25: There is an activity room on the ward

Positive	
<ul style="list-style-type: none"> The ward had a room with a snooker table and rowing machine, also numerous board games provided; a music room is also provided There was a well-stocked large and airy activity room equipped with table and chairs, library, games, craft work, karaoke and hi-fi There was a multiple, well-used activity room There was a small multi-purpose activity room with stereo and a drum kit, plus other activities dotted around the ward, including a pool table, a football table, bookshelves, and the TV; there is a gym and OT suite on the ground floor 	
General issues	
<ul style="list-style-type: none"> Activity area was not separate from lounge so potentially noisy for patients A room has been created though it is quite small and would limit the nature of activities The lounge has to double up as an activity area There were no unused rooms available for this purpose There is an activity room, but it is not on the ward; rooms always locked Untidy 	
Ideas for improvement	
Change use of space	<ul style="list-style-type: none"> Change rooms around Consider ward layout and making more use of the lounge Create fully-developed sensory room and a development room, where patients can sharpen and retest their cognitive skills to help reduce cognitive deterioration Consider creating gym/relaxation room for gentle exercise, yoga, relaxation, Pilates, etc Consider swapping the quiet room with the activity room, as it offers better views for contemplation and is well soundproofed Reduce the ward population and convert a bedroom into an activity room
Repair, redesign	<ul style="list-style-type: none"> Redecorate An area on the ward has been designated for re-development
Change staffing	<ul style="list-style-type: none"> Ensure resources are available to cover staff absences to enable activities to continue
Relocate	
Other	<ul style="list-style-type: none"> Increase access to other areas off ward

STANDARD 26: The ward environment helps patients become and remain oriented

Positive	
<ul style="list-style-type: none"> Good notice board: gives practical information Orientation board with client day and weather clocks large and visible Mealtimes are scheduled Notice boards with staff names of each shift and date are displayed Lights in the bedrooms and lounge areas can be dimmed All corridors lead to reception There are clocks in every bedroom and dining room and lounge 	
General issues	
<ul style="list-style-type: none"> No calendar on view No newspapers delivered Clock time and date was not correct No day and date on Orientation board Security lights from the new build shine into female dormitory, which could disorientate patients as to time of day No names on bedroom doors Lighting levels too bright in some rooms Christmas decorations still up and Christmas cards still on display (audit dates 10th and 25th January) Walls are chaotic and crowded with posters and signs 	
Ideas for improvement	
Improve equipment	<ul style="list-style-type: none"> Order daily papers Develop Snoezelen room Introduce staff photo boards Install ward plans around the ward showing the layout, i.e. 'you are here'

Improve fixtures/fittings	<ul style="list-style-type: none"> • Redecorate • Improve bedroom lighting • Buy clocks • Review signage • Investigate use of lighting, such as daylight bulbs • Buy bigger notice board • Change colour scheme
Change staff behaviour/ward routine	<ul style="list-style-type: none"> • Ensure all orientation boards/clocks etc are correct • Ensure staff are vigilant in replacing signs that are removed by patients • Use menu board in dining room that is specific to each day • Ensure staff wear name badges at all times • Increase the flexibility of the timing of meals
Change patient behaviour	<ul style="list-style-type: none"> • Enforce the noise reduction policy
Other	<ul style="list-style-type: none"> • Ensure a map of the layout of the ward is included in ward leaflets

STANDARD 27: There is day room with a television

Positive	
<ul style="list-style-type: none"> • Day room with a television: room set out well so that there is space for reading newspapers and for those who want to watch the television • Large airy pleasant room; large well-sited TV • There were three lounges all with newly purchased TV's; there was a TV in the smoke area 	
General issues	
<ul style="list-style-type: none"> • There was a pool table in the lounge, which could be slightly distracting for some patients • Dirty carpets; poor ventilation/decoration • There was only one TV on the ward • Large, overcrowded with chairs, a little institutionalised • Poor reception on TV • Very small • Remote control missing 	
<i>Ideas for improvement</i>	
Change use of space	<ul style="list-style-type: none"> • Provide a male lounge with a TV, and a bigger main lounge • Encourage use of the Quiet room, which has a TV that could be used for some patients who may prefer to view a different channel, or who wish to be alone
Repair, refurbish	<ul style="list-style-type: none"> • Improve décor and seating
Improve equipment	<ul style="list-style-type: none"> • Buy a new, larger TV • Flat screens and bigger screens with better sound
Other	<ul style="list-style-type: none"> • Investigate options to improve reception of the TV and choice of channels

STANDARD 28: There is a safe designated area or room specifically for the purpose of reducing arousal and/or agitation. This is in addition to a seclusion room

Positive	
<ul style="list-style-type: none"> • High dependency area with two single rooms where doors could be closed to reduce stimulus from remaining ward • Quiet room was available for patients use; all patients had their own spacious room • Quiet room available on the ward: nicely decorated and quiet on the day of the audit • The ward has an extra care area specifically used to nurse patients who are aroused • The ward has its own sensory room 	
General issues	
<ul style="list-style-type: none"> • All areas potentially used for this were not fit for the purpose, some too small or multi-use • In a poor state • Not sufficient for the needs of the ward/over-crowded environment • No rooms available for quiet time: reliant on bedrooms • Room quite gloomy • There were quiet areas but these areas are multi purpose and other activities may need to be suspended • There is a quiet area for de-escalation but this area requires more appropriate furnishing • There is a purpose-built Low Stimulus Suite, but the site of this is not ideal 	
<i>Ideas for improvement</i>	
Change use of space	<ul style="list-style-type: none"> • Reassess unit provision and create appropriate space • Change one seclusion room into a de-escalation room • Make better use of therapy • Reduce the ward population and redesignate a side room for this use
Repair, refurbish	<ul style="list-style-type: none"> • Update windows • Research cost implications of providing better furniture
Relocate, redesign	<ul style="list-style-type: none"> • Move to new building • Redesign ward to incorporate more quiet spaces • Redecorate if possible • Extend the ward

STANDARD 29: There is a designated seclusion room which is 'fit for purpose'

Positive	
<ul style="list-style-type: none"> • Met all criteria: purpose built 	
General issues	
<ul style="list-style-type: none"> • Ward does not use seclusion • There is an off-ward facility • There is air conditioning, but no access to fresh air as the grills are not secure enough for the shutter to be opened; access to toilet and washing facilities is under staff escort only • Did not allow for clear observation • Ventilation was inadequate and room can get very cold/warm • The room was in desperate need of upgrade (i.e. windows/blinds/heating/toilet/bed) • The room was a small room; position of mattress was incorrect; should have had toilet area; the room is sometimes damaged and does not withstand attack • It did not lock; the window was damaged 	
<i>Ideas for improvement</i>	
Repair, refurbish	<ul style="list-style-type: none"> • Replace mattress with seclusion bed • Address room heating so it is comfortable and controllable • Install better quality fittings • Build an en-suite toilet • Install an intercom system • Repair some damage in room
Relocate	<ul style="list-style-type: none"> • Relocate room, or ideally, whole unit
Other	<ul style="list-style-type: none"> • Invest in training to reduce the incidence of seclusion

STANDARD 30: Patients can lock their bedroom doors (with external staff override)

Positive

<ul style="list-style-type: none"> • Patients are offered bedroom keys on admission • Patients can lock their rooms; the nurse in charge carries the door override key 	
General issues	
<ul style="list-style-type: none"> • Only curtains in bedroom areas • In dormitory provision, some patients may want to lock the doors, others may not • All staff have keys to lock/unlock rooms; patients can ask staff to lock/unlock rooms • Locks were removed after an incident • Doors could not readily be opened externally (issue with availability of keys for service users to lock their doors from the outside) • Clients are discouraged from locking their doors at night due to the nature of the client group (observations) and to reduce risk (fire safety) • Problems with locking inside and difficult to lock/unlock from inside (the lock mechanism could be difficult for people with dexterity problems) • Operational decision not to have locking doors • The keys are universal so as well as locking their doors, they could also unlock/lock all other doors on the ward 	
<i>Ideas for improvement</i>	
Improve equipment	<ul style="list-style-type: none"> • Introduce electronic fob cards so patient rooms can be locked with staff override facility • Install locks with override • Investigate alternatives to key locking mechanism • Consider swipe-card or locking system for the bays
Repair	<ul style="list-style-type: none"> • Fix broken locks
Relocate, redesign	<ul style="list-style-type: none"> • Relocate or consider redesign of the ward to ensure all patients have their own bedroom, and which is lockable
Other	<ul style="list-style-type: none"> • Look for quicker way of getting duplicate keys • Order individual keys for patients

STANDARD 31: Patients can lock bathroom doors

Positive	
<ul style="list-style-type: none"> • All appropriate • All bathroom facilities were en-suite • Each staff member had a key for main bathroom • En-suite toilet areas did not have a door, but bedroom door was lockable from the inside allowing privacy when using toilet or shower 	
General issues	
<ul style="list-style-type: none"> • Most of our patients are unable to be in a bathroom unescorted, if not for mental health reasons, for physical enablement issues • Bathroom doors had an old-type staff override which anyone could access • Some locks were broken • Upstairs bathrooms could be locked, but staff could not override locks • Bathroom did not have a visible 'vacant' or 'engaged' sign • Latches on doors posed a safety hazard • Problems with locking inside and difficult to lock/unlock from inside external override not particularly good (can be a problem if someone is holding the lock the lock mechanism can be difficult for people with dexterity problems) 	
<i>Ideas for improvement</i>	
Improve equipment	<ul style="list-style-type: none"> • Install new updated doors with external staff override • Fit signage that identifies when bathroom is in use
Repair	<ul style="list-style-type: none"> • Fit new locks • These doors will need to be checked and, if necessary, replaced with better ones

STANDARD 32: Patients can lock toilet doors (with external staff override)

Positive	
<ul style="list-style-type: none"> • Patients can lock toilet doors and there was an override 	
General issues	
<ul style="list-style-type: none"> • En-suite toilet areas did not have a door, but bedroom door was lockable from the inside allowing privacy when using toilet or shower • Problems with locking inside and difficult to lock/unlock from inside • External override not particularly good (could be a problem if someone was holding the lock) • Locks were old and override was worn • Engaged signs were needed • Some locks needed attention • Patients with disabilities have difficulty with the locks 	
<i>Ideas for improvement</i>	
Repair	<ul style="list-style-type: none"> • Check functioning of locks
Improve equipment	<ul style="list-style-type: none"> • Fit new locks • Install new, updated toilet doors with an external staff override • Install locks where a key can be used from the outside (rather than current system of using a coin)

STANDARD 33: Personal effects are safe and accessible

Positive	
<ul style="list-style-type: none"> • All clients had a lockable cupboard in bed area • All rooms had a safe • Bedrooms were locked; there was provision of a "sharps" cupboard for personal items (that patients cannot keep in their rooms); there was a ward safe (staff controlled) where patients may store valuables • Every bed had a locker with a digital access code • There were lockable wardrobes in bedrooms • Large monies can be kept in finance dept safe • Padlocks were provided to permit people to lock their wardrobes • A valuables checklist is completed weekly; patients are encouraged to send home valuables, otherwise they are stored in the general office 	
General issues	
<ul style="list-style-type: none"> • No lockable cupboards in patient bedrooms • All patients had a small locker that they are given a key to: bigger items that do not fit into the lockers may therefore go missing • Bedrooms were only lockable from inside the room, not when patient is away from their room, therefore possessions left in the room are not secure • Clients can keep small amounts of money in the ward safe and larger amounts in the general office safe, clients other belongings are kept in an unlocked area • Some safes were broken, some wardrobes did not have padlocks fitted, patients lose keys for padlocks • Only half of the patient's bedrooms could be locked; no lockable cupboards in patients bedrooms; small safe in general office • Lots of issues to consider due to cognitive impairment e.g. keys being lost which causes distress • Shared bedrooms • Facilities were available in bedrooms to lock valuables away, but these were not used due to the risk of illicit substances and weapons being hidden • There were no individually designated safes for patients; there was a safe in the clinic room which is only accessible to the key holder and is behind a locked door; patients have access to a cashiers facility, but this is only accessible for withdrawals between 9am -12am • There were no lockable cabinets (keys went missing over time); a lot of the door keys were missing; most rooms rely on staff locking their doors, which increases dependency • Wardrobes were not lockable as potential use of a key as a weapon 	
<i>Ideas for improvement</i>	
Repair	<ul style="list-style-type: none"> • Check and fix locks
Improve equipment	<ul style="list-style-type: none"> • Install lockable cupboards in bedrooms with staff key override • Order more keys or have a separate safe in each room • Provide coded lockers • Look into getting keys for cupboards etc • Get more wardrobes with locks

	<ul style="list-style-type: none"> • Provide safes within wardrobes • Investigate lockable furniture • Obtain keys for bedrooms so they can be locked on the outside • Obtain keys for wardrobe and bedside cabinets
Change staff behaviour/ward routine	<ul style="list-style-type: none"> • House bigger items in a rarely used cupboard and keep a log book of all items • Reiterate property and valuables policy • Improve key control • Regularly review bedroom furniture to ensure that all locks have keys • Ensure all patients are told about the ward safe and if they have items in the safe, that these are checked periodically and the patient reminded that they have these goods • Set up system to allow a designated responsible person to access deposited valuables outside of office hours
Change patient behaviour	<ul style="list-style-type: none"> • Encourage patients not to bring valuables into hospital

STANDARD 34: Furniture is arranged so that alarms can be reached and doors are not obstructed

Positive	
<ul style="list-style-type: none"> • Nurse call button in each bed area, no doors were obstructed 	
General issues	
<ul style="list-style-type: none"> • Alarm buttons appeared to be in remote areas making access or visibility difficult • Alarm system was antiquated and out of date • Alarms in the bedrooms were wall-mounted and there was a danger that people might not be able to reach them, especially if they had a fall • There were a limited number of personal alarms • There were no panic buttons for clients to use • Patient call buttons were not always next to bed due to re-arrangement for observation purposes • Shelves impeded alarms in bedrooms • Alarms in bathrooms and toilets were out of reach • Some broken items had been stored in ward offices causing obstacles and preventing easy access to alarms; some rooms contained too much furniture and in others large furniture (desk) had been placed in front of an alarm so that shorter staff members would be unable to reach if needed • Staff carry attack alarms but there was no patients call system 	
<i>Ideas for improvement</i>	
Redesign	<ul style="list-style-type: none"> • Redesign the nurse alarm system so staff can easily activate the alarm in an emergency or incident
Improve equipment	<ul style="list-style-type: none"> • Look at mobile patient alarm • Install new alarm system • Make alarms more visible • Install panic buttons in bedrooms • Obtain more personal alarms
Change behaviour	<ul style="list-style-type: none"> • Ensure that fire exits kept are clear • Tell patients where the wall alarms are, and that they can use these alarms in emergency situations

STANDARD 35: There are accessible alarms in interview rooms, reception areas and other areas where one patient and one staff member work together

Positive	
<ul style="list-style-type: none"> • There was an alarm in reception and in all bedrooms and rooms where staff may be alone with patients • Staff had individual alarms which identify the room when activated • All staff and visitors carry a 'pinpoint' personal alarm • There were call buttons throughout, including patient areas, bedrooms, bathrooms and WC areas • Radios were used instead of standardised alarms; panic alarms were available for visitors 	
General issues	
<ul style="list-style-type: none"> • Three out of nine rooms had alarms • All staff carry alarms, but visitors and patients have no way of summoning emergency help • People take alarms home and leave them there • New people coming into the Trust haven't had training on how to use the alarm system • The alarm panel is complicated with a lot of abbreviations • It takes a while for them to be sent off to be repaired and to have the battery changed • Personal alarms are carried by nursing staff members but other staff, such as doctors and pharmacists on ward, don't have alarms • Alarms too heavy 	
<i>Ideas for improvement</i>	
Change current system	<ul style="list-style-type: none"> • Provide personal attack alarms for staff • Buy extra fobs so there are always spares available • Consider installing wall-mounted alarms which would give patients access to help, if needed • Consider implementing use of a staff 'safety code' and/or some sort of walkie-talkie system • Review alternative security measures e.g use of CCTV, or introduction of more regular supervision, for rooms that do not have alarms • Remove one alarm systems as having two causes confusion • Provide a nurse call system for each bed • Investigate alarm blind spots
Improve staff training	<ul style="list-style-type: none"> • On use of alarm panels • Emphasise personal responsibility for alarms to staff
Policy and procedures	<ul style="list-style-type: none"> • Ask staff to sign up to a security protocol which states they MUST check their alarms everyday before use • Ensure all staff follow ward policy regarding lone working
Improve patient education	<ul style="list-style-type: none"> • Ensure all patients are made aware of the whereabouts of alarms in each room, and that they are allowed to use them to alert staff in emergency type cases

STANDARD 36: There is a system that ensures that all alarms (for example panic buttons and personal alarms) are well maintained and checked regularly

Positive	
<ul style="list-style-type: none"> • Alarms are checked regularly • All ward staff (including bank staff) have alarms; batteries are checked every shift and any problems are highlighted on a security checklist • Role of security nurse to check alarms (system in place with centralised maintenance) • Daily checks with test box • System is maintained and checked regularly by external contractor 	
General issues	
<ul style="list-style-type: none"> • At the moment it is down to individual staff to check alarms outside of work • Alarm systems installed but not functioning • Alarms are checked by Unit co-ordinator at a weekend on a ad-hoc basis • All hand held alarms are checked monthly but not the wall alarms • No actual policy • No evidence of maintenance • No testing routine in place • Staff have to set off each alarm to test it 	
<i>Ideas for improvement</i>	
Change system	<ul style="list-style-type: none"> • Introduce a maintenance record to be completed by Estates when they check the alarm systems • Formalise procedures for this and ensure that checks are recorded

	<ul style="list-style-type: none"> • Tighten protocol
Change staff behaviour	<ul style="list-style-type: none"> • Ensure all staff members wear alarms at all times

STANDARD 37: A copy of the policy for preventing and dealing with all forms of harassment and abuse is displayed prominently

Positive	
<ul style="list-style-type: none"> • A poster was displayed in all clinical and visitor areas which was produced in association with the police, the Trust and social services • The advocacy service comes in weekly and patients are given information at admission on complaints; there is a daily meeting, which addresses these issues routinely; for staff, the policy is available in the office (either hard copy or on the internet) • Displayed in the reception area, bedrooms and other areas of the ward • Literature and policy on abuse /harassment clearly displayed • Patients are also informed of the policy for making complaints related to staff 	
General issues	
<ul style="list-style-type: none"> • No policy in place, therefore could be displayed • Available but not displayed • Available on staff intranet and notice-board • Have local statement of 'intent' but no Trust-wide policy to deal with staff/patient harassment • How useful is this for cognitively impaired patients? • Some patients pull it down • NHS 'Zero Tolerance' posters are visible • Not accessible to patients and relatives 	
<i>Ideas for improvement</i>	
Provide/develop information	<ul style="list-style-type: none"> • Display key points of policy in an appropriate format i.e. large letters on the notice-board or a 'Zero Tolerance' poster • Obtain posters • Display 'Zero Tolerance' sign • Consider producing a booklet for new patients that introduces them to the ward and provides them with information about the Mental Health Act Commission, Patient Advocates, Complaints Procedures and details of 'who is who' on the ward • Attach framed and Perspex-covered display case to the wall to display all necessary information • Continue work on how policies can be made more patient-friendly • Displayed policy prominently with contact numbers for Trust POVA Team • Ensure most recent version is kept on display • Ensure policy is displayed and given to all on admission/put up notice informing patients if they require a copy, how one can be provided/put the policy in a folder in the patients' bookcase • Buy notice-boards • Make posters more visible
Policy and procedures	<ul style="list-style-type: none"> • Consider developing a Trust-wide policy

STANDARD 38: Meals or other foods (finger foods) are available outside of mealtimes

Positive	
<ul style="list-style-type: none"> • Kitchen is locked by staff, however, patients can ask for snacks at any time • Good regime of healthy food is available for the patients throughout the day • Baskets of food on units and drinks on display • Biscuits, fruit, bread/spreads, ready-meals for patients out-of-hours • Signs displayed to inform patients of availability of snacks • Snack boxes available promptly on request • There is a drinks machine and light snacks can be prepared; hot food can be ordered from the main hospital with ease; there is access to a small on site shop 	
General issues	
<ul style="list-style-type: none"> • Better kitchen facilities are needed • Biscuits and cereals only • Cereals, toast, sandwiches, drinks available but not full hot meals • Difficult to get other meals with catering company • Drinks available, but food only available with staff assistance and not "on demand" • There is an emergency box of food items on the ward sometimes, however, this can be inconsistent • Relatives bring food in • There is a facility for patient to prepare beverages but it is locked and not used; there is no running water available to patients, apart from wash-hand basins • There is access to food at other times, but staff and patients would like more choice • Portions of main meals are very small; between meal snacks are almost non-existent; the last meal is at 5pm; supper is inadequate for all in unit 	
<i>Ideas for improvement</i>	
Change ward systems	<ul style="list-style-type: none"> • Increase patients' independence by giving open access to the kitchen • Provide full 24-hour access, as in younger adults service • Order dry stocks from the budget so there are stocks in the kitchen/store room • Introduce a new menu system • Introduce trolleys in between meals • Improve consistency of emergency food items • Address cultural needs in relation to food • Conduct further work around promoting healthy snack choices • Ask main servery to remain open longer hours
Provide information	<ul style="list-style-type: none"> • Inform patients about what is available
Other	<ul style="list-style-type: none"> • Ask kitchen to review the service that they give to wards/departments off-site • Move vending machine away from room previously designated as the smoking room

Contact details

If you would like to discuss this report or any aspects of the audit, please contact the Audit Team on the details below:

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