



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



Charity reg. No. 228636

# National Audit of Violence

## Module 2 National Report

### Older people's services

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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 services<sup>1</sup>.

## 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 subject<sup>2</sup>. A copy of the audit tool is available to download at [www.rcpsych.ac.uk/nav](http://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.

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

<sup>2</sup> Violence: The Short-term Management of Disturbed/ Violent Behaviour in Psychiatric Inpatient Settings and Emergency Departments, NICE 2005, ([www.nice.org.uk](http://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'<sup>3</sup> 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 2007<sup>4</sup>. 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](http://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**

58 wards submitted data for this part of the audit programme. This report contains the *national* findings for compliance with each of the 38 standards for **older people's services only**.

**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%

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<sup>3</sup> These may be changes to the physical environment; practice changes, changes to ward routine, etc

<sup>4</sup> 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	66%
NOT MET	12%
COVERED BY PEAT	22%

## Standard 2: All areas look friendly

National results	
MET	66%
NOT MET	19%
COVERED BY PEAT	16%

## Standard 3: All areas smell clean

National results	
MET	60%
NOT MET	19%
COVERED BY PEAT	21%

## Standard 4: There is access to natural daylight

National results	
MET	76%
NOT MET	9%
COVERED BY PEAT	16%

## 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	78%
NOT MET	22%

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

National results	
MET	67%
NOT MET	16%
COVERED BY PEAT	17%

**Standard 8: Ambient temperatures and ventilation are adequately controlled**

National results	
MET	26%
NOT MET	59%
COVERED BY PEAT	16%

**Standard 9: Sight lines are unimpeded**

National results	
MET	31%
NOT MET	69%

**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	67%
NOT MET	19%
COVERED BY PEAT	14%

**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	71%
NOT MET	24%
N/A	5%

**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	83%
NOT MET	10%
N/A	7%

## Provision of specific areas

### Standard 13: Provision is made for children visiting the ward

National results	
MET	67%
NOT MET	19%
COVERED BY PEAT	12%
N/A	2%

### Standard 14: There are single sex toilets

National results	
MET	79%
NOT MET	21%

### Standard 15: There are single sex washing facilities

National results	
MET	76%
NOT MET	24%

### Standard 16: There are single sex day areas

National results	
MET	26%
NOT MET	57%
COVERED BY PEAT	9%
N/A	9%

### Standard 17: There is single sex sleeping accommodation

National results	
MET	81%
NOT MET	5%
COVERED BY PEAT	14%

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

National results	
MET	31%
NOT MET	36%
N/A	33%

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

National results	
MET	76%
NOT MET	24%

**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	62%
NOT MET	38%
N/A	0%

**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	40%
NOT MET	60%
N/A	0%

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

National results	
MET	76%
NOT MET	24%

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

National results	
MET	28%
NOT MET	34%
COVERED BY PEAT	7%
N/A	31%

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

National results	
MET	76%
NOT MET	24%

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

National results	
MET	71%
NOT MET	29%

**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	79%
NOT MET	21%
N/A	0%

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

National results	
MET	98%
NOT MET	2%

**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	55%
NOT MET	45%

**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	7%
NOT MET	9%
N/A	84%

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

National results	
MET	41%
NOT MET	47%
N/A	12%

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

<b>National results</b>	
MET	72%
NOT MET	14%
N/A	14%

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

<b>National results</b>	
MET	86%
NOT MET	12%
N/A	2%

## Features that the ward offers

**Standard 33: Personal effects are safe and accessible.**

National results	
MET	50%
NOT MET	50%

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

National results	
MET	78%
NOT MET	22%

**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	55%
NOT MET	45%

**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	69%
NOT MET	31%

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

National results	
MET	59%
NOT MET	41%

**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	93%
NOT MET	7%
N/A	0%

## 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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