

Update from the QNOAMHS Project Team

Hello members, we hope you all had a lovely Summer.

In our previous newsletter we mentioned that we were currently developing a short set of 'trust-wide' standards in order to improve consistency in scoring when multiple services within a trust are visited by us. We recently announced that this process has been approved. Click the link on the front page of the newsletter to read more about the Pre-Assessment Process.

In July we also held our first event of the year, "*Psychology Best Practice in Older Age Inpatient Wards*". The event was very inspiring for all who attended. An account of the day has been written by Ellie, and can be viewed in this newsletter.

In addition to Ellie's article, we are also proud to share Adam Robertson's account of his experience of being a Carer Representative for QNOAMHS, as well as the story of Melstock House, a member service in Dorset Healthcare, and how they innovatively utilised a funding grant they were awarded to improve their environment for patients and staff.

Finally, in October, the project team will be taking part in a Night Memory Walk held by the Alzheimer's Society. We are really excited for the 5km walk, which will take us around the scenic Queen Elizabeth Olympic Park in Stratford. Visit <https://www.memorywalk.org.uk/> to find out how you can participate in a Memory Walk near you.

Thank you for reading!

QNOAMHS Project Team

QNOAMHS Annual Forum

Our annual forum is scheduled for November 1st 2018.

To book your place, click [here](#).

Art Competition!

We are still accepting submissions for our art competition. Winners will have the opportunity for their work to be published on QNOAMHS documentation.

Please email your submissions to op@rcpsych.ac.uk

QNOAMHS Discussion Forum

Use our discussion forum to connect with member services.

Share best practice and experiences on your ward, or request advice from other services similar to your own.

Please email op@rcpsych.ac.uk

Where have we visited?

In the past few months, we have visited services in Plymouth and Torquay. Thank you for the hard work of everyone involved in these visits!

We have a further nine visits in September and October in London, Cambridge and Warwick.



Adam is a carer representative for QNOAMHS. Since Adam's recruitment to the CCQI in 2017, Adam has attended accreditation visits to member services around the country, including in York, Walsall, Liverpool, and Leicester. The following is Adam's account of why being a carer representative is important to him.

On Being a Carer Representative

by Adam Robertson

In the summer of 2015 my late wife was admitted to hospital under the auspices of the Mental Health Act. She spent a year in hospital where she was diagnosed as suffering from Alzheimer's Disease. From hospital she was transferred into a residential care home, where, after suffering a severe infection she died in early 2017.

It was during her time in hospital that one of the nursing sisters spoke to me about the Royal College of Psychiatrists and their involvement in the quality improvement of mental health services through the auspices of QNOAMHS. She also felt that, given my personal experiences and my University research background, I would be a suitable candidate for inclusion as a carer representative on the Ward Accreditation and Peer Review visits, indeed she even downloaded the application forms for me. The rest, as they say is history and in 2016, having attended a day's training in Manchester I was appointed as a carer representative.

I must confess to some trepidation on being assigned to my first accreditation visit, however, I was fortunate in so far as I only had to travel to York, and, quite serendipitously, the clinical lead for the visit was the lead clinical nurse from the ward that my wife had been admitted to. I was determined that I would become fully involved in as much of the overall inspection as was possible. It is worth mentioning at this stage that having been a serving police officer for thirty years I was always conscious that the police service had its own peculiar vocabulary and the use of acronyms abounded. However, I was totally unprepared for the welter of acronyms that populate almost every conversation within the NHS but, having participated in a number of both Accreditation and Peer Review visits I am at last coming to some understanding of the terminology.

However, the highlight of that first inspection, was the interview session with a number of carers. Having asked the questions that form the backbone of the carer interview a more generalised discussion took place and, because of my own

personal situation, I was able to empathise with the other carers. Indeed, at one stage I was reduced to tears by their recounting of their own experiences that were so familiar to me in my own situation. It was also somewhat cathartic for me because I was able to relate to those situations. It was a very rewarding session and their profound thanks helped to ameliorate what had been a difficult time for them as well as for me.

Since that first visit I have taken part in a number of other visits, both Accreditation and Peer Review and I have found that as well as assisting in the work of the college to drive up standards in older adult mental health provision, it has helped me to come to terms with my own personal tragedy.

Last year I attended the Annual Forum at the college and found it to be extremely enlightening and very satisfying to meet other carer representatives and Peer Reviewers as well as members of the college staff who had hitherto been either voices on the telephone or e-mail correspondents. It was a delight to meet them all. Unfortunately, I will be unable to attend this years forum as I am going into hospital for a hip replacement operation which will curtail my activities for a few months but my recovery will be aided by the thought of getting 'back into harness' with the QNOAMHS team.

Do you know a carer who may be interested in becoming a carer representative for QNOAMHS? We have roles available on our Accreditation Committee, Advisory Group, and on our peer review visits.

Please contact op@rcpsych.ac.uk for more information.

Sharon Turner is the Ward Manager for Melstock House, Dorset Healthcare University NHS Foundation Trust. In June, Melstock House received their accreditation visit from QNOAMHS. The review team were very impressed with the service's outdoor space, the ward environment as a whole, and in particular, the involvement service users had in contributing to the therapeutic environment.

Patient Involvement in Creating a Therapeutic Outdoor Space

By Sharon Turner

Melstock House is an older adult's mental health assessment unit for people that have a functional mental health disorder and are over 65 years of age. Melstock House is situated in picturesque West Dorset and provides care to clients from across the county.

The unit has 12 en-suite bedrooms located all around the outside of the ward which creates a large open area in the middle of the unit. This area is separated by an indoor garden with space for activities and communal living. The unit has acres of outside space with views across farm land.



In the summer of 2017, a gentleman was admitted with a severe depressive episode. Staff attempted to engage the gentleman in activities and conversation as he spent long periods self-isolating in his bedroom. In time, the gentleman revealed that he was a keen gardener for many years but had lost interest in this activity over recent months.

The outside areas of Melstock House had small areas of unloved gardens including two flower beds that could not be used due to Health and Safety risk assessment. The area had not been used for any activity for many years and ivy had overtaken the hedges surrounding the flower beds.



Staff discussed the idea of attempting to engage this gentleman in developing this outdoor space in an attempt to reignite his previous interest in gardening. We encouraged the gentleman out of his room to come and see the flower beds and asked his advice about the ivy. The change in the gentleman was immediately evident as he became animated and provided staff with advice on how to deal with the ivy and how the area could be developed. He began to undertake the work of



clearing the space alongside staff and this generated an idea to develop more of the outside space into therapeutically engaging gardens.

The team discussed ideas and identified that we wanted to create a therapeutic environment both inside and outside the ward that had a non-clinical atmosphere.

The team looked at funding sources and put in a bid for funding through a Dorset Healthcare University NHS Foundation

Trust initiative called Dragons Den. The bid made it through to the finals and presented the idea in front of a panel of Trust board, staff and carers. The bid did not win the competition but the Trust recognised the enthusiasm of the team and the benefits to client wellbeing.

The staff at Melstock were so enthusiastic about the project they began fundraising and project planning. The flower beds were raised to a safe usable height with staff and clients providing the manual bricklaying.



The project has continued to flourish with the introduction of a Summer House and patio area for clients to relax and enjoy the views. The staff and clients have built a raised bed and we have successfully grown a first crop of vegetables that have been used on the ward for cooking groups.



As the patient group changes, staff have continued to actively encourage clients to engage in the project with clients being supported to use the outdoor space and suggest improvements and planting ideas in community meetings. Clients have helped staff to update some tired garden furniture with a lick of paint in vibrant colours and to tidy the garden and plan for next year's planting.

The project has been successful due to the collaborative working and enthusiasm of staff and clients. Clients have engaged positively with the garden and provided guidance and support on all areas from building the flower beds to watering the vegetables.

Psychology Best Practice in Older Age Mental Health Services

By *Ellie Parker*

In July we were very lucky to welcome four members of the British Psychological Society's Faculty of Older People (FPoP) to speak to network members.

Psychology provision in older age mental health services is often recognised as an unmet need. The data that QNOAMHS has collected from our members supports this. We identified that 66% of services who received an accreditation or developmental visit between September 2017 and March 2018 did not meet the type 2 standard "The ward has a minimum of 0.5 WTE input from a psychologist." Furthermore, 50% did not meet the type 1 standard that aims to ensure that all patients have access to detailed psychological formulation and psychological therapy where appropriate. Therefore, a day focusing on how member wards can become more psychologically informed and build a business case for increased psychological provision on their wards promised to be helpful and supportive to member wards who struggle in this area.



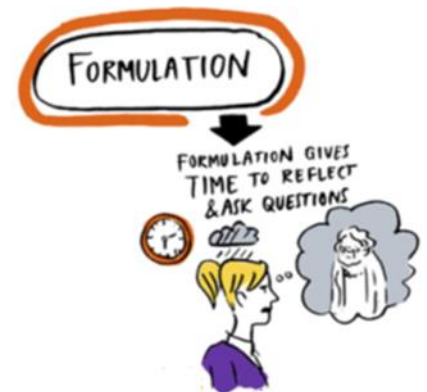
The FPoP have recently published *Psychology Best Practice in Inpatient Services for Older People* which brings together examples of best practice from across the UK, and for the event our speakers carefully chose four topics from this guidance to present.

The event began with delegates splitting into two workshop groups. One focused on the patient journey and the contribution psychology can have to this journey. In this workshop Dr Anne Crawford-Docherty and Dr Natasha Lord discussed the contribution of a psychologist and psychological theory to inpatient wards and the importance of considering the whole patient journey. The workshop explored the importance of establishing or re-establishing identity, attachment, competence, comfort and hope, for a patients' recovery, and included many practical examples of how inpatient services can promote this. These included graded home leave, open visiting hours, and co-production in care-planning.

Meanwhile Dr Carolien Lamers and Dr Kathryn Dykes presented 'The Patient Journey for a Person with Dementia' which aimed to identify potential areas to enhance psychological wellbeing and avoid psychological harm. Delegates were

taken through the inpatient journey for a patient with dementia and were encouraged to consider how this journey can be improved from a psychological perspective. Are the reasons for admission understood? Do they consider life experiences, family relationships and health conditions? On arrival, what does your ward do to make the patient experience as comfortable and as welcoming as possible? Delegates were provided with practical examples of where they could enhance the psychological wellbeing of a person during their inpatient journey.

In the afternoon, a further two workshops were presented. The first '*Building a Business Case for Psychology Input*' gave delegates practical support in building and making the case for increased psychology input, and guidance in knowing what level of resource may be needed and different ways that resource can be used. Key messages from this session were understanding what the key drivers are for decision makers – what's going to make them stop and pay attention, e.g. CQC or CQUIN targets. Can this be linked to the visionary goal and can your business case offer the solution? The session also identified various policy and national drivers which can help support a service's business case.



The last workshop focused on enhancing a psychologically informed culture. Dr Anne Crawford-Doherty delivered a compelling presentation of the findings from her research study of an inpatient dementia ward (*Ward C: A formulation-based service development project*) which had previously received no psychological input. The key message from this study, and this session, was the importance of recognising the need to understand the culture, environment, patients and staff group to develop, and sustain a successful formulation initiative. Psychological input is ineffective as a 'magic wand fix'. The session covered the differences between traditional definitions of care and person-centred care, as well as evidence based models of change, intervention strategies and skills transfer into clinical practice, leaving delegates inspired to consider how they might change their own ward's practice to embed a psychologically-informed culture.

The 'take home' message of the day was that psychology is not just the business of the psychologist, but everyone's business. Using the psychology resource, you have to its greatest impact is key, as is promoting a psychologically informed culture amongst other members of the multidisciplinary team. The QNOAMHS Project Team found the day engaging, solution focussed and supportive and so did our delegates – 81% rated the day as 'excellent' and the remaining 19% rated the day as 'good'.

If you would like a copy of Psychology Best Practice in Inpatient Services for Older People please contact the QNOAMHS project team for a hard copy, or you can access a digital copy here: <https://shop.bps.org.uk/publications/publication-by-series/good-practice-guidelines/psychological-best-practice-in-inpatient-services-for-older-people.html>.