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QNOAMHS
QUALITY NETWORK FOR OLDER ADULT MENTAL HEALTH SERVICES

THE QUALITY NETWORK FOR OLDER ADULT MENTAL HEALTH SERVICES

ANNUAL REPORT 2021-22

EDITORS

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ARTWORK BY

Patients on Ferndale Ward at St. Michael's psychiatric hospital

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Foreword

Susan Bevis
Carer Representative

I have worked as a Carer Representative for the Quality Network for Older Adult Mental Health Services since July 2020.

I was interested in applying for this role as I felt it would give me more knowledge and insight into care provision, especially since I have been a carer to more than one person in my family for many years. My father had Alzheimer's and whilst living in the community had several hospital admissions.

I have taken part in several accreditation reviews which, due to the lockdown, were carried out via Microsoft Teams. I found these really interesting, especially the guided tours of the wards and seeing the facilities provided. I have enjoyed listening to dedicated staff members talking about their work and commitment to improving quality of their service to the highest standards.

Only recently, I have taken part for the first time in a review visiting a hospital ward in person, seeing at first hand the facilities and talking face to face with staff, as well as meeting colleagues for the first time. I really enjoyed the experience.

The training and education given through the Royal College has been of a high standard. Having experienced the worst in my personal experience, it was refreshing to see how those wards and hospitals taking part in accreditation reviews worked hard in difficult circumstances to include carers, listen to their comments by way of feedback, and through good communication achieve satisfaction.

Foreword

The carer interviews I have carried out have been very positive, with some wards going out of their way to accommodate carers, in terms of visiting and communicating with their relatives in hospital. I liked that staff were putting a lot of thought/ideas into provisions on the ward, making it a personal experience, and treating people as individuals, both carers and patients.

Finally, I would say my personal experience has been most enjoyable and positive. My father who had Alzheimer's is no longer alive, but wards seem to have come a long way in improvement since he was last in hospital. The wards taking part in accreditation reviews have put in a lot of hard work to achieve the high standards set and had to provide a lot of detailed information and thought in order to achieve the accreditation. I would like to see this mandatory so that all hospital wards work as hard to achieve such high standards and improve quality which could benefit many more patients as well as carers.

Foreword

Francesco Santino Palma
Patient Representative

I have been involved with the work of the College Centre for Quality Improvement (CCQI) for some time, and most recently with the Quality Network for Older Adult Mental Health Services (QNOAMHS).

In part, my interest in older adults came about of my sister's experience of accessing mental health services at the age of 60, as she was diagnosed with mixed dementia: Behavioural Variant Fronto-Temporal Dementia with Alzheimer's disease.

For months before her official diagnosis, she was being treated by working age mental health services. Although by the time of her diagnosis she had early onset dementia. My reason to join QNOAMHS was to learn more about functional and organic mental health conditions in older adults.

The opportunity to undertake numerous accreditation visits has provided insight into providing optimal care to patients. I have led on both patient and carer interviews, to confirm overall satisfaction with the standard of care.

Preparation for an accreditation visit is key to having discussions with all ward staff, patient & carers and is achieved by the CCQI Project Team providing review team members with self-assessed workbooks, CQC Reports and other data to pick out potential questions to be asked to provide assurances.

SECTION 1: MEMBERSHIP

Who we are

The Quality Network for Older Adult Mental Health Services (QNOAMHS) works with wards and units providing services to older people, to assess and improve the quality of care they provide. QNOAMHS engages staff, patients, and their carers in a comprehensive process of self and peer-review, to enable services to identify areas of good practice and areas for development.

Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. QNOAMHS also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The Quality Network for Older Adult Mental Health Services is an initiative of the College Centre for Quality Improvement (CCQI)

For more information,
click here to visit our website.
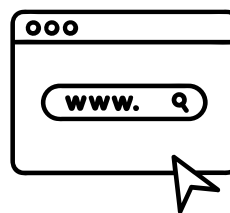
What we do

QNOAMHS works with inpatient wards, supporting them through a process of self-review and peer-review.

A set of QNOAMHS standards are developed in partnership with a range of stakeholders and used for the purposes of developmental and accreditation reviews.

Services are provided with feedback in the form of individualised reports, which identify key areas of achievement and areas of recommendation.

Click here to view the 5th edition QNOAMHS standards

Membership options

Associate

Self-Review → Final Report

Developmental

Self-Review → Peer-Review → Final Report

Accreditation

Extensive Self-Review → Peer-Review → Accreditation Committee → Final Report

5th Edition Standards

The QNOAMHS 5th edition standards are used in the self-review and peer-review process. Participating teams score themselves against the standards during the self-review. The standards are for service providers and commissioners of mental health services to help them ensure they provide high-quality patient-centred care to people with complex mental illnesses, as well as their carers.

The majority of standards are applicable to all older adult mental health services, however a few specifically apply to services which admit patients with an organic illness.

The standards have been developed with extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health services, and with experts by experience who have used services in the past.

Each standard has been categorised as Type 1, Type 2, or Type 3. In order to achieve accreditation, services are required to meet 100% of Type 1, 80% of Type 2, and 60% of Type 3 standards.

The QNOAMHS 5th Edition Standards are grouped into 5 categories:
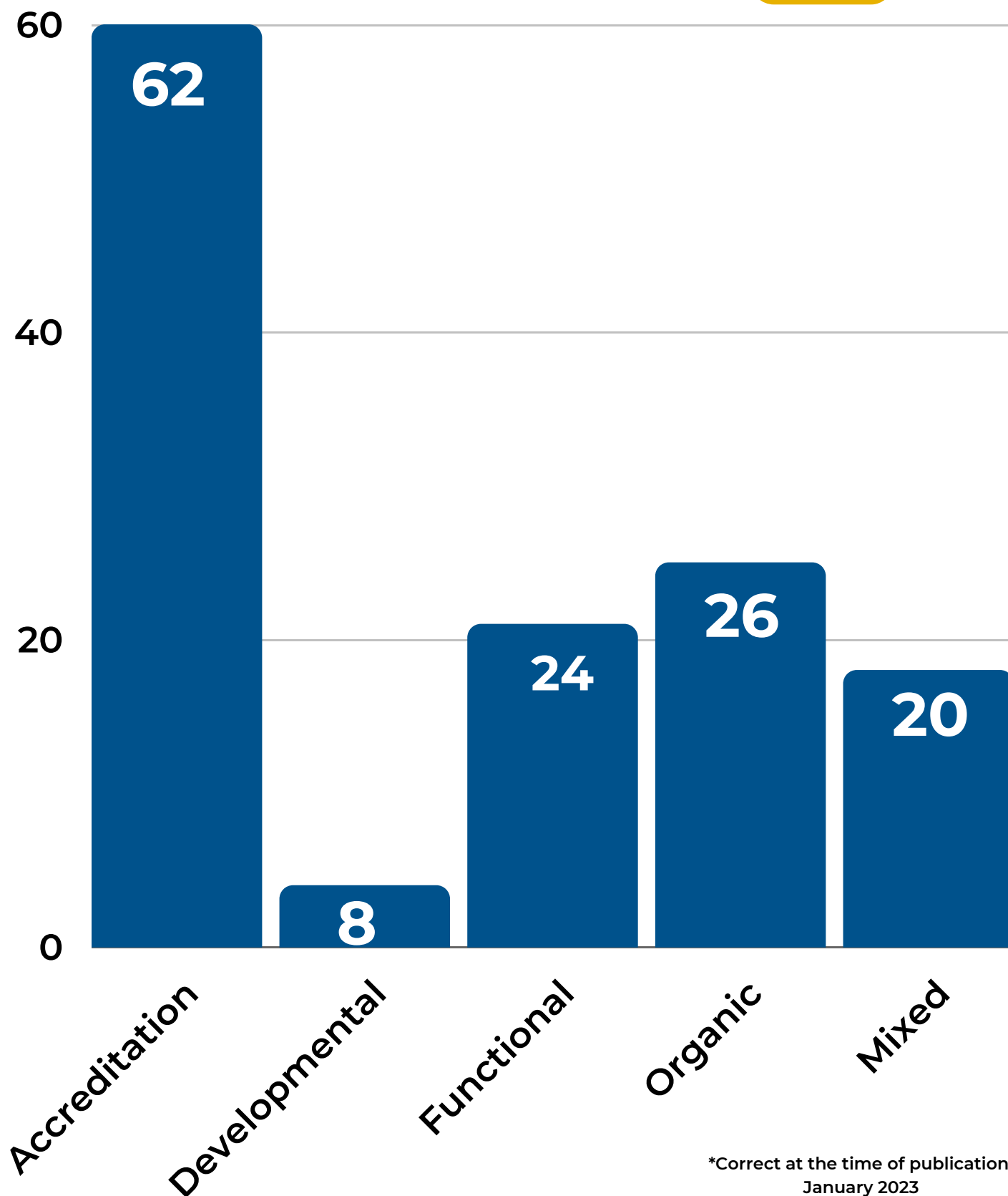
Ward/Unit Environment

Admission, Leave, and Discharge
,
Care and Treatment

Staffing

Service Management

Our members

70

62	**8**	**24**	**26**	**20**

60

40

20

0

Accreditation | Developmental | Functional | Organic | Mixed

70

Members

16

Average beds

9

Accredited

52

Participating

QNOAMHS Member Map

SECTION 2: REVIEWS

Services reviewed against the 5th edition standards: 2021-22

22
Services

18
Accreditation

4
Developmental

16
Average beds

Patient groups

16%
Organic

44%
Mixed

39%
Functional

WTE staffing

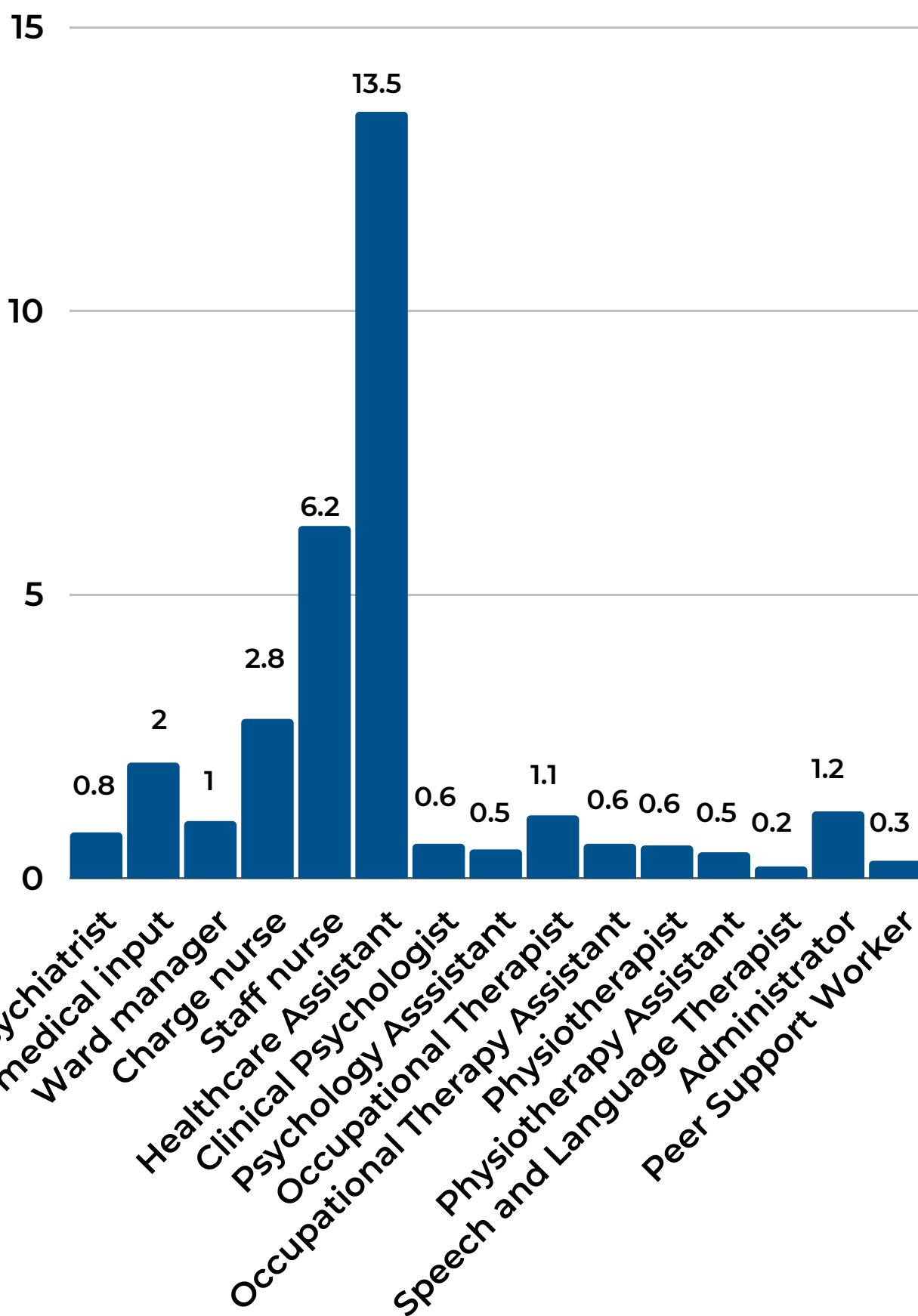| Role	WTE
Consultant Psychiatrist	0.8
Non-consultant medical input	2
Ward manager	1
Charge nurse	2.8
Staff nurse	6.2
Healthcare Assistant	13.5
Clinical Psychologist	0.6
Psychology Asssistant	0.5
Occupational Therapist	1.1
Occupational Therapy Assistant	0.6
Physiotherapist	0.6
Physiotherapy Assistant	0.5
Speech and Language Therapist	0.2
Administrator	1.2
Peer Support Worker	0.3

Summary of findings

Below we have summarised the data from 18 Accreditation and 4 Developmental reviews. These services were reviewed against the 5th edition standards between 2021 and 2022. The graphs below show the average percentage of Type 1, Type 2, and Type 3 standards met by services.

In order to be accredited, services must meet 100% of Type 1, 80% of Type 2, and 60% of Type 3 standards. The data shows that on average services met the 60% threshold for Type 3 standards, however the required documentation was not always provided prior to a review visit in support of the Type 1 and Type 2 standards, and therefore was requested by the Accreditation Committee following services' draft report.
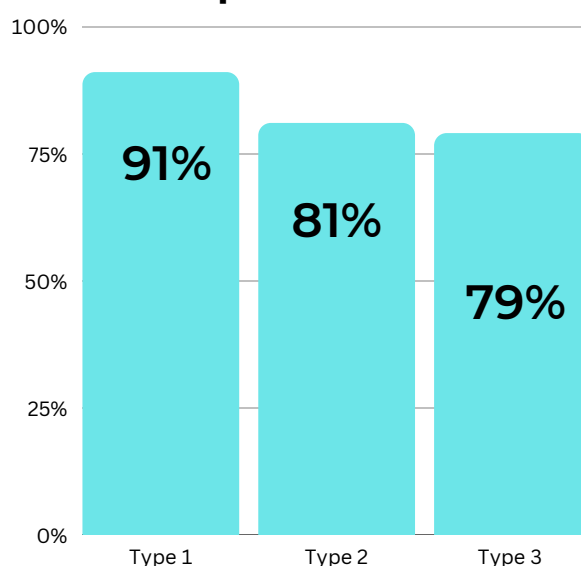
The percentage of standards met by services during a developmental visit appears higher, however it is important to highlight that an accreditation visit is more extensive and in order for standards to be met, services are required to provide documentation in addition to their contextual commentary in support of the standards. The data pool was also smaller for the Developmental group.
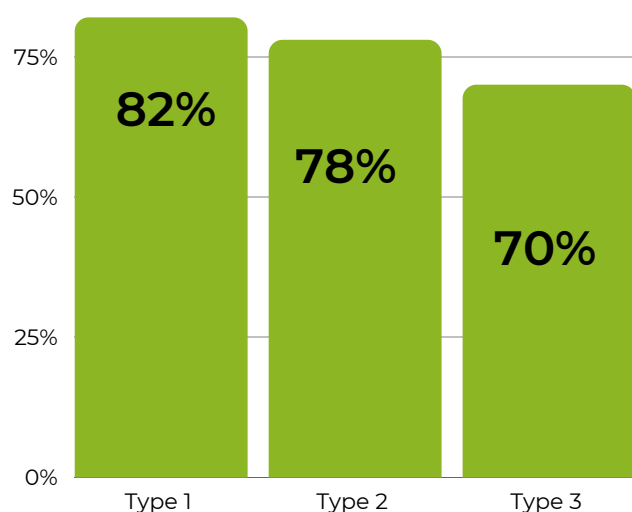
Accreditation reviews

This graph shows the average percentage of Type 1, Type 2, and Type 3 standards met by services reviewed against the 5th edition standards during an Accreditation visit.
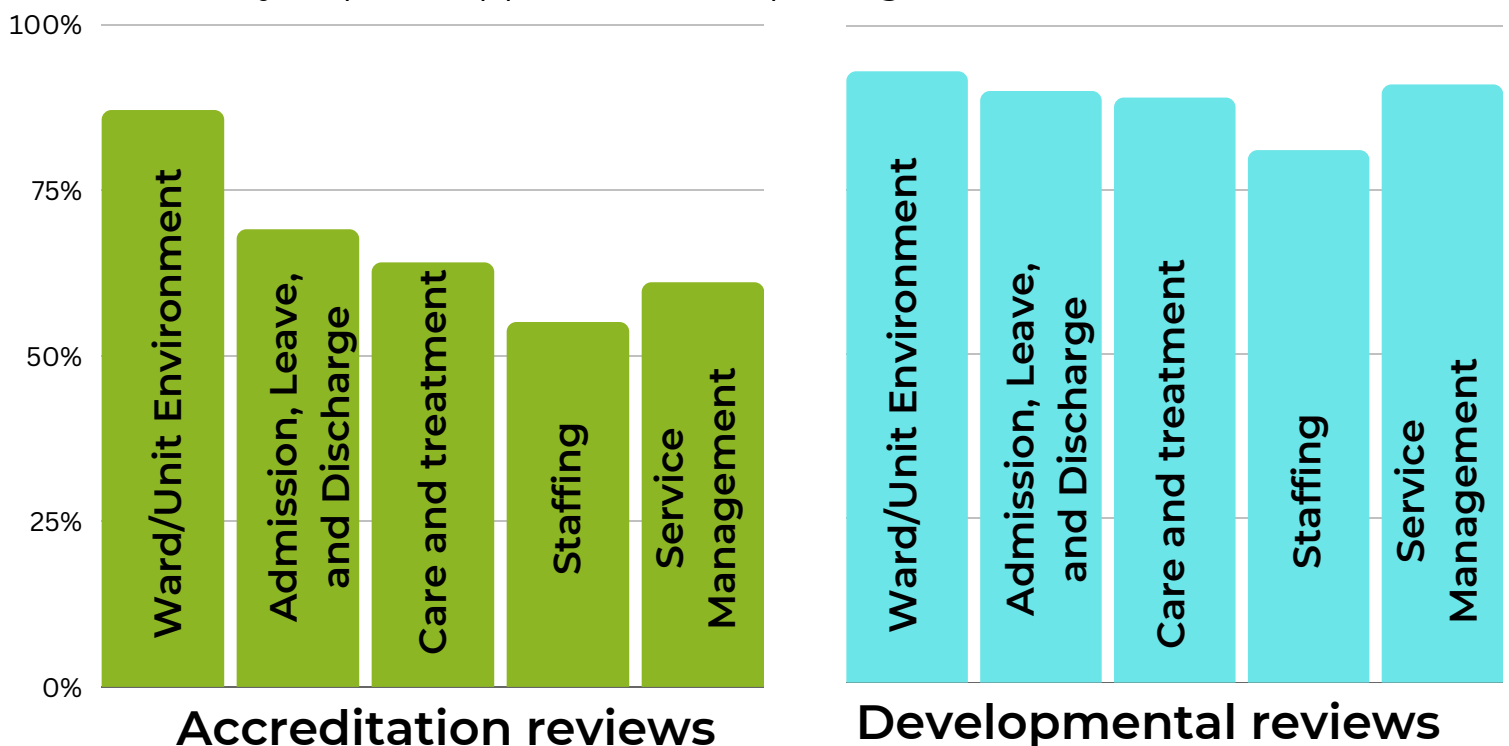
Developmental reviews

This graph shows the average percentage of Type 1, Type 2, and Type 3 standards met by services reviewed against the 5th edition standards during a Developmental visit.

Summary of findings

The data has been broken down to show the average percentage of standards met across each section of the review workbook: Ward/Unit Environment, Admission, Leave, and Discharge, Care Treatment, Staffing, and Service Management. The below graphs break this down into accreditation and developmental reviews. We can see that for our accreditation members, there was a greater discrepancy between the number of standards met from each section of standards. The pool of developmental reviews was smaller with a smaller spread of results.

Wards are consistently performing well against the Ward/Unit environment standards. We will highlight some of these commonly met standards in a later section of this report.

The staffing standards are the least consistently met, with a number of these relating to training provision and ensuring that the required training courses are up to date for each member of staff. The training records provided to the review team were not always clearly presented, and review teams were looking to see that there was at least 90% compliance with the training, and where training had expired, staff were booked onto future dates. We support services to present this information by providing a training matrix template, and we encourage services to contact the project team if they require support with completing this.

Accreditation reviews	**Developmental reviews**

Accreditation reviews bars (green): Ward/Unit Environment, Admission, Leave, and Discharge, Care and treatment, Staffing, Service Management

Developmental reviews bars (cyan): Ward/Unit Environment, Admission, Leave, and Discharge, Care and treatment, Staffing, Service Management

Y-axis: 0%, 25%, 50%, 75%, 100%

Commonly met standards

100% met

Ward/Unit Environment

1.22 Type

Mealtimes are protected and should not be disrupted by routine ward tasks or activities.

1.23 Type 1

Patients have access to the following well-maintained equipment depending on clinical need; wheel chairs; ultra-lowering beds; walking aids; equipment to relieve and care for pressure ulcers and sores.

Admission, Leave, and Discharge

2.2.5 Type 1

Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge.

2.5.7 Type 1

There is a protocol for admission to general hospital that ensures that when a patient is transferred to a medical bed, advice on mental health care management and treatment is provided and they are actively followed up at least weekly.

Commonly met standards

100% met

Care and Treatment

3.1.4 Type 1

There is a clinical review meeting with the MDT for each patient at least every week, or more regularly if necessary, to which they and their carer/advocate are invited with the patient's permission.

3.2.12 Type 1

Patients have access to safe outdoor space every day.

Staffing

4.1.2 Type 1

Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.

4.4.2 Type 1

Patients and staff members feel safe on the ward.

Commonly met standards

100% met

Service Management

5.4.1 Type 1

Sytems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.

5.4.3 Type 1

Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing lessons.

Overall themes

Overall, of the services reviewed this year, the ward/unit environment section of the review had the highest percentage of met standards. Wards were well laid out and works have been taken on a number of wards to remove dormitories. The review team liked the use of artwork on a number of wards, particularly when this was produced with patients. It was great to see wards involving patients in projects such as creating murals and gardening projects to improve the look of the outside space. The review teams picked up on some positive initiatives around bedroom personalisation which included 'life story' books in patients bedrooms to offer comfort to patients and to support staff with getting to know patients.

It was positive to see that weekly MDT meetings are taking place across wards and these should also involve carers where consent has been given. Wards have been able to adapt to challenges presented by COVID by giving carers the opportunity to attend MDT meetings virtually. We would encourage services to continue to offer this option as a way to ensure carers are involved if they cannot travel to the service.

During staff interviews it was widely reported that staff felt able to challenge decisions and were aware of the procedures to report any incidents quickly. There was evidence that wards have procedures in place for reporting incidents and sharing learnings with the wider team. The review teams were particularly looking for evidence that learnings had been shared following incidents to improve ways of working going forward.

Commonly unmet standards

88% not met

Ward/Unit Environment
1.1 Type 1

The ward is a safe environment with no ligature points, clear sightlines (e.g. with the use of mirrors) and safe external spaces.

89% of services did not meet this standard following their visit due to insufficient documentation provided. The review team were able to discuss ligature points with staff, to ensure they felt confident in patient safety. However, the review team required evidence that a ligature risk assessment was in place, including actions taken to reduce any identified risks on the ward. The risk assessment was not provided to the review team in many cases during a virtual review visit. The risk assessment was requested by the review team and provided following the visit to be presented to the Accreditation Committee for further review. A common recommendation was installing parabolic mirrors in the corners of corridors to ensure there are clear lines of sight across the ward.

59% not met

Admission, Leave, and Discharge

2.2.9 Type 1

Patients admitted to the ward outside the area in which they live have a review of their placement at least every 3 months.

This standard was not met by 59% of services due to insufficient evidence that reviews were taking place every 3 months as a minimum. Some wards reported that there were difficulties presented by COVID due to bed shortages and a limited number of available services in a patients' local area. In these circumstances the review team were looking for evidence that the placement was being reviewed regularly and that this was documented in notes to ensure the patient can return to their local service as soon as possible.

Care and Treatment

3.2.9 Type 1

**50%
not met**

Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.

50% of services did not meet this standard. This was often based on feedback received during patient and carer interviews. This was a commonly occurring theme this year, therefore we would encourage services to review how information is shared with carers on admission, where consent has been given to be involved.

**50%
not met**

3.5.7 Type 1

Staff members do not restrain patients in a way that affects their airway, breathing, or circulation

50% of services did not meet this standard due to insufficient documentation provided. In order for this standard to be met, the review team require training records which clearly show that staff members who require the training have either completed or are booked onto the training. In many cases, this documentation was not provided prior to the review, therefore the review team could not score this as met. A number of these services went on to meet the standard once the up to date training records had been submitted to the Accreditation Committee for review.

Commonly unmet standards

Care and Treatment

56% not met

3.5.9 Type 1

The ward has falls management processes which includes: falls risk assessment, falls management plans, and audit of falls.

This standard was not met by 56% of services. In some cases we received a copy of a falls risk assessment and falls management plan, however an audit of falls had not been carried out and therefore the standard could not be scored as met. We would encourage wards to carry out a ward based audit and work to reduce this year on year.

Staffing

59% not met

4.3.3 Type 1

All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body,

4.3.4 Type 2

All staff members receive line management supervision at least monthly.

The two standards around supervision were not met by 59% of services. In a number of cases, clinical and management supervision records were not provided in evidence of the standard. The review teams also noted that in some cases, clinical and line management supervision were taking place as one combined session. We would recommend that clinical and management supervision take place as two separate sessions to ensure there is sufficient time to have in depth conversations covering these topics. In order for this to be scored as met, the review team required a supervision matrix to be submitted to the committee to clearly show who has received supervision.

Commonly unmet standards

Staffing

59% not met

Training includes: Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

59% of services did not provide evidence that carer awareness training is taking place. Carer involvement was a commonly occurring theme this year, particularly with COVID preventing carers from attending the ward in person. Training in carer awareness, family inclusive practice, and social systems is recommended, to ensure carers are considered and involved in their loved ones care, where consent has been given for them to be involved.

Service management

75% not met

5.4.5 Type 3

The ward team actively encourage patients and carers to be involved in QI projects.

75% of services did not meet this standard. The review team required evidence that patients and carers had been actively involved in QI projects. We would recommend that the role of experts by experience is considered by services when beginning quality improvement work, as they can provide valuable insight to the ward. The review team require documentation to evidence this in addition to the contextual information provided during the self-review.

Overall themes and recommendations

After reviewing the data and review team commentary, we have identified common themes. We have identified three particular areas of focus for services to consider: carer involvement, supervision, and co-production.

It is also important to highlight that a number of the unmet standards were later met by services who provided the required documentation following their review. To support services with this, we have included evidence guidance in the appendix of this report.

Carer involvement

59% of wards could not evidence that carer awareness training had been completed by all staff. We would recommend that carer awareness training is offered, to ensure carers are considered throughout the patient journey. The need for this was confirmed by feedback from carers captured in both surveys and interviews.

A commonly recurring comment was that carers wanted to be more informed about their loved one's care and to contribute to care planning. This could be improved by allocating a carers lead on the ward, to ensure there is a clear line of communication between carers and ward staff. Some services reported that carers support groups have not been running due to COVID, however where possible we would recommend seeking interest from carers to attend these groups virtually.

It was also highlighted by carers that it was not always made clear how to access a carer's assessment. Information regarding how to access a statutory carer's assessment should be provided to carers when their loved one is admitted to the ward. This could be included in a carer's information pack to be provided at the point of admission.

Carer access to the ward has been limited over the last couple of years due to ongoing COVID restrictions. Carers reported that being unable to view the ward facilities in person, particularly their loved one's bedroom area, has been a cause of distress. In cases where loved ones are not permitted on the ward, we would advise ensuring they can be virtually involved in ward rounds. Ensuring carers have a point of contact on the ward to speak to regarding any concerns, as well as providing carers with a copy of their loved one's care plan, could alleviate some of these concerns around their care.

Supervision

Standards 4.3.3 and 4.3.4 state that both clinical and managerial supervision should take place at least monthly for clinical staff. We have found that in some cases clinical and managerial supervision take place during one combined session. We would recommend that clinical and managerial supervision take place separately to ensure sufficient time is allocated to each. Evidence of these sessions taking place was not always recorded by services. We advise ensuring there is a record of the discussion which can be referred to during future meetings.

Co-production and Involvement of Experts by Experience

Co-production refers to engaging and communicating with the service user and their family members, where appropriate, in the development of their care plan to ensure that support is person-centred. This is a topic which has been frequently discussed during Accreditation Committee meetings, as wards have not always been able to evidence co-production. This also extends to quality improvement projects on the ward, as experts by experience can play an important role in this by providing insight from their lived experience. It has been encouraging to hear that a number of wards have begun involving experts by experience in the recruitment process for new staff and we would encourage this work to continue across wards. This is an area we would encourage wards to consider as a team, to improve the standard of patient-centred care they provide.

Member support

We support services through:

- Sharing examples of good practice with the network

- Organising and facilitating tailored training/learning events

- Regular meetings to support services throughout the review process

- Discussion forums

- Newsletters

Resources:

Website: www.rcpsych.ac.uk/qnoamhs

Knowledge hub: https://khub.net/group/qnoamhs

SECTION 3: EVENTS

QNOAMHS 5th Annual Forum

On Wednesday 6th July 2022, QNOAMHS hosted its 5th Annual Forum. This was an online event, with over 30 people in attendance. The theme of the conference was *'Reflecting on Older Adult Mental Health Complexities in 2022 and Beyond'*. The event provided older adult services an opportunity to reflect on some of the challenges presented by the COVID-19 pandemic.
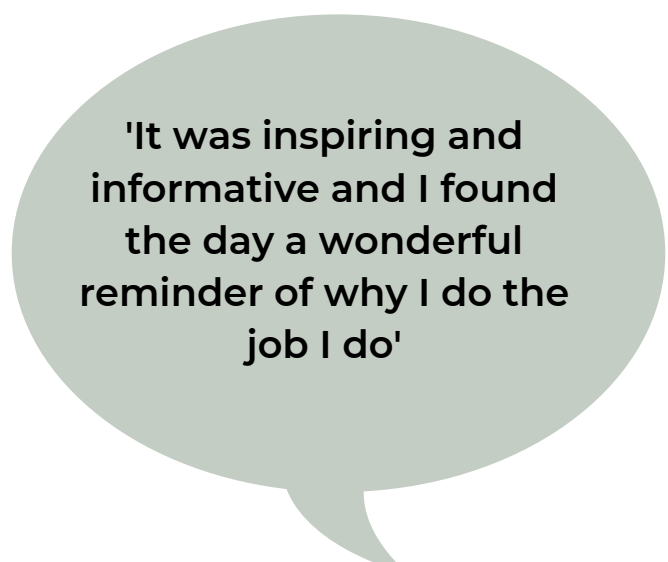
There were 5 presentations held throughout the day. This included an update on the network from the QNOAMHS Project Team, a session on staff resilience delivered by Lincolnshire Partnership NHS Foundation Trust, a talk from Dr. Ben Underwood (Assistant Professor, Department of Psychiatry, University of Cambridge) on Dementia inpatient care in psychiatric hospitals, and a presentation from patient and carer representatives at the Royal College of Psychiatrists, who spoke about older adult services from the patient and carer perspective.

Our keynote speech was delivered by Tom Gentry from Age UK and was titled 'A pandemic and a 10 year plan: what's next for older adult mental health?'.

Feedback

'It was good to hear from other professionals working in a similar field to myself and the challenges they have overcome.'

'It was inspiring and informative and I found the day a wonderful reminder of why I do the job I do'

Feedback

**75% Excellent
25% Good**

Presenter Feedback

**86% Excellent
14% Good**

**QNOAMHS
Project Update**

Areas for Improvement

We are extremely grateful for the feedback we have received to allow us to make improvements to the events we offer going forward. We received feedback that people would like more opportunities for interactive discussions and networking opportunities. We hope that with the return to a face to face annual forum in 2023, we can take this on board to create more of these opportunities.

The QNOAMHS Project Team would like to thank everyone who attended and took part in the 5th Annual Forum. Events such as these could not happen without our members' engagement with the quality improvement process.

Peer-reviewer training

Peer-reviewers make up an important part of the network, allowing the peer-review process to run smoothly. We are extremely grateful to our members for their engagement with peer-reviews and hope that these opportunities to share best practice between services have been beneficial.

We held two peer-reviewer training sessions in 2022 and trained 19 new QNOAMHS peer-reviewers.

We will be holding further training sessions in 2023 to widen our network of reviewers and continue to provide our members with opportunities to learn from each other.

SECTION 4: LOOKING FORWARD

Looking ahead to 2023

We have exciting plans for 2023 as we begin to return to visiting services face to face. We are planning to hold the first face to face QNOAMHS Annual Forum since 2019, which will be a great opportunity for clinicians to network and share best practice. We are looking forward to training additional peer-reviewers and continuing the peer-review process. To find out more about the network and to view our list of upcoming reviews please click the link below:

Find out more

We're recruiting!

QNOAMHS are recruiting members to our Accreditation Committee and Advisory Group. We are looking to recruit a wider MDT, particularly consultant psychiatrist, non-consultant medical input, and allied health professionals. Please do not hesitate to contact the project team if you would be interested in one of the roles below.

Advisory Group

The Advisory Group (AG) comprises of professionals who represent key interests and areas of expertise in the field of older adult mental health services. The purpose of the group is to advise and further the work of the QNOAMHS network, whose purpose is to improve the quality of care by supporting standards-based peer-review and accreditation.

Accreditation Committee

The Accreditation Committee (AC) comprises of professionals who represent key interests and areas of expertise in the field of older adult mental health services. Members of the AC review and consider evidence gathered about services and make recommendations about accreditation status to the Combined Committee for Accreditation.

Standards Revision

The QNOAMHS 5th edition standards are due to be revised in 2023 with the involvement of our members. Please do not hesitate to contact the project team if you are interested in supporting with the development of the 6th edition standards.

The Bakkar Observation Tool

We are also looking to develop our use of the Bakkar Observation Tool (BOT). If the majority of patients are living with organic illnesses which mean that they would be unable to complete the patient questionnaire, services can instead ensure the completion of the BOT. We will be looking at how we can use this most effectively.

To Conclude

The Quality Network for Older Adult Mental Health Services is in a strong position, with our membership expanding and engagement continuing to grow following a challenge couple of years for older adult services.

We will continue to support our members as we return to face to face reviews and events, and endeavour to provide further opportunities for services to network and share learnings as the network continues to grow.

Appendix: Services involved in 2022 reviews

- St. Andrew's Healthcare
- Oxford Health NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Midlands Partnership NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear. NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- North East London NHS Foundation Trust
- North Staffordshire Combined NHS Foundation Trust

Evidence Guidance

Throughout the accreditation review process, some standards were regularly scored as 'not met', due to incorrect or insufficient evidence being provided. Below we have included some recommendations for services regarding evidence submissions:

Label all evidence clearly - Please label each document with the relevant standard number

Redact all evidence - Please ensure all evidence has been fully redacted of any identifying information. This includes patients, staff members, and carers' full names. Any documentation which has not been redacted will be sent back.

Standard commentary - Please ensure you provide a short, written response to each standard to provide additional contextual information for the Accreditation Committee. This gives you the chance to explain the evidence in your own words and add any additional relevant commentary.

Training standards - when providing evidence in support of the training standards, it is advisable to provide this in a matrix format. Where training is out of date, you should provide evidence of training having been booked for the near future. The Project Team have a matrix template - if you have not received a matrix template, please request this from the team.

Policies - Policies must be ratified and up to date. If this isn't possible, it is advisable to provide email evidence that this has been flagged to the relevant people or include this in your service response.

If in doubt, use the discussion forum to get advice from other members or ask the Project Team - we're happy to help

Please note that while the Project Team can provide advice/suggestions, the Accreditation Committee is responsible for decisions regarding whether evidenece is sufficient to meet the standard.

To find out more about the Quality Network for Older Adult Mental Health Services and how to join, visit our website:

www.rcpsych.ac.uk/qnoamhs

Or contact a member of the Project Team:

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