

## **South West Hospital Standards in Dementia Care**

### **Peer Review Site Visit**

#### **Royal National Hospital for Rheumatic Diseases, Bath**

**13 October 2011**

### **Report**

#### **Summary**

The review team members received a warm welcome and were pleased with the very comprehensive programme of visits that enabled them to observe treatment and care settings.

The review team was pleased to meet with the senior management team although the Chief Executive was not able to be present as he was launching a new service for veterans on this day.

The senior team is well aware of the needs of people with dementia although as the hospital is so specialised very few patients with dementia are admitted.

The RNHRD did not participate in the National Audit as it was not possible to supply data as they rarely have patients with dementia; however the Board and clinical leaders are keen to ensure that they are prepared for such patients and so have developed an action plan and were keen to participate in the peer review.

There was a good level of awareness and commitment and clinical leadership strongly led by the Matron with four dementia champions appointed. Dementia displays were in the reception area.

Despite the likelihood of the relatively low numbers of patients with dementia, the review team felt confident following discussions with staff that there is a willingness and ability to adapt and respond to meet the needs of vulnerable patients.

There was evidence of highly personalised and holistic assessments and care for all patients with many patients becoming well known over time. This extends to end of life care as demonstrated by the case of a lady known to the hospital for 25 years being supported to die at the hospital as her chosen place to die.

There is detailed assessment for nutrition and feeding of patients in evidence. Nutrition needs and feeding capacity are assessed in detail by speech and language therapists and protected mealtimes are in evidence.

Despite the constraints of the environment the team noticed a very calm ambience and atmosphere on the wards.

Due to the age of the buildings the environment can be confusing, and appears cluttered with poor signage in some areas.

The review team would suggest that a time scale is established for completion of carer information leaflets.

It is suggested that it would be beneficial to incorporate routine screening for memory and cognition loss in patients.

## **Progress in implementing the South West Hospital Standards in Dementia Care**

### **Standard one: Dignity, respect and appropriate care**

#### **Good practice identified**

- Patient care was found to be highly personalised, and planned admissions mean that care needs are known and highlighted pre-admission. The personalised treatment plan by physiotherapists in the out patients department illustrated this
- Although reporting that no patients with dementia had been admitted, the matron demonstrated a high level of awareness about people with dementia and their needs.
- There was evidence of good literature and information on notice boards and in corridors and each ward for adults has an information folder.
- There are four dementia champions who are appropriately trained.
- There is access for staff to translation services for people with English as a second language.
- Butterfly symbols were available to be used on whiteboards to identify people with dementia.

#### **Opportunities for improvement**

- Roll out of dementia training for all staff members would be beneficial to ensure early recognition, in particular in the light of the newly launched service for veterans.
- The holistic approach used on the young person's unit could be beneficially applied to other areas. The signage here was 'young person friendly', clear and appropriate.

**Standard two: Agreed assessment, admission, discharge processes and needs specific care plans**

**Good practice identified:**

- There are real benefits from planned admissions from home or the Royal United Hospitals Bath. If pre-admission information indicates there may be a memory issue the Mental Health Liaison Nurse is asked to undertake a mental state assessment.
- Coping courses are available for individuals to support in adjustment to diagnosed conditions and deterioration.
- The 'This is Me' documentation would be followed up by the bed manager if not returned.
- Matron carries out assessments using her knowledge and expertise about dementia.
- The highly personalised care facilitates well managed discharges.

**Standards 3: Access to specialist mental health liaison service**

**Good practice identified:**

- Mental health assessment and liaison is in place if required via the Mental Health Liaison Nurse.
- On site psychology is well resourced for the neuro - rehab department and acute problems can be discussed with the RUH team.

**Standard 4 : A dementia friendly hospital environment; minimising moves**

**Good practice identified**

- Patients are not moved between wards once admitted as there is no acute pressure on beds.
- There is a calm environment benefiting from planned admissions and care.
- Use of 'dignity' crockery and cutlery and red napkins are place
- A good use of toilet/bathroom signage on wards was noted.
- There is excellent physiotherapy service; staff demonstrated that they are aware of potential challenges from patients with dementia and how they would deal with this.
- Patients have access to a secure garden.

### **Opportunities for improvement**

- The hospital site can be confusing and difficult to navigate and would benefit from improved signage/colour coding of areas.
- This is a challenging environment due to the age of the property, with low handrails and uneven staircases causing a potential falls risk. However there is currently an environmental survey underway to inform improvements. The implementation of dementia assistance tools would improve the environment and benefit all patients.
- It is suggested that the information on display boards in ward areas could be adapted to provide more patient appropriate information, rather than clinically focused information.

### **Standard 5: Nutrition and hydration needs are well met**

#### **Good practice identified**

- There was excellent practice in nutrition demonstrated on the neuro-rehab ward. All patients have a speech and language assessment; graded foods are available; sitting positions are assessed; all staff are appropriately trained and are not allowed to be involved in feeding patients unless trained.
- There is a good awareness of the nutritional needs of patients with dementia, and protected meal times are in place.
- The catering manager will personalise the type and style and presentation of foods to meet individual needs if required.
- Families and carers are welcomed at mealtimes.
- Staff in the patient restaurant are trained to observe and report anyone having difficulty with eating and drinking.

#### **Opportunities for improvement**

- The skills developed on the neuro-rehab ward could be used across the hospital in particular if any patients with dementia are admitted.
- The imminent implementation of illustrated menus will be of benefit.
- The training of volunteers to assist at meal times could be considered.

## **Standard 6 : promote the contribution of volunteers**

### **Good practice identified**

- Volunteers are welcomed at the hospital.
- There was a dementia awareness coffee morning with volunteers taking place in the hall on the review team's arrival.
- There were signposts in the hall advertising Dementia Awareness Week.
- Carers are welcomed and encouraged to assist with meals and social activities if they wish.

### **Opportunities for improvement**

- It is suggested that the role of volunteers at meal times could be considered, with additional training and support.

## **Standard 7: Ensure the quality of care at end of life**

### **Good practice identified**

- Staff were aware of end of life issues and there is great benefit to the long term knowledge of individual patients in planning their end of life care.
- The Liverpool Care Pathway is in use and there are plans to adapt the tool so that it reflects more accurately the specific needs of the patients groups who attend the Trust.

## **Standard 8: Appropriate training and workforce development**

### **Good practice identified:**

- The four dementia champions have been trained.
- The senior management team and clinical leads are well briefed and aware of the need to keep dementia on the agenda.
- All care assistants providing care have achieved NVQ level 2.

### **Opportunities for improvement**

- Dementia awareness training could be extended to all staff to raise awareness of early recognition of difficulties associated with cognitive impairment and dementia.
- There is a challenge in maintaining staff awareness with the relatively low admission rates of people with dementia.

**Appendix 1**

**Peer review team members**

Chair: Tracey Nutter – Director of Nursing Salisbury NHS Foundation Hospitals Trust

Carrie Morgan - SWDP lead

John Major - Carer

Dr Ruth Grabham – GP

Site Programme		Programme		Location	Staff members
1	10.30am	Peer Review Team Briefing	Meet Medical Director, Director of Clinical Practice & Operations, Head of Nursing, Matron	Boardroom, Trim Street	Medical Director: Dr Ashok Bhalla MD Director of Clinical Practice & Operations: Annie Kelly General Manager Rheumatology: Amanda Pacey Matron: Chris Harland
2	11.00-11.45	Peer Review Team Site visits: • Neuro		Neuro meeting room	General Manager Neurorehabilitation: Gina Sargeant Team Leader Adults Neuro: Margaret Nduna Speech & Language: Catherine Smith Matron: Chris Harland Registrar/SHO Neurorehabilitation
3	11.45-12.30	• Rheumatology ward & Day Case department		Clinic Room 2, 1 <sup>st</sup> floor landing	Amanda Pacey Team Leader Rheumatology: Jenny Dyke Chris Harland Physiotherapist SHO
4	12.30-1.15	• outpatients departments		Clinic Room 2, 1 <sup>st</sup>	

South West Dementia Partnership

			floor landing	Manager Out-patients Department: Jayne Down Chris Harland
1.15-2.00	Break + lunch for visitors – sandwiches provided by the RNHRD.		Boardroom	
6	2.00-2.30pm	Peer Review Team Leaders give feedback to Trust senior team	Boardroom	Medical Director: Dr Ashok Bhalla Director of Clinical Practice & Operations: Annie Kelly Head of Nursing: Amanda Pacey Matron: Chris Harland
	2.30pm	Taxi to RUH provided by RNHRD		