

Standards for Care Planning and Delivery for Acute Mental Health Wards

Document History

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Standards for Care Planning and Delivery for Acute Mental Health Wards

1. Care Standards Relating to Inpatient Admission and Assessment of Service Users Needs

- 1.1. Service Users will be given an explanation of the purpose of their admission to hospital, including the intended outcomes of their admission. This may require more than one attempt at explanation in order to ensure that the service user has a clear understanding.
- 1.2. Service Users will have a physical examination as a part of their assessment when admitted. The physical examination will include:
 - A baseline physical examination
 - A baseline lifestyle assessment
 - A baseline haematological and biochemical screening
 - A baseline electrocardiogram
 - A history of past and current use of physical, psychotropic and non-prescribed medications
 - MRSA screeningAny physical health needs – including healthy living support such as smoking cessation or diet and exercise guidance – must be included in the service users care plan and must be acted upon.
- 1.3. Service User's accommodation status will be assessed, looking particularly the security of their accommodation (tenancy, mortgage repayments etc) and what arrangements need to be made to secure their accommodation for the period of hospital admission.
- 1.4. Service Users will have their employment / vocational status and needs assessed, particularly whether any arrangements can be made to ensure security of employment following the period of admission.
- 1.5. A Service Users will be assessed as to whether they are a carer to another person and if so what arrangements must be made during their admissions to hospital.
- 1.6. For each Service User it will be identified whether or not they have a carer, other than a member of the MH trust.
- 1.7. A Service Users spiritual and cultural need will be assessed.
- 1.8. A Service User's mental capacity will be assessed. This may require several assessments to ascertain and should be re assessed preceding any important decisions are made (such as, but not restricted to – consent to treatment, financial decisions, self-directed care etc).
- 1.9. A Service Users patterns of substance use will be assessed
- 1.10. An assessment of the Service Users risk of sexual vulnerability.
- 1.11. An assessment of a Service User's potential predatory behaviour or potential to abuse or offend will be assessed.
- 1.12. Every Service User and their carer will be provided an information pack at admissions which will be in the Service Users first language and will include information on the following:
 - The purpose of the ward (the aims, philosophy and values of the ward)

- A description of what to expect from staff on the ward
 - A description of what is expected of service users on the ward
 - A description of what is expected of visitors to the ward. (This may relate to any policies your Trust has around its responses to threatening or abusive behaviour from members of the public etc.)
 - Information on how and when service users are able to leave the ward
 - Treatments and therapies available on the ward Health and safety procedures
 - How to make a complaint
 - How to report an incident
 - Rights under the Mental Health Act 1983
 - Rights of nearest relative under the Mental Health Act 1983
 - The current programme of activities on the ward
 - Practical information, such as visiting hours, parking arrangements, items available for purchase on the ward
 - Directory of service user support services and organisations
 - Information about spiritual and cultural services, choices and support available on the ward
 - Right to carer assessment
 - Information about how to access carer support workers
 - Ward contact details and visiting hours
- 1.13. Service Users who are admitted under the Mental Health Act will have their rights explained to them clearly, sufficiently often and in language such that they can understand their rights. All explanations must be recorded in the Service User's records.
- 1.14. In recognition that Service Users admitted to hospital will most likely have acute and urgent needs, every Service User will have an initial MULTI-DISCIPLINARY care plan and risk management plan formulated within the first 72 of hours of their admission to hospital. This care plan must be multi-disciplinary, that is, NOT made up of separate and un-related nursing notes and medical notes or prescriptions.
- 1.15. In recognition that assessing a Service User's needs may require a period of a few days every Service User's initial care plan will be reviewed within 5 days of their admission to hospital and updated accordingly.
- 1.16. Consistent with care standards around managing the acute pathways, all Service User's care will be reviewed with their care co-ordinator as a minimum and with all other multi-disciplinary staff included in the care of the Service User, within 7 days of their admission.
- 1.17. ALL care plans will record the views of the Service User

2. Care Standards Relating to Ongoing Personalised Care during Inpatient Admission

- 2.1. Service Users will be offered daily 1:1 sessions of at least 15 minute duration with ward based staff for the first week of their admission, following this period Service Users will be offered at least two 1:1 sessions of at least 30 minute duration for "talking therapies" per week. These represent the minimum, so, additional sessions may be provided in addition in order to deliver the service users care.
- 2.2. Service Users will have ALL their treatments, (that is psychosocial, medication and others), explained to them as to their purpose, effects and side effects.
- 2.3. Service Users care plans will include employment and / or vocational advice and support as required. This may be provided through ward based staff from local employment or vocational support agencies
- 2.4. As required by the Mental Health Act, patients consent to treatment will be sought and all actions and decisions will be recorded. Prior to consent being sought, each Service User's mental capacity must be assessed. This may require several assessments to ascertain and should be re assessed preceding any important decisions are made. (Guidance on assessing mental capacity is beyond the scope of these operational standards and reference to appropriate guidance should be made locally).
- 2.5. Patients consent will be sought for staff to communicate with all Service Users carer, following consent being given then communications will be pro-actively offered.¹
- 2.6. All Service Users care plans will include the opportunity to take regular exercise including:
 - Regular walks off the ward
 - Use of exercise equipment with appropriate safety measures and training in place.²

¹ "... for the professionals, the most important issue is the agreement of the patient to the disclosure of information to the carer. Many patients and carers are unaware of this and do not realise that the patient must give consent before any information can be shared. Complex issues can arise when the patient is unable to give 'informed consent'....

Carers may also face problems with information-sharing ... This can cause serious problems for the carer as the patient may interpret any action as a breach of their trust and confidentiality.

"Carers and Confidentiality in Mental Health"

Royal College of Psychiatry and The Princess Royal Trust for Carers 2004
<http://www.westmidlands.csip.org.uk/silo/files/carers-and-confidentiality.pdf>

² (These standards may be adjusted for PICU based care, reflecting the issues of intensity of care and safety measures related to PICU, however, any adjustment MUST demonstrate the interest of the service users need for regular exercise as a part of their intensive care.)

3. Care Standards Relating to Care Co-ordination

- 3.1. There will be weekly input from the community care coordinator as required by the operational standards for Managing the Acute Care Pathway (*paragraph: 2*)
- 3.2. ALL Service Users care will include a range of therapeutic activities including any of the following:
- Psychosocial family interventions
 - Occupational therapy
 - Art/music/drama therapy
 - Psychoeducation groups
 - Relapse prevention/self-management
 - Hearing voices groups
 - Concordance therapy
- 3.3. ALL Service Users care will include a range of lifestyle and health promotion activities including any of the following:
- Physical activity and exercise
 - Substance misuse including alcohol
 - Smoking cessation
 - Pregnancy, contraception and sexual health
 - Cooking
 - Faith and spirituality
 - Gardening
 - Music
 - Discussion groups
 - Relaxation and meditation
 - Social events
 - Community trips
 - Men's groups
 - Women's groups
 - Education groups
 - All patients will, have access to:
 - Current literature
 - Television
 - DVD and/or video player
 - Radio and/or CD player
 - Games
 - 24-hour access to refreshments and snacks
 - Toys and games for children visitors
 - A quiet room

- 3.4. ALL Service Users will be offered access to, or support from each of the following:
- Independent advocacy
 - Patient advice and liaison services
 - Patient and public involvement fora
 - All patients will be offered the opportunity to contribute to ward based community meetings about the running of the ward and, where appropriate, patient councils.

4. Care Standards Relating to Planning Service Users Leaves from Inpatient Ward (see “Standards for Ensuring Effective Care Pathways in Community Mental Health Teams and Acute Services” Paragraph 4)

- 4.1. A care plan, with objectives and outcomes written in terminology that the service user can understand, will be formulated within the first 72 hours of admission. These objectives underpin the reason for the service user’s admission. Progress towards these objectives is progress towards their discharge, therefore discharge planning starts within the first 72 hours of admission.
- 4.2. Leave should be considered as part of preparing for service users discharge. It should not be used as a means of “bed management” at times when a wards admissions rate is high, nor should it be used as an alternative to appropriate and legal community treatment plans.
- 4.3. Arrangements must be made to ensure the service user has the following prior to going on leave:
- Medications
 - Contact details of the ward, the community care co-ordinator and an out of hours crisis number
 - An agreed return date and time (as appropriate)
 - Details of the visit identified within “Standards for Ensuring Effective Care Pathways in Community Mental Health Teams and Acute Services” Paragraph 4.5 (as appropriate)

5. Care Standards Relating to Planning Service Users Discharge from Inpatient Ward

- 5.1. When any Service User is discharged from hospital, then a face-to-face follow up contact should be provided within seven days of their discharge, regardless of the Service Users CPA status at time of discharge. This is because any Service User who has received a period of acute care must receive an appropriate level support following discharge usually involving more than one team or individual worker.³

³ Note: Typically this has indicated an “enhanced” level of care as described by the Care Programme Approach; however from October 2008 the terms “standard” and “enhanced” will no longer apply. In fact from October 2008 the system of co-ordination and support for this group only will be called the Care Programme Approach (CPA).

Refocusing the Care Programme Approach, Policy and Positive Practice Guidance, Department of Health, March 2008

(Adherence to the above operational standards should achieve a “seven day follow up”).

- 5.2. Service Users will be informed who will be providing them a follow up contact or visit and when and where the visit will take place.
- 5.3. The follow up contacts for those Service Users who are discharged on a Friday and are assessed as requiring a 48 hour follow up, must be planned with and provided by the appropriate CR/HT team, or other team providing Service Users support at the weekend.

6. Care Standards Relating to Planning Service Users Discharge from Inpatient Ward where no leave had been taken

- 6.1. There may be instances when a person is discharged from hospital after an admission period of just a few days, therefore leave may not have been included as part of their discharge plan. All such instances should be considered as exceptions to these standards and should be fully documented in the service user's notes and be brought to the attention of the Acute Service Managers.

References

Healthcare Commission 2007, "Acute Inpatient Mental Health Service Review"

Royal College of Psychiatry and The Princess Royal Trust for Carers 2004
"Carers and Confidentiality in Mental Health".

<http://www.westmidlands.csip.org.uk/silo/files/carers-and-confidentiality.pdf>