



Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Current Practice	Improvement Work	Responsibility
1	Wards use a dementia design audit tool every two years, and take appropriate actions to make ward environments as dementia – friendly as possible	No environmental audit carried out to date	<p>Kings Fund Audit tool to be carried out every two years and findings discussed with Senior Charge Nurse</p> <p>Link to Kings Fund Audit Tool: https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia </p>	Interim Service Manager
2	Staff use the Equal Partners in Care (EPiC) framework, and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission	<p>Framework not currently in use</p> <p>Implementation of the Carer's Strategy in Community Hospitals from 1st April 2018 working closely with Social Work Colleagues to promote Support Plans for Adult Carers</p>	<p>Senior Charge Nurses to attend training and development in the use of the (EPiC) framework on a yearly basis</p> <p>http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care/about-equalpartners-in-care.aspx</p> <p>Dementia Champions, AHP and Social Worker to also attend training in the Royal College of Nursing Triangle of Care alongside completing the Triangle of Care Self-Assessment tool</p> <p>http://www.rcn.org.uk/clinical-topics/dementia/triangle-of-care</p> <p>To enhance staff knowledge of the Carer's (Scotland) Act 2016 and the Carer's Charter 2018</p> <p>Senior Charge Nurse to implement initial meeting between Senior Nurse and relative/carer to provide appropriate information and follow up with written confirmation of meeting</p>	<p>Interim Service Manager</p> <p>Social Care Manager</p> <p>AHP Manager</p>



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3	Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information	<p>The use of the Getting to know me document currently in place</p> <p>www.scottishcare.org/docs/037_280_gettingtoknowme_1369954145.pdf</p>	<p>To discuss the use of the Newcastle Model in line with the NHS Grampian Plan</p> <p>http://journals.rcni.com/nursing-older-people/using-the-newcastle-model-to-understand-peoplewhose-behaviour-challenges-in-dementia-care-nop.27.2.32.e666</p>	<p>Interim Service Manager</p> <p>Senior Charge Nurses</p>
4	Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours: There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists when required) When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed.	<p>Getting to know me documentation details interventions to be used for the management of distress:</p> <p>Activities encouraged in some areas</p> <p>Current support available from NHS Grampian Dementia Nurse Consultant and Dedicated Liaison Nurse</p> <p>Procedure in place for patients receiving 'if required' medication</p> <p>Planning, evaluation and review requires monitoring of effectiveness</p>	<p>To promote the use of the NHS Guidance on meeting needs and reducing distress: Roles and Responsibilities: Doctors Nurses and AHP's</p> <p>Senior Charge Nurses/Social Work Colleagues/AHP's to discuss activity planning.</p> <p>To discuss the use of the 'Yellow Dot' system in one Community Hospital and evaluate its effectiveness (oral as required psychotropic medication recording</p>	<p>Interim Service Manager</p> <p>AHP Managers</p> <p>Senior Charge Nurses</p> <p>Interim Service Manager</p>



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	People with dementia on multiple psychotropic medications should be prioritised for multi-agency review, including pharmacy, to ensure that continued use is appropriate.		system – available to order via Pecos)	Senior Charge Nurses
5	Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, Decisions about technology.	Current use of monitoring devices (mats/falls alarms)	To improve communication between health and social care staff in relation to those clients with location devices at point of admission to Community Hospital	Interim Service Manager Senior Charge Nurse Social care staff
6	Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, Rights, risks and limits to freedom, are applied.	Bed rails assessment in place and reviewed regularly Mechanical Restraint Policy in Draft – for Consultation Locked Door Policy in place	To review Nursing Staff knowledge and skills in relation to Bed rails assessment, policies and procedures To highlight the Mental Welfare Commissions good practice guidance, rights, risks and limits to freedom information	Interim Service Manager Senior Charge Nurses



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7	The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.	Activities variable throughout Community Hospitals Good examples of local community involvement in Turner Hospital Recent Development of Day Centre access for clients whilst in hospital in Stephen and Seafeld Hospitals	To encourage the development of input from local communities	Interim Service Manager Senior Charge Nurses
8	Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.	Variable practice in the Community Hospitals	To look at the findings of the 'end PJ Paralysis challenge' bed space and implement the information card (whats happening today/tomorrow information card)	Interim Service Manager Senior Charge Nurses
9	Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.	Advocacy Service Posters in each Community Hospital Advocacy Service advice given to Senior Charge Nurse	To access information leaflets for staff to distribute To promote discussions with patients and relatives	Interim Service Manager Social Care Manager Senior Charge Nurses
10	Health Service managers give priority to ensuring: that all non-clinical staff attain the			Senior Charge



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	<p>knowledge and skills at the informed level of the Promoting Excellence framework</p> <p>that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled – Improving Practice' resource</p> <p>that all wards in community hospitals are able to access support from staff at the Enhanced Level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence</p> <p>that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003</p>	<p>Non-clinical NHS staff and social care staff access to NES DVD</p> <p>Registered Nurses have completed the online resource consisting of 5 modules</p> <p>Dementia Champions in place in Seafield, Turner and Fleming Hospital</p> <p>Dementia Champions received training in the past. No formal training completed recently for clinical staff. Adults with Incapacity (Scotland) Act 2000 meetings led by Social Care with Medical and Nursing staff input. Medical staff complete and review paperwork</p>	<p>To ensure all newly appointed staff have access to DVD</p> <p>To run report on AT Learning to establish numbers of staff completion</p> <p>To identify staff from AHP and Social Care</p> <p>To join the Managing Dementia In Community Hospitals Group Meetings</p> <p>Training sessions for all staff to be arranged with Consultant Practitioner, Health and</p> <p>Social Care Rights, Risk & Limits to Freedom document to be shared with Senior Charge Nurses/Staff</p>	<p>Nurses</p> <p>Social Care Manager</p> <p>Senior Charge Nurses</p> <p>AHP Managers</p> <p>Social Care Manager</p> <p>Social Care Manager</p> <p>Interim Service Manager</p>
11	There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy,	Dedicated Liaison Nurse for each Community Hospital and Community Hospitals Group member	Pharmacist/technician to be invited to join Community Hospitals Group	Senior Charge Nurses



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	into community hospitals			
12	Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patients' likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home	<p>Links established with Social Work Colleagues when client is admitted to Community Hospital to ensure current support packages are accurately recorded.</p> <p>Flexible arrangements in place for assessment/restarting packages of care to enable timely discharge home</p>		Interim Service Manager Adults/AHP