

| | Action | Improvement Work | Progress | Responsibility |
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| 1 | Wards use a dementia design audit tool every two years, and take appropriate actions to make ward environments as dementia – friendly as possible | Kings Fund Audit tool to be carried out every two years and findings discussed with Senior Charge Nurse | Mental Health Liaison Nurse carried out environmental audit of each Community Hospital (early 2018). Senior Charge Nurse has action plan. Mental Health Liaison Nurse and OT planned to support the use of the Kings Fund Audit Tool but due to long term sick leave have not yet been able to support due to long term sick leave. | 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 | Senior Charge Nurses to attend training and development in the use of the (EPiC) framework on a yearly basis 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 to enhance staff knowledge of the Carer's (Scotland) Act 2016 and the Carer's Charter 2018 Senior Charge Nurse to implement initial meeting between Senior Nurse and | Training is ongoing for Senior Charge Nurses Senior Charge Nurses received training in relation to the Carers Act and this training has been cascaded to all areas and plans in place to capture new staff. Carers assessment information is available in all Community Hospitals. Knowledge and skills are improving. Improvement trees in Stephen, Turner and Seafield Hospitals (To be initiated in Fleming Hospital) | Service Manager Social Care Manager AHP Manager |



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| | | relative/carer to provide appropriate information and follow up with written confirmation of meeting | show positive comments in relation to carer/family involvement in care. There have also been fewer complaints. | |
| 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 | To discuss the use of the Newcastle Model in line with the NHS Grampian Plan | Completed - Senior Charge Nurse in Stephen Hospital has had discussions supported by Quarriers in relation to Cue cards and personal life stories information. World Cafe Style event held in 2017/18 to commence discussions. Working closely with Day care services. Work to be cascaded to other Community Hospitals. | Service Manager Senior Charge Nurses |
| 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- | To promote the use of the NHS Guidance on meeting needs and reducing distress: Roles and Responsibilities: Doctors Nurses and AHP's | Completed - Input and close links with named mental health liaison nurse in each hospital to discuss individual patients. | Service Manager AHP Managers |
| | pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists when | Senior Charge Nurses/Social Work Colleagues/AHP's to discuss activity planning. | Input and close links developed with Dementia Nurse Consultant in Cornhill for discussion regarding | Senior Charge Nurse |



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| | 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. People with dementia on multiple psychotropic medications should be prioritised for multi-agency review, including pharmacy, to ensure that continued use is appropriate. | To discuss the use of the 'Yellow Dot' system in one Community Hospital and evaluate its effectiveness | individual patients. Evaluation still to be undertaken. | Service Manager 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. | To improve communication between health and social care staff in relation to those clients with location devices at point of admission to Community Hospital | Completed - Improved communication through MTD's around patients with location devices at point of admission to Community Hospitals | 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 | 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 be scheduled Completed - Information has been disseminated | Service Manager Senior Charge Nurses |



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| | freedom, are applied. | to freedom information | | |
| 7 | The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards. | To encourage the development of input from local communities | On going Turner Hospital day room activities involving local schools/activities by visiting pupils. Volunteers visiting/Therapist/entertainment afternoons. | Service Manager Senior Charge Nurses |
| | | | Examples shared within Speyside and Buckie. | |
| | | | All patients in Dufftown have the opportunity to join day centre services whilst in- patient with option to request a place on discharge if local. | |
| | | | Discussions with J Brown in relation to accommodation for Day centre Services within Seafield (previously accommodated there) with the option for in-patient use. | |
| | | | Building on existing local involvement in Turner Hospital and Day Centre access for clients whilst in Stephen and Seafield | |



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| | | | Hospitals | |
| 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. | To look at the findings of the 'end PJ Paralysis challenge' bed space and implement the information card (what's happening today/tomorrow information card) | Outstanding - To be scheduled Awaiting findings from the end PJ Paralysis Challenge. Discussed at 6 Essential Actions/Unscheduled Care meeting (monthly) | Service Manager Senior Charge Nurses |
| 9 | Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed. | To access information leaflets for staff to distribute To promote discussions with patients and relatives | Completed - Leaflets obtained and distributed | Service Manager Social Care Manager Senior Charge Nurses |
| 10 | Health Service managers give priority to ensuring: that all non-clinical staff attain the knowledge and skills at the informed level of the Promoting Excellence framework | To ensure all newly appointed staff have access to DVD | Completed - NES DVD is made available to all newly appointed staff. Dedicated Toolbox talk implemented | Senior Charge Nurses Social Care Manager |
| | 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 that all wards in community | To run report on AT Learning to establish numbers of staff completing online resource consisting of 5 modules To identify staff from AHP and Social Care to work with | Monitoring of AT learning for promoting excellence is undertaken on a regular basis | Senior Charge Nurses |



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| | 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 that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 | Dementia Champions in place in Seafield, Turner and Fleming Hospital. To join the Managing Dementia In Community Hospitals Group Meetings Training sessions for all staff to be arranged with Consultant Practitioner, Health and Social Care Rights, Risk & Limits to Freedom document to be shared with Senior Charge Nurses/Staff | | AHP Managers Social Care Manager Social Care Manager Service Manager |
| 11 | There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy, into community hospitals | Pharmacist/technician to be invited to join Community Hospitals Group | Completed- Pharmacists invited to Community Hospitals Group | Senior Charge Nurses |
| 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 | | Completed - This is in place with good communication and strong links between carers/ nurses and social work colleagues. Also discussed and noted at whole system huddle each | Service Manager Adults/AHP |



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| when they are ready to return home | | week. | |