

Livewell Southwest

**Cotehele Unit
Operational Policy**

Version No: 1.3
Review: November 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: Modern Matron/Ward Manager

Asset Number: 2

Reader Information

Title	Cotehele Unit Operational Policy v1.3
Asset number	2
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	An Older Person's Mental Health In-Patient Operational Policy to offer guidance for staff, patients, relatives and carers
Author	Mandy Rolfe, Modern Matron/Ward Manager
Ratification date and group	2 nd November 2016. Policy Ratification Group
Publication date	18 th November 2016
Review date and frequency of review	Three years after publication, or earlier if there is a change in evidence.
Disposal date	The Policy Ratification Group will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule, all copies must be destroyed when replaced by a new version or withdrawn from circulation.
Name & Job title	Mandy Rolfe, Modern Matron/Ward Manager
Target audience	LSW employed staff directly involved in patient care.
Circulation	Electronic: Plymouth Intranet and LSW website Written: Upon request to the Policy Ratification Secretary on ☎ 01752 435104. Please note if this document is needed in other formats or languages please ask the document author to arrange this.
Stakeholders	Staff employed to work on Cotehele Unit, Psychiatric Liaison, Community Functional Team and Consultants
Consultation process	Staff working within Cotehele Unit and Older Person's Mental Health Services, Psychiatric Liaison Team Leader, Adult Services, Deputy Locality Manager and Consultant Psychiatrists were all consulted through discussions at Clinical meetings and through receipt of individual feedback.

References / Source	<p>Data Protection Act (1998)</p> <p>National Service Framework (NSF) Older People (2001)</p> <p>Department of Health: Policy Implementation Guide: Adult Acute Inpatient care (2002)</p> <p>Healthcare Commission: Talking about Medicines 2007</p> <p>Mental Capacity Act 2005</p> <p>The Mental Health Act 1983 (as amended by Mental Health Act 2007)</p> <p>Mental Health Act 1983 Code of Practice (published 2015)</p> <p>National Institute for Health & Care Excellence (NICE) Guidelines as relating to Older Person's Mental Health including Depression in Adults (CG90), 2009 (updated 2016), General Anxiety Disorder and Panic Disorder (CG113), 2011 and Psychosis and Schizophrenia (CG82), 2009</p> <p>National Mental Health Development Unit "The Triangle of Care: Carers included – A Guide to Best Practice in Mental Health Care In England (2009)</p> <p>No Health Without Mental Health: A Cross Government Mental Health Outcomes Strategy for People of all Ages (2012)</p> <p>Equality Act 2010</p> <p>Royal College of Psychiatrists: Accreditation for Inpatient Mental Health Services – Older People (AIMS –OP) Standards</p> <p>Everybody's Business (Department of Health 2005)</p>
Equality analysis checklist completed	Yes
Is the Equality and Diversity Policy referenced	Yes
Is the Equality Act 2010 referenced	Yes
Associated Documentation	<ul style="list-style-type: none"> <input type="checkbox"/> Care Programme Approach Policy and Standards <input type="checkbox"/> Appraisal and Management Supervision Policy <input type="checkbox"/> Management of Violence and Aggression Policy <input type="checkbox"/> Data Protection, Confidentiality, Caldicott & Safe Haven Policy & Procedure. <input type="checkbox"/> Transfer of Adult Patients with Mental Health Needs – Joint Guidance Version No 2.2 (Working document adopted from PHNT), 2013 (updated 2016) <input type="checkbox"/> Equality and Diversity Policy
Supersedes Document	V.1.2

Author Contact Details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).
-------------------------------	---

Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New document	March 2010	Modern Matron/Ward Manager	
1	Updated after PRG May 2010 then Ratified	May 2010	Modern Matron/Ward Manager	
1.1	Updated	July 2012	Modern Matron/Ward Manager	New organization name change and change of ward name from Oakdale to Cotehele.
1.2	Full review	June 2014	Modern Matron OPMH (Plym Locality)	Amendments to wording updated patient leaflet removal of unnecessary information.
1.3	Full review	October 2016	Modern Matron OPMH (Plym Locality)	Some re-wording and updating. Updated Patients information booklet. Removal of some unnecessary information. No amendments have any impact on service delivery or affect current practice.

Contents		Page
1	Introduction	7
2	Purpose	7
3	Duties	7
4	Definitions	8
5	Service Objectives	8
6	Philosophy	9
7	Working Relationships	9
8	Admission and Referral Process	9
9	Discharge against Medical Advice	11
10	Supervision and Line Management	11
11	Confidentiality	11
12	Mental Health Act (1983)	12
13	Mental Capacity Act (2005)	12
14	Mechanisms for on-going Patient / Carer Feedback / Involvement / Exit Questionnaire	13
15	Assessment, Care Planning and Care Programme Approach. (CPA).	13
16	Therapy	13
17	Communication	14
18	Weekly Medical Reviews (Ward Rounds)	14
19	Medication Management	14
20	Referrals to other Agencies	14
21	Discharge from the Unit	15

22	Workforce Developments	15
23	Training	15
24	Management of Violence	16
25	Psychological Input	16
26	Physiotherapy	16
27	Smoking	16
28	Comments / Complaints and Compliments	16
29	Cotehele Unit Profile	17
30	Monitoring Compliance and Effectiveness	18
Appendix A	Patient/and visitor Information	20
Appendix B	Admission Protocol for Devon Partnership NHS Trust	40

Cotehele Unit Operational Policy

1. Introduction

- 1.1 Cotehele Unit is based within the Mount Gould Hospital Site on Mount Gould Road, Plymouth, PL4 7QD.
- 1.2 Cotehele Unit provides an in-patient facility for people predominantly over the age of 65, suffering from functional mental health issues, who are in the most acute and vulnerable stage of their illness. Patients outside of this range will be treated in the most appropriate setting based on their needs.
- 1.3 The National Service Framework (NSF) for older people (2001) describes the purpose of acute in-patient care as being “to provide a high standard of humane treatment and care in a safe and therapeutic setting for patients in the most acute and vulnerable stage of their illness. It should be for the benefit of those patients whose circumstances and acute care needs are such that they cannot at that time be treated and supported appropriately at home or in an alternative, less restrictive residential setting.”

2. Purpose

- 2.1 The Policy provides an outline of the Unit Philosophy and Objectives, as well as key services provided.
- 2.2 The purpose is to give clarity regarding the role and function of Cotehele Unit to staff, Patients, Carers and other Stakeholders.

3. Duties

- 3.1 This Policy was devised by the Senior Management Team and Consultant body within the Older Persons Mental Health Services.
- 3.2 The **Chief Executive** is ultimately responsible for the content of all Policies and their implementation.
- 3.3 **Directors** are responsible for identifying, producing and implementing Livewell Southwest (LSW) Policies relevant to their area.
- 3.4 The **Locality Manager** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.
- 3.5 The **Modern Matron** is responsible for ensuring that the development of local procedures / documentation doesn't duplicate work and that implementation is achievable.
- 3.6 **Clinical staff** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.

4. Definitions

- 4.1 **Functional Mental Health Disorder:** This type of illness has a predominantly psychological cause. It may include conditions such as depression, schizophrenia, mood disorders and anxiety.
- 4.2 **Department of Health Policy Implementation Guide:** Government document giving good practice examples within an in-Patient setting.
- 4.3 **National Institute for Health & Care Excellence (NICE) Guidance:** Government Department responsible for evidence based clinical effectiveness.
- 4.4 **1983 Mental Health Act (Updated 2008):** Legislation around detained Patients.
- 4.5 **Care Programme Approach (CPA) Policy and Standards:** Local policy outlining National framework for Care Planning.

5. Service Objectives

- 5.1 To provide short and focused admissions.
- 5.2 A 24 hour, seven day a week supportive and safe environment.
- 5.3 Adhere to standards / recommendations in National Service Framework (NSF) for older people (2001), Everybody's Business (DOH 2005) Passing the Standard (2006) Improving Services and Support (2007).
- 5.4 Adhere to the Care Programme Approach Policy and Standards.
- 5.5 Adhere to the Mental Health Act (1983) (as amended by Mental Health Act 2007) and Mental Health Act 1983 Code of Practice (published 2015).
- 5.6 Adhere to the Mental Capacity Act (2005).
- 5.7 Adhere to relevant National Institute for Health & Care Excellence (NICE) Guidelines, including Depression in Adults (CG90), 2009 (updated 2016), General Anxiety Disorder and Panic Disorder (CG113), 2011 and Psychosis and Schizophrenia (CG82), 2009.
- 5.8 Aspire to the standards advocated in the document "Talking about Medicines - The Management of Medicines in organisations providing Mental Health Services" (Health Care Commission, 2007).
- 5.9 Maintain and develop effective working relationships with patients, carers and care co-ordinators, statutory and non-statutory agencies.
- 5.10 Cotehele Unit has been accredited under the Royal College of Psychiatrists accreditation process.
- 5.11 To continue to work with, support and improve the experience of Carers and to adhere to Triangle of Care Principles.

- 5.12 To adhere to standards/recommendations made by the Care Quality Care Commission following their review of inpatient care and the local action plan.

6. Philosophy

- 6.1 Cotehele Unit is a place where the emphasis is on recovery and person centred approaches. It should be a comfortable, safe and helpful place for everyone.
- 6.2 Everyone will be treated with dignity and respect.
- 6.3 Those who use our services will be cared for safely and have a Care Plan based on their individual needs.
- 6.4 Care will be person centred, and will not discriminate against culture, ethnicity, gender, age, sexuality, religion and/or disability.
- 6.5 Each patient's care will encourage independence, self esteem and personal choice.
- 6.6 Staff will act in the best interests of the patients in line with professional Codes of Conduct, Organisational Policies, Protocols and Guidance.
- 6.7 Patients and their carers will be listened to, and to have any concerns taken seriously and addressed promptly.
- 6.8 Patients have a right to privacy.
- 6.9 Patients have the right to request help and support for their relatives and carers, and for them to be involved in their care.
- 6.10 An awareness of the carers needs will be demonstrated by the MDT involving them in all aspects of care, in adherence with Triangle of Care principles.

7. Working Relationships

- 7.1 Cotehele Unit will maintain and develop close working links with Community Mental Health Teams, Psychiatric Liaison for Older People, Adult Mental Health Services, Social Care and Third Sector and Partnership Organisations.

8. Admission and Referral Process

Admissions to Cotehele Unit will be for assessment and where possible, treatment of complex or extreme challenging behaviours associated with mental illness, including psychosis, depression, bi-polar, extreme paranoia and cognitive impairment, as appropriate.

The presentation indicates that they cannot be treated in the community, due to the risks posed to their psychological or physical well-being.

The patient's primary need must be their mental health condition not a physical health condition.

Where the patient's primary needs are of a physical nature, then care should be provided through general care services.

The admission process should place great emphasis on prompt and acute assessment.

The process should be supportive to the patients and their carers.
There are information leaflets available on admission (Appendix A).

- 8.1 The admission process should place great emphasis on prompt and acute assessment. The process should be supportive to the patients and their carers. There are information leaflets available on admission.
- 8.2 There should be a clear rationale for the admission, as well as clear outcome goals of what the admission will hope to accomplish. Admission to Cotehele Unit will have a beneficial therapeutic objective and value.
- 8.3 There is an Admission process for Devon Partnership NHS patients based upon the Local Standard Contract (Appendix B).
- 8.4 When accepting a Patient for admission the following information is required from the referrer:
 - a) Name, date of birth and address
 - b) Hospital number and NHS number
 - c) Ethnicity, marital status
 - d) Issues with safeguarding/child protection / pets – additional risks
 - e) Assessment of current difficulties
 - f) Risk history and current risk assessment at point of requiring admission
 - g) Names and details of support provided by other services
 - h) Details if detained
 - i) Level of capacity to consent to admission
 - j) Details of any Safeguarding/ Advanced Decisions/Advanced Statement of Wishes/Power of Attorney/Court of Protection.
 - k) Medication plan (if known to services / purpose of admission) including: Full details of current medication (including name of medicine, strength preparation and dosage/frequency) and any allergies/sensitivities to previous medication.
 - l) Rationale for admission.
 - m) All physical causes for the change in behaviour or psychological well-being have been explored and eliminated/treated*.

*In the community this would include getting the GP to rule out infection, dehydration, constipation, concurrent prescribed medication, or pain. Bloods and urinalysis should have been carried out.

- 8.5 Referrals will be made on the appropriate SystmOne electronic form.

- 8.6 Unit staff attend the weekly MDT referral meeting, which is led by the Community Functional Team. Referrals are and discharge plans are discussed with the relevant Care Coordinator.
- 8.7 Patients requiring admission from General Hospital will be assessed as being medically fit.
- 8.8 Psychiatric Liaison staff will liaise with the Unit staff to confirm that transfer is appropriate.
- 8.9 All relevant information will accompany the patient.
- 8.10 Transfers will be carried out in accordance with the Transfer of Adult Patients with Mental Health Needs – Joint Guidance.
- 8.11 Transfers will, wherever possible, be made in a timely way and within normal working hours, so that minimal distress is caused to the patient, their carers and the Unit and medical staff are available.
- 8.12 Admission Protocol for Devon Partnership NHS Trust (DTP) patients is in operation (Appendix B).

9. Discharge against Medical Advice

- 9.1 Informal patients who wish to leave Hospital will be assessed by the staff prior to leaving. If it is felt that the risks are considerable, an assessment for a Mental Health Act Assessment may be requested. If patients are not detained they may leave the Hospital. It is important that the ward makes follow up arrangements. This should include contact with the nominated Care Co-ordinator or GP (for those who do not have a nominated Care Co-ordinator) and carers, if relevant.
- 9.2 Wherever possible attempts should be made to inform a patient's family / carers.
- 9.3 Protocol for patients wishing to discharge Against Medical Advice (AMA).

10. Supervision and Line Management

- 10.1 All staff are offered Practice Supervision. Practice supervision must be received in accordance with the Organisation's policy.
- 10.2 Line management will be provided adhering to the Organisation's Appraisal and Line Management Supervision Policy.
- 10.3 All staff will receive an annual Appraisal in accordance with the Organisational policy (Appraisal for staff Policy).

11. Confidentiality

- 11.1 Cotehele Unit will adhere to the Organisation's Data Protection, Confidentiality, Caldicott & Safe Haven Policy & Procedure and all Data Protection legislation in accordance with the Data Protection Act.

12. The Mental Health Act 1983 (as amended by Mental Health Act 2007)

- 12.1 The Unit admits patients who are informal or detained under the Mental Health Act. Following admission under the Mental Health Act all patients will receive:
- a) Under which part of the Act they are detained and the effect of that detention
 - b) Reason for detention
 - c) Information on how to appeal to the Mental Health Review Tribunal or Hospital Managers and their right to legal representation for Tribunals
 - d) Information relating to their nearest relatives right to request discharge
 - e) Information on what the Act says about treatment for their mental disorder
 - f) Information on the role of the Mental Health Act Commission
 - g) Information about withholding of correspondence
 - h) Information on how to make a complaint or request notes
 - i) Whether they have an entitlement to section 117 aftercare
 - j) Section 17 leave policy
 - k) Information on the role of the Independent Mental Health Advocate (IMHA)
- 12.2 For those persons entitled to section 117 aftercare, a section 117 planning meeting should be held prior to discharge from the unit, although this may not take place until after an extended period of leave.
- 12.3 Cotehele Unit places great emphasis on following the guidance contained in the Code of Practice and has access to the Mental Health Act office for additional advice and support. Informal patients should receive information pertaining to their admission. This will include treatment options, how to make a complaint etc.

13. Mental Capacity Act (2005)

- 13.1 This Act provides a statutory framework to empower and protect people who may lack capacity to make some decisions for them.
- 13.2 All staff are aware of the five statutory principles contained within the legislation and the legislation's requirements for assessing capacity.
- 13.3 All staff are aware of the circumstances in which they are lawfully required to contact the Independent Mental Capacity Advocate, the Independent Mental Capacity Advocate (IMCA)'s role and how to access them.
- 13.4 All staff are aware of a person's right to make advance decisions regarding the refusal of care or their right to make a lasting power of attorney relating to welfare decisions.

14. Mechanisms for on-going Patient / Carer Feedback / Involvement/Exit questionnaire

- 14.1 When a patient is discharged from the unit we will ask if they would complete a questionnaire regarding their experience with us.
- 14.2 Cotehele Unit is involved in the Triangle of Care process and carer feedback will be sought during the cared for person's admission.
- 14.3 An Advocacy service is available for patients and carers to utilise.

15. Assessment, Care Planning and CPA

- 15.1 Cotehele Unit will provide assessments and Care Plans for those admitted to the Unit. Wherever possible assessments will be conducted jointly with the admitting doctor. All CPA documentation will be completed to include: CPA assessment, risk assessment, Health of the Nation Outcome Scales (HONOS) score and in-patient admission sheet. Following the assessments the Care Plan will be completed.
- 15.2 Whenever possible the Care Plan will be formulated and jointly agreed by the patient, carers and staff.
- 15.3 Each Patient admitted to the Unit will be allocated a 'Named Nurse'. On a daily basis patients are allocated a member of staff who will spend one to one time with them for a minimum of 15 minutes. Where a patient has a Care Co-ordinator the Unit will encourage active involvement with the Care Co-ordinator during the patient's admission. Where a major change to the Care Plan is planned unit staff will encourage the involvement of the Care Co-ordinator.
- 15.4 Each patient will be assessed by an Occupational Therapist, (OT) and the jointly agreed treatment or Care Plan can consist of both individual and group activity sessions. These activities will provide the opportunity to re-learn and practice old skills, and learn new skills essential to aid recovery and discharge from Hospital.
- 15.5 The Unit's staff will use all appropriate CPA documentation.
- 15.6 The Unit's staff will participate in all relevant CPA and Health care records audits.
- 15.7 All entries into the electronic patient record are compliant with the LSW Clinical Record Keeping Policy.

16. Therapy

- 16.1 Cotehele Unit provides a holistic therapeutic programme with its ethos around recovery, maintaining independence and maintaining mental health well-being. This programme begins as soon as the patient is able to become engaged and The key staff involved in this are our Occupational Therapy team, as well as a Nursing staff.
- 16.2 Nurse led groups are available to develop confidence and skills in the

management of symptoms and is led by a registered nurse.
Social inclusion work carried is carried out by our Support Time Recovery Worker.
The team work in collaboration with the patient using patient-centred principles.

- 16.3 Programmes of group work and one to one sessions are devised to support and assess patients and are based upon individual requirements.

17. Communication

- 17.1 Cotehele Unit can be contacted on telephone on 01752 434388.
- 17.2 To enhance communication the Unit uses telephones and fax machines. To ensure that the team communicates effectively, internally the Unit holds daily hand overs.

18. Weekly Medical Reviews (Ward Rounds)

- 18.1 Each week Patients will have a full multi disciplinary review. The minimum attendance should include the responsible Clinician, Unit staff, continuing care staff and OT staff. Care Co-ordinators, Psychologists and Pharmacists have an open invitation to attend Ward rounds.
- 18.2 Patients, Carers and Care Co-ordinators will be offered the opportunity to book appointments for Ward rounds by calling the Consultant Psychiatrist's secretary.
- 18.3 Within the weekly review patients have the option to see their Consultant and team to discuss issues pertaining to their care. Ward round prompt sheets and nursing staff are available outside of Ward rounds to support patients in being clear about what they want to say.

19. Medication Management

- 19.1 The management of medication will be in line with the following Organisational policies:

Safe and Secure Handling of Medicines
Controlled Drug Standard Operating Procedures
Clozaril Policy for Mental Health staff and GP staff
Depot Antipsychotic Policy and Practice Guidelines
Rapid Tranquilisation Guidelines

20. Referrals to other Agencies

- 20.1 Unit staff will complete referrals to the appropriate professional (see Care Programme Approach Policy and Standards) using eCPA paperwork and a telephone message will be left advising the appropriate care co-ordinator that there is a referral on eCPA. Referrals to other agencies such as; social care, day therapy and psychology will be completed on an individual basis.

21. Discharge from the Unit

21.1 Discharge planning will be a collaborative process with patients, carer(s) and care co-ordinator involved.

In line with good practice discharge planning will start on admission. Nurse – Led discharge principles are adhered to.

21.2 The process is as follows:

- a) All relevant referrals are completed.
- b) Regular discussion within weekly Ward round with appropriate professionals, Patient and carer.
- c) Discharge plan and follow up will be clearly written in notes. This will include risk management plan and a contingency plans (see CPA Policy and Standards).
- d) Patients may have graded periods of un-escorted leave prior to discharge from the unit. A plan will be made detailing arrangements and amount of medication dispensed.
- e) A patient may well be discharged from the unit but will still receive follow up visits/calls from appropriate professionals within 7 days.
- f) All CPA paperwork will be completed including Risk assessment; in patient discharge record, HONOS and calls will be made to GP and community team, family / carers, and any other relevant agencies. A brief letter of discharge including description of follow up plan and medications will be sent to the patient's GP on the day of discharge. A more detailed discharge summary will be sent to the GP and others involved in on-going care within two weeks of discharge wherever possible.

22. Workforce Developments

22.1 The roles of the Ward Manager, and Deputy Ward Manager (DWM)/Clinical Team Leader (CTL) will remain constant and these roles would not alter significantly within this type of Unit.

The Band 5 Nurse role will develop with the needs of the Unit.

The Band 6 (DWM/CTL) role will offer more specialist skills, offering specialist interventions in a protected way to in-patients.

The Band 6 will also support preceptorship packages and the development of other band 5, 4, 3, 2 staff. The Band 6 Nurse will offer managerial support and leadership to staff both in and outside the Unit and will assume the role of the nominated Deputy in the Manager's absence.

The Band 6 nurse is managed by the Ward Manager.

23. Training

23.1 All staff receive mandatory, essential and other appropriate in-service training, to

update their skills and knowledge base.

- 23.2 The Unit accepts students from the multi disciplinary team, who work with Registered Practitioners.

24. Management of Violence

- 24.1 Livewell Southwest operates a zero tolerance policy for violence and aggression. This does not allow verbal abuse threats or physical violence towards anyone or damage to property. A breach of this may result in police involvement.

- 24.2 See Management of Violence Policy on the LSW website at www.Livewellsouthwest.co.uk

25. Psychological Input

- 25.1 Patients are referred to psychology department as per Multi-Disciplinary Team (MDT).

26. Physiotherapy

- 26.1 If required, patients will have an Elderly Mobility Scale assessment. If required they will then be referred for Physiotherapy assessment. A jointly agreed person-centred treatment or care plan, may include exercises and activities in an individual or group setting to encourage independence and maintain mobility. Provision of interventions may include promotion of physical function, falls management and advice on manual handling issues.

27. Smoking

- 27.1 The Mount Gould Hospital Site is smoke free. Patients, visitors and staff are not allowed to smoke in the Unit or grounds. There is a designated smoking area for the Unit, for the use of patients only.

28. Comments, Complaints and Compliments

- 28.1 We value any feedback, and you will find a Suggestions Box on the Unit. You can also speak to the Unit Manager. We can also give you details of the Organisation's complaints procedure.
- 28.2 The Modern Matron has overall responsibility of the Unit. If you have any concerns or comments please contact the Matron on 01752 434243.

29. Cotehele Unit Profile

29.1 Cotehele Unit has 15 single rooms, arranged in single sex corridors, with bath and shower rooms.

A lounge area, dining area and two side rooms, are available for patient and visitors use.

There is a designated OT room for activities and specific assessments.

There are quiet areas for patients who wish to have privacy and for therapeutic groups to take place.

The facilities for activities of daily Activities of Daily Living (ADL) include an occupational therapy kitchen, where assessments can take place, access to clothes washing equipment and an activity room. There is a garden, offering opportunities for garden projects to take place.

29.2 Staffing

There is a multi-disciplinary approach to care and assessment and the nursing team are well supported by occupational therapists, physiotherapists, as well as social workers, psychologists, community pharmacists and medical staff. We work closely with the locality teams and Community Psychiatric Nurses, (CPN)'s.

The Unit team provides all aspects of assessment, both psychiatric and physical. There are three consultants appointed at present, with the assistance of a Staff Grade Doctor, with input from (Senior House Officers) SHO's.

Safe staffing levels are implemented and displayed on the Unit.

Treatment includes a full range of medical and therapeutic interventions, as well as the occasional use of Electroconvulsive Therapy (ECT). All patients are fully assessed, with interventions designed to clearly meet the identified individual needs of the patient.

Patients are encouraged to remain as independent and self-caring, as their illness allows.

There is input from other specialist staff, e.g. Dieticians, Speech and Language, , who carry out their own assessments, as required.

29.3 Management

The Unit Manager has continuing responsibility for the management of the Unit and maintains agreed standards of care.

The Unit Manager is accountable to the Modern Matron, who is directly responsible to the Locality Manager.

In the absence of the Unit Manager, a person of appropriate seniority and expertise is nominated to take any operational decisions.

29.4 Pharmacy

Pharmacy is supplied by the Pharmacy Department at Derriford Hospital.

Pharmacy deliveries are made daily, Monday to Friday. An out-of-hours service is provided. The community pharmacist has input into the ward, regarding giving advice and identifying alternative treatments.

29.5 **Visitors**

Visitors have access to the Unit with flexible visiting times, although it is requested that most visits take place after 3pm, Mon-Fri, so that therapeutic activities and assessments are not disrupted.

29.6 **Maintenance**

Day to day repairs are carried out by the Estates Department based at Mount Gould Hospital or an approved contractor.

29.7 **Laundry Facilities**

Patients' personal clothing may be laundered on the Unit by staff in the absence of a member of the family, if the patient is unable to do so themselves.

Livewell Southwest does not accept responsibility for patients' personal belongings unless handed in for safe keeping.

More information can be accessed through the Unit booklet, which is available for all patients and their carers (Appendix A).

30. Monitoring Compliance and Effectiveness

31.1 Livewell Southwest will monitor and review this policy in partnership to ensure we are meeting the aims / objectives of the policy. The compliance and review processes will include:

- Annual update of unit information / leaflets.
- Updating of policy in light of significant changes to LSW wide policies / protocols for example:
- CPA policy.
- Management of Violence Policy.
- Other recommendations affecting in-patient care.
- Incorporation of feedback from local patient satisfaction surveys for example: Accreditation Inpatient Mental Health (AIMS-OP) review.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 17th November 2016

COTEHELE UNIT

**MOUNT GOULD HOSPITAL
MOUNT GOULD ROAD
PLYMOUTH
PL4 7QD**

Tel: 01752 435388

**PATIENT & VISITOR
INFORMATION**

COTEHELE UNIT



We are a specialist unit primarily for people over the age of 65.

Our aim is to assess and treat people with functional mental health illnesses including depression and schizophrenia.

The unit team consists of a variety of health and social care specialists, each with skills and experience in this field.



This booklet is designed to answer some of the questions asked by people newly admitted to Cotehele Unit.

If you have any other questions, please do not hesitate to approach a member of staff who will be more than happy to help you.

USEFUL CONTACT DETAILS

Mount Gould Hospital Switchboard:	01752 268011 0845 155 8100
Cotehele Unit Office:	01752 435388
Patients' Telephone Number:	01752 314005
Fax Number:	01752 314047

The Older Person's Mental Health Service(OPMH)
is managed by:

Locality Manager:

Modern Matron:

On Cotehele Unit:

Ward Manager:

Clinical Team Leader:

Your Consultant is:
His Secretary's Number is:
Your Named Nurse is:

Named Nurse

Every patient is allocated a Named Nurse as part of the Patients' Charter.

These Nurses have special responsibilities for care-planning, liaison and continuity of care.

The Named Nurse will complete relevant assessments with their allocated patient detailing the care that will be received during the patient's stay with us.

However, when the Named Nurse is off duty, or unavailable, any member of the nursing team will be able to answer patients' questions, or find someone who will be able to help.

We work as a team and are all aware of the general situation of all of the patients in our care.



We liaise and work with other professionals who are involved with our patients' care, including the Occupational Therapist, Physiotherapist and Social Workers etc.

Any special concerns will be passed on to the Named Nurse as soon as possible.

Multi-Disciplinary Team Meeting (Ward Round)



Each patient has a Multi-Disciplinary Team, which includes:

A Consultant Psychiatrist, Junior Doctors, Nursing team, Community team and if applicable a social worker, Occupational therapist, Physiotherapist and any other professional included in weekly care and treatment of the patient.

The patient will be invited in and encouraged to put any of their own thoughts and ideas forward at these meetings. When it is felt to be appropriate, and if the patient agrees, members of the family or future carers may be invited to take part.

If a patient is worried about attending this meeting or would prefer to discuss their care privately with their Consultant, this can be arranged by talking to the nursing team.

Occupational Therapy



Occupational Therapy (O.T.) is provided on the unit for every patient.

The Cotehele Unit O.T. team consists of an Occupational Therapist and a Technical Instructor. Sometimes O.T.'s from other areas are involved to enable us to provide a greater range of therapeutic activities and groups for our patients.



We endeavour to promote the independence of all our patients with opportunities for them to make use of ward resources, with the support of unit staff. An example of this might be the planning of a menu and shopping towards making a meal or a snack, light household duties or laundry. Tasks may be carried out both in the unit and in the patient's home.

Our aim is for a successful discharge, promoted through independence and the maintenance of purposeful activities.

Physiotherapy



If the nursing team identify any mobility issues they will refer you to Physio team.

They will make every effort to assist patients in maintaining their independence with mobility in as safe a way as possible.

We appreciate each patient's co-operation with this.



Medicines

If a patient is being admitted from home, all medication currently being taken must be brought into hospital and passed on to a member of staff. If for any reason a patient is unable to bring their usual medicine with them, we will make sure that the correct regular medicine is provided.

Property & Valuables

Patients are advised **NOT** to bring valuable jewellery or large sums of money into hospital.



If this is unavoidable, and there is no one who can take them home, the items and/or money will be recorded and placed in the office safe and the patient will be given a receipt.

Livewell Southwest cannot accept responsibility for loss or damage to items that are not handed in for safekeeping. Patients are required to read and sign a copy of the 'Property Disclaimer Form' on admission.

Unfortunately, any previously used electrical equipment which has not been tested by Livewell Southwest Estates Department cannot be used on the unit. Hairdryers are provided for patient use.

Meals

Mealtimes are considered protected time and we aim to make them free of interruptions and distractions. Where possible we try not to make appointments during these times.



Breakfast	08.00 am
Lunch	12.15 pm
Evening Meal	5.00 pm
Supper	8.00 pm

Where patients have any particular dietary requirements, arrangements can be made to provide an appropriate meal.

If a patient is admitted 'out of hours', a snack box will be made available.



Beverages

Morning coffee, afternoon tea and hot evening drinks are served on the ward every day. Patients may help themselves to further drinks available in the Dining Area throughout the day. If help is required, staff are available to assist.

We regret that we cannot provide refreshments for visitors, however there is the LiveWell café based at LCC Mount Gould.

Toilet and Washroom Facilities

There are a number of toilets on the Unit and these are clearly marked. All have call bells in case patients require assistance.



There are assisted baths and showers for patients to use depending on their preferences or mobility.

Personal toiletries are not provided, so patients will need to bring in and maintain their own supplies whilst staying at Cotehele Unit.

Laundry Services

Patients are required to bring a sufficient amount of clothes to last until friends or relatives can launder and return items.



We now have laundry facilities on the unit, however this is to promote/assess patients level of independence and encourage recovery. We will ask relatives who are able, to continue with their/your laundry needs unless specifically care planned. All items laundered will be at the patient's own risk as the hospital holds no responsibility for loss or damage.

Post

Post is delivered to the unit office daily.
Patients can send mail from the unit but must provide their own stamps.

Alcohol

No alcohol is permitted on the premises.

Alcohol may interfere with medical treatment. If this causes concern, a member of staff will be happy to discuss and explain any issues with patients and/or relatives.



LSW Smoking Policy

Livewell Southwest has a **No Smoking** Policy.

Smoking is not permitted in our buildings or grounds, **with the exception of the Mental Health Residential Units**, where the garden adjacent to **Cotehele Unit** is the only designated area where smoking is permitted by the **PATIENTS**. This includes e-cigarettes.

Relatives may not smoke on the premises.

HAND HYGIENE



Hand washing is one of the most important measures that hospital staff can take to prevent the spread of infection in hospital.

We would like everyone to help us with this.

Patients are reminded to feel free to ask any member of staff who is about to care or treat them :

‘Have you washed your hands?’

Everyone visiting the ward is encouraged to wash their hands at the start and end of each visit. Patients are asked to remind their visitors of this requirement.

We ask that you do not visit the unit if you are suffering from diarrhoea, vomiting or ‘flu’ symptoms, or have had these symptoms in the previous 48 hours. Please contact staff to discuss further.



Emergency Procedures

A weekly fire alarm test is carried out on the unit.

Everyone is informed prior to the alarm being sounded.

Nursing staff are trained in what to do in the event of a fire. A member of staff will take responsibility for being Fire Incident Officer and will advise patients as to the procedures to be followed in the event of a fire.

VISITING

A FEW THINGS TO BEAR IN MIND BEFORE VISITING THE Unit:

We do not encourage visiting before 3.00pm on weekdays, as this can disrupt treatments, assessments and therapeutic programmes. We ask for everyone's co-operation in this.

When visiting with young children, please inform the unit so that arrangements can be made for the use of a private room.

There is open visiting on weekends and Bank Holidays, between 09.30am & 8.00pm.

However, we do ask visitors to **avoid mealtimes**, which are:

Breakfast	8.00 am
Lunch	12.15 pm
Evening Meal	5.00 pm

Visiting outside these hours is not usually permitted unless prior arrangements have been made with the Unit Manager.

In case of genuine difficulty in adhering to any of the above requests, please speak to a member of staff who may be able to help.

WHEN VISITING THE UNIT:

For the safety of our patients, visitors and staff, ALL visitors are asked to sign in on arrival at the unit.



When entering AND leaving the unit, please wash your hands with soap and water at the sink in the Reception Area. By doing this, YOU help us to reduce the risk of infections and help to keep our patients and staff healthy.



Many of our patients have their food and/or fluid monitored, so please advise a member of staff if you bring any food or drink onto the unit for the person you are visiting.

We also ask that you do not bring sharp objects or items which may be deemed dangerous (these could include nail scissors, razors, tweezers, hobby tools, knitting needles etc) onto the unit. If in doubt, please speak to a member of staff.

To preserve & respect the dignity & privacy of all our patients, visitors ARE NOT permitted to go to the patient bedroom areas.

We are always interested to hear the views of family members and friends. If you have any comments that you would like to share with us, please speak to a member of staff. If a member of staff is not immediately available, or if you would prefer, you can write your suggestions & post them in one of the 'Suggestion Boxes' which can be found in the Reception Area or in the Day Room. Thank you.

Religious Needs



A patient's spiritual health is important to his/her overall well-being.

Being unwell with its fears and uncertainties may make an individual want to explore their faith





Livewell Southwest has a spiritual advisor available, irrespective of faith. Patients should let a member of staff know if they would like to arrange a visit, or if they have any specific requirements relating to their beliefs.



LEAVE

During a patient's stay at Cotehele Unit, it may be decided that it would be beneficial for them to return home for a period of leave. It may be for the day, overnight, for a few days or even a week or more.

We would like to remind patients that when they return to the Unit they should not bring sharp instruments, non-prescribed medication or alcohol onto the premises. This is in order to maintain the continued safety of themselves and all of the other patients and staff.

If a patient is in doubt about the suitability of any items they may wish to bring onto the Unit, then it should be discussed with a member of staff. If deemed to be unsuitable, they may be asked to return it to their home or alternatively staff can arrange for its safe-keeping for the duration of the patient's stay.

Care Needs on Discharge

The staff team will work with patients to arrange any care needed following their hospital stay. This might include advice and support, practical help at home or considering alternatives such as residential or nursing home care.

Patients are able to discuss any concerns they may have about how they will manage when they leave hospital with the nurse in charge of their care.



Transport

We can only provide transport home if you have a medical need which stops you from using private or public transport.

Please try to arrange for a friend or relative to collect you when you leave hospital.

Privacy and Dignity

We are committed to treating you with respect and dignity and maintaining your right to privacy at all times. In return we expect you to treat us with respect and dignity, and in doing so, help to create a safe environment for everyone on the ward. LSW has a strict zero tolerance policy on violence.

The bedrooms on Cotehele Unit have been divided into two single sex accommodation areas, and have plenty of bathrooms, showers & toilets in each wing. All of the patient bedrooms on the ward are single rooms and on admission a patient will usually be allocated a room near the Nurses' Station so that staff can observe & monitor them more closely. During their stay, a patient may be asked to move rooms. There may be several reasons for this – it may be that the room is required for a new admission or it may be to help in reducing the spread of infections.

Confidentiality

All of our staff are trained to respect confidentiality. However, sometimes we may need to share information with other people helping our patients. If you are at all concerned about this, please ask to speak to a member of staff.

If you have an advanced decision it would be helpful for you to let us know.

COMPLAINTS & COMPLIMENTS

We welcome your views about our service. If you have any, please tell our staff, or if you prefer you can speak to the Public Advice and Liaison Service (PALS) confidentially on:

0845 155 8188

If you wish to make a formal complaint, you can contact our Complaints Department on:

01752 435201

For more information about our complaints department or Public Advice and Liaison Service, please ask a member of staff.

NOTES

Appendix B

Referral Criteria for inpatient from Devon Partnership Trust (DPT)

Any patient being considered for admission to an OPMH inpatient bed must be assessed in relation to the following criteria.

- Patient may be detained under the Mental Health Act 1983.
- Patient may be subject to the Mental Capacity Act 2005.
- Have on-going mental health problems which are resistive to treatment.
- Have a mental health problem which is so acute as to present a risk to themselves or others.
- Have complex mental health problems inter-related to their physical health needs.
- Require medication management which can only occur as an inpatient.
- Assessment and management of challenging behaviour.
- Management of attempted suicide and self-harm.
- To assist in specific treatment plans (e.g. Electro-Convulsive Therapy) where compliance or other associated issues are present.
- Be at risk of severe neglect.
- Require assessment of on-going need that cannot be carried out in the community.
- Be of any age where older people's mental health services are best placed to meet their needs.
- Have been accepted by LSW.
- Patients will have been assessed by an appropriate OPMH specialist in Devon Partnership Trust and consultation with the Consultant of LSW will be made prior to admission, where an agreement to admission and plan of care will be confirmed.
- In-patient beds will be used only by those who present as having complex need and those under the Mental Health Act.
- The purpose of the inpatient services is to provide assessment and treatment to older people who are experiencing an acute or long term functional or organic illness, which cannot be effectively or safely managed within the community.

- The duration of the in-patient admission will be managed by the LSW Consultant and communication will be maintained with Devon Partnership Trust to inform of progress and discharge arrangements.

3.5 Exclusion of patients to inpatient units

The following groups will not meet the inclusion criteria;

- People who can be managed in a community setting.
- Individuals where the crisis is of a social nature and admission will not resolve the crisis.
- Mentally disordered offenders who cannot be managed in an open acute environment.

Treatment

Treatment plans will be formulated according to individual assessment and changing need, in consultation with the patient/carer.

At the point of admission, Devon Partnership Trust is required to have formulated a treatment plan which is shared with the patient and the admitting Consultant.

Discharge processes

Discharge planning of placing organisation patients commences on admission.

As part of the admission agreement, patients are accepted for a five day period, after which, it is anticipated that they will return to Devon Partnership facility.

Where this is not possible or a course of treatment (e.g. ECT) is agreed between the Consultants from both Organisations, LSW will facilitate discharge planning in accordance with local policy.

The client journey from admission to discharge is managed within the CPA framework ensuring full MDT working, robust assessment and risk management. Assessment of eligibility for Continuing Health Care funding is considered as part of discharge planning.

Delays in discharge from the service are reported weekly.

The process to return the patient to a Devon Partnership Trust facility will be the responsibility of that organisation. However the inpatient unit will support with this process to assist with a smooth transition for the patient.