

Livewell Southwest

**Edgumbe 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: 158**

## Reader Information

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<b>Author</b>	Mandy Rolfe, Modern Matron/Ward Manager
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<b>Name &amp; Job title</b>	Mandy Rolfe, Modern Matron/Ward Manager
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<b>Is the Equality and Diversity Policy referenced</b>	Yes
<b>Is the Equality Act 2010 referenced</b>	Yes
<b>References / Source</b>	<p>Data Protection Act (1998)</p> <p>Department of Health: Policy Implementation Guide: Adult Acute Inpatient care (2002)</p> <p>Living Well with Dementia: A National Dementia Strategy (DOH 2009)</p> <p>Healthcare Commission Acute Inpatient Review (2006/2007)</p> <p>Healthcare Commission: Talking about Medicines (2007)</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>Mental Capacity Act (2005).</p> <p>Code of Practice (2015)</p> <p>National Institute for Health &amp; Care Excellence (NICE) Guidelines as relating to Older Person’s Mental Health including: Dementia supporting people with dementia and their carers in health and social care(CG42), 2006.Updated, 2016</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 (DOH 2005)</p> <p>National Service Framework Older People (2001)</p>

<b>Associated Documentation</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Care Programme Approach Policy and Standards</li> <li><input type="checkbox"/> Appraisal and Management Supervision Policy</li> <li><input type="checkbox"/> Management of Violence and Aggression Policy</li> <li><input type="checkbox"/> Data Protection, Confidentiality, Caldicott &amp; Safe Haven Policy &amp; Procedure.</li> <li><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)</li> <li><input type="checkbox"/> Equality and Diversity Policy</li> </ul>
<b>Supersedes Document</b>	V.1.2
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#### 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 Pinewood to Edgcumbe.
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  Removal of some unnecessary information

				No amendments have any impact on service delivery or affect current practice.
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# Edgcumbe Unit Operational Policy

## 1. Introduction

- 1.1 Edgcumbe Unit is an Older Persons Mental Health Service; based within the Mount Gould Hospital Site, on Mount Gould Road, Plymouth, PL4 7QD.
- 1.2 Edgcumbe Unit is a short stay in-patient assessment unit for people experiencing dementia. It operates an ageless service but the client group is predominantly older people due to the prevalence of the disorders. It offers assessment and care when people are at an acute and vulnerable stage of their illness.
- 1.3 The 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 Edgcumbe 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 **Department of Health Policy Implementation Guide:** Government document giving good practice examples within an in-Patient setting.

4.2 **National Institute for Clinical Excellence (NICE) Guidance:** Government Department responsible for evidence based clinical effectiveness.

4.3 **1983 Mental Health Act (Updated 2008):** Legislation around detained patients.

4.4 **Mental Capacity Act 2005.** Legislation about people's ability to consent to treatment.

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 for assessment of current and ongoing need.

5.2 A 24 hour, seven day a week supportive and safe environment.

5.3 Adhere to standards / recommendations in NSF for older people (2001), Everybody's Business (DOH 2005) Living Well with Dementia: A National Dementia Strategy (DOH 2009).

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 the 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 Dementia: supporting people with dementia and their carers in Health and Social Care (CG42), 2006. (Updated, 2016).

5.8 Aspire to the standards advocated in the document "Talking about Medicines - The Management of Medicines in Trusts 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 Edgcombe 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 Commission following their review of inpatient care and the local action plan.

## **6. Philosophy**

- 6.1 Edgcombe Unit is a place where the emphasis is on person centred approaches. It should be a comfortable, safe and helpful place for everyone.
- 6.2 Everyone will expect to be treated with dignity and respect.
- 6.3 Those who use our services can expect to be cared for safely and to 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 have any concerns taken seriously and addressed promptly.
- 6.8 Patients have a right to privacy and dignity.
- 6.9 Patients and their carers will receive help and support and be involved in their care.
- 6.10 Patients will receive care given with consideration of their best interests at all times.

## **7. Working Relationships**

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

## **8. Admission and Referral Process**

Admissions to Edgcombe Unit will be for assessment and where possible, treatment of

complex behavioural and psychological difficulties in people with dementia. 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.

- 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 Edgcombe Unit will have a beneficial therapeutic objective and value.
- 8.3 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 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 delirium from infection, dehydration, constipation, concurrent prescribed medication, or pain. Bloods and urinalysis should have been carried out*

- 8.4 Referrals will be made on the appropriate SystemOne electronic form.
- 8.5 Unit staff attend the weekly MDT referral meeting, which is led by the Community Memory Pathway team. Referrals are and discharge plans are discussed with the relevant Care Coordinator.
- 8.6 Patients requiring admission from General Hospital will be assessed as being medically fit.
- 8.7 Psychiatric Liaison staff will liaise with the Unit staff to confirm that transfer is appropriate.
- 8.8 All relevant information will accompany the patient.
- 8.9 Transfers will be carried out in accordance with the Transfer of Adult Patients with Mental Health Needs – Joint Guidance document.
- 8.10 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.
- 8.11 Admission Protocol for Devon Partnership NHS Trust (DTP) patients is in operation (Appendix B).

## **9. Discharge against Medical Advice**

- 9.1 Informal patients, who have capacity, who wish to leave Hospital will be assessed by the staff prior to leaving. If it is felt that the immediate risks are considerable, an assessment for a Mental Health Act Assessment may be requested.
- 9.2 Patients who are not detained 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.
- 9.3 Patients who have been assessed as lacking capacity to make decisions about healthcare needs are not able to discharge themselves. Decisions about them leaving will be made by the Multi-Disciplinary Team (MDT) and their family in their best interest.
- 9.4 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 LSW policy (Appraisal for staff Policy).

## **11. Confidentiality**

- 11.1 Edgcombe 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 and their carers will have information on:
  - 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 Independent Mental Health Advocate (IMHA)
  - 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
- 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 Edgcombe 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)**

A person may be admitted to the Service without the capacity to consent to the admission. If the Mental Health Act 1983 does not apply, the admission will be taken as being in their best interests. The relevant documentation and processes as per Mental Capacity Act will be applied.

- 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 four 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, (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.
- 13.5 All staff are aware of the need to make a Deprivation of Liberty application where it is felt that restrictions on the ward might constitute such a deprivation.

### **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. Where a patient is unable to do this for themselves a family member or care will be asked to do it on their behalf. Separate feedback will be sought from family and carers.
- 14.2 Edgcombe Unit is involved in the Triangle of Care process and welcomes the opportunity to form greater links with carers.
- 14.3 An Advocacy service is available for patients and carers to utilise.

### **15. Assessment, Care Planning and Care Programme Approach**

- 15.1 Edgcombe 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 Wherever 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 30 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.
- 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 Each Patient will be assessed by a physiotherapist to see if ongoing work is indicated.
- 15.6 The Unit's staff will participate in all relevant CPA and Health care records audits.

## **16. Communication**

- 16.1 Edgumbe Unit can be contacted on telephone on 01752 435399.
- 16.2 To enhance communication the Unit uses telephones, emails and faxes. To ensure that the team communicates effectively, internally the Unit holds daily hand over at 07.00, 12 midday and 19.30.

## **17. Medical Reviews (Ward Rounds also known as MDT meetings)**

- 17.1 Each week all patients will have a full multi disciplinary review. Attendance normally includes the Responsible Clinician (Consultant), Unit staff, and OT staff. Care Co-ordinators, Psychologists and Pharmacists have an open invitation to attend Ward rounds.
- 17.2 Carers can book to attend the Ward round through the nursing staff. It is not a requirement for carers to attend each week.
- 17.3. Ward round prompt sheets and nursing staff are available outside of Ward rounds to support patients and carers in being clear about what they want to say.

## **18. Medicine Management**

- 18.1 The management of medication will be in line with the following LSW 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

## **19. Referrals to other Agencies**

- 19.1 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.

## **20. Discharge from the Unit**

- 20.1 Discharge planning will be a collaborative process with the patients, carer(s) and care co-ordinators involved. In line with good practice discharge planning will start on admission.  
Nurse-led discharge principles will be adhered to.

- 20.2 The process includes:

- 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 documented. This will include a risk management plan and a contingency plan (see CPA Policy and Standards).
- d) On occasion patients may have periods of 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 may still receive follow up visits/calls from appropriate professionals.
- f) All CPA paperwork will be completed including Risk assessment; in Patient discharge record, HONOS 65+ 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.

## **21. Workforce Developments**

- 21.1 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 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 assume the role of the nominated Deputy in the Manager's absence.

The Band 6 nurse is managed by the Ward Manager.

## **22. Training**

- 22.1 All staff will receive mandatory, essential and other appropriate in - service training, to update their skills and knowledge base.
- 22.2 The Unit accepts students from the multi disciplinary team, who work with Registered Practitioners.

## **23. Management of Violence**

- 23.1 LSW 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.
- 23.2 See Management of Violence Policy on the LSW website at [www.livewellsouthwest.co.uk](http://www.livewellsouthwest.co.uk)

## **24. Psychological Input**

- 24.1 Patients are referred to psychology department as per Multi-Disciplinary Team (MDT).
- 24.2 The Unit has access to a psychologist.

## **25. Physiotherapy**

- 25.1 If required, patients will have an Elderly Mobility Scale assessment completed by a member of the physiotherapy staff. If required they will then be referred for ongoing physiotherapy work. An 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.

## **26. Therapy**

- 26.1 Edgumbe Unit provides a comprehensive therapy programme, in conjunction with The Occupational Therapy staff.

Activities are used to assist in assessment, to orientate and to promote self-worth

- 26.2 Group work and one to one activities are provided, according to the individual needs of the patient.

## **27. Smoking**

- 27.1 The Mount Gould Hospital Site is smoke free. 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 ask to speak to the Unit Manager. We can also give you details of the Organisation's compliments/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. Edgumbe Unit Profile**

Edgumbe Unit has 10 single bedrooms, arranged in single sex corridors, The layout of the unit allows changes of the ratio of men and women whilst maintaining this. It has two assisted bath and shower rooms, a separate shower room, toilets for patients and a separate toilet for visitors. A lounge area, a dining area and two quiet side rooms, are available for patient and visitors use. There is a designated OT room for activities and specific assessments.

### **29.1 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. 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 physiotherapy staff, who carry out their own assessments, in conjunction with the unit team. Home visit assessments are carried out, jointly with occupational therapy staff when a patient is preparing for discharge home.

Nursing staff are able to plan and implement a variety of therapeutic skills and activities, offering both individual and group work, according to need.

## 29.2 **Management**

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

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

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

## 29.3 **Pharmacy**

Pharmacy is supplied by the Pharmacy Department at Derriford Hospital. Pharmacy deliveries are made daily, Monday to Friday. The community pharmacist has input into the unit, regarding giving advice and identifying alternative treatments.

## 29.4 **Visitors**

Visitors have access to the unit during visiting times, usually between 15.00 and 19.00, during the week, so that therapeutic activities and assessments are not disrupted. Visiting times are more flexible at weekends.

## 29.5 **Maintenance**

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

## 29.6 **Laundry Facilities**

Edgumbe Unit has its own laundry room where patients' personal clothing may be laundered by staff in the absence of a member of the family.

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**

30.1 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.
- On-going review of local Healthcare Commission Action Plan.
- Updating of policies in light of significant changes to Livewell Southwest wide policies / protocols for example:
  - Care Programme Approach policy.
  - Management of Violence Policy.
  - Other recommendations affecting in-patient care.
  - Incorporation of feedback from local patient satisfaction surveys for example: Royal College of Psychiatrists 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: 17<sup>th</sup> November 2016

# Edgcumbe Assessment Unit

Information Booklet for Relatives and  
Carers

Part of

Older Person's Mental Health Services (OPMH)  
Citywide Locality

# USEFUL CONTACT DETAILS

**Mount Gould Hospital Switchboard: 01752 268011**

**Edgcumbe Unit Office: 01752 435399**

**Fax Number: 01752 315309**

**The Older People's Mental Health Service is managed by:**

**Locality Manager**

**Modern Matron**

**Edgcumbe Unit is managed by:**

**Ward Manager**

**Deputy Ward Manager**

**Clinical Team Leader**

**Your Consultant is: .....**

**His/Her Secretary's Number is: .....**

**Your Named Nurse is: .....**

## **Edgumbe Assessment Unit**

Edgumbe Unit is a specialist mental health unit providing short term assessment and care for people suffering from organic mental health problems. Typically these are dementia type problems, e.g. Alzheimer's disease, that cause progressive decline in cognition, memory and in social skills.

This type of illness is generally associated with older people but can be experienced by younger people. Edgumbe Unit provides an 'ageless service' and will offer support to people regardless of age. Edgumbe Unit is part of the Memory Service Pathway. There is no facility for continuing or long term care.

### **Philosophy**

Everybody's journey through illness is individual. The Unit recognises this and care is planned accordingly on an individual basis. We provide skilled care and treatment for people whilst assessing their current skills and abilities, and identifying possible future care needs. We also provide advice and support to relatives and carers and liaise with other agencies, as required, to meet patients' needs and wishes.

Based on a multi-disciplinary approach we will support people and their families to achieve their individualised care requirements. We are committed to treating everyone; patients, relatives and other professionals with respect and dignity at all time.

### **Multi-Disciplinary Team (MDT)**

The Unit team is made up of various health professionals; medical, nursing, occupational and physiotherapy; each bringing specialist skills and training to the Unit team. They are supported by clerical and hotel services staff.

The Unit also has access to further specialities, for example psychologists, speech and language therapists, and dieticians, when needed.

### **Admission**

The decision to admit your relative will be agreed by the doctor, a consultant psychiatrist, in charge of their care. If another health professional is involved, they may also arrange admission.

This is sometimes precipitated by a crisis at home, or care home, and can be upsetting for the person themselves and for the people looking after them.

Admission is a busy time. The nursing staff, and possibly one of the doctors, will need to ask questions about your relative, we will need to check that the information that we have about them is correct, and will need to ensure that we have the correct contact details for your family so that we can keep in touch with you. It is also a time when you will be given a lot of information about the unit and what will be happening in the next few days.

All of this can be overwhelming. We do understand this and will attempt to make it as easy as possible.

The primary aim of the admission will be to complete an assessment of their mental and physical health, their current needs and to identify what might be needed in the future. The unit has an assessment period that starts on the day after admission.

This looks at how well your relative can accomplish everyday tasks, for example washing, dressing, going to the toilet, together with more specialist tests to see the level their memory, their cognitive abilities and understanding.

How long the stay on the Unit will be, is determined by the assessment and the subsequent decisions that are made, but will remain within the Unit's short term limits. Most of the patients on the Unit have agreed to come into hospital.

Some, however, cannot understand the need to do so and have been compulsorily admitted under Mental Health Act legislation. If your relative is detained under this Act then the provision of care changes somewhat. There are certain restrictions in these cases.

Where the Mental Health Act legislation is not appropriate, patients will have a capacity assessment and may be subject to a Deprivation of Liberty assessment.

Should you need further information please talk to a member of staff.

### **'This is Me'**

The Unit uses the Alzheimer's Society document called '**This is Me**'. This collects information about your relative's life, family, likes and dislikes, which helps staff get to know the person. Staff will ask your relative, and you, for information to complete this. Where possible a photograph of the person is put on the front of this. We will seek their or your permission to do this.

### **Carer's Interviews**

You will be offered a date, within the first few days of admission, for an initial 'carer's interview'. This will be with a Registered Nurse and will usually be the Named Nurse who will be responsible for planning, co-ordinating and reviewing the care they receive.

This interview is to give you an opportunity to meet them and ask any questions that you have. It will also help us to gain more information about what has been happening recently, what you are thinking about the future and to discuss what support we can offer.

This is another opportunity to find out about the Unit, hopefully when things are less hectic than they were on the day of admission. We arrange it with you specifically to ensure that the nurse is available and enough time is aside to give you sufficient to discuss everything that you feel you need to talk or ask about.

These meetings will be offered regularly throughout your relatives stay to give you the opportunity to ask questions, discuss progress and raise any concerns you have.

### **“Caring for Carer’s”**

Support for ‘carers’, people who are looking after their relatives, or friends, is important to us. This is often a difficult time, with concerns and doubts about knowing what to do for the best for your relative, especially when it might not be how they, or you, have imagined their future. Please use the opportunities to ask any questions or discuss concerns that you may have. If it worries you then we consider it important.

Information for ‘Carers’ can be found on the Carer’s board, on the wall in the foyer. Please talk to a member of staff if you would like more information about any of the topics displayed.

### **Multidisciplinary Team Meetings (MDT)**

These are weekly meetings, with the consultant who is in charge of your relative’s care, and members of all the other disciplines, which reviews progress and discuss future plans. It is at this meeting that decisions about the next steps will be made.

This will be a consultative process between you, your relative, and all the professionals involved, both on the unit and from the community teams. You are welcome to attend any of these meetings but we do appreciate getting to them every week might be problematic. We will ensure that you are specifically invited to anywhere the expectation is that decisions can be made.

### **Visiting**

Visiting hours are between 14.00 and 16.30 and 17.30 and 19.00 each day. We will attempt to provide a degree of privacy when you do visit. This will depend on how many visitors are on the Unit. It is better not to overwhelm your relative with too many people at the same time.

These times can be more flexible at weekends. If you experience difficulties with these times please discuss it with a member of staff and we will attempt to accommodate your requests.

To respect the privacy of all our patients we ask that visitors do not go down to bedrooms unaccompanied by staff.

If you have young family members that you would like to bring with you; you are asked to contact the unit before doing so. To allow children onto the Unit we must be able to provide a designated room for your visit, in line with the LSW’s policy on Child Protection.

## **Emergencies**

All staff are trained in emergency procedures. The Unit is designed to contain fires to allow safe evacuation.

In the event of a fire on the unit all patients and visitors will be evacuated from the Unit. Please cooperate with the staff who will take charge of the situation to ensure everybody's safety. We ask that all visitors sign the visitor's book in the main entrance to assist us with this process.

In the event of a sudden deterioration of your relative's physical health it might be necessary for them to go to Derriford General Hospital. We will make every effort to contact you before this but if it is an emergency we might not be able to contact you prior to them leaving. We will keep you informed of what is happening.

## **Confidentiality**

All our staff are trained to respect confidentiality. We may need to share information with other professionals helping your relative. If you are concerned about this please talk to our staff.

## **Disabled Access**

The layout of our Unit is sensitive to the needs of individuals with disabilities, it is all on one level with double width corridors and wide doors.

## **Valuables**

Please do not bring valuables, jewellery, large sums of money or items of great sentimental worth into hospital. If this is unavoidable and they cannot be taken back then please inform a member of staff.

Many people benefit from having photographs of family and friends in their room. We would suggest that any pictures are copied so that if anything does happen to them the originals are not lost. LSW cannot accept liability for the loss or damage to items that are not handed in for safekeeping.

## **Spirituality**

Spiritual health is important to everyone's overall wellbeing. Being unwell with its fears and uncertainties may make people want to explore their faith. LSW has a spiritual care advisor team available to talk to, whichever faith they follow. Please let a member of staff know if you think your relative would like a visit, if you would like to see one of them yourself or if you know of any requirements you or your relative need to practice their faith.

## **Toilet and washing facilities**

There are numerous toilets situated around the Unit for the use of patients. There are assisted bathrooms that are used for bathing patients. Showers are available for those that prefer them. There is a toilet available for visitors.

## **Clothing**

Patients wear their own clothes during the day, so will need enough clothing to be able to do so. We ask that they bring with them enough clothes, day and night wear, for several days to ensure sufficient for them to wear. Appropriate footwear, soft shoes or slippers should also be brought in.

Unfortunately many of our patients are confused. They can sometimes go into the wrong bedroom and pick up clothes that are not their own. To help with this we ask that all clothing is marked with the person's name, to minimise the risk of it getting confused with other patient's clothing or lost.

We will do this on admission if it cannot be done before. Unfortunately, even when named, some clothing does go missing. As with valuables LSW cannot accept liability for loss or damage to clothing.

## **Toiletries**

Please ensure that your relative has sufficient toiletries for their use during their stay. Staff can check what is running low if you wish to phone before visiting.

## **Laundry**

Clothing will need to be washed. Some of our patients have problems which cause their clothes to be more soiled than normal wear would produce, which does generate more washing. Some relatives prefer to wash the laundry themselves. Alternatively the unit can launder clothing, in the absence of a carer.

If you are taking the washing home you must be aware that some of it may become contaminated with blood, urine or faeces.

## **Post**

Mail for your relative can be sent to the Unit, and will then be passed onto them. Outgoing mail can be posted but the unit does not have access to postage stamps so you would need to provide these.

## **Telephone**

If you have any questions or want to enquire how your relative is then you are welcome to phone the unit to speak to one of the nurses.

There is a cordless phone available for use. Unfortunately, due to the level of confusion of many of our patients it is not possible to leave it unattended. If you inform staff when you would like to phone your relative they will ensure that they are able to accept the call.

## **Alcohol**

No alcohol is allowed on the premises. Alcohol may interfere with medical treatment. Please discuss this with a member of staff if you have any concerns.

## **Medicines**

If your relative is being admitted from home please bring all the medications that they are taking with them and give them to the nurse who is admitting them. Please make staff aware of any allergies that you know your relative has, or any medication that they have had in the past that has not 'agreed with them'.

It is also very helpful to know of any 'side-effects' that they might have experienced previously. This will help us to maintain the current medications for your relative. If for any reason you are unable to bring their usual medications into hospital with you then bring a list of them if possible.

We will make sure that your relative receives the medicines that they need during their stay. These might change during the admission and we will send a supply of the new medications with them on discharge.

## **Mealtimes**

There are three main meal times, breakfast 08.00, lunch at 12pm and tea at 17.00, which offer a well balanced diet and promote a sense of social occasion, which helps the assessment process. In addition there are drinks and snacks available throughout the day. Special dietary requirements will be met wherever possible. If you are aware of any dietary requirements, or specific likes or dislikes, please inform a member of staff.

Meal times are considered protected time, free of interruptions and distractions. Where possible we try not to make appointments for investigations and case conferences at these times. If someone is admitted in the evening there will be a light snack available.

## **Hand Washing**

Hand washing is one of the most important measures hospital staff and visitors can take to prevent the spread of infection in hospital. We would like you to help us with this. There is a

wash basin that should be used, between the doors of the main entrance, for visitors to wash their hands before and after visiting.

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.

## **Discharge**

The staff team will work with you to arrange any care needed following the hospital stay. This might include advice and support, practical help at home or considering alternatives such as residential or nursing care. Nobody is discharged until we are sure that everything is in place and ready.

## **Transport**

We will make sure that transport is arranged when people are discharged. This is usually an ambulance, and times cannot be guaranteed. Some relatives prefer to collect people themselves. Please discuss this with the named nurse if you would prefer to do so.

## **Gifts**

Individual members of staff are not allowed to accept gifts which have any monetary value. Gifts, such as chocolates or biscuits, can be donated to the ward team, and are much appreciated. If you do wish to make a monetary donation to the ward then it should be to the Unit fund. Donations should be made to 'Livewell Southwest Edgcumbe Charitable Fund', This money is used to benefit the unit and everyone who is a part of it.

## **Smoking**

LSW has a No Smoking Policy. Smoking is not permitted in our buildings or grounds, with the exception of mental health units, where smoking is permitted by service users in grounds only. For the protection of our staff, we request that you provide a smoke free room when receiving a visit from a LSW staff member in your place of residence.

## **Your Views**

We are interested in your views on our ward and how we can improve what we do, either for your relatives or for you. Please discuss any suggestions or raise any concerns with the named nurse or with the ward manager.

## **Complaints, concerns and compliments**

We welcome your views about our service. If you have any, please contact our Customer Services Department on 01752 435201.

If you wish to make a formal complaint, please contact the same number.

## **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 duration of the in-patient admission will be managed by the LSW Consultant and nursing staff. 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.

### **Discharge processes**

Discharge planning of Devon Partnership Trust 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.