

An Increase in time spent with the door unlocked at the start of the project from an average 95 minutes per week, to an average of 3162 minutes per week !!!

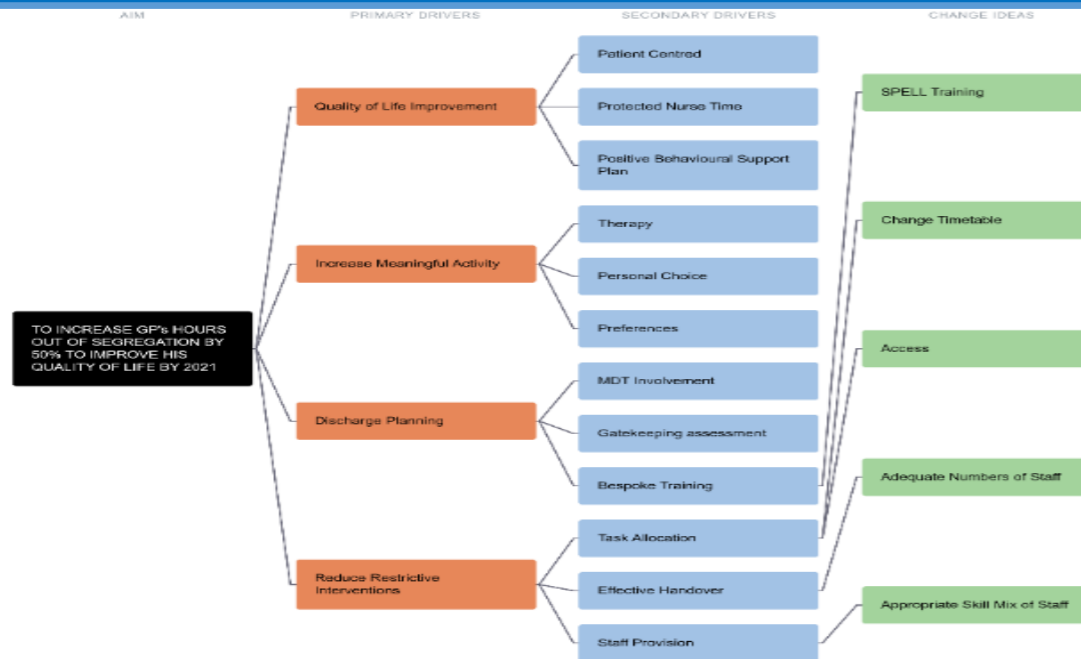
AIM

To increase GP's hours out of segregation by 50% to improve his quality of life by January 2021

WHY IS THIS IMPORTANT TO SERVICE USERS AND CARERS?

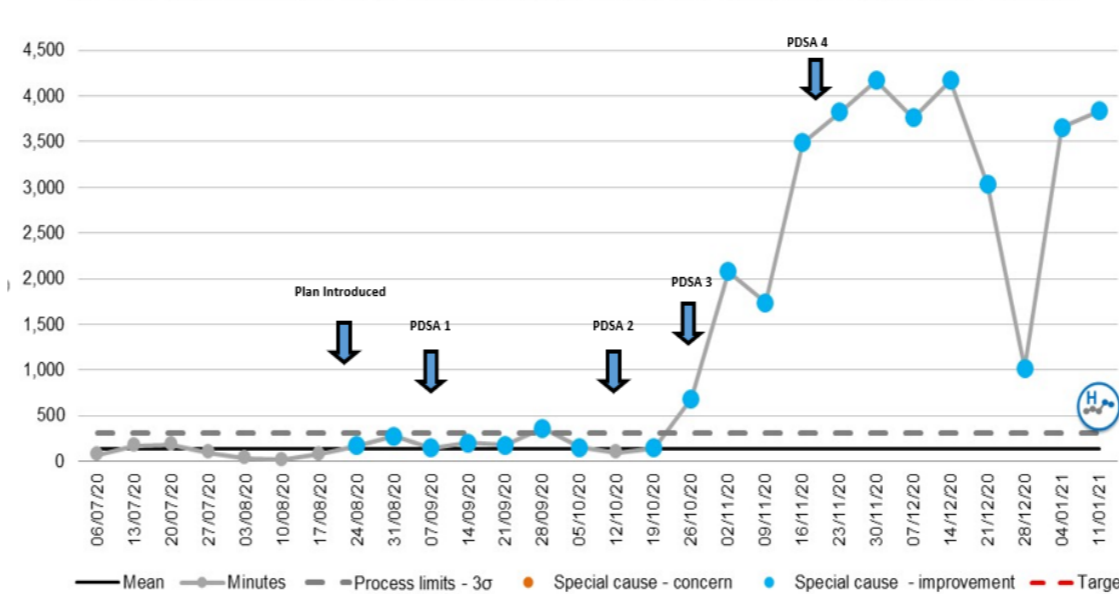
One specific patient within the LD service, has complex needs including autism, psychosis and behaviours that cause concern. They have spent over 9 years in long term segregation within Rampton Hospital and as a result has developed a fear of spending time anywhere other than his individualised living area. The improvements to his life should be seen by a reduced anxiety and an increase in self-esteem via a low arousal exposure to the physical unlocking of the door. Therefore this would encourage him to engage in more meaningful activity and thus provide a better quality of life. Involving and understanding the concerns of the staff should lead to a stronger relationship between them and this patient.

DRIVER DIAGRAM



DATA

Length of Time (in Minutes) Segregation was relaxed -Aintree Unit -Rampton Hospital starting 06/07/20



Testing/PDSA's

PDSA 1 - SPELL training and Reflective practice roll out: A two day Autism training programme (SPELL Framework) for ward staff, this will be rolled out each week for the coming months.

PDSA 2 - Identifying staff on rota: Initially the plan was not always being followed, as staff had not been identified to support GP during the time slot, this led to opportunities being missed. It has now been made a regular duty on the rota, as with other observations and responsibilities.

PDSA 3 - Confidence and Communication: An email was sent to staff reaffirming reasons and aims for the project as staff were unclear of its importance. What benefits it would give to them, long term goals and exact wording and support for the planned changes of working with the specific patient.

PDSA 4- Introduced a 'New Mantra for staff to follow, created as part of "My Routine" document displayed outside room for staff to refer to **"My door is now unlocked as standard and only locked as needed"** rather than other way also Introduced a DASA rating scale to support staff with a rating their risk. (The dip in hours at Christmas were due to reduced staffing numbers in the hospital)

PDSA 4 Document

My Routine

My dayroom door will be **unlocked at 9am** even if I am still asleep. At this time all staff should be aware I am now being nursed on my privacy locks only.

Please lock the door next to the seclusion rooms.

As I am continually observed my DASA score is monitored closely, if I score above a 1 my door can be relocked until I am calmer.

My hatch should always remain open to allow for conversation and interaction, only closing during periods of severe agitation.

Staff are to regularly encourage me to get out of bed and start my day by entering the dayroom.

Verbal encouragement is needed to support me to complete my morning routine

- I need to shower and use shower gel and shampoo
- Clean my teeth
- Use deodorant and body spray

As a reward I like a bottle of fizzy pop - 7up is best after I've cleaned my teeth as I think Pepsi and Fanta have been poisoned due to the toothpaste taste.

Please refer to me as 'friend' as I don't always respond to my name, I may tell you which name I want to be known by in which case use this.

I need to be encouraged to leave my room to access my locker for all snack and drinks as I will often ask for them to be brought to me.

When I choose to leave my room, I will be accompanied by three staff to support me on the ward or if I want to go for a walk.

When my meals are provided, I will have my door locked until I have handed my cutlery back.

I like staff to be ready to engage with me and not distracted reading papers etc however I do not want to be pressured into engaging activities such as games or therapy sessions.

My door will be locked again at 7.30pm.

My door is now unlocked as standard and only locked as needed.

SUMMARY

- Since the introduction of Independent Care Treatment Reviews (CTR) the amount of time spent in segregation with little time spent with his door unlocked had created much scrutiny from both internal and external parties.
- The barriers to reducing segregation included the patients own choice to live in self isolation, his difficulties building trusting relationships with people, challenges with his communication and staff concern due to his history of violence.
- The Aim was to encourage small short term goals, which could become embedded into daily practice. Attempts were made to discuss this plan with GP to obtain collaborative involvement, however his level of understanding is limited and is unaware he is in hospital.
- Involvement and engagement from all staff was gained early on by listening to their concerns and giving a team wide approach of support, communicating this in numerous ways with individuals and groups of staff on the ward where necessary. Allowing for fact checking of past history of risks. Other ward Patients were informed of the plan and given opportunity to discuss their concerns. Now there appears to be a better understanding of his needs versus risks, staff are more relaxed around the plan.
- The team members on Aintree need to proud of their approach and the outcomes achieved so far, advocating continuously for GP to have the best quality of life possible and new staff have established meaningful relationships with him building his trust in a greater number of people, therefore increasing his self esteem and confidence in life and not being restricted behind a closed door.
- The Aim has been successfully achieved if not surpassed with a huge increase in the time spent locked in his room allowing for him to come and go from his room a lot more easier and now the ongoing Aim is for the Patient GP to continue to improve his quality of life and looking to move him on from this service to purpose built medium secure unit.
- A podcast/discussion has been made [Podchat - QI Project on Aintree Ward, Rampton Hospital - YouTube](#) discussing the QI process and progress of this project as of January 2021 and how useful this can be for other patients on Aintree and in the wider community sharing what works. Creating a base and then tailoring it to each individuals needs. The next plan is to design an easy read version of the plan for patients to understand the importance of this project, including a Communication in Print document for patient to access in a simple visual format.