

Please find attached, evidence of some of the many initiatives taking place across the Adult Community Network, within Lancashire Care Foundation Trust, which aim to improve the quality of care our service users receive and ensure individuals are treated with respect and dignity.

Making Meal Times Fun Pilot Project- This project is being developed as a direct response to the feedback that we receive from patients on the mental health inpatient wards

Meal times provide the rhythm of the day, by breaking up the day, provide therapeutic, relaxed and social opportunities between patients, and between staff and patients, and of course, vital for correct nutritional and fluid consumption. However frustrations with meal times been identified by both staff and patients are often due to:

- Confusion in identifying meals for patients
- Unprepared work area and staff
- Lack of food storage facilities
- Meals delivered to wards at varying times
- Lack of true choice
- Inappropriate crockery and cutlery
- No clearly defined eating area
- Bland eating areas
- Cold food
- Hurried negative experience – patients sometimes complain of being rushed away from meal table when they want to relax and enjoy meal and socialise. Because the pots and cutlery have to be back on the trolley to be returned to kitchens by a certain time

All this can have a negative impact upon the meal time experience for both patients and staff, leading to limited food and fluid intake, and the spoiling of otherwise potentially therapeutic encounters. It is anticipated that the project will help to develop a baseline of current practice at meal times within an older persons dementia care ward, trail the evidence base re red crockery where the cared for person has memory difficulties, and develop meal time protocols for use across all the older adult inpatient areas.

Person Centred care - The development of a compassionate, respectful and sensitive culture has become a priority for the trust. In meeting the needs of individuals in our service, we view every episode of care as an opportunity for mutually compassionate person centred exchanges. Within the adult community network, particular tools and ways of being to make this happen are being developed including:

Embedding routine Dementia Care Mapping into practice - Dementia Care Mapping (DCM) was developed by Bradford Dementia Group to evaluate the care of people with dementia. It focuses on people's

individual needs, not only routine care. It involves careful observation and recording of what happens to and around each person and how they respond. Information collected is then compared with standards of care. We plan to use DCM to help us provide the best care we can to all patients with dementia. Each ward mapped will develop, implement and plan actions to deal with the issues raised. The ward will then be mapped again, hoping to record improvements achieved in the meantime. We now have 29 trained DCM and a rolling programme of mapping across the network. See attachment.

Person Centred Care training for the whole workforce - *“Personhood...a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust. Both the according of personhood, and the failure to do so, have consequences that are empirically testable”* (Kitwood, 1997). It is a training priority for the network to offer Person Centred Care Training for *all* 850 staff, this includes a one day workshop and a half day follow up session.

Transformation our Dementia Wards

With ward environments that are sometimes sterile, neutral, blandly decorated, no focal points of interest, poor access to fresh air, but compliant with infection control, neat, organised and easy to clean. Clients have little opportunity to have certain basic needs met for example; a sense of significance / achievement / purpose. With basic needs going unmet and limited access to psychological support, clients are more likely to engage in unusual, challenging behaviours. Our vision is to become demonstrator sites for other areas to visit and learn from, not just “top show” but embedded into the whole ethos of our wards – a true psychosocial approach to care. Our wards are becoming become more colorful and vibrant with lots to do. We are engaging our service users and becoming compassionate, respectful and dignified. We are striving to provide each client with a thorough individual assessment of their behaviors’ deemed challenging, and then work towards meeting the unmet needs identified. See attached cake model.

Seeking the views and opinion of persons with dementia-

The fundamental motivation of this initiative is to challenge assumptions that a person with a Dementia is not able to express their views and opinions. To do this, we helped staff gain a better understanding and **see** the person with dementia as a person in their own right, able to continue making valuable contributions.

We aimed to acknowledge, respect and support each individual in expressing their views and opinions in a way that is appropriate for them eg in a group setting and/or on a one to one. Also to cultivate and nurture

an environment that respects the individual and, by being creative, enable communication, such as the development and use of mood-boards and pictures. See attached powerpoint presentation (**Paper presented at NHS Lothian and Edinburgh Napier University Inaugural International Conference on Compassionate Care, June 2010**)

“Your time sessions”

Staff in residential or ward settings are often “task orientated”, experiencing staff shortages and competing demands- spending time talking with individuals about their care or experiences is not always seen as a priority. The “your time” sessions are regular ward meetings with the patients, including individuals with cognitive impairment. These are facilitated by either volunteers or service user involvement leads. Some prompt questions are used to get patients to discuss issues on the ward ie environment, staff attitudes, care planning and treatment, meals. Any issues identified are fed back to the ward manager and actions identified which are then fed back to the patients. This approach reduces levels of dissatisfaction that may develop into formal complaints, it improves communication and hopefully the patient experience. See your time prompt sheet attached. We have a proactive approach to service user engagement and involvement with a specific engagement action plan, involvement newsletters and initiatives to open up volunteering opportunities to service users and carers.

Dignity Action Day

In order to celebrate National Dignity Action Day in February 2010, and again in 2011 a number of events were organised to explore the importance of dignity and respect in care. Invitations included those who currently using Older Adult Mental Health Services, informal carers, friends and families, private and voluntary care organisations, partner agencies and the public. The events ranged from celebrations of Chinese new year, tea and cakes, tea dances etc. At the events individuals were asked to complete wish cards, to describe what aspects of the service worked well, and what they would like to see changed. These comments were collated and feedback provided to team for action, small changes made a huge difference ie access to hot drinks when required on inpatient wards. In 2011 we challenged all the senior management team to become Dignity Champions and we now have 52 champions registered.

Ward Environment assessments-

These are conducted in all inpatient areas and are led by senior clinical staff and **service users**, issues such as single sex accommodation, privacy, choice, respect and modesty are considered and action plans developed to address issues identified.

Service evaluation.

NHS Blackburn with Darwen (BwD) worked with BwD Older People’s Forum (OPF) involving volunteers to conduct peer interviews with patients of the Lymphoedema Service to gauge their experience and satisfaction with the service. The lymphoedema service provides a comprehensive service for the needs of patients with cancer and non-cancer related lymphoedema. Questions posed in the focus groups included

issues of respect and dignity, involvement in care and suggestions for improvement. Paper to be presented in October 2011 British Lymphology Conference in Nottingham.