Improving the Patient Experience of Admission to an Older Persons Acute Mental Health Ward: Promoting Partnership Working between Patients/Family, Carers and the Nursing Team during Admission

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**Project title**
Improving the Patient Experience of Admission to an Older Persons Acute Mental Health Ward: Promoting Partnership Working between Patients/Family, Carers and the Nursing Team during Admission.

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**SUMMARY**
The ward where the project took place is a 17-bed acute older male inpatient ward providing assessment, care and treatment for people suffering with acute mental illness. It predominately admits people over 65 years of age with acute mental illness and under 65 years of age with dementia. Following a complaint from a carer a successful application was submitted to the Patients First Programme at the Foundation of Nursing Studies. The project aim was to improve the patient and family experience of an admission to an acute mental health setting for older adults by:
- Exploring the patient and family experiences of an admission to the ward and how this contributes to the initial and subsequent relationships with nursing staff
- Understand the context of practice and care team’s experience, beliefs and values surrounding admission
- Working together as nursing staff to improve patient experience of admission through better partnership working with patients and families

A number of methods and approaches were used including patient and carer questionnaires, staff informal discussions, action learning groups and SWOT analysis.

**Outcomes achieved were:**
- An information resource for families and carers
- Family and carer suggestion books
- Patient room signs
- Family and carer drop in sessions
The project team faced many challenges including a change in ward leader four times, difficulty in engaging a critical mass of nursing staff and a change in role for the project lead. Despite this some small initiatives were achieved.

**BACKGROUND**

*Literature Search*

The Care Services Improvement Partnership (CSIP) acknowledges that services for older people with mental health problems cannot become truly person-centred without incorporating the views of users and their carers in all aspects of service planning, development and care delivery (CSIP, 2005). The National Service Framework for Older People discusses that older people and their carers should receive person-centred care and services which respect them as individuals and which are arranged around their needs (Department of Health, 2001).

The recent National Dementia Strategy for England also supports the move towards person centeredness in care and that all health and social care staff involved in the care of people with dementia require the necessary skills acquired through continuous training to deliver best quality care (Robinson et al., 2010). Nolan et al. (2002) argue that there needs to be a move away from a focus in which the professional is expert, to a position that recognises the expertise of carers in their situation and the person with dementia as experts in their own experience. They argue that this approach requires a mutual appreciation of each other’s knowledge, recognition of its equal worth, and it’s sharing in a symbiotic way to enhance and facilitate joint understanding. For this to be implemented in practice, they argue for a model of working, where work is done to find an agreed understanding of the best possible arrangements for care and this involves all the major parties, i.e. patient, family and professional carers. Nolan et al. (2001) call this approach relationship centred care.

There appears to be very little research-based evidence to inform staff specifically in how admission to an acute mental health setting should best be managed for older people. However various research strategies have been used to investigate activity and conditions in modern psychiatric wards in the UK (summarised in Quirk and Lelliott, 2001). Surveys and other quantitative studies have shown that wards are busy and often crowded places, that the patient group includes many people who are detained under mental health legislation, that violent incidents and episodes of sexual harassment are common and that nurses spend less time in face-to-face contact with patients than they did 10 years ago. They describe hospital care as a “black box” into which people are admitted and discharged but little is known of what happens to them whilst they are there. Another study (Breeze and Repper, 1998) found that patients perceived to be “difficult” were able to identify the qualities of nurses and nursing interventions that positively influenced their care experience. These included instances where nurse’s demonstrated respect, gave time, delivered skilled care and were willing to give patients some control and choice in their own care. Experiencing this type of care led to reduced feelings of anger. Quirk and Lelliott (2001) found that it was hard to identify what aspect of care helps in patient recovery; however there was most evidence to support the quality of the nurse-patient relationship.
Matiti and Trorey (2004) discuss that communication is vital to maintaining the dignity of the older person and their family and carers, as being involved in care, feeling in control and needing information are all contributing elements. Establishing a good relationship at the outset of a care episode can enable the family, carer and nursing staff to work together to contribute to the patients care in the future. As Matiti and Trorey (2004) further discuss older patients can have a tendency to accept decisions made by professionals who frequently fail to involve them in decision-making. Alternatively, they argue that if people feel valued, this can contribute to quality of life in old age.

The Ward Setting
The ward where the project took place is a 17-bed acute older male inpatient ward providing assessment, care and treatment for people suffering with acute mental illness. It predominately admits people over 65 years of age with acute mental illness and under 65 years of age with dementia. The ward admits people from across Oxfordshire.

Patients have a range of mental health needs and include those with dementia with behavioural disturbance - often people with this diagnosis are very emotionally distressed, have behaviours which are distressing for them and those around them such as agitation, aggression and acute restlessness – this can be both physical and verbal.

Family members have often lived and cared for their loved ones, with this difficult behaviour for some time and it is not unusual that an admission is at a point of crisis for the family and may often be undertaken utilising the Mental Health Act (Department of Health, 1983). From the project team’s experience, families often feel a great deal of guilt and anxiety about admissions under such circumstances.

Ideally during the admission process, a great deal of time is required to give information and reassurance to the patient’s family/carer and is crucial in developing the building blocks of a therapeutic relationship where thoughts and feelings can be shared openly, thus promoting trust and inclusion for the patient/family/carer from admission to discharge from hospital. However in practice, the time available to the nursing team to support family/carers with the admission process is very variable due to the competing priorities of a busy acute ward. In the project team’s experience, family and carers may often feel excluded from and powerless in the admission process and unsure of how the family member may be cared for during their admission.

An incident on the ward highlighted this. A patient with a cognitive impairment was admitted to the ward with aggressive and challenging behaviour. She was being cared for at home by her family who were finding it increasingly hard to care for her with such challenging behaviour. This resulted in the Community Psychiatric Nurse suggesting that an admission to hospital for a period of assessment and treatment would be appropriate. It was agreed with the family that the patient would be assessed for a period of 72 hours and no medications would be used. However when the lady was admitted her behaviour was extremely agitated and the medical team felt in was in the best interests of the patient to section her under the Mental Health Act and to use medications to calm her aggressive behaviour. Following this the family submitted a written complaint and an investigation was
subsequently launched. This identified that the family members had been given conflicting information from different team members about the process of admission and the treatment plan. This incident prompted a nursing team member to submit an application to the Patients First Programme at the Foundation of Nursing Studies (FoNS), which was successful. It was envisaged that this would provide nursing staff with an opportunity and the support to review patient and family experiences at this stressful time, and to improve the care given at this crucial time in the admission process.

**AIM**
To improve the patient and family experience of an admission to an acute mental health setting for older adults.

**OBJECTIVES**
- To explore patient and family experiences of an admission to the ward and how this contributes to the initial and subsequent relationships with nursing staff
- To understand the context of practice and care team’s experience, beliefs and values surrounding admission
- To work together as a nursing staff team to improve patient experience of admission through better partnership working with patients and families

**METHODS AND APPROACHES**
Rycroft-Malone (2004) argues that providing education and assessment tools alone, though necessary for skill development, have not proven sufficient in themselves to change practice in the past. This is a feature of many interventions which have failed to be adopted in clinical settings. So the project team looked to the emerging literature of practice development to inform the methods of the project. Initially, the methods were used to enable an exploration of the issues and concerns for the families and carers involved in the admission process. The data was then presented to staff to enable them to actively explore ways that nursing staff could begin to work with patients and their carers to improve the admission experience and implement these on the ward. These methods have been proven effective in previous work undertaken by the project team and others (Dickinson et al., 2005, 2007; McCormack et al., 2004).

A number of approaches were used within the project, these included:
- Patient and carer questionnaires
- Discussions with patients and families
- Staff questionnaires
- Discussions with the nursing staff
- Context Assessment Index (CAI)
- SWOT analysis
- Facilitation of action learning discussions with staff

**To Explore Patient and Family Experiences of Admission to the Ward and how this Contributes to the Initial and Subsequent Relationships with Staff**
The approaches used to achieve this objective were:
- Patient and carer questionnaires
Discussions with families and carers

Patient and carer questionnaires
Initially it was thought by the project team that creating a carer drop in session would provide opportunities to enable staff to listen to carer concerns. It was decided that an information letter (see Appendix A) and a questionnaire would be a useful way for families and carers to be honest and give anonymised feedback about the proposed drop in sessions. A questionnaire (see Appendix B) was designed by the project lead and given to family and carers who were visiting the ward to complete. The low rate of return was disappointing and it was felt by the project team that the design of a second questionnaire (see Appendix C) with more open ended questions may be better received. However, this was not the case and in total eight completed questionnaires were returned. It became clear to the project team there would be some challenges in gaining this feedback from family and carers, as they appeared reluctant to complete questionnaires.

Discussions with families and carers
Undeterred by the lack of response to the questionnaires the project team decided to take a different approach to gain feedback from families and carers. It was felt that a more personal approach may yield a greater response. The project lead therefore approached families and carers who visited the ward to conduct short informal discussions. Written consent (see Appendix D) was gained from all those that took part and the information received was anonymised.

The discussions were structured around three simple questions:
- How did you and your family come into contact with the Older Persons Mental Health Services?
- What information were you given on admission to the ward?
- Do you have any feedback or concerns about the admission process?

In total fifteen carers and members of patients’ families were able to take part in these discussions, which on average took around ten minutes. Written notes were taken of these discussions and themes were collated by the project team and these are presented in the findings section.

To Understand the Context of Practice and Care Team’s Experience, Beliefs and Values Surrounding Admission
The approaches used to achieve this objective were:
- Staff questionnaires
- Context Assessment Index (CAI)
- Facilitation of action learning groups with nursing staff
- SWOT Analysis
- Informal discussions with nursing staff members

Staff questionnaires
Initially a questionnaire was devised by the project lead and circulated within the nursing team (see Appendix F). A total of thirteen questionnaires were completed and returned. The
findings from these were collated by the project team and are presented in the findings section.

**Context Assessment Index (CAI)**
The Context Assessment Index (CAI) (McCormack et al., 2009) looks at three elements of the context of care (culture, leadership and measurement), the characteristics of which are assessed along a continuum from ‘weak’ to ‘strong’. The key elements being measured are: culture, leadership and evaluation of practice. For an effective context that is open to change and person centred, the three elements being assessed all need to be measured as ‘strong’. It was felt by the project team that this index tool would help the nursing staff to explore the context of the ward and identify areas for focused work. A copy of the CAI was given to all nursing staff to complete anonymously, they were asked to return completed questionnaires to the project lead. Again the number of completed questionnaires was very low and due to the disappointing return rate this approach was discounted as the project progressed.

**Action learning groups**
The project team wanted to support ward nursing staff to think about how they could facilitate partnership working between families and staff, and to develop a more consistent approach to involving families in care. Action learning (AL) was the one of the approaches chosen by the project team to achieve this within the project. Action learning is a way of collaborating together in small groups to regularly review and reflect on issues. Bourner and Frost (1996) argue that it can increase morale, promote a sense of ownership and belonging, and attitude change, thought to be one of the most difficult aspect of change to achieve. Action learning is also one approach thought to link organisational and individual development (Newton and Wilkinson, 1995; McGill and Beaty, 1998).

Action learning groups were held monthly on the ward during the shift handover periods and were facilitated by the project leads. In total, five action learning groups were held with an average of six to nine nurses attending. The facilitators aimed to provide “high challenge and high support” through their facilitation (Kitson et al., 1998) thus providing the support and conditions necessary to give the project maximum opportunities for success.

At the first action learning group meeting ground rules were discussed and agreed. Examples of the ground rules:
- Discussion will be confidential
- We will listen to each other
- Everyone has an equal say
- We will support each other
- Everyone’s input will be respected

At the first meeting a SWOT analysis was also carried out. A SWOT analysis is described by Pearce (2007) as an effective way of identifying strengths and weaknesses, and of examining the opportunities and threats. It is a simple tool that can be used in many different situations and will enable a team to focus their activities. The results of the SWOT analysis
are in the findings section and this was used as an awareness raising exercise with the nurses, but also to generate ideas for the project to focus on for change.

Within the action learning groups, nursing staff were encouraged to bring critical incidents (Flanagan, 1954) from their practice to discuss and to think about ways to improve communication with patient’s families. The aim of this method was to enable practitioners to reflect on the patient admission experience, to explore what they already knew about it in relation to practice and to discuss as a group any potential solutions to improving care. There was an emphasis on “action”. Nursing staff were encouraged to make changes to their practice and reflect on and review the effectiveness of the changes in subsequent sessions. This was felt to be more effective by the project leads as an approach as opposed to merely instructing the nurses about admission through formal teaching sessions, which can have little effect in enabling a change in practice (Dewing, 2007). The groups continued throughout the project and were used by the nurses that attended to reflect on the process and experience of patient admission, but as the project progressed the groups were also used to generate ideas and action for change and develop practice and the project.

Informal discussion with nursing staff
Short interviews with members of the nursing team were also conducted by the project team to gain a further perspective of some of the issues when supporting families and carers. These ran for approximately 15 minutes and were allocated as protective time in order to work on the project away from the clinical area. These were conducted in interview rooms based on the ward. Ten members of the nursing staff, who were selected randomly were involved in this process, and written consent (see Appendix E) was gained from those that took part. The interviews were structured around 3 simple questions:

- How do we prepare as a team for an admission?
- What roles are allocated in the admission process?
- How are patients and families supported on admission?

Written notes were taken of these discussions and themes were collated by the project team and these are presented in the findings.

To Work Together as a Nursing Staff Team to Improve Patient Experience of Admission through Better Partnership Working with Patients and Families
Over the period of the project the methods and approaches changed and developed in response to the challenges faced by the project team and will be further explored in the discussion section.

The approaches used to achieve this objective were:

- Continued facilitation of action learning discussions with nursing staff
- Drop in family and carers sessions

Action learning groups
The action learning groups continued throughout the project and were used by the nurses that attended to reflect on the process and experience of patient admission, but as the
project progressed the groups were also used to generate ideas and action for change and to develop practice and the project.

**Drop-in family and carer sessions**

Drop-in family and carer sessions were introduced by the project team on a monthly basis for all patients, their families and carers despite poor feedback from the original questionnaires. This was an idea generated from the action learning groups. The intention was to provide an opportunity on a regular basis for discussion and feedback from patients and families, of how to improve the ward environment and to discuss any new developments. These were facilitated by two professionals and included the ward occupational therapist and a nurse. The sessions were held in the ward conference room and were intended to provide a relaxing and welcoming atmosphere with refreshments being served. The sessions ran for two hours and provided the opportunity for informal discussions and sign posting for families of services available in the community. Attending these sessions proved to be a useful way to provide additional time for families and carers to share their views and ideas with the nursing team.

**FINDINGS**

**Feedback from Family and Carers**

A number of themes were identified by family and carers from the informal discussions (these have been anonymised to protect confidentiality) and a selection are in the box below.

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“I am unsure of who is the best person to ask about the welfare of my family member.”

“I would like to help in supporting my family member in the mornings and with meals but I do not know if I should do this. I don’t want to interfere with nursing staff and what they are trying to do.”

“I have received conflicting information about my family member, how they are and what is the next plan in their assessment. I am unhappy with not being informed at the time about the changes to my family members care.”

“The nursing team are doing their best under difficult circumstances so I don’t want to bother them with anymore questions but sometimes I would like to talk to someone.”
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Challenges Identified by Staff from the Questionnaire (see Appendix F)

- Staff thought that there was a lack of time to support families and carers due to nature of work on a busy acute ward
- The need to attend to patients who are acutely unwell means that there is little time to give quality time to family and carers visiting the ward
- A feeling of disempowerment was also evident within the nursing team:
  Sometimes things are out of our control. We can have an admission where we have not had enough time or preparation and feel not included about decisions of the patient being admitted
- Variability in the admission procedure for patients:
  The procedure of admitting someone to the ward can vary from patient to patient, this can be due to the patient’s mental and physical health presentation when coming on to the ward, or it can be because different nurses have different ideas and priorities about what needs to be achieved as part of the admission process
- A lack of information about the patient being admitted:
  On occasion we do not receive enough information about the patient prior to them being admitted, such as history or risks

Improving the Service - Identified by Staff
The questionnaire (see Appendix F) revealed common themes as to how to improve the service including:

- Welcoming and reassuring the family and carers
- To work as a team
- To offer a suitable area on the ward to meet with family and carers
- Informative in a complex environment
- To have a clear structure of the admissions process for families and carers to understand
- Honesty and collaboration when care planning
- Time to share knowledge and experiences

Action Learning
Once the family, carer and nursing team questionnaires had been completed regular action learning (AL) groups were started with the aim of exploring further ways in which families and carers could be better supported by the team. The nursing team viewed this as a productive way to discuss ideas and to promote communication as a team. Members of the team shared the responsibility of recording minutes and these were used to reflect back on the work achieved at the start of each meeting.

SWOT Analysis
“How can we support families and carers?” – conducted at the first action learning group. The SWOT analysis provided a useful tool in promoting discussion amongst the nursing staff who attended, surrounding current practice and the challenges that this presented. It
enabled active participation from members of the team who may have been more wary of contributing to a group discussion at previous meetings.

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<td>Caring</td>
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**Idea shared during the action learning groups:**

- Informal visits prior to admission to establish if best idea or alternative with General Practitioner or District Nurse
- Member of medical team to liaise with patient and family on admission
- Ward nursing staff assess the patient prior to admission to have correct and full information of the patient instead of relying on others assessments
- Rethinking family/carer visiting times
- Families to be well informed of any changes i.e. medication, transfer, discharge planning
- To make sure families are given consistent information especially with the shift changes
- To develop relationships with community teams to enable an accurate plan to be in place prior to admission and continue a relationship throughout stay rather than lack of input until discharge
- The ward booklets that are given on admission could be given to the patient in the community prior to admission
- Issues - liaising with medical team, community team and other professionals
- Referrals to ward, what is the correct process

**Drop In Family and Carers Sessions**
The project team received feedback from one patient’s relative, who requested to have more information about which nurse was allocated to the patient as this would make it easier to approach the right person for help. Another relative said it would be useful to have some way to communicate with her father’s primary nurse as well as other nurses,
particularly when the issue was relatively small e.g. to request something, and they didn’t necessarily want to bother staff on duty. Feedback was also received about how to contact other health and social services that might be useful for them and the patient. This feedback was documented and discussed in nursing team action learning groups.

**Actions Taken Forward in Practice**

**Family and carer suggestion books**

Through sharing ideas in the action learning groups, the nursing team decided to implement a comment book for families and carers. These would be placed in patient’s rooms and clearly labelled. Families and carers were informed of the books on admission. As a nursing team it was felt that these books would be a useful way for families/carers to write down their thoughts, any queries and suggestions. The nursing team updated these books for each patient who was admitted to the ward, to ensure no confidential information was shared. The books were regularly audited to see if families and carers were using them. There were some positive outcomes as a result of the suggestion books and the nursing team were able to support families and carers to make some changes to the nursing care provided, as a result this has been implemented as part of our day to day practice on the ward. By achieving this, family and carers were promoted as active participants in the planning of the patients care.

An example of a positive outcome from suggestion book:

22.06.11 “My father is having difficulty getting in and out of bed. Is there any equipment that might help him?”

25.06.11 – comment reviewed - bed changed to high/low bed to support patient when getting in and out of bed.

**Patient room signs**

The nursing team discussed the amount of information that is shared with the patient, family and carers on admission and it was recognised that sometimes the amount of information can be overwhelming. In addition to the feedback from one relative who asked to know the name of the nurse in charge of their relatives care, to enable them to know which was the right person to approach for help. So using this feedback, it was decided by the nursing team to incorporate a sign in each patient’s bedroom to enable the patient’s, families and carers to identify who would be acting as the patient’s primary nurse, associate nurse and key worker. The aim of this was to ensure that nursing staff can guide families and carers to the appropriate team member in a timelier manner and provide continuity of care for them.

**Establishing drop-in family and carer sessions**

The nursing team decided to invest time in exploring ways to establish a session or period of time, somewhere on the ward where nursing staff could provide information and support for families and carers away from the busy clinical area. Through the action-learning sessions, the team agreed that these sessions would not replicate the multi-disciplinary review of the patients care, rather that the team could provide a service that would build on therapeutic relations with families and carers by signposting to other care agencies and
support groups that they could access. The aim of this session would also be to provide time and an outlet for families and carers to express their views, concerns and ideas with the intention of acknowledging them as vital parts in the journey to recovery of the patients admitted to the ward.

EVALUATION
The project has achieved a number of outcomes:

- An information resource has been developed to enable staff to provide support and guide families and carers to additional services and support across the locality (a range of leaflets and other information about resources and support available to family carers)
- Establishing the family and carer drop-in sessions does appear to have had an impact on the attitudes of the nursing team, as there has been more protected time to focus on issues faced by family and carers for patients admitted to the ward. Establishing the drop-in sessions as part of nursing practice has been achieved. The nursing team regularly reviewed the progress of the drop-in sessions within team meetings in order to assess how many people were attending, if there were more appropriate locations to hold the sessions and the most suitable times for both nursing team, family and carers to attend. This is an ongoing process which the nursing team continues to show commitment to
- The family and carer drop in sessions have had an impact on carers who have attended - information and signposting has been given to community services in Oxfordshire including dementia advisors supported by Oxfordshire County Council, Carers Oxfordshire and Age UK
- Other wards within the Trust have also expressed an interest in establishing similar groups to support carers

DISCUSSION
Some of the planned changes to care were achieved, and a number of improvements were made to the way that staff communicated with families and carers of in-patients as listed:

- Introduction of a communication book in each of the patient’s rooms
- Introduction of information identifying the patient’s primary nurse
- Establishment of a family and carer information resource
- Introduction of a drop in family and carer sessions

Implementation of electronic patient notes during the time of the study enabled more information to be shared by health and social care professionals. This had a big impact on the availability of information for the nursing team and the ability to share assessment and treatment plans.

An important focus of the project was raising nursing staff awareness of the importance of carer support. Previously carer support was lacking, with care focused almost entirely on patient’s current needs, rather than viewing them as part of a wider community. This was achieved through the action learning group discussions, but also through informal discussions initiated by the project lead, and discussions during ward meetings/handovers and other meetings.
However, the project did not progress as far with changes to care as had been anticipated. The ward experienced a change in ward manager four times over a period of twelve months. This led to staff feeling very unsettled during a substantial proportion of the project and distracted staff energy and attention away from the project. Staff appeared to be disempowered and unable to achieve change. The structure of the ward tended towards the hierarchical at this time, staff seemed to have limited opportunity to be involved in decision-making processes, which was in complete contrast to the project methods where a lot of time was spent engaging, involving and listening to all team members.

For the ward over the period of the project, there was evidence of some on-going ward-based educational sessions, but limited evidence of changing work practices. Some changes were made, but these were limited and difficult to achieve. There was some enthusiasm expressed for the work, but it was difficult in reality to engage a critical mass of staff. Unfortunately, there was no sense by the project lead of the project being owned by the majority of staff, so work was left to a small number of individuals with relatively poor engagement of the majority. It was felt by the project team, that some individuals were keen to develop and change practice but the ward culture was difficult to overcome and there was a sense of resistance to challenge and new knowledge. The majority of staff appeared to want to maintain the status-quo.

The project lead also changed role and left the ward towards the end of the project, and despite handing over to other staff members, lack of senior engagement made it difficult for further progress to be made. Recently a new ward manager has been appointed and plans are in place to build on the work started with the project and to re-establish the drop-in family and carer group as part of the service offered by the ward. It is anticipated that this will enable the changes made so far to be sustained and built on. The team also hope to explore the potential to make the group a unit-wide development, involve mental health practitioners in the running of the group, and offer opportunities for staff on placement on the unit to work in the group. This ongoing work is supported by the senior management new team.

When the project team applied to the Patients First Programme there was no indication that the context of care would be in such a state of flux. However, the NHS is undergoing major changes and reorganisations, and tools to support practice change will need to develop to account for this if they are to be useful for practitioners aiming to change services.

**Reflection of Project Team**

A considerable time was taken to discuss thoughts; feelings and ideas about the project, through team meetings and action learning groups and to reassure the nursing team that by working together on the project this would release time to work more collaboratively with families and carers. However on reflection, it may have been beneficial to have met with the key stakeholders and the managers of the ward on a regular basis, perhaps as a stakeholder group, especially during the initial stages of the project. This may have promoted the project on the ward and encouraged staff members to adopt the project as their own sooner.
Whilst some members of the nursing team were keen to be involved and adopted the project, others were cautious about undertaking any extra work. As a result it was necessary to regularly repeat the content and discussions of the action learning groups with the team and continue exploring the wealth of knowledge and experience of working with families and carers. Responsibility and opportunities for staff to work on different aspects of the project were equally given to the team members and this had a positive effect on moving the project forward and promoted some inclusion, communication and trust within the team. A number of nursing staff were involved in the design and redesign of posters and leaflets about the project, facilitation of patient community groups highlighting work on the project and regular audit of patient feedback books in patient’s rooms.

At the start of the project, a year seemed like a long time, it is clear that this is the beginning of a journey and undertaking the project has raised some awareness among staff. There is increasing awareness of the need to extend the service offered, beyond a focus on patients and their needs, to one that includes the families that support them at home. That is, to a model of care that is more relationship focused (Nolan et al., 2001). A major threat to the project was the constant changes to the leadership structure of the ward. Four changes of the ward manager happened in the space of one year and this lack of consistency of leadership had a negative impact on the progress of the project.

CONCLUSION
This project aimed to improve the admission experience of older people in an acute mental health setting. Nursing staff implemented drop-in family and carer sessions, as well as some small initiatives aimed at improving communication with family carers. These were achieved despite four changes affecting the leadership of the ward, but these challenges reflect the real and often messy world of NHS settings. It was felt by the project team that the lack of support by senior staff impacted on the energy and capacity of more junior members of staff to achieve change even when external funding and support has been granted. It was felt by the project team that at this point the project progress then relied on the perseverance and determination of a small group of nursing staff.

There are plans to re-establish and continue to develop the drop in family and carer sessions and embed these within the ongoing work of the ward and sustain this through developing appropriate structures with the active support and clinical leadership of senior nursing staff. Changes to practice also take time to undertake and embed within practice. It is clear that staff are at the beginning of a journey, which may not have been possible without the opportunities given through participating in the project. Ongoing support for the drop-in family and carer sessions will be required from the ward and the senior management team within the Trust in order to sustain the changes made.

RECOMMENDATIONS
1) Communication between staff and family carers (as well as patients) needs to be regarded as an important element of the care of patients.
2) Models of care that emphasise the importance of relationships and communication should be explored.
3) Stable as well as transformative leadership and managerial support is important to the success of practice development projects.

4) Strategic Trust support is required for the community support group to become established, be sustained and develop beyond the end of the project.
## REFERENCES

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title and Details</th>
</tr>
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<tbody>
<tr>
<td>Care Services Improvement Partnership (CSIP)</td>
<td>2005</td>
<td><em>Everybody's Business: Integrated Mental Health Services for Older Adults: A Service Development Guide.</em> pp. 10, Department of Health: London</td>
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<td>Author(s)</td>
<td>Year</td>
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Appendix A
Information leaflet about the project.

The ward nursing team is committed to supporting patients, families and carers during admission to the ward. We believe it is imperative that the support and care you receive is specific to your needs and that this is achieved through collaboration and inclusion. We understand that admission to any ward can be a stressful and disorientating time for patients, families and carers.

The ward is dedicated to understanding some of the concerns raised during the admission process and throughout 2011, the ward is undertaking a project into our admission process in partnership with The Foundation of Nursing Studies (FoNS) Patient First Programme.

The FoNS believes “that all patients should experience care that is high quality and patient-focused. Nurses as direct care givers have a key role in identifying with patients, potential areas for improvement”. FoNS has an active and ongoing partnership with the Burdett Trust for Nursing enabling clinically based nurses to lead innovative local projects that will develop nurses, nursing and healthcare practice to improve patient care in any healthcare setting across the UK.

Aims and objectives of the project:
To improve the patient and family experience of planned admission to an acute mental health setting for older adults.

- To explore patient and family experiences of a planned admission to the ward and how this contributes to the initial and subsequent relationships with staff.
- To understand the context of practice and care team’s experience, beliefs and values surrounding admission.
- To work together as a nursing staff to improve patient experience of admission through better partnership working with patients and families.

If you are interested in supporting us with the project or wish to give us your comments please speak to Tom Stamp (staff nurse) or Angela Dickinson (senior research fellow) who are leading the project or just ask one of our nursing team for more information.
Please feel free to take a feedback from. Your contribution is very important to us in developing our services.

Many thanks, Tom Stamp
Staff Nurse
X ward
Appendix B
Family and Carer questionnaire 1: Regarding the family carer drop in sessions.

The ward nursing team is committed to supporting patients, families and carers during admission to the ward. We believe it is imperative that the support and care you receive is specific to your needs and that this is achieved through collaboration and inclusion.

We understand that admission to any ward can be a stressful and disorientating time for patients, families and carers.

As part of the Foundation of Nursing ‘Patient First’ Programme, we are in the process of developing a family and carer drop-in session on .... ward and would be very grateful if you could answer the following questions. With your feedback we will be able to provide this service more suited to your needs.

Thank you for your time, Tom Stamp (Staff Nurse).

1. What time would be most suitable for you to attend a family and carer drop-in session? Please tick:
   - Mornings 10-11am
   - Afternoons 3-4pm
   - Evenings 7-8pm

2. What day would be more suitable for you to attend the family and carer drop-in session?
   - Mon
   - Tues
   - Weds
   - Thur
   - Fri
   - Sat
   - Sun

3. Do you think it would be beneficial for families and carers to meet with members of our nursing team at fortnightly drop in sessions on the ward so that they can receive information about our services?
   - Yes
   - No

Please hand in completed forms at the post box with reception staff or at the nursing station on X.... Ward, or with one of the members of the nursing team.
Appendix C
Family and carer questionnaire 2: Asking for feedback from families and Carers

........................................... Ward is a 17-bed acute older male inpatient ward providing assessment, care and treatment for people experiencing acute mental illness. We strive to deliver individualised care for people being admitted to our ward. Please tell us:

1) In what ways can we improve the support we offer to families and carers visiting the ward?

2) Please feel free to jot down any comments, experiences and suggestions you may have concerning our admissions process and how you are being supported by the X ward team.

3) Your views will be extremely useful in the development in our service. Comments / suggestions experiences:
Appendix D
Consent form: Patient Relative / Carer

Title of Project: Improving patient experience of admission to an acute mental health care setting: Promoting partnership working between patients/family carers and the nursing team during planned patient admission

Name of Interviewers:
Angela Dickinson
Tom Stamp

Please initial box

1. I confirm that I have read and understood the information sheet (dated March 2011) for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my employment or legal rights being affected.

3. I understand that any information given will be treated in confidence and anonymised before being used in any report or presentation.

4. I agree that any words I may say during the interviews can be used, as quotations, anonymously, in the presentation of the evaluation.

5. I understand that the interviewers will contact the Senior nurse if I tell the interviewer about an incident involving malpractice.

6. I agree to take part in the above study.

____________________  __________________  __________________
Name                        Date                        Signature
Appendix E

Nursing staff consent form.

Title of Project: Improving patient experience of admission to an acute mental health care setting: Promoting partnership working between patients/family carers and the nursing team during planned patient admission

Name of Interviewers:
Angela Dickinson
Tom Stamp

Please initial box

1. I confirm that I have read and understood the information sheet (dated March 2011 for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my employment or legal rights being affected.

3. I understand that any information given will be treated in confidence and anonymised before being used in any report or presentation.

4. I agree that the focus group can be tape recorded and any words I may say during the focus group can be used, as quotations, anonymously, in the presentation of the project.

5. I understand that the researchers will contact the Senior nurse if I tell the interviewer about an incident involving malpractice.

6. I agree to take part in the above study.

______________________  ______________  ____________________
Name                  Date                      Signature

______________________  ______________  ____________________
Interviewer           Date                      Signature

______________________  ______________  ____________________
Name of Person taking consent Date                      Signature
(if different from Interviewer)

______________________  ______________  ____________________
Interviewer           Date                      Signature
Appendix F
Questionnaire for all nursing staff. Feb 2011

Dear staff member,

As you may know the Foundation of Nursing Studies Patient First Programme is aimed at identifying ways in which we can develop our nursing skills/nursing environment to support family and carers during a planned admission to ....................ward.
I would be most grateful if you could find the time to comment on the following questions! Please drop finished forms in my pigeon hole or send via email.
Many thanks,

Tom Stamp (S/N).

Please answer the following:
What works well with the admissions process?

What causes delays during admissions?

What admissions are problematic?

Where do incidents and complaints occur during admission process?

Why does it take so long?

List two positives about the admission process:

List two things you want to change about the admission process: