

**Results.** Of the 11 professionals who responded to the pre-programme questionnaire, 50% were not receiving any liaison-specific teaching. Respondents agreed the programme would be helpful in improving their knowledge and clinical practice (mean score = 4.9/5).

Attendance for the sessions ranged from 15–27 professionals (mean = 22). A range of 2–10 professionals completed each post-programme questionnaire (mean = 6.3; total responses = 25). Mean satisfaction for each session ranged from 4.3–5/5 (overall mean = 4.7/5). Percentage increase in confidence scores ranged from 4.6–48% (mean = 24%).

Feedback-driven changes made to improve the programme included: making session recordings available; sending reminder emails; creating an online platform and making session feedback available to presenters.

Respondents considered the sessions interesting and informative, that topics provoked good discussion, and that the 'bite-sized' training allowed attendance without interfering with clinical work.

**Conclusion.** This QIP highlighted the need for a liaison-specific teaching programme across NLMHP. Participants agreed that this would improve their knowledge and practice. The programme was reasonably well-attended across sites. Respondents reported improved confidence and felt the sessions were relevant to their clinical practice.

Limitations included the low and variable questionnaire response rate and limited data on the new programme's utility.

The next stages of the project include wider delivery, involvement of patients and carers, and of specialists in related psychiatric and medical fields.

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## A Quality Improvement Project to Investigate How Addenbrooke's Cognitive Examination-III (ACE-III) Training Improves the Accuracy of ACE-III Scoring in an Older Adult Community Mental Health Team

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doi: 10.1192/bjo.2024.448

**Aims.** Aims – An Audit in the Older Adult Community Mental Health Team identified that there were inaccuracies in the Addenbrooke's Cognitive Examination-III (ACE-III) scoring used to help diagnose dementia. The aim of this Quality Improvement Project was to determine if ACE-III training delivered by a neuropsychologist would improve the accuracy and reliability of ACE-III scores used by the team to help diagnose dementia.

**Methods.** ACE-III surveys completed over a 6 month period were analysed to determine if they followed the ACE-III scoring guidelines provided by the ACE-III Administration and Scoring Guide (2012). ACE-III surveys were completed by different members of the multidisciplinary team. Following identification of inaccuracies and inconsistencies in scoring we delivered ACE-III training via a neuropsychologist to determine if this would improve ACE-III scoring (as per the ACE-III Administration and Scoring Guide) in the following 6 month period after the training was received.

**Results.** Following ACE-III training delivered by a neuropsychologist in how to complete the ACE-III survey, surveys were analysed using the Administration and Scoring Guide (2012). ACE-III scores were more accurate in the 6 months following the ACE-III training delivered by a neuropsychologist to the team.

**Conclusion.** ACE-III training improved the accuracy of ACE-III scores in the multidisciplinary CMHT. This finding would advocate for ACE-III training to become part of our roles within Older Adult Psychiatry in order to improve service delivery to the patient.

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## Improving Clinical Communication With the Doctor On-Call: A QI Project

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doi: 10.1192/bjo.2024.449

**Aims.** Clear, accurate and efficient clinical communication between wards and on-call doctors is vital for good patient care. Issues were raised locally regarding the quality and content of these calls, and a QI project devised to assess the issue and implement meaningful change.

**Methods.** An initial QI Audit was undertaken, using Likert scale questionnaires to rank areas of concern. These were sent to all the doctors currently manning the on-call rota, and doctors who had previously covered these on-calls. Responses were used to gauge the key concerns, and a blank space and multiple choice question on possible contributors to the issues were included.

A communication prompt was designed that tackled the key issues highlighted by the audit. A clear flow-chart ensured that safe and sensible steps were taken to maximise the efficiency of a necessary call. A summary of the SBAR communication tool was also included to encourage structured handover. These prompts were cheap and easily affixed to ward telephones and were laminated and wipe-clean. Implementation was agreed with and supported by the senior nursing team.

A post-QI questionnaire was then sent out one month after the intervention, getting feedback from the junior doctors covering on-call shifts in that time.

**Results.** Questionnaire Likert scales measured either Frequency (1-Very Rarely – 5-Very Frequently) or Quality (1-Poor – 5-Excellent), and a mean of the scores was taken for each question.

The initial audit (n = 14) included all the doctors currently on the on-call rota (n = 7). Key issues raised were Average Call Quality (2.2/5), how frequently recent NEWS scores were available (2.3/5), and how frequently key clinical information was on hand during the call (1.9/5). Many trainees were made to feel uncomfortable or like they were being difficult for requesting more information (3.2/5). And calls were often noted to not be relevant (3.9/5) or were confusing/unclear (3.9/5).

A second questionnaire was completed 1 month post-intervention by the doctors working the on-call rota in that time (n = 6). 100% reported some improvement, 33.3% reported significant improvement. Improvements included average call quality (4/5), frequency of recent NEWS (3.7/5), and availability of Key clinical information (3.5/5).

Blank space feedback highlighted the tool's clarity and simplicity.

**Conclusion.** This QI project was able to highlight and address a key issue in clinical care in a simple, and very low cost manner. Improvements were demonstrated after one month of intervention, and a more in-depth trust-wide rollout of the project is being discussed.

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## Revisiting Dental Care and Mental Health: A Quality Improvement Project of Dental Care for Patients With Severe Mental Illness Living in a Community Rehabilitation Centre

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doi: 10.1192/bjo.2024.450

**Aims.** The Care Quality Commission report (Smiling matters: oral health care in care homes) showed that too many people living in care homes were not being supported to maintain and improve their oral health. Lime Tree Garden is a purpose-built care home for up to 24 adults with mental health needs supporting people with enduring mental health illness to develop basic life skills so they can live supported in the community.

This is a quality improvement project aiming to improve oral health and to reduce the burden of oral diseases in people with mental disorders and ensure timely access to dental treatment in Lime Tree Gardens through meeting the NICE quality standards of care.

**Methods.** Auditing current implementing status of oral health procedures in place and comparing with NICE guidelines and quality standards: 1) Adults who move into a care home have their mouth care needs assessed on admission; 2) Adults living in care homes have their mouth care needs recorded in their personal care plan; 3) Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures. For each patient, their dental care plan is recorded and compared with NICE guideline.

**Results.** There are challenges and space for improvement while implementing Oral health toolkit for adults in care homes at Lime Tree Gardens. A significant amount of patients (>90%) have unmet needs in terms having oral health.

**Conclusion.** There is a need to address the dental health challenges in this vulnerable population with recurrent and enduring mental illness. It is important to integrate and highlight dental health, as an important part of physical health into the overall medical management of patients with severe mental illness in residential rehabilitation psychiatry.

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## Health and Social Care Staff Awareness of Menopausal Symptoms in Adults With Intellectual Disability: Results From a Survey

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doi: 10.1192/bjo.2024.451

**Aims.** Menopausal symptoms often go unrecognised in individuals with intellectual disability (ID). There is growing societal awareness of the impact of menopause on mental health, yet this has not been replicated in the ID population. In light of this, we wanted to establish the current levels of knowledge, confidence and skills of staff working in a specialist community intellectual disability service (CIDS). The findings from the survey may help identify ways of improving awareness of menopausal symptoms with individuals with ID.

**Methods.** We performed a cross sectional survey of staff views and practice in relation to considering and discussing menopausal symptoms with individuals with ID. The survey was anonymous, and conducted on Microsoft Forms. A mixture of quantitative and qualitative data was captured. A QR code linking to the survey was disseminated to the whole team (60 staff) via email and in-person staff meetings.

**Results.** There was 50% (30/60) responses to the staff survey. The majority of respondents worked in either health (16/30) or social care (12/30). Two thirds of respondents either agreed or strongly agreed (20/30) that discussing menopausal symptoms was part of their role. 57% of respondents (17/30) felt confident discussing menopausal symptoms with service users, while 20% (6/30) felt neutral and 23% did not feel confident. 90% (27/30) of respondents either agreed or strongly agreed that they would benefit from teaching and training in the effects of menopause in our service users. Thematic analysis of the free text responses revealed that staff wanted to understand treatments available for menopause as well as improved easy read material explaining menopausal symptoms to individuals with ID.

**Conclusion.** Our survey revealed a spectrum of confidence levels in discussing menopausal symptoms with service users, and a large appetite for further training and resources to aid these conversations. In light of the results from this survey, a Quality Improvement (QI) project has been initiated. Once QI change ideas have been tested, a repeat survey will be completed to compare staff views and confidence in this area and in this way measure the effectiveness of those changes.

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## Quality Improvement Project – Producing an Information Poster to Improve Easily Accessible Practical Information to Junior Doctors Whilst On-Call at Fieldhead Hospital

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doi: 10.1192/bjo.2024.452

**Aims.** To create an information poster for the doctors' on-call room and doctors' office at Fieldhead Hospital (a Psychiatric Inpatient Hospital in Wakefield) to improve readily available practical information to doctors whilst on-call.