

never injected heroin in the past were provided with Naloxone for 367 patients, although this is a good practice it comes at the expense of missing out on providing Naloxone to patients who would definitely need it (QUALIFYING POPULATION)

#### Conclusion.

1. The robustness of the data collection done by the professionals was commendable, but this was let down by the ambiguity and obscurity of the data recorded on two different headings (episode and events)
2. There was evidence of Naloxone being provided to the patients who have not injected heroin
3. There was accurate documentation on the type of Naloxone being issued (Injectable vs Nasal)
4. There was sparse documentation on the Naloxone training provision within the electronic system.

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### An Audit Reviewing the Completion and Quality of the Admission, Then Six Monthly ALL-Physical Health Assessments (A Six Monthly Health Check) on a Low Secure, Inpatient Forensic Psychiatric Ward in Sussex Partnership NHS Foundation Trust

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**Aims.** Background: It has long been known that having a Severe Mental Health Condition is a risk factor for cardiovascular disease. In order to facilitate early intervention, NHS has implemented annual physical health reviews. Within Sussex Partnership Foundation Trust (SPFT), compliance with this is outlined within local guidance and an assessment on admission and thereafter six-monthly is mandatory and called ALL-Physical Health Assessment. Historically, completion of this has been poor and therefore, this audit has been done to review the quality of completion and whether ALL is UpToDate and implement changes to improve the care. The Categorisation of completion into green, amber, and red as errors are linked to potential harm to patient's care. The review of actions taken from areas highlighted as abnormal results.

**Methods.** This study was done within the setting of Pine Ward, a 17-bed male, inpatient, low-secure forensic psychiatric ward.

Data were collected in November 2022 by reviewing ALL-Physical Health Assessments (six-monthly physical health check) on Carenotes (an electronic record system) and evaluating the quality of completion by categorising it as green (no errors), amber (minor errors, potential for risk to patient care), and red (major error/ missing documentation, which can lead to serious harm). ALL has fourteen categories. Smoking, Diabetes, Cholesterol/HDL ratio, Blood pressure, Pulse, Body Mass Index, Diet, Exercise, Alcohol, Substance misuse, National screening programme, Sexual functioning, Oral health and QRISK. This was compared with the results from February 2022 ALL assessments.

**Results.** Of the 17 patients, 15 (88%) had an ALL done in the last 6 months. When splitting completion of the ALL, 89.9% of completions were green, 4.6% amber and 5.5% red.

In February, overall 76.4% of patients had ALL done and 67.2% of completions were green, 15.5% amber and 17.2% were red.

Improvement was seen in QRISK, Alcohol, diet, and exercise status, as they were 100% documented in November whilst it was 70%, 58%, 82%, and 70% respectively in February. The diabetic and smoking status is now 82% and 88% whilst it was 58% and 76% in February.

**Conclusion.** This audit has highlighted that certain areas of the ALL that are not completed up to the standard expected. The importance of the assessment needs to be raised to trainees to allow for the best patient care. There is potential for harm to patients if the assessment is completed inaccurately or incorrectly.

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### Side-Effect Monitoring for Patients on Depot Antipsychotic Medication Within a Community Treatment Team

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**Aims.** To determine whether the community treatment team (CTT) were meeting the following three trust standards for patients receiving antipsychotic depot medication: 1. 100% of patients should have side effects monitored using a validated scoring system in the form of the Glasgow Antipsychotic Side-effect Scale (GASS) once yearly. 2. 100% of patients should have had a GASS completed ever. 3. 100% of patients with a completed GASS should have this document available in full. Additionally adherence to these measures was compared to the previous year's audit to assess for change following interventions and change in documentation.

**Methods.** A list of 146 patients receiving antipsychotic depot medication within the CTT was produced and subsequently set up in a Microsoft excel spreadsheet. Exclusion criteria were then applied as follows: any patient no longer under the CTT, any patient no longer on depot antipsychotics and any patient admitted in hospital at the time of audit (to allow for comparison to previous year where this was applied.) Following this 127 patients remained for whom I accessed their online notes and searched for evidence of completed GASS, when this was completed and if the full completed form was available. Once these data were gathered percentage of completion was calculated for each of the three standards outlined above both overall and subsequently broken down by depot administration group. These results were then compared to the results of the previous year's audit.

**Results.** None of the three standards outlined above were met, however notable improvement was noted when compared to the previous year and are listed below:

1. In this audit 66% of patients had received a GASS in the previous year compared to 53% previously.
2. In this audit 97% of patients had a completed GASS ever compared to 95% previously.

3. In this audit 99% of patients with a completed GASS had the full document available compared to 98% previously.
4. Additionally significant variation between depot administration groups was identified ranging from 17% completion to 100% completion.

**Conclusion.** It is clear the standards of 100% completion of GASS yearly are not being met however there was notable improvement following previous intervention suggesting this was beneficial and further interventions have been put in place including, but not limited to, supply of a spreadsheet with up to date list of when patients are due a repeat GASS for future tracking to further improve adherence to standards.

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### Comparison of Management (Non-Pharmalogical Approaches and Rapid Tranquilisation) of Older Adults (>65 Years) With Dementia Between the Dementia Ward, Acute Medical Unit and the Geriatric Ward in a Rural Health Board

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**Aims.** To investigate if current practices by nursing and medical staff in the dementia ward (New Craigs Psychiatric Hospital), acute medical unit and geriatric ward (Raigmore General Hospital) followed the local protocol for managing distress of non-pharmalogical approach and rapid tranquilisation (RT) in older adults (aged >65years). We believe the split between the general and psychiatric hospitals and the different time pressures experienced in these 3 wards will influence the management and RT of their older adult patients.

**Methods.** Data were collected from 17/09/2022 to 8/10/2022 from case notes and drug charts of older adult patients that received rapid tranquilisation from 3 wards:

1. Ruthven Ward, New Craigs Psychiatric Hospital
2. Acute Medical Unit (AMU), Raigmore Hospital
3. Ward 2C (Geriatrics), Raigmore Hospital

Focus groups and informal discussions were made with the ward nurses and junior doctors to understand their point of view on managing distressing behaviours in patients with dementia using de-escalation techniques.

A table was collated using Microsoft Excel. The parameters used were:

1. Patient Diagnosis and Legal status
2. Administration
  - Date and time started
  - If de-escalation techniques were used
  - If discussed with a senior doctor
  - 1st and/or 2nd line of drugs administered (route, drug and dosage)
  - If Haloperidol given and if ECG was done

**Results.** Data collection showed the following:

1. Ruthven Ward- all 32 patients did not receive RT.
2. AMU- only 1 out of 280 patients received 4 subsequent RT in 5 hours including 3x haloperidol (total 3mg) and 2mg of Midazolam despite an ECG showing prolonged QT interval. The latter prescribed after consultation with a senior doctor.
3. Geriatric Ward – all 10 patients did not receive RT.

**Conclusion.** Focus groups and informal discussions with staff nurses from all three wards concluded that in spite of the stressful environment posed by issues of understaffing and high patient load, de-escalation techniques (recognition of early signs of agitation, distraction and calming techniques, recognising the importance of personal space) were prioritised before moving on to RT as per local protocol. Restraining was often used if patient was at risk to self or others by staff trained in violence and aggression management.

Informal discussions with junior doctors rotating in and out of AMU showed limited awareness of the RT protocol. In general, it was evident that RT was a last resort when psychological and behavioural approaches failed but that further education was required to administer RT safely.

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### Antipsychotic Prescribing for Behavioural and Psychological Symptoms of Dementia: An Audit of Prescribing Practices in the Harrogate Community Mental Health Team for Older Adults

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**Aims.** Behavioural and Psychological Symptoms of Dementia (BPSD) include a range of neuropsychiatric disturbances such as agitation, aggression, depression, and psychotic symptoms. These common symptoms can impact patients' functioning and quality of life. Antipsychotic medication can be prescribed to alleviate some symptoms, but this comes with significant risks including cerebrovascular events and increased mortality. We aimed to review antipsychotic prescribing of the Harrogate Older Adult Community Mental Health Team (CMHT); to measure compliance with NICE guidance and local policy and thus improve the prescribing and monitoring process.

**Methods.** Using electronic patient records, we identified all patients under the care of the CMHT with a diagnosis of dementia currently receiving antipsychotic treatment; a total of 55 patients. A random sample of 24 patients were reviewed; their records were hand searched for relevant information.

The standards measured were derived from the NICE Guideline (NG97) June 2018: 'Dementia: assessment, management and support for people living with dementia and their carers' as well as local trust guidance.

**Results.** All 24 patients were receiving antipsychotics for severe distress or aggression. 88% of patients had an assessment of sources of distress before treatment was started, but only 42% had a non-pharmacological intervention before antipsychotic treatment was started. Once antipsychotic treatment had started this