

#TEXT11/01KRJoTaylor-Senior Nurse Dolphin Day ward

Good MDT Team Working

Regular Meeting with Medics, Therapists, Clinicians

Constructive involvement of carers and families in Care Plans

Morale is low due to communication between senior staff and frontline staff – senior management expectations of CG does not match realistic working of front line staff

Worked on Mulberry EMH

Now on Dolphin Ward

Team co-ordinator, Community co-ordinator and outreach CPN.

Examine assessment of needs, work in conjunction with medical wards.

Always good relationship between day and medical wards.

Mulberry ward is the ward with most contact.

Meeting on Tuesday about care pathways.

Increased outreach work so visit patient at home.

Good links with GP practice.

Assess patient at home and clarify difference with carers about day centres and day ward.

Assessment process

- referred by GP, by letter
- meeting Wed with MDT
- discuss referrals and agree appropriate clinician to assess patient
- go to home and assess in day ward and assess condition
- element with a whole team approach

Involvement of relatives with care plan

- relatives present about initial assessment
- work with carers/relatives about their understanding
- written information

Chaplain involvement – patients with diagnosis with dementia but at the beginning stages.

Waiting list is very long, also been long – need to appropriate with discharge.

4 week training course about practice development facilitator.

Training

- practice development facilitator course
- years group work group dynamics

Joint training with OT, with ???

Training with dealing with families eg. working with patients who are dismissive – physical and verbal contact.

Reflective practice – no consistency.

Never share information with three wards.

Medication guidelines

- regional guidelines
- policy
- always willing to ask
- consultants very helpful

MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.

Very happy working and with job.

Staff is very low to enable to meet expectations of standards of practice and clinical governance.

Morale low – staffing problems.

Old patients are on wards, easy to think save to MDT is forgotten.

Staff – front line staff should be involved in management meeting.

Confidentiality is highly respected and therefore not all aware about 98 ideas.

Is clinical governance meeting needs of the staff.

Senior Management support pay rise.

Management support and told not to worry about CHI.