Mariposa House service evaluation project & co-production: new women's NHS forensic community step-down hostel

Mandip Jheeta[1]*, Liam Dodge[1], Elizabeth Zachariah[2] and Theresa Connolly[1]

[1]Oxleas NHS Foundation Trust and [2]Oxleas NHS Foundation Trust; Expert-by-Experience, Oxleas NHS Foundation Trust; Expert-by-Experience AT, Oxleas NHS Foundation Trust; Expert-by-Experience AD, Oxleas NHS Foundation Trust
*Corresponding author.

doi: 10.1192/bjo.2021.866

Aims. To understand and learn from patients' views and experiences. Ultimately, to improve quality, safety, and patients' experiences and outcomes.

Service evaluation project of Mariposa House, London, the new women's forensic high support community step-down hostel after hospital admission. Run in partnership with Langley House (charitable) Trust. It is a co-produced, rare and innovative service- to our knowledge the only NHS women's service of its kind in England. In female and forensic community populations: transitions are the highest risk periods; the same treatment as men is unlikely to produce the same outcomes; and performance indicators and outcome measures are poorly understood.

Method. Confidential patient questionnaire and self-reported Recovering Quality of Life (ReQoL) measure. Given to all patients in Mariposa House, before (in hospital) and 2-3 months after transfer to hostel. Themes included "my: care; voice (co-production); transition; & gender". 12 questionnaires were received from 9 patients: 5 completed both pre- & post-; 3 (20%) were given but not received. Analysed by thematic content analysis. Additional focus group feedback session with patients and staff.

Result. Overall, patients had very positive and similar views about both hostel and hospital(s), and similar views about both. Generally, patients feel treated with compassion, dignity and respect, and listened to and understood by staff members. They feel involved in and positive about their care.

There was a huge amount of involvement in co-producing the service and feeding back experiences, which has been very helpful. Co-production activities included: interviewing for staff and tenders; choosing hostel building; stakeholder meetings; and participating in meetings about training, policies and expectations. "I've been in hospital for so long moving was scary! But helping set up the project has given me confidence to move."

There was strong agreement that transitions are difficult. Views on gender-specific needs being met were very positive, for both hostel and hospital. The main area for improvement was having better awareness of local neighbourhood and facilities-booklet now produced. Quality of life measures were at least maintained from hospital to hostel: 80% (n = 4) showed no reliable improvement/ deterioration, and 20% (n = 1) showed reliable improvement.

Conclusion. There are very positive and similar views about the hostel and hospital(s). Co-production and service user involvement has been very helpful. The new hostel has maintained patient satisfaction and quality of life measures compared to established inpatient services. These are positive findings, and crucially: in a less- secure, contained, established, and cheaper new community setting, involving complex and challenging transitions.

Are acute psychiatric units providing adequate inpatient services for borderline personality disorder patients?

Siew Ling[1]* and Joji George[2]

[1]University of Birmingham, Medical School and [2]National centre for Mental Health
*Corresponding author.

doi: 10.1192/bjo.2021.867

Aims. To assess the adherence to NICE guidelines CG78 (1.4) regarding the inpatient services provided for BPD patients at an acute psychiatric unit (The Oleaster).

Borderline personality disorder (BPD) patients are frequent users of psychiatric inpatient services. However, evidence suggests that inpatient treatment is ineffective in the long-term recovery of such patients. The inpatient services at the Oleaster will be audited against NICE guidelines for BPD. We hope to improve the care of patients with BPD and ensure effective use of psychiatric resources.

Method. Retrospective case notes review of 35 patients admitted into the Oleaster from 1/11/2018–31/10/2019. This was taken from an initial sample of 72. Patients were excluded if they were admitted for other concomitant mental or behavioural problems (except problem use of tobacco, drugs or alcohol).

Result. 69% of patients were referred to other mental health services (e.g CRHT/HTT, other local alternatives, liaison team) prior to admission. There was no evidence of referrals in 31% of the sample population.

The reasons for admission include significant risks to themselves/others (n = 14) and detention under MHA (n = 14). Reasons were not noted in 7 patients.

Advance agreement on the length and purpose of admission took place in 19 and 27 patients respectively. Discussion of potential harms and benefits of admission only took place in 4 patients. Discussion was not applicable in 2 patients who lacked capacity.

Of the patients admitted ≥2 times in the previous 6 months, only 38% had a CPA review arranged. It was not arranged in the remaining 62%.

Conclusion. There is room for improvement in the appropriate admission and documentation of BPD patients. Referral prior to admission was well adhered but documentation was unclear. Implementing a set checklist before admission could be recommended. Active involvement of patients was inadequate. It is especially lacking in regard to informing patients of the potential harms of admission. This can be improved by educating patients and staff on this matter.CPA reviews were not arranged in a timely manner. Placing an alert on patients' records when they are admitted again within the last 6 months would help to reduce this issue. Overall, greater effort is required to ensure patient's most current needs are met and that limited psychiatric resources are used effectively.

Has vitamin D had its day? An audit of vitamin D, prolactin and HBA1C monitoring over one year in an in-patient secure service

Oleg Lujanschi[1]* and Toral Thomas[2]

[1]Northside House, Medium Secure Unit and [2]Northside House MSU
*Corresponding author.

doi: 10.1192/bjo.2021.868