

The role of Occupational Therapy in Quality Improvement and transforming catering services in Forensics

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Background

Following the introduction of a Quality Improvement Programme within East London Foundation Trust an OT-led project was launched to try to address feedback from service users regarding poor quality meals. Alongside this, the project aimed to support service users in developing skills of daily living to enable a smoother transition from hospital into the community. The project setting was a Low Secure Forensic Mental Health Unit in East London on the Active Rehabilitation Wards.

Aims of the Project

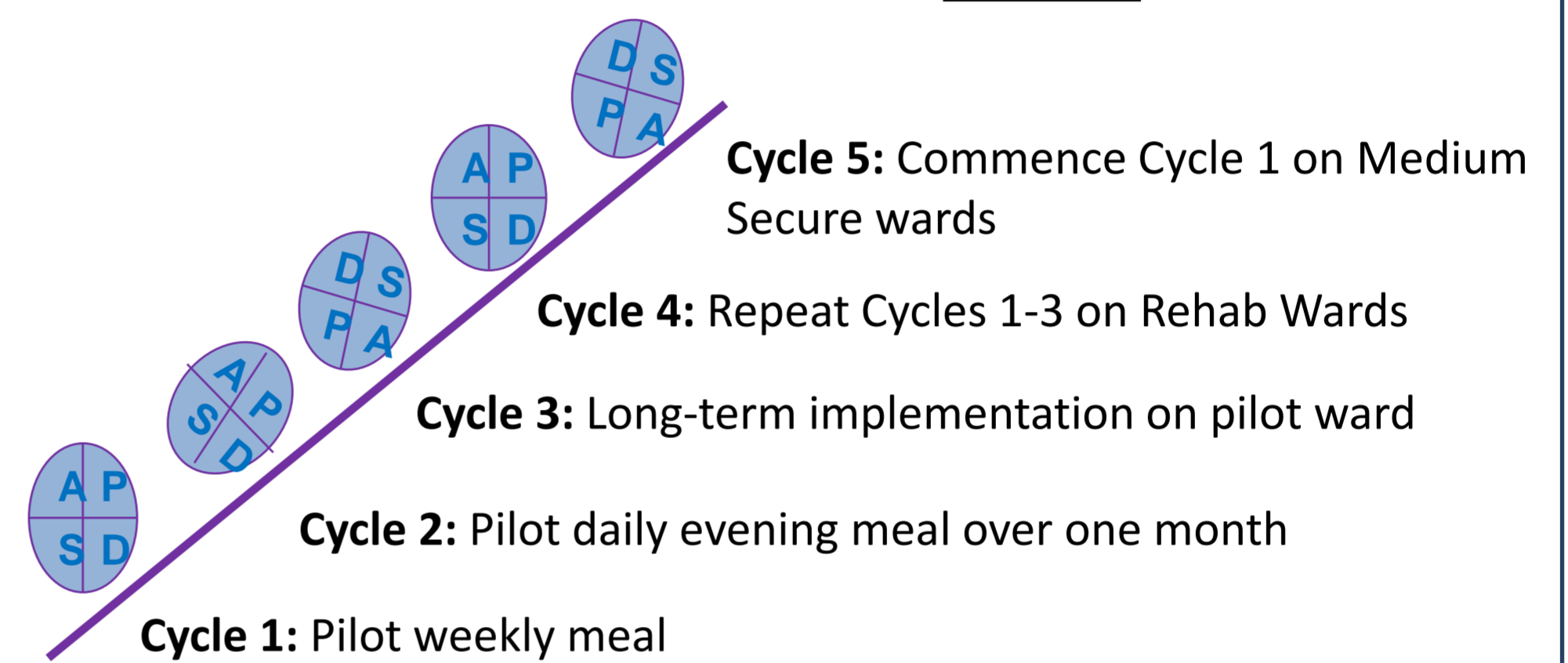
To increase participation in activities of daily living and meaningful occupation, develop skills for discharge, improve meal provision (and hopefully dietary intake), and improve the overall ward environment.

In addition the project aimed to embody the key principles within Recovery of enabling environments and co-production of services by involving service users from the beginning of the project (Drennan and Woolridge, 2014, Perkins and Slade, 2012).

Quality Improvement Model

The Model for Improvement (Langley et al, 2009) formed the theoretical basis for the Quality Improvement programme. The model incorporates the Plan, Do, Study, Act (PDSA) methodology which allows for change ideas to be tested on a cyclical process on a smaller scale, reducing risk and anxiety.

PDSAs



| | Week 1 | Week 2 | Week 3 | Week 4 |
|-----------|--------------------------------------|---|---|--------------------------------------|
| Monday | Fish Curry with rice | Sausages and mash with peas & gravy | Chicken Kebabs with salad | Tuna Pasta Bake |
| Tuesday | Lasagne | Lamb Curry with rice | Salmon fillet with potatoes, peas & carrots | Chicken Curry with rice |
| Wednesday | Chicken Stir fry with noodles | Chicken Kiev with potatoes and vegetables | Jerk Chicken with rice | Ackee and salt fish with rice |
| Thursday | Chicken and pasta with tomato sauce | Fish & Chips | Omelettes with chips and salad | Egg & chips with beans |
| Friday | Lamb Biryani | Curried goat with rice | Tandoori chicken with salad | Jollof rice |
| Saturday | Somali fish with rice and vegetables | Chicken Fried Rice | Pizza and salad | Burgers with potato wedges and salad |
| Sunday | Roast Dinner (Chicken) | Spaghetti Bolognese | Beef stew with potatoes | Shepherd's Pie with vegetables |

Key:

- Team 1 (Blue)
- Team 2 (Orange)
- Team 3 (Green)
- Team 4 (Purple)

Teams Approach
 Following challenges encouraging more people to be involved, a teams approach was adopted, creating structure and peer support.

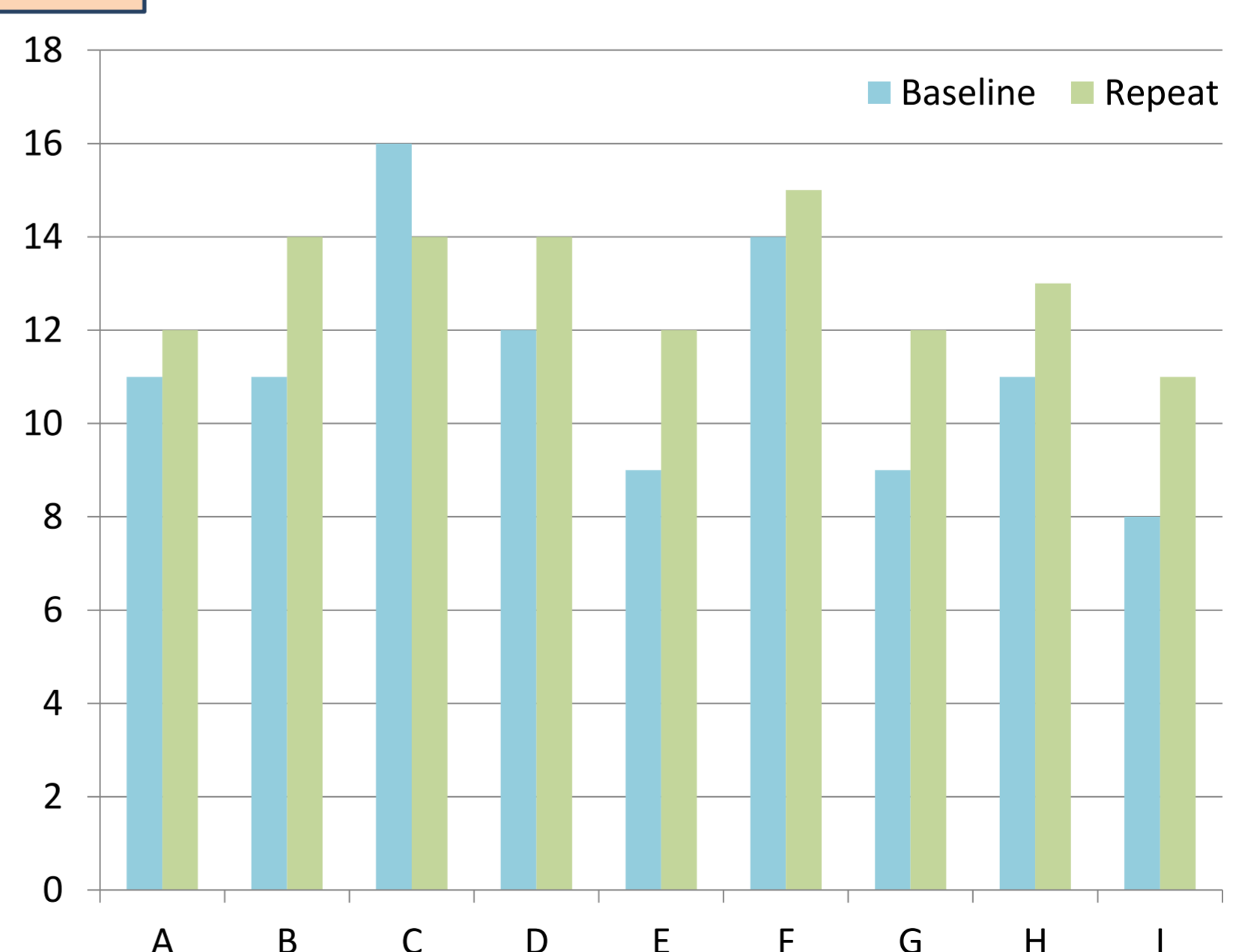
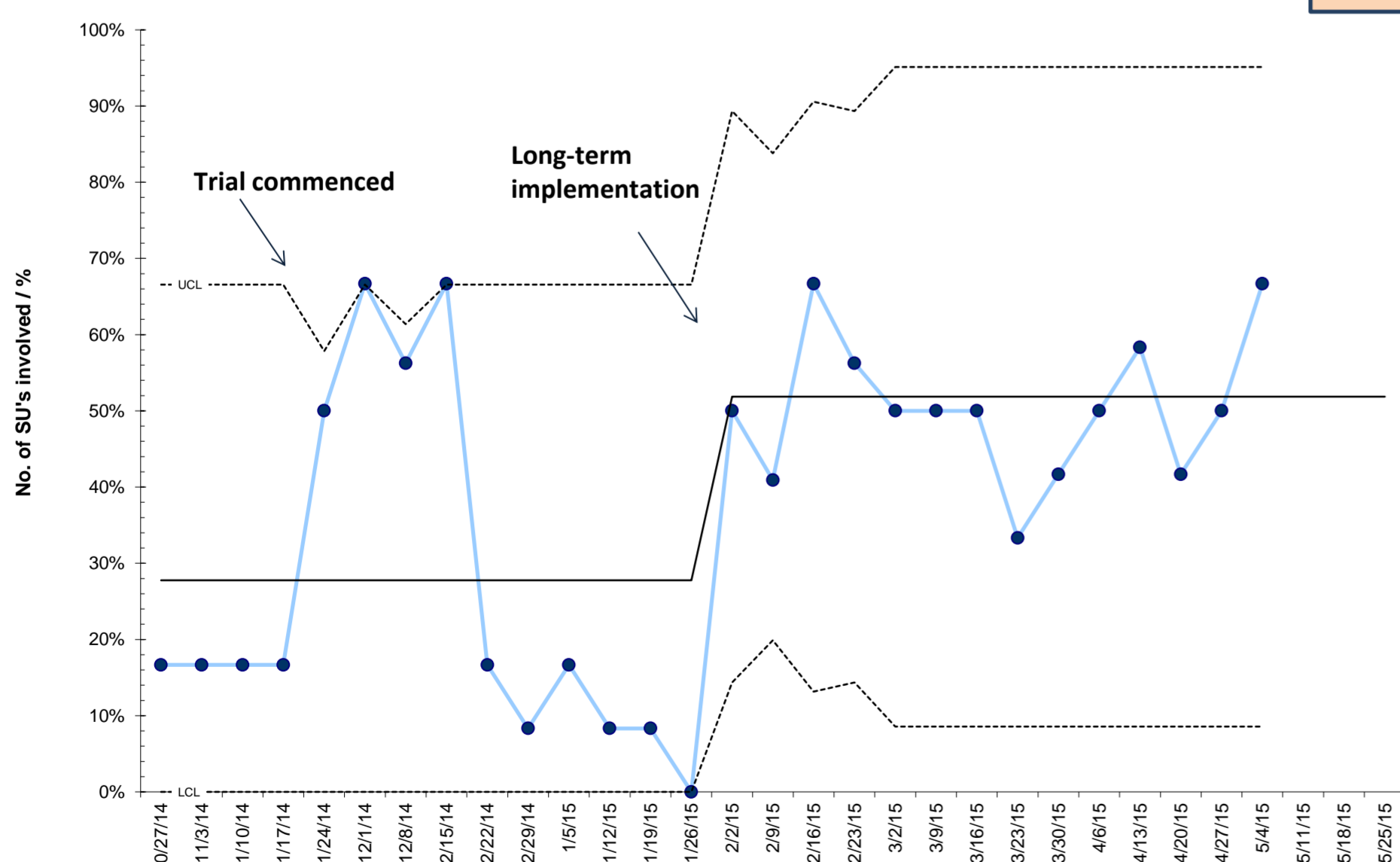
Driving forces

- Enthusiasm
- Management support
- Good quality food
- Well supported by staff
- Time of Day
- Variety within menu

Restraining forces

- Washing Up
- Rota – people dropping out
- New systems
- Culture change

Outcomes



P Chart: Percentage of Service Users Involved in Self-Catering (weekly)

Pilot ward ADL Scores – MOHOST
 Change in score for the domain of Process Skills. 89% of scores improved at re-test after 5 months with an average increase of 1.7.

References
 Drennan, G. and Woolridge, J. (2014) *Making recovery a reality in forensic settings. Implementing recovery through organisation change.* London: Centre for Mental Health and Mental Health Network and NHS Foundation.
 Langley G.L., Nolan K.M., Nolan T.W., Norman C.L., Provost L.P (2009) *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd Edition). Jossey Bass, San Francisco.
 Perkins, R. and Slade, M. (2012) Recovery in England: Transforming statutory services? *International Review of Psychiatry*, 24 (1), pp. 29-39.