cycles of the audit (Data were collected in the 1st cycle between 06-07-2021 and 22-07-2021, and 2nd cycle between 16-10-2022 and 07-11-2022). Samples were selected randomly among patients who were inpatient or discharged recently. The data were collected from the first, middle, and last ward reviews. If the patient was inpatient at the time of the data collection, data were collected from their first review, the last/most recent ward review, and one of the reviews in between. Patients who did not meet this criterion were excluded. Based on 1st cycle results, strategies were recommended to improve record keeping. After 15 months, 2nd cycle results were used to evaluate their effectiveness.

Results. The results demonstrate significant areas of improvements in record keeping: a majority of questions did not meet the standard of 80% completion considered "satisfactory" in previous audits. In the 2nd cycle, 9 questions had a "satisfactory" completion rates. These were mandatory or automated questions and ones essential to immediate patient care. 7 questions had "average" completion rates above 45%. All (17) other questions and subquestions had "low" completion rates. Analysis of variations between cycles shows that question on "Responsible clinician" increased from 23.3% to 99.5% because it was automated. 4 other questions or sub-questions have seen a substantial increase in completion rate between the 1st and 2nd cycle. But our strategies' effectiveness during the period of the audit has proven limited and difficult to trace.

Conclusion. It can be concluded that more efforts should be dedicated to improving medical record in the psychiatry wards of Essex Partnership University NHS Foundation Trust. The most effective strategy to secure high ward review documentation rates remains to make questions mandatory or auto-complete when possible. More research is necessary to demonstrate the effectiveness of other strategies such as the education of junior doctors in induction and awareness posters in wards.

Physical Health Monitoring in Patients on Antipsychotics: A Clinical Audit

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doi: 10.1192/bjo.2023.455

Aims. Patients with serious mental illness are more likely to suffer from serious physical health conditions, including: obesity, diabetes, heart failure and stroke. This, combined with the side effects of antipsychotic medication including weight gain and cardiac changes, means that patients with psychosis under the Early Intervention Services (EIS) taking antipsychotics require regular physical health monitoring, as per NICE guidelines. This includes: yearly BMI, blood pressure, ECG, blood tests (FBC, U+E, lipids, HbA1c, prolactin, LFT), alcohol status and smoking status. Our audit aims to assess the compliance of physical health checks for patients on antipsychotic medication under the EIS first episode psychosis team.

Methods. Patients on our caseload (for >6 months) between 01/2022 and 01/2023 (n=36) were included in this audit, and relevant data were collected using electronic records (i.e. carenotes and affinity). Data were recorded and stored electronically, and analysed using Excel and GraphPad. Patient information was discussed with their lead practitioner to ensure data collected was accurate. Our audit standard was set at 100%.

Results. In terms of BMI, 91.67% (n=33) of patients had a recorded BMI, with 19.44% (n=7) of our patients being overweight and 19.44% (n=7) being classified as obese. Of the patients classified as overweight or obese (n=14), 85.71% (n=12) had received advice about their diet or exercise. Blood pressure measurements were available for 86.11% (n=31), and 13.89% (n=5) of these patients were found to have hypertension. Information relating to patients' alcohol, smoking and recreational drug use was recorded in 97.22% (n=35) of our patients.

Qrisk data were not collected in 22.73% (n=5) of patients who were eligible for measurement (n=22). Furthermore, ECG tests were not recorded in 72.22% of patients (n=26). Compliance with blood tests was less than the desired standard, with 75% (n=27) of patients having an up to date FBC, U+E, lipids and HbA1c measurement.

Conclusion. Specific areas of physical health monitoring are carried out to a high standard in the EIS service, but there are areas which warrant improvement, particularly Qrisk and ECG monitoring. The EIS team is to re-audit these outcomes in 3 months' time, after presentation of results to the team and physical health check clinics are employed.

Clinical Audit of the Quality of Care Delivered by Community Mental Health Services for Older People to People Living With Dementia and Their Carers

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doi: 10.1192/bjo.2023.456

Aims. This clinical audit aimed to assess how well the local Community Mental health services for Older people (MHSOP) was implementing the latest NICE and Tees, Esk and Wear Valleys (TEWV) guidelines in dementia service delivery, and to identify what impact (if any), the COVID-19 pandemic lockdown had on their service delivery. In the UK, there are over 800,000 people living with Dementia; providing sustainable individualised care for them has significant cost implications for health and social care services. In 2018, NICE published evidence-based guidelines on delivery of dementia care by professional services within a person-centred and supportive framework. These guidelines together with the TEWV guidelines on Person-centred Dementia care pathway published in 2019, set the standards for this audit.

Methods. The first cycle was performed between 7th Nov 2020 and 15th Jan 2021; we included patients who had received an initial and diagnostic assessment from the team by 12/2020.

Second cycle was done from 7th Nov 2021 and 31st March 2022; inclusion criteria were patients who had initial and diagnostic assessments by Jan 2022.

In each cycle, data from 20 patient records were collected using a tool designed from NICE guidelines and Trust policy on Dementia care standards.

Results. In the first audit patients' consents for assessment and information sharing purposes was recorded in 80% of cases; this fell to 65% in the re-audit.

In the first audit at diagnostic assessments, 47% of patients were given relevant information regarding their prognosis and

26% about dementia and driving; these appreciated to 80% and 53% respectively. 16% of patients were given information in readily accessible formats as leaflets, increasing to 50% in the re-audit.

In both audits a carer's assessment was not offered up to the recommended standard, being (26% and 18% respectively).

Conclusion. This study has demonstrated a measurable improvement in the conduct of diagnostic assessments when local and national standards guiding dementia assessments are followed, and when identified action plans on areas needing improvement are implemented. It however shows that for such improvements to be sustained, the Trust and national guidelines and all identified action plans need to be consistently applied in practice. The findings also suggest that the COVID-19 lockdown restricted opportunities for sharing readily accessible information leaflets to patients, as borne out by the relatively poorer compliance of 16% in the first audit.

Intensive Home Treatment Team (IHTT) Antipsychotic Initiation Baseline Physical Health Investigations Audit

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doi: 10.1192/bjo.2023.457

Aims. The aim of the audit is to measure performance against Bradford District Care Foundation Trusts (BDCFT's) 'Antipsychotic Physical Health Monitoring Shared Care Guidelines'.

Methods. In September 2022, the audit project lead retrospectively reviewed the patient's electronic care record to establish their compliance to the standards.

The sample was drawn from the caseload of patients managed by the Intensive Home Treatment Team (IHTT) Bradford in September 2022. All patients who were initiated on antipsychotics by the IHTT were included in the audit. Patients who were initiated on antipsychotics by other teams such as Community mental health team (CMHT), Inpatient teams, etc, were excluded. A total sample size of 25 was used

All relevant areas of the record were checked, and data were collected on a data collection tool designed in Microsoft Excel and once collected these data were passed to the Clinical Audit team who completed the analysis using the same programme.

Results. Demographics: 15 patients (60%) were male and 10 (40%) were female. Their ages ranged from 18 years to 55 years with a mean age of 37 years.

The results of the audit highlight that only 32% of patients had a full physical health check prior to the initiation of antipsychotics. A further 56% had an incomplete physical health check. None of the individual investigations were fully compliant, as identified in the table above. BMI/weight was the investigation completed the least even though all antipsychotics are known to carry a risk of weight gain. HbA1c was the least completed blood test. Only 40% of all patients had their physical health checks reviewed by a relevant professional after they had been completed.

Conclusion. It is important that all patients prescribed antipsychotic medication have the necessary baseline investigations completed to ensure that the medication is safely prescribed, and the results of this audit was shared within the team for their consideration and review.

In cases where antipsychotics was started without the baseline monitoring, It is assumed that this decision was taken on a balance of risks. General lifestyle factors such as diet and physical activity can have a significant impact on the patient's physical health, yet this investigation was completed less frequently than determining any illicit drug use and identifying the patient's smoking status.

Following physical health checks, results of these need to be reviewed by relevant clinicians with documented evidence to this.

Audit: Medical Seclusion Reviews at Derbyshire Healthcare NHS Foundation Trust

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doi: 10.1192/bjo.2023.458

Aims. Seclusion is a psychiatric treatment that is used as a "last resort" in light of deteriorating mental state. It involves the supervised confinement and isolation of a patient, away from other patients, in an area where the patient is not allowed to leave due to possible risk they pose to themselves and others in order to manage severe agitation and chaotic behaviour. The Trust policy defines a procedure for seclusion which encourages decision making in line with the Mental Health Code of Practice 2015 (MHCoP 2015) and encourages the clinicians to adhere to the policy, making decisions and care which should be duly documented following an assessment of ongoing concern, mental state, assessment of physical health, medication review, risk assessment in a timely fashion as stipulated in the policy.

Methods. This was a retrospective review of patients based on incidence reports completed at the commencement of seclusion on the Derbyshire Healthcare Trust between May and November 2022 . The electronic records were reviewed, and data analysed via Microsoft Excel, against trust standards:

- Timing of seclusion review: 1hour and 4hourly medical review
- Independent Multidisciplinary Team meeting within 12hours on seclusion
- Documentation of seclusion
- Review of ongoing concerns
- Mental state examination
- Physical health review
- Medication review
- Risk assessment
- Review of need for seclusion
- Intervention

Results. 107 incidences of seclusion that took place involving 61 patients were reviewed.

34% of patients were reviewed within the 1hour, 41% reviewed 4hourly and 47% had an internal MDT.

57% of medical reviews were documented with 50% clearly stating ongoing concerns, 47% carrying out a mental state examination and 42% had physical health reviews done. 44% had medication review done, 44% had risk assessment, 58% reviewed the need for seclusion and 52% had an intervention recorded.

https://doi.org/10.1192/bjo.2023.456 Published online by Cambridge University Press