

## Meaningful Activities Policy

Inmind Reference:	CLN04
Category:	Clinical
Version Number:	1.0
Reviewed on:	September 2018
Next review date:	September 2020
Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

### Applicable Legislation/Regulations:

Service Specification (Low Secure Mental Health Service) Adult March 2018  
 CG 136 Service User Experience in Adult Mental Health Services  
 AIMS Rehabilitation: A Quality Network for MH Rehabilitation Services (CCQI) April 2016  
 Standards for Forensic Mental Health Services: Low and Medium Secure Care – Second Edition (CCQI) June 2017; The Care Act 2014; Health and Social Care Act 2008

### Codes of Practice:

Mental Health Act Code of Practice 2015

### Purpose:

The service must provide evidence based, specialist assessment, care and treatment which includes access to social, educational, occupational, and vocational opportunities that are meaningful for the patient, reflect the point the patient has reached in their treatment pathway, support rehabilitation and recovery and available during the day and evening 7 days per week.

### Version Control Table

Date Ratified	Version Number	Status
	1.2	Live

Date	Key Revision
September 2018	Service Specification (Low Secure MH Service) Adult (March 2018) incorporated. AIMS Rehabilitation: A Quality Network for MH Rehabilitation Services (CCQI) April 2016 incorporated. Standards for Forensic Mental Health Services: Low and Medium Secure Care – Second Edition (CCQI) June 2017 incorporated.

***Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).***

## **1.0 The Policy**

- a) To achieve a recovery orientated and outcome focussed low secure and rehabilitation service the hospital provides a range of meaningful activities and therapeutic programmes that are gender and culturally specific.
  
- b) In order to ensure people who, use the service have a positive experience of care this aspect of their treatment and care plan is prioritised and in accordance with specific standards of the Royal College of Psychiatrists Quality Network and other clinical guidelines.

## 2.0 The Procedure

### 2.1 Care and Treatment Plan

- a) Multidisciplinary Team (MDT) working and the Care Programme Approach (CPA) underpin the care and treatment plans for all patients.
- b) In keeping with the recovery approach, patients are encouraged to take as much responsibility as possible for their own wellbeing and progress.
- c) Ongoing risk assessment and proactive risk management strategies are provided by the MDT and ward staff which may determine which activities the patient is able to safely engage in.
- d) Well planned task orientated leave of absence has an important part to play in rehabilitation and recovery by providing a means of assessment of risk and progress; the development of social, interpersonal and practical skills; providing access to resource promoting physical and mental wellbeing; and supporting community integration.
- e) All leave escorted or unescorted is granted in accordance with the Mental Health Act and by the patients Responsible Clinician.
- f) Patients have access to Occupational Therapy which is delivered by a suitably qualified practitioner in conjunction with the MDT.
- g) Patients have access to Occupational Therapy Assistants and a Service User Lead who are suitably experienced to research, plan and delivery meaningful activities.
- h) Patients have a formal assessment of their daily living skills including meal planning and preparation, laundry, bed making, money handling, household budgeting, social skills and road safety. This is re-assessed at an interval as appropriate for each patient.
- i) Patients preferences are considered during the selection of therapies and activities and are acted upon as far as possible.

### 2.2 Access to activities and therapies

- a) Patients have access to art/creative therapies and complementary therapies, in accordance with local policy and procedures.
- b) Activities are provided 7 days a week and out of hours. Activities provided during working are timetabled.
- c) Patients have access to interventions that promote self-management of symptoms/problems, relapse prevention and psychoeducation.

- d) Every patient is engaged in active conversation at least twice a day by a staff member to provide the patient with an opportunity to discuss any issues or difficulties they are experiencing.
- e) Patients can leave the ward to access safe outdoor space every day.
- f) The MDT provides information, signposting and encouragement to patients to access local organisations such as; voluntary organisations, community centres, local religious/cultural groups, peer support networks and recovery colleges.
- g) Patients are supported to plan a menu, shop for ingredients and cook a meal as part of their rehabilitation programme.
- h) Timetabled activities include enhancing daily living skills and preparation for employment, education and leisure, and where possible these are delivered in the community or by organisation in-reaching to the ward.
- i) Patients can maintain and develop friendships and social networks outside of the hospital environment.
- j) Patients can pursue personal recovery goals outside of the hospital environment.
- k) The hospital makes use of Peer Support Workers or equivalent.
- l) Patients can access regular group meetings that have a psychoeducation focus on or off the unit
- m) Patients with poor personal hygiene have a care plan that reflects their personal care needs, this could include encouragement to have regular showers, referral to dentist for oral dentition and referral to podiatrist for foot care.

### 2.3 Facilities

- a) The service has designated facilities for patients within the secure perimeter for; education, occupational and psychological therapy, physical exercise, self-catering/cooking, dining and laundry.
- b) All patients can access a range of current culturally-specific and gender specific resources for entertainment, which reflect the ward/units population. This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVD's, computers and internet access (where risk assessment allows this).
- c) All patients can access a charge point for electronic devices such as mobile phones (where risk assessment allows this).

## 2.4 Governance

- a) The level of engagement in structured and meaningful activities is one of the key indicators and criteria use for assessing progress and transition of individuals, who use the services, along the care pathway.
- b) An audit of the level of engagement in structured and meaningful activities will be carried out at intervals determined by the Registered Manager.
- c) The audit results will be discussed as part of Hospital Governance and the finding shared with key stakeholders.
- d) The patients will have the opportunity to discuss and put forward suggestions about the facilities and activities on offer at the community meeting/governance meeting.
- e) The Registered Manager will direct any changes to the provision and or delivery of this aspect of service delivery as required and based on feedback received.

**Appendix 1**

**Equality Impact Assessment for this policy**

<b>Protected Characteristic (domain)</b>	<b>Area of conflict</b>	<b>Resolution</b>
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.