

Blank space feedback highlighted the tool's clarity and simplicity.

Conclusion. This QI project was able to highlight and address a key issue in clinical care in a simple, and very low cost manner. Improvements were demonstrated after one month of intervention, and a more in-depth trust-wide rollout of the project is being discussed.

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Revisiting Dental Care and Mental Health: A Quality Improvement Project of Dental Care for Patients With Severe Mental Illness Living in a Community Rehabilitation Centre

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Aims. The Care Quality Commission report (Smiling matters: oral health care in care homes) showed that too many people living in care homes were not being supported to maintain and improve their oral health. Lime Tree Garden is a purpose-built care home for up to 24 adults with mental health needs supporting people with enduring mental health illness to develop basic life skills so they can live supported in the community.

This is a quality improvement project aiming to improve oral health and to reduce the burden of oral diseases in people with mental disorders and ensure timely access to dental treatment in Lime Tree Gardens through meeting the NICE quality standards of care.

Methods. Auditing current implementing status of oral health procedures in place and comparing with NICE guidelines and quality standards: 1) Adults who move into a care home have their mouth care needs assessed on admission; 2) Adults living in care homes have their mouth care needs recorded in their personal care plan; 3) Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures. For each patient, their dental care plan is recorded and compared with NICE guideline.

Results. There are challenges and space for improvement while implementing Oral health toolkit for adults in care homes at Lime Tree Gardens. A significant amount of patients (>90%) have unmet needs in terms having oral health.

Conclusion. There is a need to address the dental health challenges in this vulnerable population with recurrent and enduring mental illness. It is important to integrate and highlight dental health, as an important part of physical health into the overall medical management of patients with severe mental illness in residential rehabilitation psychiatry.

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Health and Social Care Staff Awareness of Menopausal Symptoms in Adults With Intellectual Disability: Results From a Survey

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Aims. Menopausal symptoms often go unrecognised in individuals with intellectual disability (ID). There is growing societal awareness of the impact of menopause on mental health, yet this has not been replicated in the ID population. In light of this, we wanted to establish the current levels of knowledge, confidence and skills of staff working in a specialist community intellectual disability service (CIDS). The findings from the survey may help identify ways of improving awareness of menopausal symptoms with individuals with ID.

Methods. We performed a cross sectional survey of staff views and practice in relation to considering and discussing menopausal symptoms with individuals with ID. The survey was anonymous, and conducted on Microsoft Forms. A mixture of quantitative and qualitative data was captured. A QR code linking to the survey was disseminated to the whole team (60 staff) via email and in-person staff meetings.

Results. There was 50% (30/60) responses to the staff survey. The majority of respondents worked in either health (16/30) or social care (12/30). Two thirds of respondents either agreed or strongly agreed (20/30) that discussing menopausal symptoms was part of their role. 57% of respondents (17/30) felt confident discussing menopausal symptoms with service users, while 20% (6/30) felt neutral and 23% did not feel confident. 90% (27/30) of respondents either agreed or strongly agreed that they would benefit from teaching and training in the effects of menopause in our service users. Thematic analysis of the free text responses revealed that staff wanted to understand treatments available for menopause as well as improved easy read material explaining menopausal symptoms to individuals with ID.

Conclusion. Our survey revealed a spectrum of confidence levels in discussing menopausal symptoms with service users, and a large appetite for further training and resources to aid these conversations. In light of the results from this survey, a Quality Improvement (QI) project has been initiated. Once QI change ideas have been tested, a repeat survey will be completed to compare staff views and confidence in this area and in this way measure the effectiveness of those changes.

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Quality Improvement Project – Producing an Information Poster to Improve Easily Accessible Practical Information to Junior Doctors Whilst On-Call at Fieldhead Hospital

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Aims. To create an information poster for the doctors' on-call room and doctors' office at Fieldhead Hospital (a Psychiatric Inpatient Hospital in Wakefield) to improve readily available practical information to doctors whilst on-call.

Background – Psychiatry on-call shifts can feel daunting, especially if this is the clinician's first (and perhaps only) exposure working as a doctor within this specialty. Psychiatric hospitals are not equipped to deal with physically unwell patients which can be challenging especially as the only junior doctor on-call out of hours. Although there is a comprehensive induction programme, doctors in training raised concerns that there is insufficient, readily available practical information whilst on-call.

Methods. Surveys were sent out to doctors in training to ascertain their initial viewpoints about producing a poster and which information they feel should be included. Doctors included were foundation years, GP and core trainees on their psychiatry placement in the South West Yorkshire Partnership NHS Foundation Trust. Both qualitative (free text responses) and quantitative information (yes/no responses) were obtained via SurveyMonkey. An initial draft poster was produced and sent out to all doctors in training as well as the project lead and clinical lead. The poster was amended accordingly. The posters were printed and displayed in the on-call rooms and doctors' office.

Results. Four respondents responded to our initial pre-poster survey. They were highly receptive to the suggestion that this information would be in poster format to provide easily accessible information to help whilst on-call. Key topics identified for the poster included navigating logistical issues and information on-site, clerking new admissions and the relevant investigations required, important telephone numbers, personal safety and where and how to access relevant information and guidelines.

Feedback regarding the initial draft poster survey and the included information was also positive. Seven respondents replied and overall, they felt that the poster provided the relevant information. The project supervisor and clinical lead also provided constructive feedback and identified that locating risk assessments and discussing with a consultant when a patient is recalled to hospital on a CTO should also be included. The initial draft poster was amended following this feedback.

Conclusion. In conclusion, we found that there was an unmet need for easy to access logistical information regarding on-call work. The on-call poster provided the necessary information in a succinct and clear manner which the trainees benefited from.

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Compliance With 72 Hour Follow-Up and 6 Week Medical Review in a Brixton Community Mental Health Team

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Aims. We sought to determine to what extent guidelines regarding 72 hour follow-up and 6 week medical review were being followed in a Community Mental Health Team in Brixton. Further, we aimed to find out what was happening in situations where these guidelines were not met, then implement interventions to ameliorate some of the identified barriers.

Methods. First, we conducted a retrospective review of all patients discharged from any hospital or home treatment team, over a

time period from 01/07/2023 to 01/11/2023. Patients with discharge dates not in this timeframe, or those still admitted to hospital, were deemed ineligible and excluded. We extracted the dates of discharge, 72 hour follow-up, and medical review, and calculated percentages of patients who received follow-up in the required time who should have received it. Supplementary data on care-coordinator contact within a month, and primary support contact were gathered as well.

Our primary intervention was direct engagement with the involved community mental health team, delivering the findings of our retrospective review in an oral presentation on 01/11/2023. We also designed an informational poster to be disseminated among the team as well as a discharge template proforma for care coordinators to bring to patient discharges to help them acquire vital contact information details. Following the intervention, we gathered the second round of data in the same way as described earlier, from 01/11/2023 to 19/01/2024.

Results. A considerable improvement was noted in the rate of 6 week medical review, with 69% of patients successfully achieving this target in the post-intervention population (n = 18), as compared with 56% in the pre-intervention population (n = 18). However, no significant change was observed in rates of successful 72 hour follow-up between the populations (63% to 58%). This was attributed to deep-rooted barriers such as lack of robust communication services between the wards and community mental health teams, which potentially shows a need for development of underlying system integration. Qualitatively, positive feedback was given by members of the team who described dedicating more time than previously on checking if patients have been followed up on time.

Conclusion. Overall, we demonstrate moderate success for a low-intensity quality improvement intervention bringing about significant improvements in 6 week medical review compliance. Interestingly, our results indicate that the longer-term 6 week medical review may be more amenable to our awareness-based intervention than 72 hour follow-up, suggesting a different array of logistical barriers between the targets.

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Digitalising Regional Induction for Junior Doctors in Mental Health and Learning Disabilities Department of Betsi Cadwaladr University Health Board

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Aims. Induction training is a crucial part of starting work in a new organization as it orientates new staff to their work role and environment, which ensures that they can work safely and competently. Given the wide geographical area of North Wales, there is logistic difficulty to continue with face-to-face induction sessions for new junior doctors. A digital format for regional induction for new doctors from all sites was introduced in 2021. This virtual induction has dealt with the accessibility problem effectively. Nevertheless, there seemed to be some ongoing issues regarding organising the session with speakers due to overlapping clinical duties. Therefore, a quality improvement project