

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.

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

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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.

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Audit: Medical Seclusion Reviews at Derbyshire Healthcare NHS Foundation Trust

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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.