

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool



It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Assessment and Treatment (Learning Disability) –Process around Blythswood House - Clyde

Please tick box to indicate if this is a : Current Service Service Development Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

At Blythswood House a team of specialists is on hand to work with patients with learning disabilities who experience mental health problems. The wider community also plays an important part in their recovery. There is a multi-disciplinary team that includes a psychiatrist, nursing staff, clinical assistants, a speech and language therapist, an occupational therapist and a psychologist. Service users can have a holistic assessment of their needs. Staff work together with the service users and their carers. Service users maintain a high level of community presence and participation via accessing local facilities, keeping links to colleges and day centres to support their needs. Blythswood House has space for 11 in-patients, who each have their own large en-suite room. There is also a mini-gym, a pool table, TV rooms, and an outdoor garden with seating.

Who is the lead reviewer and where based?

Lena Mekwi – Unit Manager, Blythswood House

Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):

Specialist OT, Senior Staff nurse, Psychiatry, Administrator, Senior Charge nurse, Nursing assistant, Patient Services Manager, Equality and Diversity Manager, PA

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
Gender	<ul style="list-style-type: none"> • Service is sensitive to gender of clients by matching key workers as and when requested, however some patients may respond better to different gender of staff • Staff gender-mix on shift reflects the gender-mix of service users • The environment has a separate male and female area (pods) • Protection of vulnerable adults is taken into account during assessment • Gender is collected and analysis has been done. Roughly male and female patient numbers are the same. • People have their own accommodation with amenities. No shared toilets • Staff aware of gender equality issues in supporting patients in personal care needs. • There is a learning plan, focusing on health inequalities around gender. • During management meetings, care/ equality issues are reported and discussed. Staff issues fed back into training plan • Nursing assessment includes Wellman/Wellwomen issues including access to Testicular/ Cervical screening services. • Staffs have registered on LearnPro to access equality and diversity training. • Male and female GP also based at Blythswood House so that gender invasive inspections are 	<ul style="list-style-type: none"> • All bedrooms have observation panels on doors and anyone passing through can look through the observation panel. This is an issue for privacy/dignity of patients. • No formal training delivered yet on GBV

	<p>assigned to relevant GP.</p> <ul style="list-style-type: none"> • Users involvement group has been established 	
Ethnicity	<ul style="list-style-type: none"> • Service has not had clients from ethnic minority groups however any special requirements as a result of ethnicity will be assessed at pre admission planning and initial assessments This is now factored in to care plans. • Service can contact interpreters • Ethnicity is recorded • Use of international symbols for toilets • All admissions are pre- planned to help staff prepare for clients e.g. Dietary, Language requirement. • Staffing profile reflects wider profile of GGC • Carers bring information to help build up profile for the patient. • Information booklets only in English. But translation can be achieved if requested • Users involvement group has been established 	<ul style="list-style-type: none"> • Generally low uptake of service by ethnic minority groups (service covers Clyde) • Look at review of work around the services used by ethnic minority groups (different viewpoints/attitude) • Although Ethnicity is recorded, there is no regular analysis of the information
Disability	<ul style="list-style-type: none"> • Disability is recorded • There are accessible toilets, designed for people with a Disability. Grab rails in some of the toilets • Use of symbols on doors, helpful to patients regardless of Language /Literacy • Automatic doors at entrance of Blythswood • Centre is designed for wheelchair access • RNIB have helped carry out assessment for people who are partially sighted. • There is accessible information about the 	<ul style="list-style-type: none"> • No reflective strips on glass doors to prevent people walking into doors • Activities of Daily Living (ADL) Kitchen isn't accessible to wheelchair users; height of kitchen (units etc) has been no issues with this in the past • No hearing loop induction facilities, no requests have been made. • Relatives who may be wheelchair users or infirm may find it difficult when visiting as visiting times are staggered with meal times. • Wheelchair user may not feel comfortable in a

	<p>service.</p> <ul style="list-style-type: none"> • All services are on a single level • Service has speech and language therapist to support communication and language difficulties • Low reception desk • Other accessibility features include Non-slip carpets, low handles on doors, big switches for lights and some rooms have wet rooms. • Disabled accessed car parking • On site staff know how to access equipment • There is an in- house Occupational therapist to assess needs of service users on admission. All service users have an automatic referral to the occupational therapist on admission 	<p>crowded area</p> <ul style="list-style-type: none"> • Not all Televisions (TVs) have subtitles. However, there is a plan in place to replace all TVs
Sexual Orientation	<ul style="list-style-type: none"> • Positively support people regardless of sexual orientation • Emotional assessment and support is conducted for all patients. • Users involvement group has been established 	<ul style="list-style-type: none"> • Data is not collated information is difficult to collect due to people not being in a relationship or having a very limited understanding the question as a result of learning disability
Religion and belief	<ul style="list-style-type: none"> • Religion/ Belief collected and passed on via community nurse. • Prayer facilities can be provided but centre would signpost people onto religious venues outside of centre • Sometimes patients have had religious leaders to come in and conduct religious services • Spiritual care plan also developed as part of care plan • Users involvement group has been established 	<ul style="list-style-type: none"> • No promotion of available services within the patient information booklet

	<ul style="list-style-type: none"> • Different meal options available to meet different needs e.g. vegetarian option always available and other options such as Halal and Kosher are available from Main Kitchens on demand. 	
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Age is captured on admission documentation (Date of birth –as part of Community Health index) • Service is provided to 16-65 • With older age groups all care plans are reviewed regularly in relation to physical care needs. • Appropriate activities catered by age group. • Children can visit but needs to be pre-arranged • Staffs have been on training for child protection/vulnerable adults/adults with incapacity. • Users involvement group has been established 	<ul style="list-style-type: none"> • No negative impact
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • The unit has it's own minibus to transport patients to and from the unit while observing the work related driving policy • Alternative visiting arrangements can be made for carers. • Admission documents contain section on access to finances. Service is able to identify financial support needs. Social work services provide support with income maximisation. • Most people have their own tenancies and advice care provider • Daily basic needs are met including Meals, transport and Funds available (endowment) for 	<ul style="list-style-type: none"> • There is stigma attached to people who have Learning Disabilities and Blythwood House is in area with multiple deprivation. Sometimes there is verbal abuse towards patients/carers – documented though IR1's

	<p>people who don't have access to money.</p> <ul style="list-style-type: none"> • There have been newspaper articles, positive stories around Blythwood House to support better understanding within the local community • Partial admission service also provided at Blythwood. The service works to capacity rather than bed numbers, to offer something to everyone. • Users involvement group has been established. 	
Additional marginalisation	<ul style="list-style-type: none"> • The service has links with education services. • Nursing assessments take into account literacy issues • Assessment of relatives also takes place and this can bring issues to the attention of the staff as well • Advocacy can also be provided 	<ul style="list-style-type: none"> • Some patients can lose tenancy when they are in hospital. As a result this could lead to delayed discharge. • Service deals with acute health/ complex needs, which often require 24-hour medical cover. Additionally service is isolated due to its geographical location

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
<ul style="list-style-type: none"> • Consider privacy screen, key activated or glazed panel for observation panels to support dignity of patients • Check compass IT system for what diversity information is recorded and Pilot diversity monitoring of clients. 	<p>June 2010</p> <p>Jan 2010</p>	<p>LM</p> <p>MM</p>
Specific Actions		
<ul style="list-style-type: none"> • Need to look at how other assessment and treatments services are used by ethnic 		

minority groups and identify good practice. <ul style="list-style-type: none"> • Continue to look at ways of overcoming stigma and building relationships with local surrounding community. • Identify ways of supporting visitors who use wheelchairs during visiting times. • Identify ways of ensuring suitable medical cover due to a) needs of patients, b) isolation of venue. • Analyse data of client groups and use to inform service development • Purchase/ Install reflective strips on glass doors • Develop better alert systems to support client groups who may be at risk of losing tenancy. • Replace TVs with ones that have subtitling. • Training Plan to include GBV 	Feb 2010	LM
	Ongoing	LM
	Feb 2010	HM
	June 2010	TK, LM
	Ongoing	LM, MM
	Mar 2010	FM
	Sept 2010	LM
	Mar 2010 April 2010	LM, MM LM

Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

Lena Mekwi – Unit Manager – Blythswood House

Lead Reviewer: **Name:** Lena Mekwi
Sign Off: **Job Title:** Unit Manager
 Signature
 Date: 09/12/2009

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

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