Conclusions Our approach has demonstrated a significant reduction in the number of falls without impacting on patients' independence. Quality of life and increased confidence in patients and staff is marked. We have seen a culture change within our team, where all falls and near miss falls are treated with the same importance.

P-146 MUSIC TO MY EARS: IMPLEMENTING PERSONALISED MUSIC PLAYLISTS IN A HOSPICE INPATIENT UNIT (IPU)

Kim Donaldson, Jen McLean, Liz Collins, Fiona Cruickshank, Erna Haraldsdottir. *St Columba's Hospice, Edinburgh, UK*

10.1136/bmjspcare-2019-HUKNC.168

Background Creating individualised playlists for people living with a dementia has positive benefits including the reduction of behavioural and psychological symptoms (Bowell & Bamford, 2018; Abraha, Rimland, Trotta, Dell'Aquila *et al.*, 2017). Playlist for Life is a charity which is committed to making such playlists easily accessible for all and believes that music which is meaningful can help people with dementia to reconnect with those important to them. As hospices across the UK have been urged to build skills needed to support people with dementia (Hospice UK, 2015) we decided to implement Playlist for Life within our inpatient unit as a creative way of offering support to patients and their families.

Aims

- To enhance person-centred care offered to people with a dementia and their families;
- To use personalised playlists as a therapeutic tool to enrich connections between patients, families and staff.

Methods A practice development approach using collaboration, inclusion and participation (Manley, Parlour & Yalden, 2013) was used throughout including:

- A dementia/cognitive impairment multi-professional group to oversee the project;
- Working with Playlist for Life to support the development of our project;
- Working with non-clinical departments to secure funding (Tulip Charitable Trust and J. Murray Napier Fund) and equipment;
- Reflections on practice with the Hospice Practice Development Facilitator and clinical staff;
- Written reflective accounts of all episodes of practice;
- 1:1 and small group sessions with clinical staff.

Results Although our initial aim was to work with people with a dementia, we have also worked with people with other forms of cognitive impairment and with no cognitive impairment. Using Playlist for Life has:

- Enabled life story telling and reminiscing;
- Supported the management of breathlessness and anxiety;
- Increased sense of wellbeing;
- Supported advance care planning;
- Been a legacy for family members.

Our next steps are to:

- Continue to establish an evidence base in a hospice setting through further evaluation
- Establish referral criteria.

Conclusion Individualised music playlists are an effective therapeutic tool in a hospice setting.

P-147 LIGHTS PLEASE! CREATING MULTI-SENSORY SPACES IN AN ADULT HOSPICE

Gemma Allen. *The Mary Stevens Hospice, Stourbridge, UK*

10.1136/bmjspcare-2019-HUKNC.169

Background Developing services to deliver personalised care for patients and visitors has been at the forefront of an in-depth diversity and inclusion project. Lack of indoor sensory spaces was highlighted for those living with cognitive and visual impairments, anxiety, dementia and learning disabilities.

Aim Transform hospice space, providing patients and visitors with an area to relax, creating multi-sensory experiences adapted to a person's individual requirements.

Method Grant applications submitted to purchase specialist sensory equipment were successful with £20,000 received, primarily to aid, enhance and support health and wellbeing for more people in our hospice. The grants enabled the scoping and purchasing of specialist mobile equipment, rather than a static sensory room. Therefore, equipment is used across departments and accessible to all, including in-patient unit, day services, and family and bereavement support. Likewise, mobile equipment can be assembled in a specified room during holistic therapies or group activities.

Results The equipment consists of a deluxe sensory unit, containing bubble tubes, lights, aroma diffuser, music and projector. Additional mobile bubble tubes, lights, diffusers, music, projectors, VR headset, weighted duvet, sensory weighted chair and footstool and projector wheels were also purchased. The chair and footstool have received positive feedback from staff and patients.

'We have used the chair with a patient living with dementia. I had tried it myself and found it comforting but even so I was really surprised with how quick the calming effect was for our patient'

The chair stimulates senses, providing feelings of safety and security. Filled with balls the pressure increases tactile, muscle and joint sensations, sending impulses to the central nervous system resulting in improved feelings of wellbeing. We have identified an increased number of patients and visitors who will use this equipment whilst improving staff awareness about the therapeutic benefits of sensory spaces in adult hospices.

P-148 DESIGNING AND DEVELOPING ON-LINE EDUCATION RESOURCES ABOUT SEXUALITY WITH CO-RESEARCHERS

Maddie Blackburn, Sarah Earle, Lucy Watts. *The Open University, Milton Keynes, UK*

10.1136/bmjspcare-2019-HUKNC.170

Background Inclusive research indicates that the decision-making process is one in which the 'professional' researcher and the 'co-researcher'(s) have equal weight and authority within the research process and collaborate throughout.

Aims In this presentation, we shall draw on our current project, focussing on the merits and some of the challenges in engaging co-researchers in inclusive research. This