

ENTRY & EXIT POLICY FOR MENTAL HEALTH AND LEARNING DISABILITIES WARDS

Document Summary

To clarify the trust position on the locking of doors and the control of access and egress in inpatient areas. To agree any procedures and information required and the roles and responsibilities of staff with in inpatient areas

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Important Note:

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1 SCOPE

This policy will be relevant to all inpatient areas/units for service users with mental health and learning disability needs.

It will affect all staff including temporary staff, contracted staff, volunteers, and employees of Cumbria Partnership Foundation Trust students and Doctors working within or attached to the inpatient units.

2 INTRODUCTION

In recent years there has been a national increase in drug and alcohol misuse and violence against staff and service users as well as risks posed to service users by external influences. Moreover, no less than 27% of mental health inpatient suicides now occur off the ward, often after the person has left without the knowledge of staff (DoH 2006a). Health staff have a legal duty to protect and promote the safety and well being of all people in their care. This includes the prevention of abuse and exploitation of vulnerable people, for example through drug dealing, threatening behaviour or financial abuse. They also have a duty to ensure that service users who are admitted to inpatient units under the powers of the Mental Health Act (1983) remain in hospital, unless they are granted leave or are discharged.

This policy has been produced in response to The Code of Practice Mental Health Act 1983 (2008) referring to the locking of ward entrance/exit doors and in response to the Mental Capacity Act 2005 including provisions for the deprivation of liberties (DOLS) Where service users do not have the capacity to consent to treatment or continued admission to hospital.

Chapter 16.39 states, "Locking doors, placing staff on reception to control entry to particular areas, and the use of electronic swipe cards, electronic key fobs and other technological innovations of this sort are all methods that hospitals should consider to manage entry to and exit from clinical areas to ensure the safety of their service users and others", further "If hospitals are to manage entry to and exit from the ward effectively, they will need to have a policy for doing so". The University of Manchester report "Avoidable Deaths" (2006), chaired by Louis Appleby, also stated that clinical areas should be "making greater use of technology such as CCTV or swipe cards to observe entry and exit".

This policy sets out precisely what the ward arrangements are and how service users can exit from the ward, if they are legally free to leave, and must be made available to all service users on the ward. The policy should be explained to service users on admission and to their visitors. In addition to producing the policy in English, hospitals may need to consider translating it into other languages if, in common use in the local area.

The need for the Entry/Exit door policy will be referred to specifically in each wards operational policy. It is recognised that the security and safety of service users

should only be managed through the provision of adequate staffing levels and good observation and supervision. The aim of the policy is to enhance safety and security of all members of staff, service users, carers and members of the public. Access control is primarily used to provide extra safety and security for service users and staff, and prevents unauthorised visitors from entering patient areas, particularly out of hours when staff numbers are usually smaller, and is not in any way a method of restricting service users' movement, or restricting or depriving them of their liberty whilst they are an inpatient. This policy is also to help staff to develop an environment that gives service users as much freedom as possible within safe and secure limits. By introducing these measures it is envisaged that staff will be more able to spend therapeutic time with service users rather than needing to monitor the ward entrance/exit as closely.

3 STATEMENT OF INTENT

This policy clarifies the expectations of Cumbria Partnership NHS Foundation Trust that inpatient areas across the trust will have written in to their operational policies a clear statement as to whether access and egress in that unit will be controlled on a continuous basis or whether there will be flexibility with regard to access and egress controlled on occasion. It will be considered the exception for inpatient units to have uncontrolled access and egress.

4 DEFINITIONS

A "locked ward/unit" may be defined as a ward/area/unit that cannot be entered or exited without the use of a swipe card, keypad combination lock, or the manipulation of double handed locks.

5 DUTIES

Ideally, and where appropriate, all service users being admitted to the in patient wards, this being CAMHS, Adult or Older Peoples wards should be aware of the unit policy with regards to locked wards. On arrival to the ward the admitting nurse will offer a full explanation of this policy and the significance to their individual care whilst in hospital. This will also be explained to their relatives or carers.

In instances where service users are admitted informally they will be invited to sign the core care plan devised (see appendix 1). This will document and explain their rights of choosing whether they agree to remain in a locked ward. All efforts should be made by ward staff to ensure that service users understand its content, the expectations placed upon them and the expectations that they may have of ward staff. A failure to sign this care plan will be documented and discussed daily with the patient by the key nurse and evidenced as such. A copy of this care plan will be filed in the service user's notes and a copy will be given to the service user.

All service users should be informed that they may leave the ward on request at any time with someone being available at all times to unlock the door. There will be clear instructions and advice visible for all to see about why the ward door is locked and what rights and freedoms people have to pass through these doors (see appendix 2).

If a patient later withdraws their consent to remain, the nurse in charge would take appropriate steps in ensuring the patient is fully reviewed by their Registered Clinician to ensure that a full assessment of risk is undertaken.

In circumstances where an informal service user chooses not to remain in a locked ward, whether or not they understand the risk involved, consideration must be given to assessing whether it would more appropriate to have them formally detained under the Mental Health Act 1983, rather than them remaining an informal patient. The nurse in charge would make the Registered Clinician or deputy aware of the possible need for assessment as soon as possible. This decision would be made solely on the criteria under the MHA1983. However the use of DOLs legislation may also be considered should the service user lack capacity but not meet the criteria for Mental Health Act detention.

If the Registered Clinician or their deputy is not available the nursing staff can only prevent informal service users from leaving the ward through the use of their statutory holding powers under s.5.4 of the MH Act. They do not have any other legal way of restricting an informal service user from leaving the ward if they requests to do so.

In the case of detained service users it is the responsibility of the nursing staff to ensure that the service user has been granted section 17 leave by their Responsible Clinician to go beyond the ward doors and this should be clearly documented on the s.17 leave form, of which the patient will have a copy. Staff should be trained and aware that only detained service users are granted leave in this way and not use this terminology with informal service users, who have unrestricted egress from the ward. The use of such language or practice with informal service users runs a high risk of staff acting in ways that amount to unlawful deprivation of liberty. Informal service users should make it clear to ward staff if they are leaving the unit, in case the area has to be evacuated due to fire or health and safety reasons. Staff should continue to refer to Cumbria Partnership trusts Protocol for the Management of Informal Patient's Leave from Adult Acute Mental Health In-patient Wards POL/001/057 and POL/001/005/005 MHA Guidelines For Informal Leave Arrangements.

6 DETAILS OF THE POLICY

6.1 Inpatient Units

Inpatient units within Cumbria Partnership NHS Foundation Trust will be kept continuously locked. The reasons for this will be explained to all service users and their carers or relatives on admission. Exceptions to this must be clearly documented in the operational policy for that unit, or must be agreed with the service manager and Locality general manager responsible for that unit.

6.2 Formal (Detained) Service users

An explanation will be given to anyone who is prevented from leaving the ward who is detained under the Mental Health Act. A record that an explanation has been given should be made as part of their care plan.

For those service users for whom it has been agreed that there should be planned leave as part of their recovery then this will also be documented and monitored. Detained service users on agreed unaccompanied leave will be allowed to leave the unit. Staff should use this opportunity to promote service user safety by observing the patient's mood and behaviour and confirming where the service user intends to go and when they can be expected to return, documenting this information as appropriate.

6.3 Informal (Not Detained) Service users at Risk

Where an informal patient who is assessed as likely to be at risk if they leave the ward unaccompanied is making deliberate efforts (whether or not they understand the risk involved) to leave the ward, or expresses the wish to do so, the staff will undertake the following actions:

- Informal service users should realise that they are not bound by their care plan, but may terminate their involvement in it by discharging themselves from hospital following an appropriate assessment by their Registered Clinician or deputy.
- The staff member dealing with the service user will try to identify the reasons why the service user wishes to leave and will address any concerns expressed.
- The staff member will offer an explanation to the service user, in terms corresponding with the service users' level of understanding, of the reasons why the service user will not be allowed to leave.
- Every effort should be made to persuade them to stay on the ward using the least restrictive form of treatment.
- Choosing to spend time off the ward can and is an important part of recovery; this is an opportunity for people to retain, regain and exercise personal choice and responsibility for themselves.

- It should be clear to such service users that an assessment for detention under the Mental Health Act may be undertaken in such circumstances where they seek their own discharge, but neither care-plans nor staff should prejudge that such detention would necessarily result from an informal service users decision to discharge.
- Where appropriate, staff will take account of the requirement to assess capacity under the Bournemouth Judgement (DoH 2006).
- A capacitated patient may agree to restrictions upon his or her liberty but not to a deprivation of his her liberty. Contracts and house – rules, however much they may regulate ward life, may not necessarily amount to a deprivation of liberty where the patient concerned has capacity to agree to restrictions and does so; and understands that such agreement may be terminated by discharging themselves from hospital.
- Service user’s capacity should be judged in the context of particular decisions rather than as an overall measure of mental health (MCA 2005).
- If the patient is still unable to consent to remaining on the ward, staff will give consideration to the use of an appropriate section of the Mental Health Act (MHA) 1983.
- The service users Registered Clinician or deputy will be kept informed of instances where the service user has made efforts to leave or has made requests to do so and the actions of staff in dealing with these, and will consider the use of an appropriate section of the MHA 1983.
- Careful documentation will be kept of any such episodes, including any episodes where the service user actually left the ward. If a service user deemed to be at risk has left the ward unaccompanied, or without the knowledge of the staff on the ward, staff will respond according to the Trust Policy and Procedure for service users, who are absent without leave (AWOL) or go missing from in-patient/residential units or community services POL/001/009. The incident will be reported via the trust reporting system and reviewed according to the Trust Incidents Policy.
- Service user’s relatives, with the service users consent, will be consulted about the risk management plan and their views recorded, and will be made aware of episodes where the patient has been prevented from leaving.

6.4 Informal Service users not at Risk

Service users who are informal and are not felt to pose a risk to themselves or others will be allowed to leave the ward upon asking a member of ward staff who will open the door and allow them to leave. Staff should use this opportunity to promote service user safety by observing the service users mood and behaviour and finding out where they intend to go and when they can be expected to return and record this information according to ward procedure.

If the service user does not return at the specified time then the AWOL procedure should be adhered to.

6.5 Children and Young People

The Children Act 1989 determines children and young people to be those under 18 years of age. Any practice or measure, which prevents a child or young person from

leaving a room or building of his/her own free will, may be deemed to constitute “restriction of liberty”. The maximum period a child or young person may have their liberty restricted without the authority of a Court is 72 hours, whether consecutive or aggregate, in any period of 28 consecutive days. This does not apply to children and young people detained under the Mental Health Act (1983).

The Senior Manager responsible for the ward should monitor the situation and take action to ensure compliance with the statutory safeguards governing the “restriction of liberty” of children and young people, namely Children Act Section 25 and the Children (Secure Accommodation) Regulation 1991.

6.6 Service users on specific Observations

Service users who are under observation or who are otherwise assessed as being at risk will be supervised whenever they leave the ward, as per the trust’s supportive observation policy POL/001/007.

6.7 Visitors

Staff will seek to ensure that all visitors and service users who can safely leave the ward are able to do so speedily and without undue inconvenience.

6.8 General Issues

Where there are house rules on a ward regarding locked doors, there should be clear instructions and advice visible for all to see about why the ward door is locked and what rights and freedoms people have to pass through these doors. All staff will wear identification, which is easily visible to visitors and service users to facilitate ease of recognition. Signs should be available outside wards explaining this policy and its rationale with ward notices and patient leaflets also available (See Appendix 2 for example).

7 TRAINING

Training needs with regard to the use of this policy will be monitored by the trusts training needs analysis. Initially training will be delivered adjacent to the supportive observation policy training and will be included in the Safe and effective care training.

8 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Compliance with this policy will be monitored to include appropriate visible signage and information for service users and visitors.	Questionnaire and ward visits	Service User and Referrer Patient Experience Team.	Monthly	Acute care forum and Network governance groups	Acute care forum Network Governance groups

9 REFERENCES/BIBLIOGRAPHY

Mental Health Act (1983).
Mental Capacity act 2005
Children Act Section 25
Children (Secure Accommodation) Regulation 1991.
Bournewood Judgement (DoH 2006)
The Code of Practice Mental Health Act 1983

10 RELATED TRUST POLICY/PROCEDURES

POL/001/007 Policy on supportive observations on inpatient units.
POL/001/009 Policy for the management of service users missing or absent without leave.
POL/001/005/005 MHA Guidelines For Informal Leave Arrangements
POL/001/057 Protocol for the Management of Informal Patient's Leave from Adult Acute Mental Health In-patient Wards

11 APPENDIX 1 - CORE CARE PLAN FOR INFORMAL SERVICE USERS

CORE CARE PLAN FOR INFORMAL SERVICE USERS

All CAMHS Adult & Older Peoples Admission Wards within the Mental Health and Learning disabilities service operate a locked door policy.

(Name)..... Has consented to an informal admission to a locked ward.

Aim

To ensure the patient is fully informed of their rights (under the MHA 1983) whilst being nursed on a locked ward, including their right to request discharge or time off the clinical area.

For all nursing staff to ensure they uphold service users rights through accurate ongoing assessment.

INTERVENTIONS

On admission the admitting nurse, in conjunction with the Registered Medical Officer or deputy will assess the patient's capacity to give explicit consent to being nursed in a locked environment. This will be evidenced by nursing and medical documentation and a signature will be sought from the patient on this care plan as evidence of written consent.

The admitting nurse will document any reason the signature is not obtained.

The admitting nurse will offer a full explanation about the function of the ward and offer a reassurance as to why the wards are locked. The patient will be informed of their right to withdraw their consent at any time. If this occurs then staff will need to organize a review by the doctor before allowing the patient to leave the ward.

Their Registered Medical Officer or deputy should assess all service users who request discharge from hospital.

Inform service users of any ward protocols that may impinge upon their individual rights i.e. Contraband items

Review consents daily with the patient and document outcome in the nursing notes.
Review formally each week at MDT review.

Agreed level of observations at the time of admission

Agreed leave at the time of admission.....

Signed by patient
(Confirming understanding and on receipt of copy)

Signed by admitting Nurse.....

Date of signing.....

12 APPENDIX 2 - DOOR INSTRUCTION ADVISING PATIENTS WHY DOORS ARE LOCKED AND WHAT RIGHTS AND FREEDOMS PEOPLE HAVE UPON PASSING THROUGH DOORS

There will be clear instructions and advice visible for all to see about why the ward door is locked and what rights and freedoms people have to pass through these doors

Example of wording to be used on door notices:

IN THE INTERESTS OF PATIENT SAFETY

Entry and Exit of the ward doors are controlled to maintain the safety, privacy and dignity of service users, visitors and staff.

This helps make the ward a safe environment for those who are service users here.

If you wish to leave the ward, please contact a member of staff before attempting to do so.

Further information can be obtained through leaflets available on the Ward or by asking a member of staff.