Livewell Southwest

Glenbourne Operational Policy

Version No. 4
Review: April 2020

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: **Modern Matron, Glenbourne Unit**

Asset Number: **292**

Reader Information

Title	Glenbourne Operational Policy. V.4
Asset number	292
Rights of access	Public document
Type of paper	Policy
Category	Clinical
Document purpose/summary	The following document aims to offer guidance for staff, people in hospital, the people who care about them and wider stakeholders, about the inpatient unit and what it does.
Author	Vicky Clarke, Modern Matron
Ratification date and group	1st March 2017. Policy Ratification Group
Publication date	11th May 2017
Review date and frequency	Three years after publication, or earlier if there is a change in evidence.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule. All copies must be destroyed when replaced by a new version or withdrawn from circulation.
Name & Job title	Vicky Clarke, Modern Matron
Target audience	Livewell Southwest staff and service users
Circulation	Electronic: Livewell Southwest (LSW) intranet and website (if applicable) Written: Upon request to the PRG Secretary On 01752 435104. Please contact the author if you require this document in an alternative format.
Stakeholders	• Home Treatment Team • Community Mental Health Teams • Other inpatient units in Livewell Southwest • Devon and Cornwall Police • Plymouth Hospitals NHS Trust • Heads Count
Consultation process	The associated sections of this policy have been shared for comment.
References / sources of information	Psychological Impact of Traumatic Events Rebecca Dunn et al 2015 http://www.kcl.ac.uk/kcmhr/publications/assetfiles/2015/Dunn2015.pdf NICE guidance NG10 – violence and aggression: short term management in mental health, health and community settings (May 2015) A Toolkit for Mental Health Services (NPSA 2009)

NMC Record Keeping Guidance for Nurses and Midwives (2009)

Triangle of Care (2009) Carers included: A Guide to best practice in acute mental health ref guidance

"Equality Act 2010". *Legislation.gov.uk*. N.p., 2010. Web. 11 Jan. 2015.

Best Practice in Managing Risk, *Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services, 2009, Department of Health. Available from:* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf

Bonnerjea, L. (2008). *Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance*. COI for the Department of Health.

Bowers, L., Alexander, J., Bilgin, H., Botha, M., Dack, C., James, K., ... & Papadopoulos, C. (2014). Safewards: the empirical basis of the model and a critical appraisal. *Journal of psychiatric and mental health nursing*, *21*(4), 354-364.

Department of Health (2002) *Mental Health Policy Implementation Guide: Adult Acute Inpatient Care Provision*. Department of Health: London.

Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary* (Vol. 947). The Stationery Office.

Lippel, K. (2007). Research, policy and practice in work and mental health: A multi-disciplinary discussion☆. *International journal of law and psychiatry*, *30*(4), 269-271.

Logan, C. (2006). Structured Professional Judgement and Risk Formulation: Managing the Risk of Harm. *Mersey Care NHS Trust*.

MDT Development, 2014, NHS England. Available from: https://www.england.nhs.uk/wp-content/uploads/2015/01/mdt-dev-guid-flat-fin.pdf

National Institute for Clinical Excellence. (2005). The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. *London: NICE*.

National Patient Safety Agency, *Seven Steps to Patient Safety, An Overview Guide for NHS Staff*, 2004, NPSA, London. Available from:

	http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/?entryid45=59787 Parliament, B. (1998). Data protection act of 1998. Pethybridge, J. (2004). How team working influences discharge planning from hospital: a study of four multi-disciplinary teams in an acute hospital in England. *Journal of interprofessional care*, *18*(1), 29-41. Starwardsorguk. (2017). *Starwardsorguk*. Retrieved 2 February, 2017, from http://www.starwards.org.uk/ South of England patient safety collaborative Mental Capacity Act 2005 Mental Health Act 1983 Code of practice (2015) NICE guidance for long term management of self-harm NICE guidance for management of violence and aggression Royal College of Psychiatrists: AIMS Standards Sainsbury Centre: Acute Solutions 2006 Healthcare Commission (2008) “Pathway to Recovery” New Horizons 2010 superseded by No Health without Mental Health: a cross government mental health outcomes strategy for people of all ages (2012). Department of Health (2005) “Elimination of Mixed Sex Hospital Accommodation” London NMHDU (2009) “The Triangle of Care: Carers included – A Guide to Best Practice in Acute Mental Health Care” NMHDU (2009) DH (2016) Improving the physical health of people with mental health problems: actions for mental health nurses National Mental Health Development Unit Strategies to Reduce Missing Patients – A Practical Workbook
Equality analysis checklist completed	No
Is the Equality and Diversity Policy referenced	Yes
Is the Equality Act 2010 referenced	Yes

Associated documentation	• Supportive Observation in Mental Health Units policy • Risk Management Strategy • Violence and Aggression Management policy • Absent without leave (AWOL) and Missing In-patients policy Searching of Property or Person policy incorporating Police drug detection dogs. • Corporate Induction and Mandatory Training policy
Supersedes document	All previous versions
Author contact details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document Review History

Version No.	Type of Change	Date	Originator of Change	Description of Change
For previous review history please contact the PRG secretary				
1.2	Reviewed	19.01.11	Modern Matron Glenbourne Unit	Second comments incorporated
2.0	Final amendments	01.04.2011	Modern Matron Glenbourne Unit	Sent for Director Signature
2.1	Updated	01.05.2012	Deputy Modern Matron, Glenbourne Unit	Appendix A and Appendix B updated
3.0	Reviewed	18.02.2013	Modern Matron, Glenbourne Unit	Updated
3.1	Extended	May 2016	Information Governance, Records, Policies & Data Protection Lead.	Formatted to LSW and Extended
3.2	Extended	December 2016	Modern Matron Glenbourne Unit	Extended
3.3	Updated	30.01.2017	Modern Matron Glenbourne Unit	Policy updated
4	Ratified	March 2017 PRG	Modern Matron Glenbourne Unit	Minor comments incorporated

Glenbourne Operational Policy

1. Introduction

1.1 About Glenbourne as a Unit

The Glenbourne Unit is a purpose built acute inpatient mental health unit for adults of working age and covers the population of Plymouth as well as provides a number of inpatient beds for people from the South Hams and West Devon area that are under the care of the Devon Crisis resolution Service.

1.2 There are two wards that that provide care, assessment and treatment to people in acute crisis who cannot remain safely at home:

- Harford ward – a 19 bedded male only ward
- Bridford ward – a 19 bedded female only ward

The Hospital forms part of an integrated mental health acute care pathway which involves a number of services which support people who are acutely unwell and in crisis, and work closely with the Home Treatment Team, Psychiatric Liaison Service and community services.

2. Purpose

2.1 This policy provides a unified operational policy for the adult acute inpatient services within the Glenbourne unit. This document outlines the core components of the service. This operational policy is informed and supported by Livewell Southwest policies, procedures and practice guidance.

2.2 The unit strives to achieve high standards of care and closely follow national and local drivers for improvement and safety, which have been referenced and inform the components of this policy.

3. Definitions

3.1 **NICE**
National Institute for Clinical Excellence an agency of the National Health Service charged with promoting clinical excellence in NHS service providers by developing guidance and recommendations on the effectiveness of treatments and medical procedures.

3.2 **HTT**
Home Treatment Team. Community based service supporting those at risk of hospital admission to be supported at Home.

3.3 **MHA**
Mental Health Act 1983 (amended 2015). Legislation which authorises the detention of people with a mental disorder or mental illness, and provides a statutory requirement to ensure people's rights are protected whilst they are detained.

3.4 **MCA**
Mental Capacity Act 2005. Legislation governing decision making on behalf of adults who may not be able to make particular decisions.

3.5 **CoP**
Code of Practice. Provides statutory guidance on how to carry out functions under the Mental Health Act 1983.

3.6 **MDT**
Multi Disciplinary Team. A Multi disciplinary team is composed of members from different professions with specialised skills and expertise.

3.7 **CQC**
Care Quality Commission. An independent regulator of all health and social care services.

3.8 **POS**
Place of Safety. Assessment facility within the Glenbourne Unit for those detained under s136 MHA 1983.

3.9 **CPA**
Care Programme Approach. The Care Programme Approach is the national framework for mental health services assessment, care planning, review, care co-ordination, and service user and carer involvement.

3.10 **RC**
Responsible Clinician. The Consultant Psychiatrist in charge of the treatment of a person and approved under the Mental Health Act 1983.

4. Duties and Responsibilities

4.1 The Locality Manager and Deputy Locality Managers are responsible for supporting the Clinical Leads and Operational managers in this area to ensure effective implementation of this policy.

4.2 The Modern Matron is responsible for ensuring that processes referred to within the policy are safe and achievable and that staff are aware of these. Where gaps in the application of this policy are found, the Matron is responsible for the assessment, management and escalation of risk via the risk register.

4.3 Unit managers are responsible for the induction, local training and on-going review and support of their staff to ensure that people follow this policy.

4.4 Clinical staff have a responsibility to read, ensure they understand and adhere to this policy and follow related processes.

5. Unit Philosophy and Objectives

5.1 The Glenbourne Unit provides acute inpatient mental health care in a safe, comfortable environment which has been purpose built and recently refurbished. This has eliminated mixed sex accommodation and enhanced privacy and dignity for people at their most vulnerable.

5.2 Staff at the unit are supported to practice in a way which focuses on the individual and provide care in the least restrictive way possible to meet their needs safely. Staff acknowledge that people's cultural and life experiences shape them as individuals and affect the way in which their care should be delivered.

5.3 All staff members are expected to treat the people they are caring for, those closest to the person and colleagues with the utmost dignity, respect and kindness; and will be aware of the 6 C's and how they are integral to care.

Care Compassion Courage Communication Commitment Competence

5.4 The team focus on how to ensure a person is safely supported home as soon as possible after admission; with an emphasis on involvement of those closest to a person, the person's support needs and assisting in eliminating social barriers to discharge.

5.5 The unit adopts a Multi-disciplinary approach to treatment planning and formulation, and seeks to include other specialisms to assist in risk management and care planning.

5.6 A person centred care planning approach is adopted on the unit which ensures the person is in control of how their care is provided and involves family and friends in each person's recovery. The unit works on principles supported by the Triangle of care guidance (2009).

5.7 Glenbourne promotes a culture of learning and continual improvement, and staff are encouraged to review and learn from incidents, complaints and feedback to ensure that people are protected from harm and receive the best experience possible when in the unit.

5.8 The senior team within the unit are committed to supporting staff and their wellbeing whilst at work, and consider that kindness and respect should be shown to all staff members, by all grades and professions.

5.9 The team are encouraged to work with external agencies and teams in a positive way, with a helpful and can do attitude to promote partnership working which gets the

best outcome for the individuals who use the service.

6. Other Departments within the Glenbourne Unit

6.1 Adult Health Based Place of Safety

The Adult health based Place of Safety is also based within the Glenbourne unit. This assessment suite provides safe and securely designed premises for which people detained by police under sections 136/5 of the Mental Health Act 1983 can take part in an assessment of their mental health and associated needs. (N.B: The under 18s health based of safety is located within Plym Bridge House).

The team is managed separately to other clinical teams within the unit and provides dedicated one to one staffing to those detained within the suite over a 24 hour period, 7 days per week.

The Place of Safety team believes that people in crisis and at their most vulnerable should always be supported during an assessment in a health based place of safety, unless this would compromise safety.

The Place of Safety Co-ordinators accept referrals only from the Police or an alternative place where someone may have been detained under s136/5 eg. by an Approved Mental Health Practitioner or Emergency Departments.

Following assessment, people detained under s136 may go on to receive inpatient care, enhanced follow up for return home in a planned way.

Please see The Place of Safety Operational Policy for all procedures and guidelines relating to the place of safety.

6.2 Occupational Therapy

The Occupational therapy Department is a separate department from the wards based within the Glenbourne Unit. The department comprises a gym, art room, kitchen and large activity room to support a number of groups, activities and assessments.

The Occupational Therapy team consists of Therapists and Occupational Therapy Technicians. See point 7.4 below for details.

6.3 ECT

The Glenbourne unit also houses an Electro Convulsive Therapy clinic which

provides treatment to people receiving inpatient or outpatient mental health care in Plymouth.

The team are made up of Consultant psychiatrists, Consultant anaesthetists, Operating Department Practitioners, Lead Nurses, and staff nurses who work together to ensure that treatment and care are delivered to those in a dignified and compassionate way.

The service has been accredited with Excellence by the Royal College of Psychiatrists for ECT departments.

6.4 Coffee Shop

There is a small Coffee Shop based within the Unit selling snacks, drinks and light meals. The Coffee Shop operates 7 days a week and is run by the Hotel Services team and Volunteers.

The Coffee shop is open to all who use the Unit including the general public and is a comfortable, informal environment for visitors to spend time with their loved ones.

7. Teams and disciplines working within Glenbourne

7.1 Lippel (2007) discussed the importance of a multidisciplinary approach in the provision of care. Pethybridge, J. (2004), added that team working approaches led to improved discharge planning. The unit adopts a multidisciplinary approach to decision making alongside the person and their families, in order to ensure a richness of information gathering, treatment formulation, and to ensure a safe and supportive discharge.

The unit staffing establishment is therefore made up of the following professions / disciplines:

7.2 Medical Professionals

The Unit adopts a single inpatient Consultant model, which provides a dedicated Psychiatrist to each ward. This helps to provide clinical leadership and better accessibility to medical review.

The Consultants work closely with the Home Treatment Team to ensure continuity for those who may be returning home with enhanced support and those who may need to come into hospital.

There is on-call Consultant provision for mental health assessments on the ward or in the Place of safety.

The unit also hosts Speciality Doctors and junior doctors who provide mental health and medical cover over a 24 hour basis and assist in mental health reviews overnight in the nearby Emergency Department.

7.3 Nursing Professionals

The nursing management professionals within the unit includes a Modern Matron who is responsible for review of the safety and quality of processes and clinical management of teams / services within the unit; which are in turn implemented by Ward Managers, lead Nurses and Clinical Team Leaders.

Each unit includes Registered Nurses and Assistant Practitioners who act as Named or Associate Nurses to individuals receiving care, and coordinate the implementation of their treatment plan. Nursing Assistants also support the delivery of treatment plans on the unit.

7.4 Occupational Therapists

As described in point 6.2 the Occupational therapy team are made up of registered professionals and technical instructors who provide complex assessment and formulation prior to leaving hospital, lead on therapeutic group work and deliver a structured activity plan for people throughout their admission. The Occupational Therapy team also provide a fortnightly Moving On community group.

7.5 Psychologists

Clinical psychology is part of the service the Glenbourne Unit offers and operates during office hours. There is a bespoke psychology therapy room on the unit and clinical psychology staff are based on site.

Direct psychological interventions are offered at both a group and individual level. The group interventions are open to all patients able to tolerate a group setting appropriately, and are featured weekly within the occupational therapy programme.

In addition the Psychologist leading the Eating Disorder Service is based within the Unit and can offer prompt intervention to people on the eating disorder pathway and advice and support to the team. See point 7.9 for more details.

7.6 Referral Co-ordinators

Referral Co-ordinators are senior unregistered staff who fulfil an administrative function based on clinical knowledge and expertise. This includes bed management, making and accepting referrals, co-ordinating staffing concerns and supporting the senior nursing staff with the safe running of the unit.

The purpose of Referral Co-ordinators are to minimise the administration and co-ordination time registered Nurses are required to carry out, allowing them more direct care time.

7.7 Support Time Recovery Workers

The unit hosts a team of Support Time Recovery Workers (STRs) who focus on eliminating barriers to leaving hospital.

The team work closely with an individual and their family / loved ones to consider social circumstances eg. housing, finances and support networks which might impact on leaving hospital and work closely within the multi-disciplinary team process.

7.8 Adult Social Care

The Unit benefits from the input of Social Workers and Approved Mental Health Practitioners who assist the team in assessment and formulation of a person's needs and particularly support the transition to leaving hospital.

Approved Mental Health Practitioners are also an integral part of the Place of Safety Suite development and learning processes, as are key professionals in the Mental Health Act assessment process.

7.9 Eating Disorder Service

SEDCAS work to promote recovery in people with eating disorders by working together with colleagues in Livewell Southwest and Plymouth Hospital NHS Trust as well as our colleagues in Primary care.

This happens through enhancing the delivery of safe and effective interventions appropriate to the person's individual stage on their journey to recovery, by contributing to existing services offering input to patients with moderate to severe eating disorders as well as providing strategic and clinical overview to the new eating disorder day service.

The main strands of work are: supporting CPA meetings and the development of CPA paperwork. The service provide joint assessments, liaison, supervision and consultation to CMHTs, GPs, Glenbourne, Derriford ,CAMHS and EDS. All Eating Disorders admissions/discharges to Glenbourne and other tertiary services are agreed by SEDCAS and planned in partnership with the CMHT and the tertiary providers. Regular teaching is also provided to professionals working with the patient group.

SEDCAS employ a specialist eating disorder Dietician and can provide support, consultation and teaching to individual practitioners, teams and patients if requested via the SEDCAS lead.

7.10 Dietician

The Unit has access to Derriford based Dietician for guidance as well as practical input into patient care and will attend the unit on a referral basis.

In addition the Dietician working within the Eating Disorder Service is based within

the Unit and can offer prompt intervention to people on the eating disorder pathway if inpatient or if needing support within Derriford Hospital.

7.11 Pharmacists

There is a small Pharmacy based within Glenbourne which provides a dispensary service to the wards during their stay and when leaving hospital.

The Pharmacy is run by a team of Pharmacists and Technicians who also work closely with the Multi-Disciplinary Team to ensure safe prescribing of medications, education for people taking medication and ensure medication management processes on the ward are safe.

7.12 Hotel Services

The Unit also hosts a bespoke group of housekeepers who are responsible for maintaining a high standard of cleanliness throughout the Unit and follow local policy and guidance to prevent infections on the Unit.

The team are also responsible for delivering healthy and balanced meals to people in Hospital and use proactive survey and feedback to steer changes to the inpatient menu.

The team also employ Porters who are based on site and are responsible for waste disposal and movement of items across the Unit.

7.13 Receptionists and Administrators

The professionals on the Unit are supported by front of house Receptionists and team based Administrators who assist in the welcoming and support of visitors, ordering and procurement processes and general administrative tasks.
Reception is open from 8.30 am to 7.30 pm, 7 days a week and is the first point of contact for visitors and other professionals.

7.14 Physiotherapy

Physiotherapy is available to inpatients within the unit by referral to the department which is based within the Older Adult Mental health service.

8. Referral and Transfers

8.1 Sources of Referrals

Referrals to the Unit can be made from a number of secondary services. The Unit's main source of referrals is the Home Treatment Team (HTT) who act as primary assessor of need and risk to consider whether a person can be safely supported through a period of acute mental illness in their own home. Similarly for people using the hospital from the South Hams and West Devon area the Crisis Resolution Service for Devon Partnership Trust will act in the same way.

Exceptions to this include from the Place of Safety following Mental Health Act assessment where admission is indicated and from the Assertive Outreach Team who patients are not usually assessed by the HTT.

The Unit will also accept referrals from other inpatient units, for example where somebody has been admitted to an acute unit out of area and requires repatriation.

Where bed capacity allows, the MDT can make a discretionary decision to admit people from outside the locale and will accept direct referrals not requiring HTT gatekeeping.

8.2 Referral Process

The first point of contact for making a referral to Glenbourne will be via the Referral Co-ordinators. They will be responsible for obtaining as much relevant information regarding the person's presenting concerns, historical risks, and demographic details as well as dependents. The co-ordinator will aim to gather information which assists the senior nurses in providing a safe admission to hospital.

Key additional information which is required on admission will be around the person's risks on an inpatient unit, whether they require additional support or equipment and to seek their view of compulsory or voluntary admission.

The co-ordinator will discuss the referral with members of the MDT including Consultant Psychiatrists and senior Nurses prior to accepting the referral.

Following acceptance a swift plan will put together with the referrer to consider actions required prior and during the admission such as transport, time of arrival, where to report to, belongings to bring, items that shouldn't be brought onto the Unit, and any significant other people who require notifying or support around the person being admitted.

Please see Appendix A for Referral form.

8.3 Self-Presenters

The Unit does not have access to an assessing / gatekeeping service or team of professionals in the first instance however, appreciate that when in crisis or distress people may attend the Unit prior to other primary services.

Where a person self presents at the Unit, the Co-ordinator or senior Nurse will initially meet the person and take an account of their needs and try and offer signposting in the first instance. Where it is apparent that a fuller assessment of the person's Mental Health needs is required the person will be directed to the nearby Emergency Department for a Mental Health assessment.

8.4 Criteria for Admission and Exclusion

The Unit accepts admissions for those with a primary diagnosis of acute mental illness who cannot be supported safely at home. The Unit is non-discriminatory and therefore will adapt to meet the needs of those who may have a co-morbid physical health diagnosis, or disability, where the main concern is the treatment of their mental illness.

The Unit may not be able to accept people:

- Who are at active risk of violence requiring intensive care.
- Who would pose unmanageable risk to peers due to their relationships or risk history.
- Who may be at increased risk in the community but have long term, chronic illness or learning disability requiring a specialist inpatient facility.
- Who have symptoms indicative of an acute physical illness requiring further investigation eg. delirium.
- A primary presenting concern of dementia or learning disability
- Those under 18 years of age.
- Those over 65 who are not already known to adult services.
- Those whose needs relate to physical frailty and cannot be safely managed .
- Who have a primary diagnosis of alcohol or substance mis-use.

8.5 Bed Management Processes

There may be times where the Unit is full and unable to offer a bed to a referrer. Where this is the case the first consideration will be to alternatives to admission at that time, for instance if additional support can be given at home.

Where a person is in urgent need of coming into Hospital and no beds are available the Referral Co-ordinator will be responsible for locating and pursuing a referral to an alternative Unit. The Referral Co-ordinator will always attempt to pursue a unit which is closest to Plymouth however, this will also be based on the needs of the individual

and need to access to right type of service for those needs.

The unit based MDT meet frequently to review discharge plans and consider alternatives to Hospital admission and minimise barriers to leaving hospital. This helps to ensure that beds are available to those most in need.

On a weekly basis a larger MDT meeting is held which includes other agencies and disciplines and focusses primarily on discharge planning, eliminating barriers to discharge and escalating delays, and identifying those struggling in the community.

8.6 Out of Area Management

Where a person is identified to be in an alternative unit, for example a Psychiatric Intensive Care Unit or out of area acute unit, the referral coordinator is responsible for obtaining regular reviews of the person in order that a return can be planned as soon as possible.

This process is managed within the weekly MDT meeting in order that teams are aware of who will be joining the unit and is also monitored via the 'Section 117 and IPP Funding Panel' meeting group, who ensure that a person is in the right place to meet their needs.

Where a bed is not available and the person out of area appears to be recovering well enough to leave hospital, the referral coordinator will assist the community teams and inpatient out of area unit in carrying out a safe plan for discharge which ensures adequate follow up and support.

8.7 Transfer to alternative units

Where it is the case that a person requires transfer to an alternative unit, the Referral Co-ordinator and Senior Nurse will be responsible for ensuring this is carried out safely.

Transfer may take place where a person requires an alternative specialised facility and is likely to be planned, or on a more urgent, unplanned basis; such as when an intensive care unit is required.

For all transfers, authorisation of funding and need is required. Where this is in a planned way, the agreement will follow a presentation to the 'section 177/IPP panel', however where this is unplanned way, authorisation should be obtained from the IPP manager or locality management during working hours, or from an on-call director out of hours. An Out of Area transfer form should be completed after the situation is safely managed. Appendix B

The coordinator or senior nurse will first use the list of preferred providers which is kept in the unit coordinator resources on the unit shared drive, to consider where a person's needs will be best met. Each unit will have its own referral criteria and the referrer will need to provide as much pertinent information as possible. This may also include the secure scanning of records.

Where a bed is sourced and an admission agreed, the coordinator or senior Nurse must then source transport, again from a list of preferred providers who will meet the person's needs safely during conveyance.

Key preparatory tasks will include the completion of relevant MHA 1983 transfer paperwork; gathering of section papers, health records and medication required, and any relevant property.

At the earliest opportunity the person's family members or loved ones should be contacted to advise them of potential for transfer and to offer support and information regarding the admitting unit.

8.8 Management of delayed discharges

There will be occasions where a person is considered mentally well enough to leave the hospital indefinitely, but where it would not be safe to do so. For example where a person has no safe accommodation to return to, where they have been assessed as requiring aftercare and support which is not yet available or where this would pose an increased risk to others and requires specialist risk management assessment / management.

A person who is delayed will be identified as such during the MDT review process. This will be entered onto their SystmOne record from that date giving a clear reason for the delay.

All delays are reviewed by the senior MDT on a weekly basis and an action plan formulated. This is escalated to senior Managers to assist with strategic planning. The action plan will be implemented on an urgent basis to ensure that there are no unnecessary delays in the actions themselves being carried out.

A person who has been delayed may be reviewed and no longer considered to be a delay. This may be for instance where a person deteriorates or based on new assessment a different treatment plan is commenced.

9. Inpatient Care Pathway and Associated Processes

9.1 Assessment and Admission process

On admission a person can expect to be welcomed warmly to the unit and for them and their accompanying loved ones to be offered a private room and made comfortable.

An assessment of the person's risk on the ward, their needs and discussion of wishes and views about hospital admission will be carried out as soon as possible following arrival. This should be carried out jointly by the assessing Nurse and Junior Doctor and information transferred to the unified record on SystmOne.

A physical examination is also required to be carried out to rule out infection, a physical disorder or any underlying physical conditions which a person may have. This is an opportunity for professionals to consider a person's lifestyle and physical wellbeing and offer nicotine replacement therapy if a person smokes, or general health promotion advice on diet, alcohol reduction and exercise. The person's medication regime will be reviewed and discussed.

The person can expect to be given a tour of the ward and their bedroom, in particular in relation to how they go about accessing staff, where basic amenities are located and information regarding the ward routine. Each bedroom will also be supplied with a folder with the necessary information to refer to.

The ward staff will assist the person in unpacking belongings, paying attention to items which might be valuable or unsafe to keep in the person's bedroom, (see restricted items list – Appendix C) and section 12.6 on search and restricted items.

Following initial assessment the admitting Nurse should consider the person's immediate risks and a management plan prior to completion of record keeping or alternative task. Decisions around supportive observation should be made following the supportive observation of Supportive Observation in Mental Health Units policy. The STORM assessment of risk of self harm and suicide must also be completed if indicated.

Minimum record keeping standards following assessment include the Admission Record form, Inpatient Care Pathway Admission document, CPA Care Plan and Risk Assessment of SystmOne, supportive observation records if appropriate, the unified assessment and HoNOS. Documentation relating to a person's legal status, their rights and capacity must also be completed if applicable, as well as details on a person's allergies.

As soon as possible after admission further assessments such as the Rethink Tool, MUST, Waterlow, and Skin bundle should also be attempted if indicated.

Where a person is too unwell or refuses to engage in assessments, and it is not considered unsafe to do so, these may be omitted and a rationale documented in the clinical record for a follow up plan.

A person can expect to have their mental health reviewed by a senior medical professional eg. Consultant Psychiatrist or their deputy within 72 hours of admission. Where a person's mental health needs may require more urgent senior review the on call Consultant should be contacted.

9.2 Mental Health Act (1983)

A person can be admitted to the hospital on a voluntary basis or compulsorily following assessment and detention under the mental health act. Following admission under the Mental Health Act all Service Users will discuss with a member of staff their Rights under s132 of the Act:

a) They will receive information relating to which part of the Act they are detained and what that means.

b) The reason why they have been detained.

c) Information on how to appeal to the Mental Health Review Tribunal or Hospital Managers and their right to legal representation for Tribunals.

d) Information relating to their nearest relatives right to request discharge.

e) Information on what the Act says about treatment for their mental disorder.

f) Information on the role of the Care Quality Commission.

g) Information about withholding of correspondence.

h) Information on how to make a complaint or request notes

i) Whether they have an entitlement to section 117 aftercare

j) Section 17 leave policy

The unit is fortunate to host the organisation's Mental Health Act management team who help to guide staff on their responsibilities around accepting and scrutiny of section papers, rights and planning tribunals, organising legal assistance and reviewing consent to treatment and second opinions.

9.3 Mental Capacity Act (2005)

This Act provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, and in particular, where decisions have to be made for a person whilst inpatient, based on their best interests.

Following an assessment where capacity is found to lacking, a Best Interests meeting will be called with all members of the MDT including advocacy and other relevant professionals.

9.4 Advanced Decisions and Statements

An Advanced Decision is a written statement made by an individual regarding medical care and treatment choices if in the future they were to lose capacity. The Advanced Decision is legally binding. These decisions will be clearly noted within the system one record and taken into consideration during the person's spell in hospital.

An Advanced Statement is not legally binding, however is a way for people to describe how they would like their care and treatment to be, or what they would not like if they were to lose capacity. The presence of an Advanced Statement will be considered by the MDT in all decisions however will not be considered within the context of a person's Best Interests. The unit has worked with a local service user representative group to co-produce a document called the Advanced Statement of Wishes, and this is the most common document used. See Appendix D

9.5 Advocacy

The unit hosts an advocacy service (SEAP – Support Empower Advocate Promote) that are an independent organisation providing health and social care advocacy. The service includes Independent mental Health Advocates (IMHAs) and Independent Mental Capacity Advocates (IMCAs).

The service helps to explain the reasons why a person may have been detained, a person's rights and ensure that their views and wishes are taken into account by professionals.

9.6 Multi Disciplinary Team CPA Reviews

A formal Care programme Approach review meeting is held each week on the ward. This is a meeting held with various professionals, the person and their family / friends or advocate, to review the plan of care and treatment. The process can be flexible for those who do not wish to have several attendees, and a choice of location supported where practical.

The decisions made by all present in this meeting will be fed straight into a CPA care plan held on system one, of which a copy is retained by the person and/or their family if the person is happy to share it.

More frequent reviews of care may take place during the course of a week, if a person's condition deteriorates or a situation changes.

9.7 Physical health care

The Unit accepts that a person's mental and physical wellbeing are closely linked and that people with serious mental illness are at an increased risk of physical illnesses and cardio metabolic disorders. Therefore the Unit offers each person a physical health check using the Rethink Tool which follows the Lester model. This review combines medical observations with health promotion and guidance.

Where a person has a long term condition the Unit will call on specialist medical and nursing teams to assist in the planning of care and review. This is led by the Doctor within the MDT.

Where a person has a disability or impairment which requires specialist equipment this will be primarily reviewed by an Occupational Therapist and appropriate referrals made to obtain equipment which be used safely.

9.8 Mealtimes

The unit strives to provide nutritious meals which are varied, cater to a person's dietary needs and personal preferences.

On admission a person's food allergies are reviewed and if required, a specialist meal plan devised. The unit is able to cater for any dietary needs and this includes

special diets for those with an Eating Disorder.

The menu is created by way of co-production between the Hotel Services team and people on the ward. Suggestions are reviewed weekly and used to inform future menu planning.

A person may require their food and fluid intake monitoring as part of their care plan. This will be carried out by nursing assistants who will record what the person is witnessed to have consumed to ensure they are safe.

Mealtimes are designed to be as independent as possible, with a choice of meals available and options which can be prepared by the person, eg breakfasts and sandwiches, in order to maintain choice and independence.

9.9 Occupational Therapy

The team provide a range of functional assessments in hospital and within the home environment, and develop individual treatment plans with patients from the on-going assessments.

The team is responsive to the individual needs of patients and provides one to one sessions where appropriate, for example a tailored relaxation session or graded exposure to social situations.

The therapeutic group programme is provided over a six days a week period. The group and individual sessions offer a range of sessions including creative art or craft, physical activities including the therapeutic gym, confidence building via breakfast preparation sessions and goal setting, and psycho educational sessions including mindfulness, hearing voices and coping skills.

The team provide a community based group offering support, confidence building and problem solving opportunities to enable a safer and timely discharge from hospital. Patients can attend these sessions while in-patients preparing for discharge and afterwards for up to six weeks.

The team also co-facilitate art psychotherapy and drama therapy groups.

9.10 Medication Management

Medication is one part of a successful recovery, and associated care plan. The medical, pharmacy and nursing teams work with existing Livewell Policies to safely manage medicines during the following processes:

- Ordering of medicines including those that are taken home.
- Safe and secure storage.
- Stock checking and disposal.
- Safe and competent assessment of administration prior to dispensing medicines.

- ‘Rapid Tranquilisation’ and physical health monitoring.

9.11 Psychological Interventions

Psychology interventions can be provided by the MDT including Nurses and Occupational Therapists, using a number of interventions, however the unit has a dedicated Psychology resource.

One-to-one psychology referrals are made through the ward or MDT processes. Clinical psychology provides expertise in the clinical assessment and treatment of patients presenting with acute mental disorder and associated behavioural disturbance. The aim of the sessions are to collaboratively formulate the patient’s distress and what may have triggered the acute presentation, address immediate recovery needs and co-construct pathways for future psychological work.

Psychological interventions may include CBT for psychosis, as outlined in the National Institute for Health and Care Excellence (NICE) guidelines, compassion focused approaches and systemic working with patients and their friends/family members to provide education and support. The psychologist aims engage and empower patients to think psychologically in spite of their acute presentation, and motivate them to engage in medium to longer term psychological therapy where appropriate.

Clinical psychology provides additional in-depth assessments as needed, and these may include assessment of risk, forensic assessment and neuropsychological testing. The psychology department takes a role in facilitating transitions from Glenbourne to Home Treatment where discharge from the unit may otherwise be problematic. This is decided via MDT agreement.

Patients receive indirect psychological input to their care via psychology’s attendance at MDT, 117 aftercare and risk management meetings as well as advice and consultation work with ward staff. This is to contribute to the inter-disciplinary understanding of the causes and consequences of health and illness to reduce psychological distress, as well as to enhance and promote psychological well-being. The clinical psychologist provides training to promote the development of staff’s psychological thinking.

It is psychology’s role to provide staff support. This takes the form of facilitating regular reflective practice sessions, post-incident debriefs and one-to-one supportive sessions with staff. Clinical supervision is offered by prior arrangement.
The psychologist feeds in to service development within the unit and contributes to projects that benefit from an MDT perspective.

9.12 Discharge against medical advice

Informal Service Users who wish to leave Hospital will be assessed by the Staff prior to leaving. If it is felt that the risks are considerable, an assessment for a Mental Health Act Assessment may be requested. If Service Users are not detained they may leave the Hospital.

It is important that the team make follow up arrangements to ensure that whilst unplanned, the discharge process is as safe as it can be. This should include contact with the nominated Care Co-ordinator or GP (for those who do not have a nominated Care Co-ordinator) and a person's friends/family, if relevant.
See Appendix C - Protocol for Patients wishing to discharge against Medical Advice (AMA).

10. Family and Carer Intervention and Support

The team acknowledge the importance of family and friends to a person's mental health and the valuable contribution they make to keeping a person safe, well and at home. The unit is a member of the Triangle of care (2009) self-assessment process which aims to consider the person's family and friends as an important and equal part of the inpatient pathway.

10.1 Welcome to the unit

The team acknowledge that when a person is admitted to the unit, it can leave the person's family and friends with a wide range of emotions. This might include anxiety and grief about a person's future, what an inpatient mental health unit is like and how their loved one will be cared for, as well as fear of the person coming home and what might not have changed.

The unit follows a process which focuses on rapid intervention with the identified family and friends to ensure that the right support and information is given. This involves a welcome telephone call and meeting, as well as written information and signposting to community support and assessment.

10.2 Discharge planning and MDT review involvement

In conjunction with the initial identification and support offered to a person's loved one, the team are also focused on the education and involvement within the treatment planning and CPA review pathway.

The discharge co-ordination team (see point 7.7) will be the initial leads for the pathway, and will ensure that people have a point of contact and ability to input, either in person or by proxy.

The team have developed a family and carer pathway (See appendix F)

10.3 Visiting the Unit

The unit aims to manage the number of visitors to the unit by encouraging visiting

times to be between 3 – 7 pm Monday to Friday and on weekends and Bank Holidays 9 am to midday and 2 – 7 pm. This is to ensure that therapeutic programmes of work and activities are not interrupted during the normal course of an inpatient day.

That said, the team are aware that visitors do have restrictions in their availability and understand that it is important for people in hospital to receive regular, value time with the people they rely on. To this end we try and be as flexible as possible with visiting times, where we can, and ensure that a number of areas are available for this to take place.

10.4 Restrictions to visits

Restrictions to visits may at times be necessary to ensure the safety of people in hospital and staff working on the unit. This might include when a person does not want to receive visitors, where a visit might cause distress or harm to a person or where visitor's behaviour is intimidating or harassing to staff.

In addition to this, visitors are asked that they do not bring items onto the ward which may cause harm. (see restricted items appendix) Staff will request that belongings be stored in a locker in the main reception rather than brought onto the ward. This ensures that items are safely checked for sharing with people in hospital and that visitors do not share items which might potentially cause harm to others.

There may also be times where it is necessary to temporarily suspend visiting on the unit, in the interests of an individual's safety and dignity. Where this is the case, it will be for the shortest period of time and nursing staff will seek to undertake information and support to the person's visitor.

The unit regret that ward / clinical areas cannot allow children and young people under the age of 18 to visit. This is due to the associated risks. We do however provide an area in the main reception which can be booked to ensure that visits of this nature go ahead.

11. Safety Processes

11.1 Entry and exit

The unit's main reception door is locked between the hours of 7.30 pm and 8.30am or when reception is unmanned. This is to protect the security of the building and to ensure that self-presenters or visitors enter the ward in a welcomed and safe manner.

The internal door to all areas is accessed by a swipe mechanism only and remains locked at all times.

The unit understands that a locked door has a significant impact on the ability of people to enter and exit the unit freely, and that freedom of movement is the norm and any restriction on that freedom is a serious matter.

That being the case, the senior unit team has taken the decision to proceed with a blanket locked door policy, in order that freedom of movement across the unit can be promoted, with people being able to use communal spaces as freely as safely possible.

The aim is that people are responded to rapidly regarding any decisions to leave the unit, so that a collaborative risk assessment of the person's safety is carried out, and any incidents of leaving the unit without it being safe to do so are prevented.

11.2 Locked Door Framework

People will be provided with verbal and written information how to access and exit the ward, how to raise a complaint with procedures relating to locked doors, and this will be done as soon as practicable following admission and on a regular on-going basis. This will include information on their legal status and the implications of this on accessing and exiting the ward.

All ward areas will ensure they have clear information displayed by the ward doors to inform patients and visitors how they can leave the ward.

Information will also be provided to the person's family and carers on admission to ensure they are clear in the unit's approach to access and egress. This will include discussion of how they may complain or comment on the procedure.

In the case of people admitted voluntarily, all staff working with the person should ensure they are supportive of the patient's right to leave the ward, explaining their

legal rights where necessary and ensuring any difficulties experienced by the patient are raised as a concern. The information provided and discussions with the person should include details of how they can discharge themselves from the hospital and their compliance with the agreed care plan and how to request a review of this.

Regular multi-disciplinary review of all restrictions in place for individuals. Withdrawal of restrictions, continuation or amendment of restrictions and reasons should be recorded in a person's records and updated in individuals care plan.

11.3 Fire and evacuation

The unit follows the organisation's procedures regarding fire, and a local fire protocol is in place for staff to follow, including plans should an evacuation be required.

As safety of people in hospital and staff is paramount, the alarm system is tested weekly and fire extinguishers checked on a monthly basis.

On a quarterly basis the unit Matron and lead from the risk team undertake a fire safety checklist, ensuring that an environmental review of the premises is completed.

In addition to corporate training, the unit provide regular in-house sessions on evacuation and fire procedures, for staff to feel comfortable with what actions they should take.

Team managers are encouraged to discuss scenarios at their team meetings on a regular basis.

11.4 Incident reporting

All staff within the unit have a responsibility to follow Livewell's Incident Reporting & Investigation Policy & Procedure.

The unit support and encourage reporting of all incidents which occur in the workplace, in order that quality is consistently improved, and that safety remains at the heart of all clinical processes.

All staff are trained to identify and report an incident on their induction to the unit, using the safeguard incident system.

These reports are immediately escalated to all team leaders in the department, as well as the senior Multi-disciplinary team, made up of the Responsible Clinician for the particular person or ward, the unit Matron and Unit Psychologist.

Immediate actions are taken by the ward based clinical team leaders and managers to manage the incident. This involves putting actions in place to prevent the incident from happening again or minimising the likelihood of recurrence.

On a weekly basis, incidents involving specific people are taken to the weekly Multi-disciplinary team for review with discharge planning. This enables a clinical team to review and change treatment plans, and identify patterns and trends.

On a monthly basis, a trend analysis of themes is carried out by the unit matron and changes to processes or escalation, made by the management team. This might involve the review of an internal process which requires a change to be made, or it might require escalation organisationally.

Each reporter can expect to receive feedback from the incident report they submit to ensure they are aware of what actions have been taken.

11.5 Environmental risk management

The Glenbourne Units follows the Risk Management Strategy set out by Livewell (see policy).

Where a risk is identified within the unit, the team leaders and managers will set out to reduce, limit or eliminate this risk.

The risk will be inputted onto the unit's risk register for sharing with staff teams during the induction process and as and when new risks are identified. This method of sharing risk management plans ensures that staff are aware of risks associated with clinical processes and how they remain safe.

The Glenbourne risk register is reviewed on a quarterly basis or more frequently if required.

11.6 Ligature assessment

The team take the safety of people in hospital seriously, and recognise that fixtures and fittings which would normally be considered safe in the home or in a different environment can be harmful to someone when they are feeling distressed and potentially suicidal.

Ligature assessments are carried out annually in each area within Glenbourne, in keeping with Livewell's 'Ligatures in inpatient settings' policy, with the aim that ligature points are identified and made safe wherever possible.

The assessment aims to identify areas of risk, and consider actions required to minimise risk. The Unit has recently undergone extensive refurbishment to create single sex wards and improve the privacy of spaces on the wards. In addition, ligature points have been minimised in all areas where people are free to access without staff support.

11.7 Environmental Observation and Zoning

The Glenbourne Unit encourages the observation of high risk areas within its wards, to increase the likelihood or staff being able to support people when they are at their most distressed. Bowers et al (2006) supports the practice of checking high risk areas eg. the bathroom during high risk periods e.g. handover times.

The unit also follows a process of 'zoning' when allocating rooms to people, based on their needs and risks. For example, a person with a high risk of violence who might require more frequent observation would be allocated a bedroom nearer the areas where there are a higher volume of staff.

This practice is supported by a colour coded bed board framework present in each team office.

11.8 Personal safety and Lone working

In the case of supporting an individual within the unit, staff can summon assistance by using their personal alarm. All staff will be allocated a personal alarm when working in the unit and be shown how to activate this as well as where the panels are located and how the system works.

All staff are expected to have had training in Breakaway techniques and how to resolve conflict prior to working on the unit.

There will be times when a staff member is required to carry out lone working duties with someone, for example in the case of a Place of Safety Coordinator when supporting a detainee in the Place of safety, or when taking a person out of the unit.

Prior to the intervention, a risk assessment should take place to agree whether it is safe to do so, or whether more people are required to support in the first instance.

A 'Skyguard' lone working device must be taken by a person during every lone working intervention. This is a devise which uses a GPS system to track a staff members whereabouts and ensure that when activated, help can be summoned to an exact location. In addition to this, staff must always make reception aware of where they are going and when they are expected back so that people are alerted if they do not return on time.

11.9 Smoking

Wards within Glenbourne are smoke free. Service Users are permitted to smoke in the designated area in the garden. Visitors and Staff are not allowed to smoke in the Unit or grounds.

11.10 Internet and social media access

The unit team understand that it is important for people to stay in touch with their peers via social media, and that the internet will need to be accessed by most people in order to manage affairs and day to day life. That said, it is also important that people in hospital are kept safe, and that internet access is permitted in a way which maintains a person's dignity when unwell, and does not present additional

risks e.g. allow excessive spending or access to sites which could be damaging.

It is expected that people on the unit will be respectful of others when using social media and not use tagging or involve others.

For these reasons access is limited to approved websites via the unit computers. If a person wishes to use their own computer or mobile device, this will be risk assessed by a nurse, in order to consider whether this might pose a problem, and consideration given to supervision or limiting access.

In extreme circumstances where a risk is significant to the person or their peers, the unit will remove internet access.

11.11 Mobile phones (for people in hospital and their visitors)

The unit team also understand that a person's mobile phone may be an important tool in their lives, enabling them to stay in touch with those they rely on, allowing them access to meaningful photos, and providing diversional activity. It is not routinely the case therefore that mobile phone access is limited or supervised.

That said, in circumstances similar to that of internet access, there will be times where staff need to consider the risks of mobile phone use to a person or their peers. Examples may include; where a person is using the camera function on their phone to take pictures of staff or peers; where use of the phone compromises dignity or safety of another; or where use is for other purposes which might cause harm.

Where this might be the case staff will again consider removing the device or limiting access completely. If this occurs, the reasons for this should be clearly communicated to the person and a care plan formulated describing these reasons and the mechanism for review.

In all cases, the unit does not allow mobile phone charging to take place in communal areas or people's bedrooms. Mobile phone chargers will always be removed and charging devices done so in an area which is only accessible by staff.

12. Management of Clinical Risk

12.1 Self-harm

The team aim at all times to keep people in hospital safe from harm, however understand that to enforce interventions aimed at limiting all self-harm would be restrictive and distressing in many cases.

The unit therefore follows the NICE guidance for long term management of self-harm (2011) and advocates that self-harm management should be based on the following principles:

- That people with a known risk or history of self-harm are assessed using the STORM risk assessment process, and that all registered staff are trained in the application of the assessment.
- That professionals adopt a trusting and supportive relationship with those that self harm using a non judgemental approach.
- That care is planned in a way which promotes the autonomy and independence of the individual.
- That risk management plans focus on the person's strengths and their ability to minimise harm.
- That staff are aware of factors which increase a person's risk of harm when self-harming for example, location, method and action taken after the act.
- That staff understand the link between self-harm and suicide.

  That staff are able to recognise when a person's risks increase and where safe and supportive observation may be necessary in the short term. (See Supportive Observation in Mental Health Units policy).
- That prolonged inpatient care may increase a person's risk by reducing autonomy and self-management skills.

12.2 Violence and Aggression

The unit follows the Livewell Violence and Aggression Management policy and practices in a way which aims to minimise the risk of aggression and violence by enhancing relational security.

The team work in a way as described in the NICE guidance NG10 – violence and aggression: short term management in mental health, health and community settings (May 2015) and focus on person centred care planning and limiting restrictive interventions.

All staff members are trained in managing conflict and de-escalation of distress, as well as recognising potential risk, and aim to work in a way that avoids the use of restrictive intervention such as restraint.

Debrief is used routinely after an incident of violence and aggression. For the person this will assist in identifying triggers, alternative self-management plans and offer support. Staff are also supported after each incident so that they are able to reflect and learn, and receive restorative supervision.

The unit itself has a robust activity plan both within our stand alone occupational therapy department and on the wards. Many of the activities are co-produced and planned in a way which enhances the community and relationships within the unit, for example, themed social evenings.

12.3 Un-assessed absence (AWOL / Missing people)

Where a person is noted to be missing from the unit without assessment, or has not returned to the unit as planned, staff caring for the person will follow the process outlined in Livewell's Absent without leave (AWOL) and Missing In-patients policy.

However, in addition to this, the team will aim to assess an individual's risk in this area and create a plan to prevent this happening.

The national mental health development unit (2009) set out Strategies to reduce missing patients. These strategies include ensuring a clear Entry and exit process (see section 11.1) and Creating a culture of Meaningful engagement and occupation.

While the unit cannot prevent a person who has been admitted voluntarily from leaving the unit, staff will insist on carrying out a brief assessment of a person's safety prior to leave. This is aimed at ensuring a person is safe as they can be while they are taking time from the ward. The assessment will be carried out by a registered nurse who will also ascertain a plan for return and will notify family where appropriate. A description of the person will also be recorded in the event that the person does not return as agreed.

12.4 Safeguarding adults and children

All staff receive mandatory training in the organisation's safeguarding adults and children processes. this training includes how to identify when a person is at risk of being abused; the different types of abuse that exist, including those that may be hidden, such as modern slavery and domestic abuse; and how to report and alert using the multiagency process.

All staff within unit will have an awareness of institutional systems which could be perceived as abusive and how they can work proactively to prevent the use of blanket restrictions or enforcing unnecessary rules.

In addition to the guidance set out in Livewell's Adult Protection / Safeguarding Adults multi agency policy and procedures staff will complete an incident report after each safeguarding alert, in order to ensure that the incident is escalated to senior managers in the team as soon as possible.

Staff will work immediately to create a protection plan for the individual. This will involve putting interventions in place which aim to keep the person safe from harm as quickly as possible

12.5 Physical deterioration

The team are responsible for monitoring patients physical well-being and noticing any deterioration in their condition

All staff are trained in in the physical deterioration of a person and the investigations that are required.

Where a person is observed to have deteriorated, the team have access to 24 hour junior doctor cover within the hospital. Should the response be required on an emergency basis, the hospital also has access to the Derriford resuscitation team. This can be summoned by dialing 2222 from any internal line.

21.6 Search process and management of restricted items

Regrettably there will be times where a person brings items onto a ward which would be dangerous to themselves or others. This might be an accidental oversight or an intentional act. In both cases the staff on the unit will act to follow Livewell's Search Policy in order to manage the risk of this happening. (refer to policy – Searching of Property or Person policy incorporating Police drug detection dogs).

In addition to the policy, the unit operates an additional protocol regarding Search. On entering the unit, a person will be assessed using a 'RAG' rating system (Red Amber Green) based on their risk of bringing a restricted item (Appendix C) back to the unit. This will offer guidance on the level of search intervention required.

- **Green (Low Risk of bringing a restricted item onto the ward):**

A person who has no history of bringing restricted items onto the ward and is happy to adhere to the guidance. Interventions might include asking the person if they have any restricted items on their person and removing for safe keeping.

- **Amber (Medium Risk of bringing a restricted item onto the unit.):**

For instance, a person who is at risk to themselves however there is no evidence to suspect they have brought anything back. Interventions will include that of 'green' but will also involve a more detailed discussion of the process to understand risks and if there is any reason to consider a change to their risk management plan.

- **Red (High Risk of bringing a restricted item onto the unit.):**

An example may be where a person is known to bring illicit substances onto the unit and there is suspicion that this may reoccur. The intervention will include the above and might involve using a metal detecting wand to assess for metal packets and patting a person down over their clothes and asking for outer layers/pockets to be looked into. As this is potentially undignified, the risk must be proportionate.

Upon finding a restricted item the item should be removed immediately and placed in a staff access only store. If an offensive weapon/illegal substance is found, the police must be contacted to consider criminal charge as well as safe removal and disposal. There is an honesty box in the unit where small amounts of substances can be recorded and stored, pending police removal.

Each bedroom is supplied with a locker which can be locked and unlocked by the

person. Where a person is not able to look after their own valuables there is a unit safe based within Reception, which can be accessed by the Nurse in Charge at any time. Items which are unsafe to be kept in a person's bedroom will be stored by the Nursing staff and access restricted or supervised.

12.7 Assessment for Leave

All people within the unit require a risk assessment to be completed by a Registered nurse or AHP prior to leaving the unit. This is to ensure the safety and wellbeing of a person as well as clarify plans and return. There is a leave record which must be completed on each occasion of leave, and on return to the unit.

13. Staff Support and Guidance

13.1 Induction

In addition to Livewell's Corporate Induction and Mandatory Training policy the unit also carries out its own local induction process for all new starters to the unit.

This induction includes an environmental safety induction which includes fire safety, personal safety and environmental safety based on the unit risk register.

This is followed by an induction into the clinical processes and key components of a person's job role. Fundamental safety processes such as supportive observation and engagement are also assessed during this process, prior to a person undertaking the task.

13.2 Training and development

In addition to mandatory training each staff member receives an annual appraisal which sets out the personal development plan for that individual
The personal development plan outlines the required development and training needs for the person during the next year

Applications for training courses external to those provided within the organisation must go to the Education Committee for consideration

13.3 SystmOne and record keeping standards

The Glenbourne team have a number of processes in place to ensure that record keeping is of the highest standard and meets NMC Record Keeping Guidance for Nurses and Midwives (2009).

In order to ensure quality and to review learning with individuals, records are audited within an individual staff members line management meeting. This allows for a person to reflect on their relationship its keeping and receive guidance where required.

The unit clinical team leaders are responsible for the audit and review of records within the unit. As a minimum, the unit uses the preventing suicide: A Toolkit for Mental Health Services (NPSA 2009) audit to review the notes of each person identified with a risk of suicide and self harm on a monthly basis. Findings are fed back to individuals and a plan formulated to share with the team if themes are identified.

Those who have supportive observation and engagement as part of their risk management plan will also require a records audit in line with the Supportive Observation within Mental Health Units.

The unit have a number of System one 'champions' who receive enhanced training on changes to the system and associated processes. Their role is to help with practical training, advice and sharing learning to colleagues.

13.4 Line management and Practice Supervision

The teams within the Glenbourne unit have a clear line management structure, based on the principle of support and development for each member of staff. This includes an identified line manager and protected time to carry out supervision.

The unit also promotes clinical or professional supervision and allows protected time for support to take place. In addition the unit provides a number of forums for support, learning and clinical supervision including team meetings, reflective practice groups, clinical managers meetings and quality improvement meetings.

13.5 Post incident support

Incidents of any kind are reported through the safeguard incident reporting system. These reports are shared immediately with the senior multidisciplinary team including our lead psychology, unit matron and responsible clinicians.

Initially, feedback is given to staff regarding the actions taken to prevent the Incident happening again.

Staff members are encouraged to lead on quality improvement and make changes to processes where they have identified this as a cause within incidents.

The senior management team recognised the need to support staff post-incident to ensure that staff felt valued and were able to carry out their difficult job with compassion.

Dunn et al 2005 made recommendations on the psychological impact and trauma of staff following incidents. Psychology led debriefing is available within the unit and encouraged after all significant events.

There is a staff health and wellbeing team which can be accessed by managers for post incident support and therapy, and staff are able to self-refer to this service.

13.6 Continuing Professional development

All registered staff members are permitted to have 3 supernumerary continuing professional development days per year as a minimum. The unit encourages attendance at conferences and specialist interest groups where the development need is identified within the individuals Personal Development Needs.

The unit have trained a number of lead staff on the NMC revalidation process in order to support nurses with the change in review process.

13.7 Students, Trainees and learners

The Glenbourne Unit embraces learning and is passionate about those joining the team during their training. This is supported across all disciplines.

All learners are allocated a competent mentor who will agree learning needs.

There are 'Sign off' mentors in each area to support student nurses in their final year.

14. Service Improvement

14.1 The unit has a number of forums and mechanisms involving service improvement.

All staff are expected to take part in quality improvement and encouraged to take a lead in developing safer processes as part of the learning from incidents process.

The unit's Quality improvement and safety working party is held monthly and allows staff to share learning across teams and showcase their improvements.

The Unit also hosts a Family and Carers working party, a group where staff and carer reps lead on the implementation of the guidance - Triangle of Care (2009) Carers included: A Guide to best practice in acute mental health.

Unit performance is also monitored closely by managers within the unit. This is on a weekly basis within the Clinical Manager's meeting and via Performance reporting and monitoring monthly.

The QuESTT escalation tool is used monthly by each team to monitor performance and escalate where necessary should a team be having problems.

14.2 Co-production and principles of involvement

The unit uses feedback from those who are in hospital and their representatives to assist in any development within the unit.

Service user views and family views are involved in policy development and in quality improvement as the team ensure that they learn from people with lived experience.

Feedback comes from a number of sources including:

- Community meetings: weekly meetings between staff and people on the ward.
- Mutual help meetings: 3 x weekly meetings held between staff and people on the ward aimed at planning activities and ironing out differences.
- Suggestion box: the unit has a suggestion box for those who may have anonymous feedback.
- Survey: on a monthly basis people are invited to take part in an online survey. This feedback helps us to understand where improvements need to be made.
- Advocacy: the unit invites feedback from the advocacy team who visit the unit.
- Complaints and compliments: we record and monitor themes and trends from complaints on a monthly basis to ensure that we learn from people's experiences. Complaints are investigated by someone from a different team to allow impartiality.

14.3 Volunteers

The unit is supported by a group of Patient Experience volunteers. These volunteers assist in the enhancement of mealtimes, quality improvement projects or in directly assisting people on the ward with tasks such as tidying their bedrooms.

The group receive monthly group peer supervision chaired and supported by the unit matron. This forum allows for concerns to be raised and a chance to reflect on experiences whilst helping on the unit.

14.4 Family and friend’s involvement

- Feedback sources eg. patient survey / complaints
- Community meetings
- Mutual help meetings
- Suggestion box
- EleSurvey
- Advocacy
- Complaints

14.5 Multi agency problem solving

The unit hosts a problem solving meeting between different agencies on a monthly basis.

Attendees include; the police; a lead from the emergency department; a place of safety lead; a senior within the ambulance service; a risk manager; an AMHP lead and a member of the psychiatric liaison team.

The aim of the meeting is to share learning, review specific incidents and ensure that there is a partnership approach to meeting the needs of people who may be in crisis.

15. Training Implications

15.1 Training will be provided for each member of staff at point of induction.

16. Monitoring Compliance

16.1 Audits will be carried out by Clinical Team leaders and include:

- Observation audit
- NPSA Suicide audit
- Consent to Treatment audit T2 + T3
- Hand Hygiene audit
- Mattress and Pillow audit
- Physical Observation audit

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Michelle Thomas, Director of Operations

Date: 10th May 2017

Livewell Southwest — Supporting people to be Safe, Well and at Home

The Glenbourne Unit

New Referral for Admission

Has this admission been gate kept by the home treatment team?

Name of referrer		Role of referrer			
Location of referrer		Date		Time	

Patient name		NHS number	
Date of birth		MHA status	
Ethnicity		Marital status	
Patient address			
GP name and address			
Location of patient			
Professionals involved with care in the community			
What alternatives have been explored and why is an inpatient admission considered?			
Does the patient have any dependants for example pets or children?			
Presenting symptoms and concerns			
Physical health			
Current medication			
Risks: suicide/self-harm including historical, actual			

and potential	
Risks: Aggression/violence including historical, actual and potential	
Risks: AWOL	
Risks: Vulnerability including safeguarding issues, sexual dis-inhibition and safety in relation to peers in an inpatient setting	
Other risks	

What is the patient's view of admission? If informal does the patient fully understand what the inpatient treatment will involve and do they have capacity to consent? If detained are they likely to leave?	
Significant others view of admission and knowledge of the process? When we contact the patient's key people to offer support is there any information they wouldn't like us to share?	

Appendix B

Out of Area Transfer Form

IPP Funding Application Form

Patient details

First name		Surname	
NHS number		Date of birth	
Ethnicity		Mental Health Act Status	
Address (including postcode)		Patient's current location	

Practitioners

GP Surgery name, address and contact number		Care Coordinator name, address and contact number	
Consultant name, address and contact number		Social Worker name, address and contact number	

Current situation

Summary of current situation and how needs are being met. For example, where person is now, health needs, health services currently accessed, social care needs. Is the request a result of a current placement breaking down, if so what options have been considered to maintain the placement?

Proposed placement

Organisation or provider name		Organisation or provider address	
Organisation or provider telephone		Organisation or provider fax number	

number			
Total cost per day		Transport provider and/or cost (if applicable)	

Justification of reason for funding
Describe all local options and processes considered for meeting this patient's need and risk assessments undertaken prior to consideration of external placement. Include description of continued engagement from local services and return care pathway options following placement.

Your details

Full name		Job title	
Telephone number		Fax number	
Address		Email address	
Signature		Date	

Senior approval
All applications must be approved by IPP Manager or City Wide Locality Manager or Deputy in normal working hours. Out of hours must be approved by the on call Director.

Full name		Signature	
Date			

For approval please email this completed document and any corresponding attachments to the following people:		
Livewell Southwest	Our organisation	LSWIPPRequests@nhs.net
Jane Quigley	IPP Manager	janequigley@nhs.net
Tracy Clasby	Citywide Locality Manager	tracy.clasby@nhs.net
Dan Stevens	Citywide Deputy Locality Manager	dan.stevens@nhs.net
Karen Morrison	Contracts Support Officer	karen.morrison@nhs.net
Please Cc the following people:		

Mike Howe	Management Accountant	michael.howe@nhs.net
Budget Holder Queries	Finance	livewellbudgetholderqueries@nhs.net
Jess Austen (Acute/PICU only)	Referral Coordinator	jausten@nhs.net
Lauren Griffiths (Acute/PICU only)	Referral Coordinator	laurengriffiths@nhs.net
Locality Manager (responsible for your service if not already listed above)		
Deputy Locality Manager (responsible for your service if not already listed above)		
Modern Matron (responsible for your service)		
Service Manager (responsible for your service)		

Restricted Items

None of these items are permitted in bed spaces – they must be kept in the Store Room			
Aerosols	China cups	Lighters / lighter fluid	Pornographic material
Alcohol	Digital cameras	Matches	Prescription medications
All Glass products	Illicit drugs / legal highs	Mirrors	Solvents (Glue, Nail varnish remover)
CDs or DVDs	Electrical products ie. Straighteners, Hairdryers, Electric Shavers	Mobile phone chargers / battery chargers	Tin cans / Canned drinks
Carrier bags	Knives / blades	No sharps ie. Scissors, Razors, Hair pins, Nail files, Nail scissors	

For the safety of yourself and other patients and staff, we will search property and remove any items that may be dangerous. This will be done on admission and at other times including after periods of leave. All knives found by Staff will be handed to the Police for disposal. Lighter fluid will be removed from the Unit.

We do not allow patients to take photos of each other or staff or record conversations. This is to preserve the dignity of all people on the Unit and because consent cannot always be reliable when someone is unwell. Infringement of this may lead to your device being removed and held securely until you are discharged.

Advanced Statement of Wishes

Advanced Statement of Wishes.pdf

Appendix E

Protocol for Patients wishing to discharge against Medical Advice (AMA)

Patient's Name	
Hospital No	
NHS No	
Consultant	
Named Nurse	
Date of Birth	
Date:	

	Signature	**Designation**
Nurse in charge nominates qualified Nurse to speak to Patient wishing to self discharge.		
Allocated Nurse should spend one to one time assessing the Patient this should include reason why they wish to leave, risk factors, what has changed since admission, evidence of mental illness, plans for when they get home / follow up.		
Allocated Nurse to look with Patient at alternatives to discharge they will consider, eg. overnight leave, review following day.		
If Patient is detainable, at sufficient risk and refuses to wait then to use section 5(4) of 1983 MHA. F2 doctor (between 9 - 1pm, Monday - Friday) or Duty SHO (all other times) to be contacted immediately to request Section 5(2) assessment. Complete 5(4) paperwork and forward to MHA Office.		
Patient to be assessed by Duty SHO and if possible Doctor to discuss with RC / Care Co-ordinator.		
If detainable then to use section 5(2) of 1983 MHA with suitable emergency management plan put in place.		
If not detainable then HTT Care Co-ordinator to be informed of discharge and follow up plan formulated immediately including details of visit within 72 hours.		
If Patient is not detainable and unwilling to stay in Hospital, AMA form to be signed (overleaf). If Patient refuses to sign form, wait for medication etc. - to be clearly documented in notes.		

	Signature	Designation
If Patient has no care coordinator then GP to be informed as soon as possible.		
Allocated Nurse and SHO to consider what medication and amount to be given to the Patient including PRN. This to be communicated to HTT / CMHT / GP as appropriate and amount given documented in notes clearly. Amount given is dependent on joint risk assessment and follow up arrangements. An FP10 could also be used.		
Allocated Nurse to ensure follow – up arrangements are communicated to Patient and Care Co-ordinator / HTT.		
To ensure Patient has transport home, food, milk, door key, gas / electricity etc.		
Ask Patient if they wish a carer / nominated friend to be informed of discharge and follow – up arrangements.		
Complete risk assessment, document clearly on SystmOne and complete discharge paperwork.		

Glenbourne Unit

Discharge Against Advice

Patient's Name	
Hospital No	
NHS No	
Consultant	
Named Nurse	
Date of Birth	
Date:	

This is to confirm I am leaving this Hospital at my own request, at my own risk and on my own responsibility and against the advice of the Clinical Team.

Signed **(Patient)**	
Address	
Date	

Signed **(Staff Member)**	
Designation	
Date	

To be filed in Medical notes

Copy sent to	

Appendix F

Family and Carers Involvement Process