

Livewell Southwest

## **Locked Door Policy**

Version No 2.1

Review: April 2017

### **Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Modern Matron Recovery Services**

**Asset Number: 120**

## Reader Information

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<b>References / Source</b>	<p>Mental health act 1983 (amended 2008)</p> <p>Mental capacity Act 2005</p> <p>Health care commission review 2008</p> <p>Deprivation of Liberty Safeguards: Code of Practice to Supplement the Main Mental Capacity Act 2005 Code of Practice</p> <p>Deprivation of Liberty Safeguards British Journal of Healthcare Management, 2009 Mar; 15(3): 132-40 (11 ref)</p> <p>Human Rights: Human Lives (2006) A Handbook for Public Authorities</p>
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## Document Review History

Version No.	Type of Change	Date	Originator of Change	Description of Change
0.1	First draft	13.02.2009	Deputy Director of Nursing	
0.2	Amendments	02.03.09	Deputy Director of Nursing	
1.3	Amendments	06.04.09	PRG support	Amendments for publication following ratification
1:4	Reviewed	Feb 2011	Author	Reviewed, no changes made.
1.5	Extension	Dec 2012	Author	Extended, no changes.
1.6	Extension	June 2013	Author	Extended, no changes.
2.0	Reviewed	February 2014	Modern Matron Recovery Services	To reflect changes at Glenbourne and include reference to Plymbridge House
2.1	Extended	May 2016	Information Governance , Records, Policies & Data Protection Lead.	Formatted to LSW and Extended

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# Locked Door Policy

## 1. Introduction

- 1.1 Plymouth has provision to provide care to a single specified group of service users within a Low Secure environment at Lee Mill Hospital. There are two exceptions within Livewell Southwest in-patient services: The Glenbourne Unit as detailed below and Plymbridge House, where the main entrance door is locked for Young People's safety to prevent access from unknown visitors to the unit, all other units remain open. This policy allows, under certain circumstances, for practice areas to be locked in order to maintain a safe environment. It is accepted that during the evening and night all doors to Livewell Southwest premises will be locked. This is for security of the Service Users and Staff. Service Users who are allowed to leave are able to leave if their treatment plan supports this.
- 1.2 With the exception of The Lee Mill Low Secure Unit and the Glenbourne Unit, the scope of this policy is for all in-patient units within Livewell Southwest. At Plymbridge House when young people want to leave the unit they need to meet with one of the nurses to discuss their leave. Young people will have individualised care plans specifying their leave entitlements. Posters will be visible by the exit doors. The wards within the Older Person Mental Health service are locked via a keypad. Appendix C should be visible at all times.

## 2. Purpose

- 2.1 This policy is designed to provide guidance on the Locking of Open Wards. The nurse in charge of any shift is responsible for the care and protection of service users, staff and the maintenance of a safe environment. This responsibility includes the care of service users who may be vulnerable because they are considered a risk to other people, to themselves or may lack capacity. The nurse in charge of a shift has discretion for all or part of that shift to lock the door of the ward to protect service users or others because of either the behaviour of a service user or to prevent access to the ward from specific issues occurring outside the ward.
- 2.2 At times on open wards, there will be a need, in spite of adequate staffing, to ensure the care and protection of service users and staff and the nurse in charge of the shift may lock the door for all or part of that shift. The implementation of this policy is not an alternative to the appropriate use of observation and engagement.

## 3. Duties

- 3.1 The policy was devised by Managers of in-patient units within Plymouth Community Healthcare.
- 3.2 The Chief Executive is ultimately responsible for the content of policies and their implementation.
- 3.3 Locality Managers are responsible for identifying, producing and implementing

Livewell Southwest policies relevant to their area.

3.4 Deputy Locality Managers will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this policy.

3.5 The Ward / Unit Manager is responsible for ensuring the policy is in place and all Staff adhere.

#### **4. Definitions**

4.1 1983 Mental Health Act (updated 2008) – legislation around detained Service Users.

4.2 Mental Capacity Act (2005) – legislation to empower and protect Service Users to make decisions regarding their care and treatment.

#### **5. Procedure for Locking Doors (not applicable to Glenbourne)**

5.1 It is vital that, when deciding to lock doors, the person in charge is able to justify the decision as being for the protection of health and safety of service users or the public. The person in charge should also consider whether the health and safety of the service user or the public could be reasonably protected by any other means (observations, medications) that will have a less intrusive effect on the service user and the other service users in the area. Accordingly, this emphasises the need for the person in charge to consider whether there should be additional staffing. The person in charge should record that these issues have been considered on Appendix A.

5.2 Where any service user is considered to be a risk, the person in charge has the responsibility to evaluate the defined risk and also consider the following:

- i) Whether the service user is presenting with a level of risk to invoke section S5(4) nurses holding power or an assessment under the Mental Health Act.
- ii) Whether the open setting is appropriate.

5.3 Every effort should be made to de-escalate any situation which might result in the doors having to be locked.

5.4 The incident that has led to the locking of the door should be recorded in the service user's notes. Where the service users do not have the mental capacity to consent, consideration should be given to potential deprivation of liberty, and whether individual patients should be subject to the deprivation of liberty safeguarding process.

5.5 Inform staff in the unit that the door is locked, how long it is likely to last and display a notice to that effect at the entrance. The notice should inform service users, who are allowed to leave. (Appendix B and C)

5.6 Staff will need to be vigilant to ensure that other service users are not restricted in gaining access onto the ward, or leaving as appropriate, plus in line with their care plans.

5.7 The manager should be informed of decision and reasons for action.

- 5.8 The locked door record (Appendix A) and an incident form must be completed on each occasion the door is locked. This should be forwarded to the Service Manager / Matron.
- 5.9 The Nurse in charge must ensure a review of the locked door is conducted every 15 minutes and recorded on Appendix A.
- 5.10 If the door is locked for more than 2 hours, the Service Manager must be informed.
- 5.11 If the door is locked for more than 12 hours, the Locality Manager/Nominated Deputy must be informed.
- 5.12 Consideration should be given to calling a case conference to review the future placement of the service user, if their presentation has necessitated a locked door period of 24 hours.
- 5.13 Movement of the service user to a PICU (Psychiatric Intensive Care Unit) or a different environment will be the result of a risk review and assessment under the Mental Health Act, and not for the purpose of containment.

## **6. Monitoring Compliance and Effectiveness**

- 6.1 A copy of the locked door record should be kept by the Unit managers each time a door is locked, for the purpose of clinical audit.
- 6.2 A copy shall also be sent to the relevant Mental Health Act Administrator for monitoring purposes, who will submit a quarterly report to the Mental Health Act Scrutiny Committee.
- 6.3 An incident form will be completed on each occasion that the locked door policy is implemented.

## **7. Glenbourne Unit**

Patients within the Glenbourne unit have complex and specific needs, many are detained who are acutely ill and vulnerable. To keep patients safe, visiting hours are specified and the entry and exit point to the unit is monitored. Glenbourne has a locked door following the implementation of a successful pilot on the 31<sup>st</sup> of March 2012.

### **7.1 Implications for Detained patients**

Patients subjected to the 1983 Mental Health Act are by the very nature of this legislation deprived of their liberty of which is controlled by the Responsible Clinician. Patients will be escorted to the door after being assessed for any section 17 leave.

### **7.2 Implications for informal patients**

Informal patients will still be able to leave at any point.

- a) Patients who are admitted should be informed why the unit is locked via signage (see appendix B) and Welcome Pack.
- b) All patients should approach a Registered Nurse to request leave. This nurse will assess the patient and make a decision regarding leave. They will then

escort the patient out or delegate this to a colleague. After assessment there should not be a delay in the person being able to unlock the door at all times without a significant delay.

- c) Patients will have a care plan that explains circumstances in which they may be prevented from leaving the ward.
- d) Clear instructions will be visible for all to see, about why the door is locked and how to exit the ward.
- e) A signing in and out book should be available for patients on their home ward so that any delays to leaving can be recorded and monitored. The Care Quality Commission require this as evidence.

### 7.3 **Implications for Visitors**

Visitors are required to sign in at reception and the reception staff will contact the ward. Ward staff will escort the visitor to the ward. On occasions such as staff visitors etc. reception staff may open the door for the visitor to make their own way to the ward. The visitor in these circumstances should be provided with a fob and alarm. After a visit a member of staff will need to escort the person back to reception. If the visitor has keys they will need to hand these back in to reception and sign out when leaving.

**All policies are required to be electronically signed by the Lead Director. Proof of the e-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.**

Signed: Director of Operations

Date: 30th April 2014

# Locked Door Record

<b>Ward / Area:</b>	
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<b>Date</b>	<b>Time door locked</b> Review every 15 minutes	<b>Authorised by</b> Print name and designation	<b>Duration</b>	<b>Reason for door being locked - including what actions were taken prior to locking door</b>	<b>Signature</b>

## **Notification of Locked Door**

### **Notice**

**Unfortunately, it is necessary to lock this door for a period of time to ensure the safety of service users, staff and visitors**

**The door will be locked for the minimum amount of time possible, and will be reviewed frequently**

**If you wish to leave the Unit, please speak to any member of Staff, who will be happy to help**

**If you are a visitor and wish to come in, please ring the bell**

**Thank you kindly for your assistance and co-operation**

**Unit Manager**

## Notification of Locked Door

# Notice

**These doors are locked using a keypad system.**

**It is necessary to lock this door to ensure the safety of service users, staff and visitors**

**If you wish to leave the Unit, please speak to any member of Staff, who will be happy to help**

**The decision for you to leave will be discussed with you at the time and may be dependent upon your care plan**

**If you are a visitor and wish to come in, please ring the bell**

**Thank you for your assistance and co-operation**