

Livewell Southwest

**Plym Bridge House (CAMHS Tier 4)
Seclusion Policy**

Version No. 1.2

Review: February 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: Unit Manager/ Modern Matron TIER 4 CAMHS

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Reader Information

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References/sources of information	Health Advisory Service 'Together We Stand', A thematic review of Child and Adolescent Mental Health Services. (1995) The review proposed a four Tier model for commissioning and delivering comprehensive services. Quality Networks in In-Patient Child & Adolescent Mental Health Services, The Royal College of Psychiatrists Centre for Quality Improvements.(QNIC) (2009) QNIC Service Standards Fifth Edition. Child & Adolescent Mental Health Nursing (2006) Tim McDougall Blackwell Publishing.

	<p>Department of Health and Department of Education and Skills (2004). National Service Framework for Children, Young People and Maternity Services. Standard 9: the mental health and psychological well-being of children and young people.</p> <p>Department of Health (2008) Code of Practice, Mental Health Act 1983 Published Pursuant to Section 118 of the Act. Chapter 36.43 Children & Young People under the age of 18.</p> <p>National Mental Health Development Unit (2009) Working Together to Provide Age Appropriate Environments & Services for Mental Health Patients Under 18.</p> <p>National Mental Health Development Unit (2009) The Legal Aspects of the Care & Treatment of Young People with Mental Disorders.</p> <p>Department of Health (2009) New Horizons Towards a Shared Vision for Mental Health (Consultation).</p> <p>Department for Children, Schools and Families (2010) Working Together to Safeguard Children.</p> <p>HM Government The Children Act 1989</p> <p>HM Government The Children Act 2004</p>
Associated documentation	Children Act 1989
Supersedes document	Plym Bridge House Seclusion Policy. V.1.1 (This policy is also contained as an appendix within Policy No. 795. Specialist TIER 4 NHS Service for Young people with mental health problems operational policy v 3.1
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
1.1	Review	June 2015	Modern Matron - Plymouth Community and Inpatient CAMHS	Sentence added to clarify that a young person will be held on a 5(2) of the MHA once they go into seclusion and will be formally assessed.
1.2	Extended	June 2016	Information	Formatted to LSW and

			Governance , Records, Policies & Data Protection Lead.	Extended
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Plym Bridge House (CAMHS Tier 4) Seclusion Policy

1. Introduction

- 1.1 Seclusion is the supervised confinement of a patient in a room, which may be locked, for the protection of others from significant harm. The procedure is not specifically regulated by statute but the Mental Health Act Code of Practice applies. Seclusion should be used as little as possible and for the shortest possible time. Seclusion should not be used as a punitive measure or to enforce good behaviour. Although it falls within the definition of medical treatment in the Mental Health Act (section 145), seclusion is not a treatment technique and should not feature as part of any treatment programme.
- 1.2 At Plym Bridge House (PBH) Seclusion will operate within PBH Extra Care Area (ECA) which aims to provide extra support/treatment programs of care to young people who are experiencing difficulties in managing appropriate or safe behaviours on the main unit.
- 1.3 Seclusion is a last resort when all reasonable steps have been taken to avoid its use – its sole aim is to contain severely disturbed behaviour, which is “likely to cause significant harm to others, irrespective of their legal status”.
- 1.4 Seclusion should not be used if the “primary risk assessed is that the patient may take his or her life, or otherwise harm him or herself”.

2. Environment

- 2.1 Plym Bridge House ECA is located off the main hallway area and can facilitate a young person, using this facility at any one time. There are bedrooms, separate bathroom, lounge/dining area and a secure outside patio area.

3. Purpose

- 3.1 Seclusion at Plym Bridge House within the ECA is an option for all young people residing on the main unit. The purpose of seclusion is to provide appropriate support or care in relation to extremes of unsafe or challenging behaviour within the main unit which pose a threat to the safety of other young people on the unit.
- 3.2 The policy was devised by Managers of PBH as part of Livewell Southwest. The Chief Executive is ultimately responsible for the content of policies and their implementation.
- 3.3 Directors are responsible for identifying, producing and implementing Livewell Southwest policies relevant to their area.
- 3.4 Assistant Directors will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this policy.
- 3.5 The matron / manager is responsible for monitoring and auditing the use of

seclusion.

- 3.6 The Ward / Unit Manager is responsible for ensuring the policy is in place and all Staff adhere to it.

4. Assessment

- 4.1 Any young person requiring Seclusion will be provided with 24 hour care and support up until the time that they are able to return to the main ward. This will be based on a thorough assessment of levels of agitation, arousal, distress and risk to themselves or others. The use of Seclusion should always be used as a last resort and for the least amount of time possible, when all other strategies have been exhausted, such as skilled distraction and diffusion techniques. Staff must in all cases support any young person who is distressed or displaying any extremes of unsafe behaviours to use the calm down room before considering using Seclusion.

5. Procedure

- 5.1 The initial decision to seclude a patient will be made by the Nurse in charge of the ward, the unit manager, deputy or clinical team leader will be informed out of hours this will be the senior nurse on call for PBH. Staff involved in disturbed incidents who have been the subject of assault/abuse should not usually be involved in secluding the patient where possible. The nurse in charge directs the procedure and assumes responsibility for ensuring the procedure is followed. If there is a clear rationale for Police involvement this should be discussed with the senior person on duty or on call and recorded on the Seclusion Record (Appendix A).
- 5.2 If the police attend, to assist in seclusion of a patient, a Serious Incident Requiring Investigation form needs to be completed.
- 5.3 Review times as stipulated in this policy must be adhered to.
- 5.4 The nurse in charge will inform the patient of the rationale for the seclusion and make it clear what is expected of them.
- 5.5 Review times as stipulated in this policy must be adhered to.
- 5.6 The ward doctor or duty doctor should be informed of the decision to seclude, and should attend if clinically indicated. An entry must be made in the patient's health record and on the Seclusion Observation Record form, detailing the doctor's attendance.
- 5.7 The Senior nurse / Matron on duty (during working hours) should be informed. They will inform other staff such as the RC, Manager/ on call senior nurse. Any new episode of seclusion will be notified to NHSE case managers at the earliest opportunity. Along with the notification there needs to be the reason for the seclusion episode and potential seclusion period.

If the service user is informal consideration should be given as to whether formal detention under the Mental Health Act is appropriate.

5.8 Informal Patients

When transferring any young person to the Extra Care Area who is an informal patient, i.e. not detained under the Mental Health Act, serious consideration should take place as to whether a Mental Health Act assessment is required in order to protect the young person's rights and so they are not detained illegally.

The Mental Health Act Code of Practice, paragraph 15.46 states: "Seclusion of an informal patient should be taken as an indication of the need to consider formal detention". Once a young person is in the ECA they would be placed on a 5(4) by a member of nursing team, and then contact the doctor for a 5(2) assessment Section 5 (2), this is a temporary hold of an informal or voluntary service user on a mental health ward in order for an assessment to be arranged under the Mental Health Act 1983.

The patient's valuables or any other belongings considered to be potentially harmful should be removed from the patient in accordance with Livewell Southwest Search Procedure. These should be recorded on the Seclusion Record (Appendix A).

When entering or exiting the Seclusion Room, control and restraint techniques must be planned and implemented as required.

A designated nurse must be in attendance at all times inside the Seclusion area (ECA). They must be relieved hourly. The aim of the observation, as well as maintaining the patient's safety, is to ascertain the patient's mental state and whether seclusion can be terminated.

The Seclusion Recording (Appendix A) must be completed immediately and an entry made in the health record describing the behaviour and mental state of the patient prior to seclusion and detailing what other interventions were made.

A written and signed entry to be made at least every 15 minutes by the observing nurse, on the Seclusion Observation Record (Appendix E). This should represent the observations made throughout the 15 minute period. This would require continual observations, however this may at times require the staff to be discreet.

A nursing review carried out by two nurses must take place every two hours and if possible this should be done by direct contact with the patient. This review is to be recorded in the health record. Attempts should be made to carry out physical observations including pulse and blood pressure at these reviews. This should be documented on the Seclusion Record Nursing Review (Appendix B). (If it was not possible to carry out the physical observations the reasons why must be detailed on the form).

Care must be taken that all the patient's basic needs (hygiene, nutrition, etc.) are met as far as possible whilst they are in seclusion. Any intervention

carried out should be recorded on the Seclusion Observation Record by the observing nurse.

Within four hours, a joint medical and nursing review must take place, involving direct contact with the patient, inside the room. Entries to be made in the health record and the review noted on the Record of Seclusion and the Joint Medical/Nursing review (Appendix3) completed. This should be following a risk assessment.

Names of the staff involved in the review are to be clearly written in the notes.

Thereafter, joint medical and nursing reviews must take place every four hours. Doctors and nurses involved in reviews should use their professional judgement to decide whether or not they need to consult with senior colleagues.

If, for any reason, joint medical and nurse assessments are delayed the reason for the delay must be documented in the patient's notes.

5.9 If the seclusion is during the night hours, and the patient falls asleep, the following may happen:

- The decision is made to keep the patient in seclusion, and two hourly reviews take place, indicating that the patient is asleep, this must be reviewed with the consultant the next day, as soon as patient awakes a further review must take place.
- The decision may be taken that the patient no longer requires seclusion, but rather than wake the patient they will be offered the opportunity to leave as they wake. A nurse must remain observing the patient until the patient wakes.

5.10 If seclusion continues for more than eight hours consecutively, or for more than twelve hours intermittently over a period of 48 hours, an independent review must take place with the RC or other doctor of suitable seniority, and the Ward Manager/Nurse in Charge of the ward. If there is no agreement on ensuing action, the matter should be referred to the Unit Manager / Matron.

5.11 The outcome of this review should be recorded on the Seclusion Record – 8 hour Review Form (Form 4).

5.12 Decision to terminate seclusion will be taken by the nurse in charge of the ward in consultation with the designated ward doctor/RC The manager on duty for the hospital is to be informed, at an appropriate time i.e. within working hours. All data must be appropriately recorded and signed – i.e. Record of Seclusion form / health record.

5.13 If a patient needs to be secluded again after termination of the initial seclusion, a new Record of Seclusion form must be started.

- 5.14 Any incident of seclusion, the circumstances leading up to it and method of management should be discussed at the next meeting of the clinical team with patient present if possible.
- 5.15 The patient should be “debriefed” about the events and decision, which led to their seclusion. This should be recorded in the daily records.
- 5.16 Copies of the Seclusion documentation must be sent daily to the Unit Manager.
- 5.17 A monthly summary of all incidents of seclusion must be compiled by the Unit Manager. This information is required by the Care Quality Commission, and is also useful for internal auditing purposes.
- 5.18 When necessary safe physical intervention or medication may be used in accordance with Livewell Southwest policies. However, in addition to this, guidance may be sought from the Livewell Southwest’s physical intervention team with regards to distraction and diffusion techniques, if required, to further enhance safe management of the young person if in crisis. This should then be incorporated in the young person’s care plan.

6. Staffing

- 6.1 When a young person is secluded there will be a minimum of one qualified member of nursing staff in the ECA whenever it is occupied by a young person. The nursing management team will be responsible for staffing of the ECA in conjunction with the risk management plan and the care plan. This should at least be a minimum of two staff during waking/night hours, unless detailed in the care plan. This should be reviewed at each shift change and staff rotated, in order to facilitate breaks and avoid excessive pressure on staff if staff are feeling pressured or stressed through staffing the ECA they should discuss this with the nurse in charge or their line manager.

7. Integration Back Into the Main Unit

- 7.1 Integration can be planned in conjunction with any of the following: nursing team on duty, management team or wider MDT if required. The decision for a young person to begin integration back to the main unit will be made once the young person has maintained a period of safe behaviour within seclusion. The duration of this should be decided by the nurse in charge and will vary considerably depending on the young person involved, the length of time that they have spent in seclusion and their clinical presentation. These factors will need to be taken into consideration by the nurse in charge of the shift, with nursing management team, unit consultant or ward doctors. Discussions must be held with the young person regarding their assurances and feelings that they are able to better manage themselves on the main unit. During office hours the nurse in charge can liaise with the unit consultant or their deputy or the modern matron or their deputy. Out of hours and at weekends the nurse in charge can liaise with the senior nurse on call and/or consultant on call. All decisions re the young person’s transfer back to the main unit should be recorded in the young persons’ notes, noting the reasons for decisions, discussions with the young person, discussions with other members of the MDT, timings, integration plans and any

other relevant information.

- 7.2 Young people who are leaving seclusion will need to remain on a minimum 1:1 within eyesight observation for 24 hours following their time within the ECA and to then be stepped down to intermittent observations, for a further period of 24 hours.
- 7.3 It is essential that information regarding integration of a young person who has been secluded that extends to the next shift is presented at the handover.
- 7.4 The reintegration to the main ward can be a graded process when required, i.e. evaluated at each stage to maintain the young people's safety.
- 7.5 The Unit Manager / Matron will be responsible for monitoring the use of Seclusion. The completed Seclusion paperwork will be kept centrally within PBH. Any incident occurring during or following the seclusion procedure will be reviewed with the relevant locality manager, the Responsible Clinician and the senior Unit Manager / Matron.
The use of seclusion will be monitored on a six monthly basis.

References and Key Sources Used

Care Standards Act 2000

National Minimum Standards Independent Health Care 2002

The Private and Voluntary Health Care (England) Regulations 2001

Children's Act 1989

Mental Health Act 1983.

RCPsych Quality network for In-Patient CAMHS Standards

**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: North West Locality Manager

Date: 27.03.2014

Seclusion Record

Date:	
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Name of Patient:	
Mental Health Status:	
NHS number:	
Address:	

Next of Kin:	
Contact Tel No:	

Time seclusion implemented:	
Police called: YES/NO record time	
Police Arrived: record time	
Police involvement: provide full details including any physical restraint.	
Rationale for requesting Police:	

Time seclusion stopped:		Date seclusion stopped:	
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Brief description of events and rationale for seclusion / Patient response to
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seclusion:	
Please include any property that has been taken from the patient prior to placing into seclusion	

Two hour review due:	
Signature of decision maker:	
Name: (PRINT)	
Designation:	

Copies to: Senior Nurse / Matron
 Patients file
 NHSE Case Manager

Appendix B

Seclusion Record Nursing Review (2 hourly)

Date:	
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Name of Patient:	
NHS No:	
Mental Health Status:	

Time of Review:	
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Appearance: (Pulse, Blood Pressure, Behaviour etc.)

Details of Review: (and reasons for decisions made)

Next Review due:	
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Print name: Signature of Reviewing Staff: Designation:	1)
	2)

