Livewell Southwest

Section 117 After-Care Policy

Version No 3.1

Review: November 2019

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: MHA Manager
IPP Manager
AMHP Manager

Asset Number: 441

This policy applies equally to the Mental Health Partnership, the Learning Disability Partnership, and Mental Health Services for Older People

Reader Information

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Asset number	441
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Category	Clinical
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Author	Jane Quigley, Amanda Williams, Lyn Elliott, Mel Wilson
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Document review history

Version No.	Type of change	Date	Originator of change	Description of change
For previous review history please contact the PRG secretary.				
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3.1	Amendments	September 2016	Jane Quigley, Amanda Williams,	Amendments following PRG meeting September 2016

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Section 117 After-Care Policy

Livewell Southwest is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of service users and staff. We will treat people with dignity and respect, promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) your race, nationality, gender, disability, age, sexuality, family status.

1. Introduction

1.1 Section 117 imposes an enforceable joint duty on the relevant health and social services to provide or to arrange to provide after-care services for certain categories of mentally disordered patients who have ceased to be detained and leave hospital (or prison, having spent part of their sentence detained in hospital). *Mental Health Act Manual 18th Edition, Para1-1122, Richard Jone, 2015, Sweet & Maxwell).*

1.2 The Care Act 2014 has the following statutory definition, "After-care services mean services which have the purposes of meeting a need arising from or related to the service user's mental disorder and reducing the risk of a deterioration of the service user's mental condition (and, accordingly, reducing the risk of the service user requiring admission to hospital again for treatment for mental disorder." The ultimate aim is to maintain service users in the community, with as few restrictions as are necessary, wherever possible.

1.3 Any course of action taken under the Mental Health Act 1983 (MHA'83) (as amended 2007) must be done so with consideration to the Guiding Principles contained within Chapter 1 of the Code of Practice Revised 2015 (the Code). https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983. All professionals involved with the care and treatment of persons who are detained or have been detained and are receiving S117 services must be familiar with the Principles contained in Chapter 1 of the Code.

The Guiding Principles are:

- Least restrictive option and maximising independence.
- Empowerment and involvement.
- Respect and dignity.
- Purpose and effectiveness.
- Efficiency and equity.

1.4 Chapters 33 and 34 of the Code are of particular importance relating to this policy. Where these chapters use the term "should" departures should be documented and recorded. Where the terms "may", "can" or "could" are used the guidance is to be followed wherever possible. Where the term "Must" is used this reflects legal obligations which it is essential to follow.

1.5 The Code provides statutory guidance to registered medical practitioners ('doctors'), approved clinicians, managers and staff of providers and Approved Mental Health Professionals (AMHPs) on how they should proceed when undertaking duties under the Act. These professionals should have detailed knowledge of the Code, including its purpose, function and scope. Whilst the Act does not impose a legal duty to comply with the Code those listed must have regard to the Code. Any departure from the Code could

give rise to legal challenge; therefore the reasons for departure must be recorded and sufficiently convincing in order to justify the departure.

1.6 The Mental Health Act 1983, Code of Practice (revised 2015) states, “Section 117 of the Act requires clinical commissioning groups (CCGs) and local authorities, in co-operation with voluntary agencies, to provide or arrange for the provision of after-care to service users detained in hospital for treatment under Section 3, 37, 45A, 47 or 48 of the Act who then cease to be detained.” This includes service users granted leave of absence under Section 17 and service users placed on Community Treatment Orders (CTOs). It applies to people of all ages, including children and young people.

1.7 Livewell Southwest recognises that people to whom S117 applies and or their carers are experts in understanding their own health and social care needs and how best to achieve the outcomes they want. After-care is a vital component in service users’ overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support the individual in regaining, enhancing or learning new skills, in order to cope with life outside hospital.

1.8 After-care for all service users admitted to hospital for treatment for mental disorder should be planned within the framework of the Care Programme Approach (see CPA Policy). This applies whether or not they are detained or will be entitled to receive after-care under S117 of the Act.

1.9 Because of the specific statutory obligation it is important that all service users who are entitled to after-care under S117 are identified and that records are kept of what services are provided to them. In line with information governance, service user information will only be shared between organisations responsible for after-care if that information is relevant to the service user’s care and treatment needs.

1.10 The duty to provide after-care services continues as long as the service user is in need of such services. In the case of a service user on a CTO, after-care must be provided for the entire period they are on the CTO, but this does not mean that the service user’s need for after-care will necessarily cease as soon as they are no longer on a CTO.

1.11 This Policy and Procedure document has been updated because of changes to S117 arising from the enactment of the Care Act 2014, the MHA’83 Code of Practice (revised 2015) and MHA’83 Reference Guide (revised 2015).

1.12 The Principles of the Mental Capacity Act are to be followed in all aspects of care planning in relation to after-care needs for individuals who lack capacity to make decisions about their own care needs. There must always be a demonstration of how the best interest principle and subsequent decisions have been reached as part of the S117 planning.

2 What is After-Care?

2.1 CCGs and local authorities should interpret the definition of after-care services broadly. For example, after-care can encompass healthcare, social care and employment services, supported accommodation and services to meet the person’s wider social, cultural and spiritual needs, if these services meet a need that arises directly from or is related to the particular service user’s mental disorder, and help to reduce the risk of deterioration in the service user’s mental condition.

2.2 Whilst the duty on authorities to provide after-care services to service users discharged from detention under the Act are mandatory and not subject to means-testing, the courts have recognised the duty is not open ended, and that the nature and extent of after-care facilities provided to fulfil this duty must fall to the funding authority's discretion.

2.3 S117 after-care is specific to meeting the mental health needs of a person not their general needs.

2.4 Livewell Southwest is commissioned jointly by the New Devon CCG and Plymouth City Council to deliver S117 after-care for Plymouth residents and therefore have delegated authority to provide and end after-care on behalf of both commissioning bodies.

3 The Provision of Residential Accommodation Under S117

3.1 S117 of the Mental Health Act 1983, sets out that the duty to provide after-care rests with the Local Authority (LA) and CCG for the area in which the service user was "ordinarily resident" immediately before they were detained under the MHA – even if the person becomes ordinarily resident in another area after leaving hospital.

The provision of accommodation is not considered to be a S117 after-care need unless:

- Need for accommodation is a direct result of the reason that the service user was detained, and
- it is enhanced specialised accommodation to meet needs directly arising from the mental condition, and
- the service user is being placed in the accommodation on an involuntarily (in the sense of being incapacitated) basis, arising as a result of the mental condition.

3.2 The key-factors to be achieved by the enhanced specialised accommodation are to be identified in the care-plan in order that it may be able to determine whether the S117 after-care is to continue or not.

3.3 Where there has been an identified need for enhanced specialised accommodation, the person's care-plan must clearly identify the relationship between the person's mental disorder and the requirement of the specialised accommodation and the likelihood of avoiding further compulsory admissions to hospital.

3.4 If the person is in need of enhanced specialised accommodation because they are a danger to themselves or others this must also be clearly recorded in the care-plan.

4 On Commencement of After-Care

4.1 For record purposes, the start of after-care will be triggered from the date of detention for any of the above-mentioned sections (Para 1.4).

4.2 A register of all S117 service users will be kept by Livewell Southwest and will form part of the electronic records on SystmOne and Care First. All service users subject to S117 will be registered on the Mental Health Act Node of SystmOne. The Mental Health Act office is responsible for completing the appropriate entries electronically.

4.3 When a service user is readmitted to hospital or referred to community services and it is unclear as to whether there is existing entitlement to S117 due to no entry on SystmOne,

it will be the responsibility of the service user's named nurse or care co-ordinator to obtain any existing mental health notes and identify any previous detention details.

5 Section 117 After-care Planning

5.1 All service users receiving S117 services should be subject to the Care Programme Approach (CPA). The exception to this would be those service users who are stable and no longer need CPA due to the reduction in complexity of their needs and are now managed by a single lead professional. The Care Programme Approach or the lead professional framework, will be used to demonstrate the fulfilment of the requirements of S117. (See CPA Policy).

5.2 Although the duty to provide after-care begins when the service user leaves hospital, the planning of after-care needs to start as soon as the service user is admitted to hospital. Funding agencies should take reasonable steps, in consultation with the care co-ordinator and other members of the Multi-Disciplinary Team (MDT) to identify appropriate after-care services for service users in good time for their eventual discharge from hospital or prison.

5.3 Before deciding to discharge or authorise more than very short-term leave of absence to a service user or to place a service user onto a CTO, the Responsible Clinician (RC) should ensure that the service user's needs for after-care have been fully assessed, discussed with the service user (and their carer's, where appropriate) and addressed in their care plan. If the service user is participating in leave for only a short period, a less comprehensive review may be sufficient, but the arrangements for the service user's care should still be properly recorded.

5.4 When considering relevant service users' cases, the Mental Health Tribunal (MHT) and hospital managers will expect to be provided with information from the professionals concerned on what after-care arrangements might be made if the individual were to be discharged. Discussion of after-care arrangements involving Health and Social Care, other relevant agencies and families or carers (where appropriate) should take place in advance of the MHT hearing. Where the MHT has provisionally decided to grant a restricted service user a conditional discharge, the funding bodies should do their best to put after-care in place which should allow the discharge to happen within the MHT's recommended timescale.

5.5 The nature of the statutory duty imposed by S117 has been considered by the courts. The Court of Appeal confirmed that this section does not impose on Health Authorities an absolute obligation to satisfy any conditions that a tribunal may specify as prerequisites to the discharge of a service user.

6 Review of S117 Provision

6.1 A review of the person's on-going eligibility for service provision under S117 should be undertaken as part of the formal CPA review process. If a person is not managed under CPA it is the responsibility of the lead professional to ensure that a person continues to have needs under S117 entitlement and that they are being met. This should be reviewed yearly. It will be the responsibility of the care co-ordinator (or other officer responsible for its review) to arrange reviews of the plan until it is agreed between all parties, including the service user, that it is no longer necessary.

6.2 On initial discharge from hospital, the S117 review must take place within 3 months, thereafter; the S117/CPA review must take place at least 6 monthly as per the CPA policy. In the case of S117 being managed by a lead professional this should be reviewed yearly or if there is a significant change in the person's care needs.

6.3 There is no legal requirement for there to be an AMHP, or any social care representative to be in attendance at all S117 reviews. Any adult social care representative may contribute to decision making with regards to what the person needs as aftercare, from a Care Act perspective. If the client is in receipt of an adult social care funded service or a referral to adult social care is being considered, attendance is to be requested via the adult social care advice and information service Tel. 01752 306900. Involvement may include telephone advice/information or actual attendance at the review.

6.4 All provision funded under S117 should be subject to quality assurance. There is an expectation that the standards for quality assurance (Appendix 4) will be completed at every S117 review. These are to be scanned to SystmOne and saved as per the title.

7 Termination of After-Care

7.1 The duty to provide after-care services exists until both the CCG and Adult Social Care are satisfied that the service user no longer requires them. The circumstances in which it is appropriate to end S117 after-care will vary from person to person and according to the nature of the services being provided.

7.2 The most clear-cut circumstance in which after-care would end is where the person's mental health improves to a point where they no longer need services to meet needs arising from or related to their mental disorder. (Appendix 2)

7.3 After-care services under S117 should not be withdrawn solely on the grounds that:

- the service user has been discharged from the care of specialist mental health services
- an arbitrary period has passed since the care was first provided
- the service user is deprived of their liberty under the MCA
- the service user has returned to hospital informally or under section 2, or
- the service user is no longer on a CTO or section 17 leave.

7.4 The Code paragraph 33.22 states that, "After-care services may be reinstated if it becomes obvious that they have been withdrawn prematurely, e.g. where a service user's mental condition begins to deteriorate immediately after services are withdrawn." If there are concerns that after-care services have been withdrawn prematurely this should result in an immediate S117 review under CPA. If further advice is required regarding this matter contact the Mental Health Act Manager or the IPP Manager.

7.5 Even when the provision of after-care has been successful in that the service user is now well-settled in the community, the service user may still continue to need after-care services, e.g. to prevent a relapse or further deterioration in their condition.

7.6 Before ending S117 entitlement, the following must be considered:

- Has it become clear that the provision of after-care services will no longer reduce the prospect of compulsory or informal admission to hospital on mental health grounds?

- Has the original mental disorder and associated needs changed or stabilised to the extent that it can no longer be said that the accommodation/services are being provided to meet the mental disorder?
- Has specialist medical input been reduced or withdrawn since discharge?
- Is the person compliant with medication?
- Is there no longer an imminent risk of the placement (where appropriate) breaking down?
- How does the current risk assessment compare to previous risk assessments?
- Has the person engaged well with the support services/networks that have contributed to the current position?
- Are all the factors considered in the planning of the after-care package no longer of relevance?

7.7 Once the person is no longer in need of services the ending of S117 should be a decision made between the MDT, the service user and their representatives, friends and family (where appropriate) and any others with a legitimate interest. This decision should be recorded on the form attached (Appendix 2) and recorded on S1.

7.8 The decision to end S117 must consider whether an introduction of charging arrangements will have a destabilising effect on the person and therefore be detrimental to their progress or willingness to engage with support networks.

7.9 The care co-ordinator or lead professional is responsible for ensuring that the Termination of After-care Form is completed and that the appropriate agencies involved in funding any services are informed.

7.10 The Responsible Clinician and or the care co-ordinator must sign the form. A copy of this form should be sent to the Mental Health Act Office who will upload to SystmOne and terminate on the MHA node.

7.11 S117 automatically ceases on the death of the recipient. The S117 Termination Form (Appendix 2) is to be completed by the care co-ordinator or RC and a copy distributed to all persons involved in the person's care prior to their death. A copy of the completed form is to be sent to the Mental Health Act Office.

8 After-care Payments

8.1 A local authority may make direct payments to pay for after-care. An adult who is eligible for after-care can request the local authority make direct payments to them, if they have capacity to do this. If the adult lacks capacity to do so, the local authority can make direct payments to an authorised or suitable person if certain conditions are met. A key condition is that the local authority must consider that making the direct payments to the 'authorised person' is an appropriate way to discharge their S117 duty, and that they must be satisfied the 'authorised person' will act in the adult's best interests in arranging for the after-care.

8.2 If accommodation is being provided or arranged as part of a person's after-care, the person's and/or friends or relatives identified in regulations may make top-up payments to enable the person to live in their preferred accommodation if certain conditions are met.

8.3 A CCG or the NHS Commissioning Board may also make direct payments in respect of after-care to the service user or, where the service user is a child or a person who lacks

capacity, to a representative who consents to the making of direct payments in respect of the service user. A payment can only be made if valid consent has been given. In determining whether a direct payment should be made, a CCG or the NHS Commissioning Board is required to have regard to whether it is *appropriate for a person with that person's condition,* the impact of that condition on the person's life and whether a direct payment represents value for money. A payment can also, in certain circumstances, be made to a nominee.

8.4 Any member of the MDT is responsible for completing the S117 application (Appendix 3) for funding where there is a need for additional services which require payment. This is submitted to Livewell Southwest panel and Adult Health and Social Care. The funding split will be agreed. Once an after-care package has been agreed by the Livewell Southwest panel the finance and contract team must be informed via the S117 recorded minutes.

8.5 As S117 funded placement is not subject to means testing, service users should not incur a financial penalty as a result of payments agreed under S117.

8.6 Charges may still be made for services provided to meet the service user's needs which **are not related** to their mental health, for instance home care related to physical needs that existed before or after the person became entitled to service provision under S117.

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: Director of Operations

Date: 15th December 2016

Notification of Entitlement to Aftercare (Section 117)

Care Programme Approach

APPENDIX 1
CONFIDENTIAL

CLIENT DETAILS			
Name		**DOB**	
NHS No:			
Ward		**Date of Entitlement**	
Care Co-ordinator			
Responsible Clinician			

The above named is subject to Aftercare under Section 117 of the Mental Health Act 1983

Completed by the Mental Health Act Office on behalf of Livewell Southwest

Date Form Completed:

DISTRIBUTION	
Service User	
Client Financial Services **(Plymouth patients only)**	
Others **(i.e. Devon MHA Administrator)**	

Care Programme Approach

Termination of Aftercare (S117)

APPENDIX 2
CONFIDENTIAL

Client Details	**Care Co-ordinator Details**
Name:	
NHS No:	
Address:	
Tel no:	

Aftercare requirements under section 117 of the Mental Health Act 1983 are terminated because: (please complete relevant details)

1. Aftercare no longer required

Date of review meeting:	
Reasons for cessation of requirements:	

2. Death of Client

Date of death:	
Cause of death: **(If Known)**	

All meeting attendees to sign:

Signed:_____ **Care Co-ordinator** **Date:**

Additional Notes	

APPENDIX 3

S117 Guide for Initial Application and Review (Interim)

(To be completed for all new applications and potential changes in the funding split, between health and social care).

Please refer to the policy to establish initial eligibility for 117 aftercare and discharge from 117 aftercare.

There is no single statutory definition that *adequately* distinguishes between 'health' and 'social care' needs. Instead, we are guided by definitions that give an indication of what *may* be considered a health or social care need. As with CHC, it is the intensity, frequency, nature and purpose of interventions that help us to make decisions about the correct apportionment of funding for an individual.

Definitions of treatment (healthcare)

Medical treatment is for the purposes of alleviating or preventing a worsening of a mental disorder or one or more of its symptoms or manifestations.

This could include:

- *Nursing*
- *Psychology input*
- *Specialists Mental Health rehabilitation*
- *Rehabilitation and care*

(s145(2) of the Mental Health Act)

Definitions of Care and Support (Social care)

Care and support needs arise when a person is no longer able to live a fully independent life as the result of a physical or mental impairment, or illness. In determining the type of support a person may require, the Care Act requires that the following are taken into account:

- *The level and extent of the person's needs*
- *The outcomes that the person wishes to achieve*
- *Whether any of these outcomes could be achieved through other services, agencies or means*

Examples of the type of support that could be provided include:

- *accommodation in a care home or in premises of some other type;*
- *care and support at home or in the community;*
- *counselling and other types of social work;*
- *goods and facilities;*
- *information, advice and advocacy.*

Section 117 Application and Review

This form should be used for initial applications for funding to the S117 Panel and for the review of existing S117 funding.

Service User Details

Name:	Date Discharged or planned to be discharged from Hospital:
NHS Number:	Diagnosis:
Present Address:	Date of Review
Date of Birth:	Date of Last Review
GP:	Care Coordinator/Keyworker Name and Contact Number:

Costing Information:

Cost of placement/package:	
Decreased cost proposed:	
Increased cost proposed:	
To note: any increase in costs requires a full needs analysis below that outlines the changes in need and clarifies what the extra funding will be used for. **It is the responsibility of the care coordinator to ensure that a review of the costs, continued eligibility for 117 aftercare and quality assurance of the provider takes place in the first 3 months and then every 6 months.**	
Current funding split:	

Section 117 Review Checklist Questions Response

1. Briefly describe the key factors that led to the person's admission to hospital under detention in relation to their need for treatment, care and/or support: *MHA Code of Practice 33.4 For example, after-care can encompass healthcare, social care and employment services, supported accommodation and services to meet the person's wider social, cultural and spiritual needs, if these services meet a need that arises directly from or is related to the particular service user's mental disorder, and help to reduce the risk of a deterioration in the service user's mental condition.*	
2. Is any, part or the majority of the proposed care plan aimed at public protection (i.e. 1 to 1 care to prevent offending) – please describe. To what extent should this be considered 'treatment' as defined by the Mental Health Act? *Medical treatment is for the purposes of alleviating or preventing a worsening of a mental disorder or one or more of its symptoms or manifestations.*	
3. Is any, part or the majority of the proposed care plan aimed at managing the person's behaviour – please describe. To what extent should this be considered 'treatment' as defined by the Mental Health Act?	
4. With reference to the Care Act 2014 and National eligibility Criteria, please summarise which of the 9 outcomes below is the person unable to achieve independently as a result of their mental illness and /or learning disability. Please state the amount of support the person requires to achieve these outcomes, the reasons and the extent to which this is likely to impact on their overall wellbeing: National Eligibility Outcomes -Managing nutrition/hydration, -Toileting -Personal Care -Maintaining a habitable home environment -Making safe use of the home environment -Accessing necessary community facilities -Looking after a dependent child -Accessing work, leisure or training -Maintaining or forming personal relationships	

5. What are the service user's current mental health needs and to what extent, if any, have these improved or stabilised since discharge from hospital? For how long? To what extent is the provision of mental health aftercare preventing a return to hospital or relapse? Is the service user regularly seeing a GP and, if so, what treatment or medication, if any, are they receiving? Detail any residual risk issues, likely to lead to relapse. Give a rationale for how the current needs meet the criteria to demonstrate eligibility for 117 aftercare, including consideration of discharge of 117 aftercare *(See Policy for guidance regarding termination of S117 entitlement)*	
6. What is the current mental health after care provided by Livewell Southwest and PCC and what additional support is funded CCG/PCC? What is the frequency and duration?	
7. Is the service user in a nursing, residential or supported living facility? Are they receiving purchased or other domiciliary care services either in supported living facility or their own home?	
8. Is there a shared agreement with the service user with regard to their Recovery/Care plan? Views of Service User/Carers/Other relevant staff.	
9. Please provide quality assurance for the proposed provider using the attached checklist. Is the placement the subject of safeguarding concerns?	
10. What is the proposed new plan?	
11. Date of next review if applicable?	
12. Lead professional responsible for reviewing S117 aftercare to determine whether it continues to be required. Give a rationale for how the current needs meet the criteria to demonstrate eligibility for 117 aftercare, including consideration of discharge of 117 aftercare *(See Policy for guidance regarding termination of S117 entitlement)*	
Occupation, role, name and Signature of person completing Application/review:	
Date:	

Please note: all applications must attach the following documents for approval at 117 panel				
C&SNA (ASC)	C&SNA Support plan (ASC)	CPA review	CPA risk assessment	CPA care plan

For approval please email your completed form and attachments to:		
Devon CCG	Devon Clinical Commissioning Group	D-CCG.IPP-Requests@nhs.net
Jane Quigley	IPP Manager	janequigley@nhs.net
Tracy Clasby	City Wide Locality Manager	Tracey.clasby@nhs.net
Dan Stevens	City Wide Deputy Locality Manager	Dan.stevens@nh.net
Please Cc:		
Mike Howe	Management Accountant – Finance	michael.howe@nhs.net
Account - Finance		PCHCIC.BudgetHolderQueries@nhs.net
Jess Austen	Referral Co-ordinator	jausten@nhs.net
Lauren Griffiths	Referral Co-ordinator	laurengriffiths@nhs.net
Locality Manager		
Modern Matron		
Service/team Manager		

APPENDIX 4

Quality Assurance Standards for reviewing Service user's care in IPP or 117 placements.

Standards are in line with CQC key lines of enquiry, Safe, Effective, Caring, Responsive and Well led.

Checklist

1) Service user seen in person and in private? Yes No Did your service user know you were visiting? Comment on service user emotional and physical presentation – record on System One Tabbed Journal. When visiting service user, expect to be given the opportunity to speak to them in private. If this is not possible on the grounds of risk or service user choice, please record.	
2) Documentation seen by practitioner? Seek to review key documentation in written or electronic forms. This to include: • Care plan • Risk Assessment • Medication Chart • Incident Forms • Progress Notes • Review Minutes Is there clear evidence that the plans are person centred? Is there clear evidence that "blanket rules" are minimised? Offer feedback to staff. Note which documents you have seen and comment on quality of information. Have reviews been undertaken within appropriate timescales?	
3) Service user asked if they have any concerns about *their* care / treatment or about the care/treatment of *others* in the placement. Yes No	

When meeting your service user, ask them questions about their care and support. Wherever possible, do this in private to reduce the likelihood of any perceived pressure felt by the service user in the presence of their carers. Care should be taken not to ask leading questions. Questions should be open such as “what do you like here?” and “what do you dislike here?” Closed questions should only be used if your service user gives you information that concerns you enough to explore the detail what they report. Where a person may have communication difficulties as part of their condition (e.g. Learning Disability), care should be taken to adapt the verbal language used or consider alternative communication systems.	
4) Service users living area and bedroom seen? Yes No If no, why not- Consider issues of safety in the wider ward environment. Be mindful of your own and your service users vulnerability e.g. sexuality, risk, allegations. Be aware of the privacy of others. Is there evidence that the service user has been encouraged to personalise the space.	
5) Any safeguarding alerts made since previous visit? Yes No Ask about the ward overall and your service user specifically. If yes has paperwork been seen? Who is the Safeguarding Lead for that hospital / area – consider discussing safeguarding with them if the answer you receive from ward staff is unknown or unsatisfactory.	
6) Any incidents since last visit? Yes No If yes, view the incident reports. Discuss the incidents with your service user and staff on the ward. Are there any concerns arising in the management of such incidents – triggers, frequency, staffing, use of PRN or seclusion, language used in the recording of such incidents?	
7) Establish whether PRN medication has been given since last visit.	

The type and frequency of PRN used may offer an indication about the management of your service user. Yes No If yes, record the name of medications, doses, frequency and routes of administration.	
8) Observations of staff attitudes and openness towards service users and visiting staff. Are you made welcome? Observe staff interactions with your service user; is rapport evident, how does your service user respond? Where the service user has communication difficulties identified and a potential inability to report any infringements of their human rights, it will be particularly important to pay special attention to the value base indicators below. When visiting a placement, consider indicators of the value base held by the provider/carers. In particular, seek views from care staff who have the highest level of service user contact. In seeking their views listen for a good balance of recognition of challenges and strengths on the part of the service user and be vigilant for a predominance of negative attitudes or for attributions for challenging behaviour that indicate blame, resentment, ridicule or a tendency to see the person as less than human. This includes issues such as: • Language used to describe the service user (or others) • Emphasis on risk presentation, impact on carers rather than impact on the service user • Judgemental language • Devaluing use of humour • Evidence of respect (or lack of) for the Service User Speak to as many staff as possible about their impressions of the service user's progress, their strengths and their challenges. Is there consistency?	
9) Does the service appear to be well led?	

Yes / No Consider the views of the service user and staff. Is the manager available? Is there a clear complaints process? Is the manager respected and approachable? Does the service user and staff feel that their concerns are listened to and acted upon?	
10) Does the service user have contact with any persons who are not professionally involved in their care and treatment? **Yes / No** Consider if access, frequency, duration meets the needs of the service user and friends and family. Consider if there are any obstacles to open communication and if all forms of media are used to enhanced communication i.e. Skype, facetime etc.	
In all cases where it has not been possible to consider the above areas as per the guidelines, the reasons for those exceptions should be recorded. **If you have any immediate concerns about the safety of service users at the placement, you must make a Safeguarding Alert as per the agreed Minimum Standards.**	