

Telephone Numbers:

Reception **01752 435434**
opening hours (08.30-19.30)

Bridford Ward **01752 435992**

Patient Use Mobile **07826520687**
Bridford

Ward Manager **Jordan Bull**

Harford Ward **01752 435572**

Patient Use Mobile **07423743236**
Harford

Ward Manager **Emma Amm**



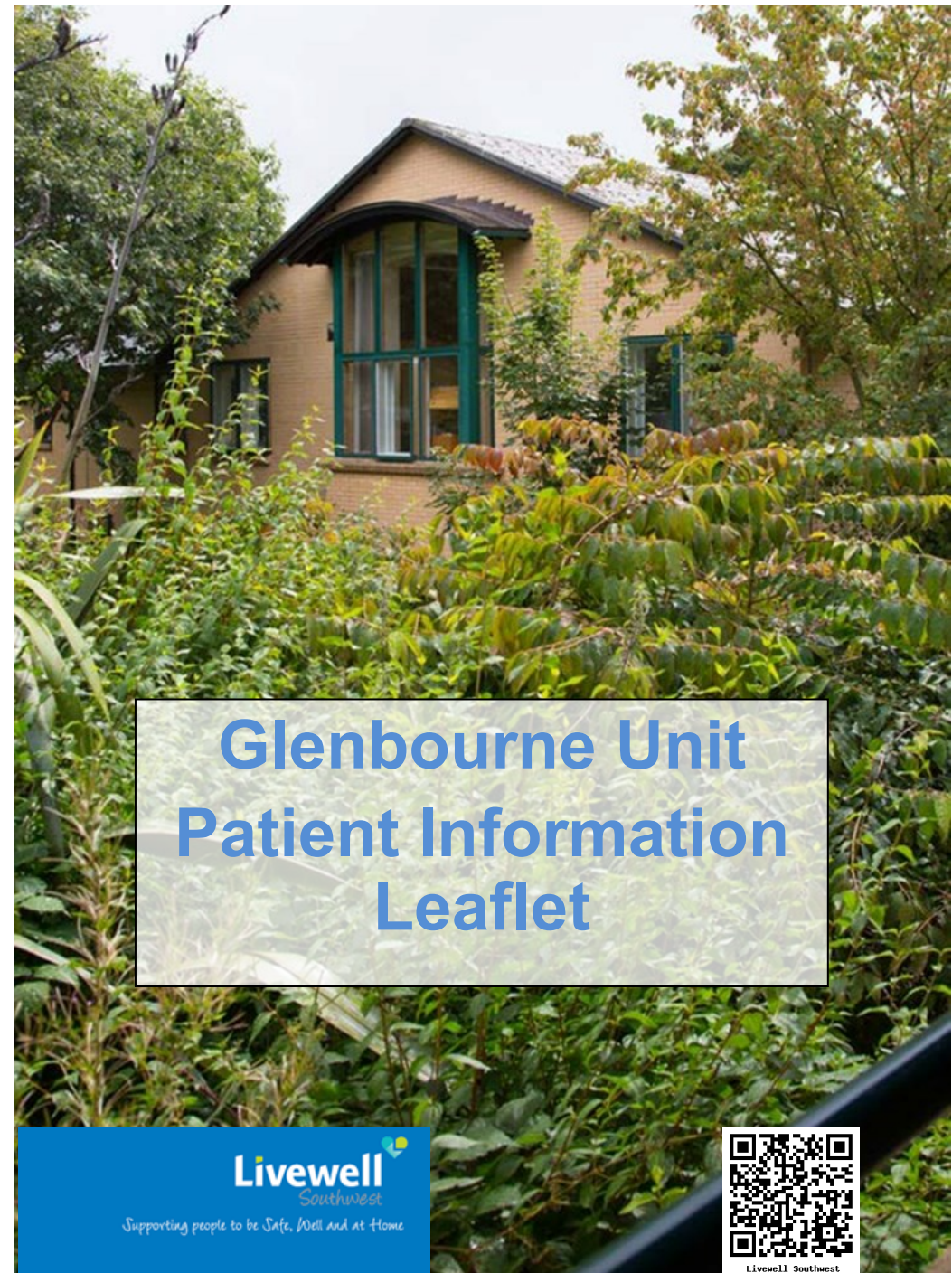
Livewell Southwest

Accreditation:

Acute Inpatient Mental Health Services (AIMS) - Royal College of Psychiatrists
ECTAS – ECT accreditation
Care Quality Commission – Compliant in all areas

**Further information regarding recent inspections can be provided
by the ward manager. These are also discussed in the
Community Meetings.**

Address:
Glenbourne Unit
Morlaix Drive
Derriford
Plymouth
PL6 5AF



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Service	Contact
Care Planning	1:1 time with Named Nurses
Discussion around change to treatment plan	Consultant Psychiatrist in Ward Round Meeting
Discussion around change to Section 17 Leave (for detained patients)	Consultant Psychiatrist in Ward Round Meeting
Physical Health Concerns (Speak with nurses in the first instance)	Junior Doctors on ward (Mon-Fri 9-5) Urgent care or medical emergencies (Out of Working hours – On Call Doctors)
Occupational Therapy - Individual and group sessions providing a range of therapeutic activities	OT planner displayed in reception OT attend the ward daily Mon-Sat
Support with Accommodation	Discharge Team (Mon-Fri) – ask ward staff
Support with finances – accessing bank accounts / benefit entitlement	Discharge Team (Mon-Fri) – ask ward staff
Pharmacy One to one discussion about your medication	Ask ward staff to speak to pharmacist Ask ward staff to be provided with information leaflet about medication
Independent Mental Health Advocates (For detained patients) The Advocacy People	Referral made by ward staff Or you can call 0330 440 9000 Present in ward round
Spiritual Care Advisor / Chaplain	Chaplaincy service Attend the ward Mon Morn / Tue & Thur afternoon Tel: 01752 245255
Safeguarding Team	Referral made by Ward Nurse
Sick Note for Employers	Finance department – ask for Cathy at Reception

Incidents on the Ward

We try to avoid incidents happening, although this is not always possible. If you have concerns or have witnessed an incident, please speak to a member of Staff who will support you in reporting and managing this. Staff will always arrange a debrief for those involved or witness to an incident.



Introduction to Glenbourne

In this booklet we aim to answer questions you may have about the Glenbourne unit and your admission to hospital. Bridford is the female ward and Harford is the male ward. Our ultimate aim is to stabilize a mental health crisis as soon as possible, with minimum restrictions, so people can return home as soon as safely possible and continue their recovery in their community.

At Glenbourne we offer one to one support with Nurses and Doctors. Also available are; Occupational Therapy for individuals and group sessions, talking therapies with the Psychology department, as well as evidence-based treatments including medication in line with national guidelines (NICE).

We know that coming into Hospital can be very difficult or frightening. If you had to come into Hospital suddenly, there may be things that you need to sort out or people that you want to contact, we will ask you what support you need with this and will try to assist.

Our philosophy of care is about making the Hospital a comfortable, safe and helpful environment for everyone. The staff are here to help, when you feel ready, we will show you around and introduce ourselves.



Mutual Expectations

To keep the ward a safe, comfortable environment for all, we ask that staff and patients keep to these standards of behavior:

They have been created in collaboration with patients and have proven to be helpful for all when followed

- ⇒ Listen to one another and treat each with dignity and respect.
- ⇒ Respect the privacy and confidentiality of others.
- ⇒ All patients will have the opportunity to discuss their feelings and thoughts with staff on a one-to-one basis.
- ⇒ All patients will be encouraged in developing their care plan with their named nurse, and to be given a copy.
- ⇒ All patients will be informed about activities and therapies available to them and how these can help their recovery.
- ⇒ All patients to be informed and involved wherever possible in a clear manner about their medication.
- ⇒ Staff will offer triangle of care support to carers.
- ⇒ We will not be aggressive to one another; this includes threatening behavior or damage to property.
- ⇒ Glenbourne has a policy of no borrowing or lending any money or personal property. Please do not ask to borrow or offer to loan anything. Each bedroom has a lockable safe to store valuable items.
- ⇒ The search policy will be followed for all patients, informal and detained, any; restricted items will be stored safely and returned on discharge.
- ⇒ We will not bring alcohol or drugs to the hospital or attend the hospital under the influence.
- ⇒ Everybody should assist in keeping the ward clean and tidy.
- ⇒ Keep noise to a minimum at night.

Livewell Southwest Customer Services Department

1st floor Crownhill Court
Tailyour road
Crownhill
Plymouth
PL6 5DH



Tel: 01752 435502

Email: customerservicespch@nhs.net

The Modern Matron Eva Jakobsen has overall responsibility of the Unit. If you have any compliments, concerns or comments, you are welcome to speak to the Ward Managers or the Modern Matron on 01752 435434 or write to them.



How To Give Feedback

We value any feedback. You will find a Suggestions Box on the Ward. There are fortnightly Community meetings where your comments and suggestions will be welcomed.

How to make a compliment, raise a concern or complain about our service:

We really want to hear from you. The easiest way is to talk to a staff member or the ward manager. If you would rather, you can speak or write to our customer services team.

Compliments At Livewell Southwest

We encourage people to let us know when they are pleased and satisfied with the services and treatment we provide. If you wish to send a compliment to any of our staff, wards or services please do so. You can send a card, letter, phone us or fill out a feedback form.

Raising a concern

We want everyone to receive the highest level of service and care. If you feel we have not achieved this, please speak to a member of staff who will try to resolve the matter straight away.

Making a complaint

If your concern cannot be settled then you may wish to make a complaint. This should be done as soon as possible but no longer than 12 months after the problem has arisen. In exceptional circumstances complaints can then be made later than this. When you make your complaint your information will be treated in confidence and it will not affect your care in any way. You can make a complaint by completing the feedback form or contacting the Customer Services department.

Someone else can complain on your behalf if you are happy for them to do so. Also, **The Advocacy People**, an independent advocacy service, can provide support and guidance for You.

How does the ward work?

Whilst you are on the Ward your care will be provided by a Multi Disciplinary Team (MDT) including Doctors, Nurses and other professionals. You will be given a Named Nurse who will work with you to complete a full assessment of your needs. We will work with you to develop a treatment plan that aims to meet your individual needs, understanding that everyone is different.

Nursing Staff have a change of shift 3 times a day:

- 7:00am
- 12:00pm
- 7:30pm



At these times Nurses have a handover meeting to ensure that we share information about the care of each patient on the Ward. We also plan things like facilitating patient appointments and leave at handover.

At times you may hear alarms being sounded. We understand this can be unsettling, please be assured these are for staff attention only. Staff will advise you of fire alarm tests. In the rare event of a fire or other emergency please follow the directions of a member of Staff. This will ensure situations are handled calmly and quickly.

Separate Male and Female Wards

The Care Quality Commission (CQC) requires hospitals to provide separate male and female accommodation. It is recognized this is safer and offers better privacy and dignity. Everyone working here has a part to play in delivering same sex accommodation. We ask that patients do not enter the opposite sex ward or engage relationships that are not appropriate in hospital. This policy does not affect your right to self-identify as your gender, please let nurses know your preferred pronouns, which will always be treated with respect.

Protected Time

We aim to use the hours between 12.30 – 3 pm to spend one to one therapeutic time with patients. This is also the time we can facilitate escorted leave from the unit (dependent on leave status).

Visiting Times

13.00 – 18.30pm

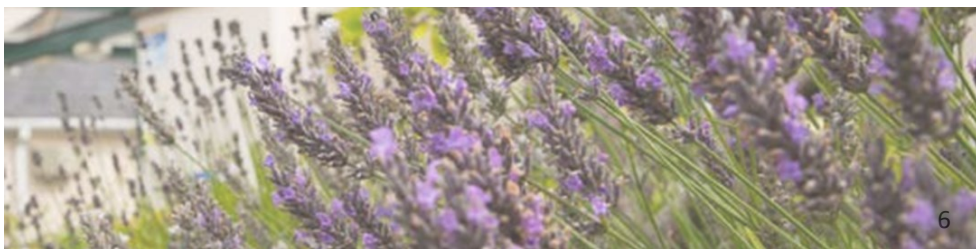
We have a family room in reception, available for visits from relatives or friends. Children accompanied by an adult are permitted for visits in the family room. Visits require booking in advance via reception (01752 435434) (30-minute time slots). There is more time flexibility on the weekend, please discuss with nursing staff. Due to the size of the room, we can only accommodate 2 visitors at any time. Unfortunately, no pets are permitted, as staff or other patients may have allergies. We do not permit relatives on the ward itself to maintain privacy of other patients. We ask visitors do not attend the unit if they are feeling unwell. Occasionally visits are supervised by staff, dependent on observation status of patients

Locked Door Policy

The Glenbourne Hospital has a Locked Door Policy. The doors will be locked from the main Reception. Staff will check the identify of those coming or going and will intervene if there is attempted tailgating. All patients require a leave assessment by a registered nurse before leaving the hospital. On returning to the hospital, please use the call bell at the main door, press the green bell and select Glenbourne and reception or the ward will buzz you through. Outside of reception hours (08.30-19.30), it may take longer for staff from the ward to attend reception to let you down to the wards.

Garden Area

We have gardens for both wards, these are accessible from the main ward area at any time. Please wear appropriate dress in the garden (not beachwear). If on enhanced observations staff will be required to supervise use of the garden.



There is a service in the Prayer Room every Thursday at 11:00am to which all are welcome. Chaplains visit the ward:

- > **Monday afternoons**
- > **Tuesday Mornings**
- > **Thursdays Morning**

The Derriford Hospital Chapel on Level 7 is open 24 hours a day. They hold a service there are 9.15am on Sundays. You can call direct on 01752 245255. Call switchboard on 01752 202082 day or night to page the duty Chaplain. Please speak to a member of staff if you feel you need to visit the chapel.

**The Nursing Team and Pastoral Team
will endeavor to support your spiritual
needs of all religions whilst on the ward,
so please let us know if there is
anything we can do.**



Glenbourne Pastoral and Spiritual Care

Settling in can be an unfamiliar and anxious experience, but we are here for you. Here in the Glenbourne Unit there are chaplains or spiritual advisors who are available to you. If, during your time here, you would like to meet with someone, just ask a member of staff to get in touch with them. You could also speak to them on the unit.

Why are there Chaplains?

Livewell Southwest places importance on caring for the spiritual needs of patients of any faith - or none. A stay in Glenbourne can be for a complex set of reasons and the care offered may take various forms.

There can be key differences between the care that involves treatment and medication and support to help strengthen mental health, alongside the space needed to explore and talk over any spiritual distress. So, in addition to the overall hospital care provided, the chaplains offer a listening space for you to talk about your story and experiences, to help you make sense of your situation. For many people, both forms of care can help support the whole person.

In addition, for those who wish, the unit has a Spiritual Room that is accessible for all and is a quiet room in which to sit and enjoy some space, to read, reflect or pray. It is situated opposite Occupational Therapy Department.



Housekeeping:

Breakfast	8:00am - 9:00am	Monday - Sat
	8:00am - 9:30am	Sunday
Lunch	12:00pm - 12:30pm	Every day
Dinner	5:00pm - 5.30pm	Every day
Supper	8:30pm	Every day

We will ask you about any allergies and facilitate for dietary requirements. There is a daily menu visible in the dining room, if you do not like the options that day, please inform domestic staff in the morning who can provide an alternative. Tea, coffee and cold drinks are available 24 hours a day. Personal food items can be brought in to the unit, labelled and stored in the kitchen in the patient fridge and cupboard

Mobile Phones, Laptops, Tablets

You may use your mobile / laptop. There is NHS Wifi to connect to. Only short charging cables can be used in your bedspace. **It is essential that you do not take pictures or record others, due to confidentiality.** Patients found taking pictures of others may have their phones stored away. Please use your bedroom for taking calls. On rare occasions mobile phones may be temporarily removed for specific safeguarding concerns, this would be individually care planned.

There are TVs in the lounges. Please ask others before changing the channel. Staff may encourage TVs being switched off at night to promote sleep hygiene.

Laundry facilities are available on the ward. There are individual laundry boxes in each bedspace.

Community Meetings are held fortnightly. This is an opportunity for patients to share views about the ward and ideas for service improvement. Feedback will be displayed.

What to bring and restricted items

To ensure the safety of everybody in hospital, we will adhere to the search policy. All patients bringing items into hospital will be searched, we have a dedicated search room in reception with a metal detector. The level of search will be agreed as part of the persons care plan, however it will range from nursing staff looking in bags, to going through each item and pocket with a metal detector.

We also complete regular ward sweeps where 2 staff search each person's bedroom to ensure there are no restricted items. Please let staff know if you would like to be present during the search of your bedspace. Staff will inform you if items have been removed and why. We understand being searched could be frustrating for you, however we will treat you with respect and dignity during our search process and expect that staff are also treated with respect.

Here are some things you could think about taking in, or asking someone to bring you

Recommended:

- ✓ comfy clothes
- ✓ pyjamas
- ✓ toiletries
- ✓ socks and underwear
- ✓ footwear (slippers / trainers)
- ✓ mobile phone

Other items you might find helpful:

- ✓ book or journal
- ✓ wireless headphones
- ✓ sleep mask
- ✓ ear plugs
- ✓ mobile phone
- ✓ Short charging cable
- ✓ puzzle book
- ✓ flip-flops

We do not advise you to bring in any valuable items.

Lockers are provided on the ward for safe keeping of items. Patient finance in reception can store money, accessed during daytime hours.

The Use of Restraint:

We hope by raising this topic we can avoid ever having to use restraint whilst you are in hospital. Restraint includes all deliberate acts that restrict someone's movement or freedom. The use of restraint is rare, much can be done by working together to avoid it. Restraint would only ever be used to protect you or those in contact with you from major harm.

An example might be that you are harming yourself or someone else and the risk means we need to stop it fast to prevent further harm. We may need to give you medication to help your recovery. This will always be discussed with you, but we may use restraint while we administer the medication for your safety. Oral medication would always be offered first.

Team members can talk you through use of restraint options that might be used as a last resort. Why they are used and any risks associated with their use..

It is important we understand:

- > what helps you remain calm and well
- > how you react to stressful situations
- > how you want staff to help you during those times
- > how you would prefer to be cared for if the use of restraint is needed as a last resort

If restraint is unavoidable, it could include a staff member holding your arms or legs, in a standing, seated or lying position. It should not cause pain to be held, however we do very much appreciate that it can be uncomfortable and sometimes a distressing experience, if your movements are restricted.

We will offer you the opportunity to discuss any incidence of restraint with nursing staff following the incident, in the form of a debrief. We will explore with you any ways to avoid the use of physical intervention happening again in the future.

We have a leaflet with more information, including pictures of example restraint positions available upon request.

The Independent Mental Health Advocacy service

Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- ✓ Have their voice heard on issues that are important to them
- ✓ Defend and safeguard their rights
- ✓ Have their views and wishes genuinely considered when decisions are being made about their lives

Advocacy is a process of supporting and enabling people to:

- ✓ Express their views and concerns
- ✓ Access information and services
- ✓ Defend and promote their rights and responsibilities
- ✓ Explore choices and options

What is an independent Mental Health Advocate (IMHA)?

An Independent Mental Health Advocate (IMHA) is a specific type of mental health advocate provided to qualifying patients under the Mental Health Act 1983.

IMHA's are:

- ✓ Independent - not part of statutory health or social services
- ✓ Confidential - unless something of a life-threatening nature is disclosed, or in other limited circumstances, we will not talk about you outside our organisation without your permission
- ✓ Empowering - you are in control of the advocacy process and no decisions are ever made without your express consent

How do I get referred to an IMHA ?

Referrals to IMHAs can come from a wide range of people. We have a duty to respond to requests that are received from:

- Patients
- Nearest relatives
- Responsible Clinicians
- Approved Mental Health Professionals

The following items are banned from the unit and will be disposed of immediately:

- ⊗ Alcohol or any illicit substances / legal highs
- ⊗ Items that can be used as weapons, (firearms – real or replica, knives or bats etc.)
- ⊗ Tobacco / cigarettes / lighter (please see Smoke Free page for more information)

The following items are not permitted in your bedspace and will be kept in locked store:

- | | |
|---|--|
| ⊗ Aerosols | ⊗ Sharps (scissors, razors, hair pins, nail files) |
| ⊗ Glass products | ⊗ Pencil sharpeners |
| ⊗ Plastic carrier bags | ⊗ Solvents (Glue, nail varnish remover) |
| ⊗ CDs and DVDs | ⊗ Tin cans |
| ⊗ Crockery e.g. china cups / bowls etc. | ⊗ Energy drinks |
| ⊗ Electrical products with long cables | ⊗ Magnets |
| ⊗ Knitting / craft needles | ⊗ Cling film / foil |
| ⊗ Mirrors | ⊗ Clothes hangers |
| ⊗ Medication | ⊗ Cutlery |

Unprescribed drugs are not allowed within the Unit. If you have illicit drugs on you when you come onto the Unit, you can place them in a sealed honesty box and they will be disposed of without criminal repercussions. This also includes legal highs.

We do not permit use of CBD oil on the unit.

Livewell Southwest operates a zero tolerance policy for violence and aggression, verbal abuse, threats or physical aggression towards anyone. A breach of this may result in Police involvement.

Smoke Free

Why has the unit gone smoke free?

We want to reduce harm to people who come into our units.

We want to create healthy environments that promote wellness

What does going smoke free mean?

People are not permitted to smoke anywhere in the unit or on its Grounds, this includes patients and staff. There are no designated smoking areas. If you smoke, we will support you to quit or abstain while you are in hospital. There are a number of ways you can do this.

We cannot store or return tobacco products to you. If you have smoking items with you on admission please ask a relative to collect these in the first few days. If they have not been collected, they will be disposed of.



What do the CQC say about Smoke-Free Hospitals?

“Mental health care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. This includes providing effective support to stop smoking or to temporarily abstain from smoking while using or working in inpatient services.”

Appealing your Section, The Tribunal Service:

The First Tier Tribunal is an independent panel consisting of a Judge, Psychiatrist and a lay member, who can discharge you from the Mental Health Act. The tribunal hearings take place at the hospital, either as a Face to Face hearing or via video link depending on your wishes. Your solicitor can advise you and support you as to which may be the most suitable way of attending the hearing. Hearings usually take 2 to 3 hours.

Your Responsible Clinician, a ward nurse and a community care coordinator or Approved Mental Health Professional (AMHP) will write reports about your treatment and progress. You will be given a copy of the reports in advance of the hearing, so you can check the information is correct and consider any questions you may wish to ask. At the tribunal hearing the evidence of the reports will be examined and the panel will hear from you or your representative. You can choose to attend the tribunal in person or your solicitor can attend on your behalf. You will be notified of the outcome on the day of the tribunal hearing.

What happens if you change your mind about having a tribunal?

If you do not wish to proceed with your application then your Solicitor must inform the tribunal office as soon as possible in writing.

**Please ask a nurse for further information
about Hospitals Managers Hearings**

Further Information:

- ✓ www.mind.org.uk
- ✓ <https://www.gov.uk/mental-health-tribunal>

Sections of The Mental Health Act

You should only be sectioned if:

- you need to be assessed or treated for your mental health problem
 - your health would be at risk of getting worse if you did not receive treatment
 - your safety or someone else's safety would be at risk if you did not receive treatment
 - your doctor thinks you need to be assessed or treated in hospital, for example if you need to be monitored very regularly because you have to take new medication.
- Otherwise, you may be asked to attend a hospital out-patient clinic

Section 2:

Is for a period of assessment and treatment in hospital, it can last for up to 28 days. You have the right to appeal your section, the application to tribunal must be completed and sent to the Tribunal Office within the first 14 days of your section . Your nearest relative has the right to request your discharge from Section.

Section 3:

Is for a period of up to 6 months for treatment. Though this does not necessarily mean you will be in hospital for the duration of that time. Your consultant can discharge you from Section before if it is no longer required. You can appeal to the Mental Health Tribunal once during the initial 6-month period. Your nearest relative has the right to request your discharge from Section.



How are we supporting people who smoke?

We recognise that coming into hospital can be a stressful time and that giving up smoking can also be stressful, so as a unit we will do the most we can to support you.

We have specially trained clinicians who can assess nicotine dependency and offer a range of nicotine replacement therapies, including patches, inhalators, lozenge, and gum. After a consultation you will be provided Nicotine Replacement Therapy (NRT) and/or a vape. Please note we can only provide ONE vape per person. It is your responsibility to look after it. The use of e-cigarettes will be limited to the garden area of the wards and should not be used in communal indoor areas of the wards. We do not promote the sharing of these items for infection control reasons.

On discharge you will be contacted by the Wellbeing team for any further follow up support in the community.

Smoke Free Success Stories

"I'm really happy I've been able to quit smoking through smoke free. I'm never going to go back to smoking"

"I've made positive lifestyle changes, using my vape on the ward meant after hospital I've been able to cut down smoking significantly compared to before admission and I'm motivated to quit fully in the future."

Ward Round

Our aim is to support you in your recovery so that you feel well enough to return home. Every week (usually either Tuesday or Wednesday) you will be invited to your ward round meeting. These reviews are to look at your current wellbeing, explore what options of treatment and support are available to you and plan for your discharge from hospital. Your family may also wish to be involved and would be welcome; this should be arranged with the nursing staff who can help facilitate this

What you can expect in this meeting

You will be given a timeslot for your Ward Round meeting in the morning, please let the team know if you are not available at that time so that we can rearrange. The Consultant Psychiatrist, a Ward Round Nurse and Junior Doctor will be present during this meeting. Sometimes we have students at the Hospital. As part of their learning they may be required to observe certain aspects of care, however your privacy will always be respected. The nurse will ask you first if you give consent to students being present. You may find it helpful to complete a ward round prompt sheet in advance, to remind yourself of things that you might want to ask about. We welcome the attendance of Independent Mental Health Advocates (IMHAs).



Rights as a Detained Patient

If you are a detained patient, sometimes referred to as sectioned this means you are here under The Mental Health Act. You have the following rights – referred to as your S132 Rights

- ✓ You will be provided with leaflets on arrival, that have information about your detention. If you are not given leaflets straight away, you can ask the ward manager or a senior member of your care staff, or your independent mental health advocate (IMHA), to get them for you.
- ✓ You may appeal against your section to the Mental Health Tribunal.
- ✓ You may see your detention papers. You can be given these as a paper copy, although you may also be able to have an electronic copy emailed to you.
- ✓ You can receive help and support from an IMHA. They can help you understand the effects of your section, or complain about anything that has happened while you are in hospital.
- ✓ You can see a copy of the Mental Health Act Code of Practice.
- ✓ You can ask for a meeting with the hospital managers.
- ✓ You can complain to the Care Quality Commission.
- ✓ You can receive correspondence from your solicitor and other people and to have visitors.
- ✓ Vote. You still have the right to vote if you are sectioned (unless you were sent to hospital by a criminal court, or transferred to hospital from prison following conviction).

Can I refuse treatment?

If you are sectioned under sections 2, 3, 37 and certain other sections of the Mental Health Act, and your treatment is for your mental health problem and prescribed by your Responsible Clinician, legally it may be given to you without your consent. This may still happen even if you physically resist being given the treatment.

Rights as an Informal Patient

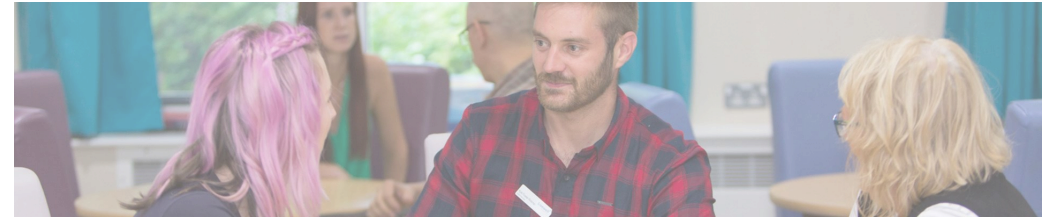
As an informal patient, you are not 'held against your will', you have the right to leave the ward or hospital, though we would encourage this to be in consultation with clinical staff.

However, as the hospital is responsible for the safety and care of all patients whilst they are in our care, it is important that you always tell a member of staff when you are leaving the ward whether temporarily or permanently. As an informal patient you can decline the treatment that is being offered to you. You cannot be given any treatment without your consent except in an emergency.

If you wish to be discharged from the care of the Hospital, a discussion needs to take place with clinical staff. If you want to leave the ward / hospital we will not stop you unless we have concerns about your health or safety. If we do have concerns, we will discuss these with you and if you still wish to leave whilst these concerns remain we may, in some cases, consider using the Mental Health Act to detain you, a Mental Health Act Assessment would then take place.

Advocacy ...

Informal patients have no legal right to advocacy but The Advocacy People will provide an advocate to support you if one is available.



What is Section 17 Leave?

If you are detained under the Mental Health Act, you may hear the phrase Section 17 leave being referred to. This is not applicable for informal patients. Your Responsible Clinician may agree to you leaving Hospital for a certain amount of time, however this needs to be formally authorised on a Section 17 leave form. 'Section 17' is the part of the Mental Health Act which provides authority for your absence from the detaining hospital.

Leave generally starts as escorted with staff, then may progress to being accompanied by family. In line with recovery you will be prescribed unescorted leave, usually starting as a small amount such as 1 hour in the local area, increasing up to overnight leave when preparing for discharge. Leave will be increased as soon as safely possible. Your Responsible Clinician can place certain conditions on your leave, such as stating where you have to stay while you are on leave. The Responsible Clinician can also recall you (make you return) to Hospital at any time.

All leave, both for informal and detained patients requires a leave risk assessment by a nurse. They will ask you about your plans and assess you are well enough and safe enough to use this leave. You will be asked to sign your S17 Leave form prior to leaving the hospital. You will be provided with details of the leave on a form or text message.

Due to the nurses time capacity, we ask that patients with authorised leave plan their day so that they are taking no more than 3 periods of leave per day.

The Nursing Team

Each ward is staffed by a variety of Nursing staff including registered Nurses and unregistered Nursing Assistants. Staff are here to make sure that your care is safe and supportive. They will do this by carrying out a full assessment of your needs and coordinating the care that you require with other professionals. This may involve carrying out assessments of your mood, mental state, physical needs and discussing this with the Consultant in charge of your care. The team may prompt you with your personal care, if it is noticed that you are struggling to attend to your personal hygiene. They may also monitor and prompt with your food and fluid intake. Nursing staff will ask you to complete a Physical Health Check called a Rethink, which will look at all your physical health needs and create an action plan with you. Nurses will work to develop your care plan through the About Me document which looks to identify areas you require support and what your goals for the future are.

Registered Nurses will conduct medication rounds and will provide the role of Named Nurse for patients on the Ward. Please discuss any concerns about medication, such as side effects with the nursing team. Your medications will be prescribed as either regular or As Required (PRN). Before administering “as required” medication, nurses will ask you what symptoms are concerning you and consider the appropriate treatment for them.

Our Nursing Assistants will help with the day to day running of the ward. Nursing Assistants can support you with your emotional needs, your requests and completing physical health observations.



Enhanced Observations

Some practical ways that observations can remain supportive are:

Activities of Daily Living – staff may be available to help assist you to maintain self care, help write letters, make telephone calls, etc.

Social Interaction – staff will try to engage in conversation about symptoms but also general conversation topics. They will also respect a patient's need for silence.

Communication – staff will pay attention to non verbal cues such as body language as well as verbal communications by the patient, as these can tell us much about how you are feeling and your need for support.

What impact would intermittent observations have on me?

If you are on intermittent levels of observations, staff will need to be with you if you use the garden. Usually, escorted leave is facilitated when a person is on general observations, but there may be some exceptions to this, assessed on an individual basis.

What Impact would constant observation have on me?

A member of staff would need to have clear sight of you at all times, this would include accompanying you to the bathroom. We would aim to keep the gender of the staff member supporting you the same as yourself. It could also be planned to have personal items removed from your bedspace or have safety bedding in place, which cannot be torn.

Are observations an infringement of my Human Rights?

Everyone has a right to privacy and to family life. However, it is not an absolute right; infringement on your privacy would need to be in accordance with the law, such that it is proportionate and necessary for health and safety and the rights and freedoms of others. If you have further concerns, please speak to a nurse, or ask to speak to an advocacy representative

I am feeling better now how can I come off this level of observations?

A nurse will explore with you about how you feel. An assessment will be made and a decision reached as to whether your level of observations may be reduced. A Doctor may also be asked to take part in this assessment.

Information about observations

Observations are conducted by a member of staff, they include ward staff checking, you: are safe, where you are, what you are doing, how you are e.g., do you seem settled, or upset and requiring some support. Observations allow staff the opportunity to identify your needs and intervene when required. It will be clearly care planned with you what level of observation you are on, and the reason why.

General Observations:

All patients are checked hourly, this is part of the organisation's fire safety checks, these are called general observations. We aim to nurse patients on observations that are the least restrictive as possible.

Intermittent Observations:

Intermittent observations may also be referred to as enhanced observations. If it is noticed that a patient has an increased need for support or staff intervention enhanced observations may be considered. These range from staff checking every 30 minutes, 15, 10 or 5 minutes.

Constant Observations

Constant observations could include 1:1 line of sight or no more than arms width away, which means a staff member will be always by your side. Use of intrusive observations are always carefully considered, the decision will be balanced against your right to privacy, and your risk and safety that requires management. The need for constant observation would be reassessed daily by a Senior Nurse and aim to be reduced as soon as safely possible.

We recognise observations are intrusive and not all patients will perceive them as needed, however we will aim to complete observations as respectfully and compassionately as possible. If you have any suggestions please discuss this a nurse.

What about at night?

All hourly observations will carry on throughout the 24 hour period. If you are on intermittent observations, dependent of the reason why you are on observations, it could be care planned to revert to hourly checks.

Staff will be as quiet as possible whilst doing checks, generally using the window panel at night, however on occasion it may be required to open your bedroom door to check your safety.

There is a sign above each bedroom door to indicate whether the preference is to keep the window panel open or closed. 18

The Discharge Team

The Discharge Team are based within the Glenbourne Unit. They will complete a discharge planner on admission, identifying what needs you might have when considering leaving hospital. The Discharge Team are available weekdays, please ask the ward staff if you would like support from them.

The Discharge Team can help with...

- * Providing practical support with filling out forms, including checking benefit entitlement.
- * Help organise bills and budgeting.
- * Support to access banking and finance.
- * Checking your property is secure whilst in hospital.
- * Sourcing accommodation, liaising with housing providers, bidding on properties.
- * Referral for Debt Advice service (Advice Plymouth at Citizen Advice Bureau),
- * Facilitating Home Visits to get ready for discharge.
- * Working with you to get your home habitable.
- * Providing transport home on day of discharge in some circumstances.

Occupational Therapy Department

What is Occupational Therapy?

Occupational Therapy or OT focuses on what we do, why we do it and why we may be struggling with our usual activities. We believe that activity is crucial to our sense of wellbeing. Both the individual and group sessions we offer are based around 'doing' things.

What is activity?

Activity describes all the purposeful normal ways we interact with others and our surroundings. There are things that most of us do like washing, cleaning and cooking, and specific individual activities depending upon our interests and our skills.

Why do we do things?

Being active or 'doing things' helps us feel more in control of our lives and ourselves. It can motivate us and help to create energy.

Through activities we feel a sense of achievement that helps us to learn and move forward. It brings purpose and value to our lives. Activity can create a feeling of well being.

Why do Occupational Therapy?

What we do can affect how we see ourselves and also how others see us. When life gets on top of us it is important to regain confidence and begin to take control over aspects of our lives. The individual sessions and groups we offer, provide opportunities to share and learn new skills or re-learn old skills. These activities help improve or develop:

- ⇒ Concentration and motivation,
- ⇒ Self confidence and socialising
- ⇒ Practical and coping skills

What activities are available?

We offer a range of activities that include every day skills, coping skills, social activities and creative or leisure activities.

Activities on offer include:

- Relaxation (yoga / Thai chi / mindfulness)
- Fitness (gym / Zumba / badminton)
- Creative sessions – clay /painting / drawing
- Cooking (individual sessions and group)
- Table tennis
- Pool
- Walking group
- Nature walk.
- Reading group
- Coping Skills

What will happen?

An Occupational Therapist will meet with you and talk through your skills, interests and any current difficulties. They will show you the therapy department and explain what groups and individual activities are available.

Together you can plan activity that will help you find solutions to problems, rekindle interests and provide a structure for your time.

Sometimes they might want to complete a home visit with you. They might look at what community groups you may be interested in your local area. OTs can also assess for mobility aids.

Please see whiteboard in reception for OT weekly timetable.

The Occupational Therapy Department is based upstairs at The Glenbourne Unit and has an arts room, kitchen, gym and mixed use space (table tennis / yoga / relaxation). Classes run Monday – Saturday in daytime hours.



Psychology Department

We have a Psychology department which offers brief pieces of therapeutic work or assessment. At different times we also offer groups for individuals to attend that can help with particular needs, this can cover a variety of areas such as coping skills and understanding trauma. Psychology staff also meet regularly with the Multidisciplinary team (MDT) who support your overall care. A referral to the psychology department may be made by the Multidisciplinary team if it is felt it would be beneficial to you. You can request this yourself. Due to nature of acute hospital admissions, and people often being discharged quickly, it is not possible to engage in prolonged therapy work that you might expect when in the community. However, we can offer sessions to look at coping skills, or to assess what therapy may be helpful longer term in the community.

