Making the components of inpatient care fit

Named nurse roles and responsibilities booklet

Rotherham Doncaster and South Humber
NHS Foundation Trust

Adult Mental Health Services
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1 Introduction
A named nurse is a registered nurse who is responsible for assessing, planning, implementing, evaluating and coordinating patient care on an individual basis. Care Coordination has many elements but central to this are the following:

- Care is patient centred and individualised.
- There is consistency in the delivery of care to patients.
- The therapeutic value of the Nurse / Patient relationship is maximised which increases trust, and collaborative working.

As a named nurse you will not be there throughout a twenty four hour period, and other members of the clinical team will be actively involved in the care of your patient’s. However as a named nurse the overall responsibility for the care provided to the patients on your caseload during their hospital admission rests with you.

To accommodate for periods of annual leave /sickness /training or other absence there is a system in place whereby cross cover will be provided by another nominated nurse who will undertake the named nurse duties.

Please ensure that your cross cover nurse is aware of the times when your caseload needs such cover.

This booklet has been developed to provide you with specific guidance on the key components of this role within the Adult Mental Health Inpatient wards, and is to be read in conjunction with the Trust wide roles and responsibility booklet.

Nurses must also bear in mind their responsibilities as defined in their professional code of practice in that,

“As a professional, you are personally accountable for actions and omissions in your practise and must always be able to justify your decisions.”

and,

“You must always act lawfully, whether those laws relate to your professional practise or personal life.”

2 Admission
Wherever possible the admitting nurse should take on the role of named nurse. However if the current case load of the admitting nurse make this difficult it is important that as the allocated named nurse you:

- Introduce yourself to the patient as their named nurse. However
if the current case load of the admitting nurse make this difficult it is important that as the allocated named nurse you:

• Introduce yourself to the patient as their named nurse at the earliest opportunity, and explain your role. This contact should be documented in the progress notes.

• Ascertain from the patient what level of contact they wish to have with their relatives /carers, and what information they wish to be shared in relation to their care and treatment whilst on the ward. This is to be recorded on the carers contact sheet.

• Ascertain if the patient themselves has any responsibility for the care of a child or other person. If yes you will need to ensure that safe alternative arrangements are in place for the duration of the admission.

• Give the patient one of the named nurse cards which are available on the wards. These cards provide written named nurse information to patients.

• At the earliest opportunity you are to check that the patient’s clinical records and admission paperwork is fully completed. This includes the completion of any required risk assessments.

3 Risk Assessment / Risk Management and Care planning

At admission to the Adult Mental Health inpatient wards all patients will have both a Physical Health and Social needs and clinical risk assessment completed. These will inform the contents of the care plan, and as named nurses you are responsible for:

• Ascertaining if the patient has a WRAP in place which can be used to inform their preferences in respect of their care and treatment as an inpatient.

• Outlining the care that will be provided to patients on your caseload throughout the admission.

• In the case of any patients were there is an indentified risk ensuring that all care plans include risk management plans

• Keeping all care plans up to date, relevant ,and personalised, by ensuring that the following are carried out;

• Spending meaningful 1:1 time with the patient for a minimum of one hour during each shift that you are on duty. This contact should be clearly indicated in the margin of the progress notes.
Risk Assessments and Care plans are as a minimum to be evaluated weekly by the multi disciplinary team, or in the event of:

- There being a change to the patient’s mental state and presentation.
- Leave being planned from the inpatient ward.
- Information coming to light that indicates a change to any identified level of risk.

All changes will be made on the relevant paperwork, and the date of the risk assessment / care plan are to be amended to reflect the review.

All care plans must:

- Be personalised to meet the identified needs of each individual patient.
- Take account of all protected characteristics in equality law: ethnicity, gender, disability, religion or belief, sexual orientation, age, gender reassignment and where relevant, pregnancy and maternity.
- Include the patient’s perception of their identified needs, and their preferences as to how their care will be delivered.
- Include how any identified employment / educational / social physical health care needs will be met.
- Have achievable goals relating to areas of concern which are current and relevant.
- Give clear guidelines on the prescribed care.
- Have an evaluation date.
- Be signed by both the member of staff and the patient.

There must be a separate care plan for each area of concern, and it is important that all aspects of a service user’s care are fully communicated within the nursing team, with the named nurse ensuring that their team are aware of the prescribed plan of care for their patient.

4 Carers/ relatives and external agencies

- As a named nurse it is important that you initiate and maintain contact with the patient’s carers and relatives and any other agency involved in their care. However you will need to discuss with the patient the level of involvement, and what information they are happy to be shared with their carer /relative. This agreement is to be clearly recorded
in the clinical records. In the event that a service user refuses contact you will need to revisit this decision at least weekly during your planned one to one sessions.

- Named nurse cards are available for relatives to ensure that they are aware of who to contact about their relatives care. Whenever possible carers and relatives should be encouraged to contact you as named nurses to discuss their relatives care in order to maintain a consistent approach.

- Any family intervention should be clearly documented in the nursing progress notes.

- As a named nurse please ensure that all other professionals involved in the patient’s care are kept up to date with progress during the admission, particularly where there are any significant changes in the patient’s circumstances. This may involve ensuring that professionals/care co-ordinator are invited to Multi Disciplinary Team Meetings or making regular telephone contact.

5 Medication information / side effects monitoring

Due to the nature of Acute Mental Health inpatient services the majority of patients are prescribed some form of medication during their stay. In order for any prescribed medication to be effective patient compliance is vital, and to promote compliance it is important that as a named nurse you:

- Either provide information about the prescribed medication, or make arrangements for the information to be given to the patient by a Doctor, or Pharmacist. This information is to be given both verbally and in writing in a form which is understandable to the Service User.

- Be involved in the completion of the medicines reconciliation form with the patient.

- All discussion in respect of medication and side effects monitoring and the patients level of understanding are to be recorded in the patients clinical records.
6 Informing Patients of their legal rights.

All patients whether they are detained under the Mental Health Act 1983 or not **MUST** be informed of their legal rights whilst being cared for by the service, and this is one of the responsibilities of a named nurse.

For informal patients it is important that you make them aware that should they wish to leave hospital they are advised to discuss this with their Consultant Psychiatrist or the Duty Doctor in the absence of their Consultant along with the Nurse in Charge of the ward, so that appropriate arrangements can be made for their safe discharge.

With regards to patients who are subject to detention under the Mental Health Act hospital managers are required to take steps to ensure that they understand important information about how the act applies to them. This is a delegated duty and must be done as soon as practicable after the start of the patient’s period of detention and weekly thereafter for the duration of the patients inpatient stay as a person’s level of understanding can fluctuate. As named nurse it is important that you take on this responsibility and include it in the care plan.

7 Providing information to and supporting detained patients at Tribunals and/or Managers Hearings.

Where possible it is important that you:

- Prepare any required reports.
- Discuss the content of the reports with the patient prior to submission.
- Get your report signed off by the ward Sister/Charge Nurse.
- Submit the signed off report to the Mental Health Act office for distribution in advance of the hearing or tribunal.
- Attend the Tribunal or Managers Hearing with the patient.

In the event that you are unable to attend the hearing you must arrange for one of your colleagues to attend, and:

- Make sure they are fully prepared and have all the necessary information.
- Inform the patient of the fact that you are unable to attend and who will be going in your place.
- Arrange for your colleague to meet the service user with you before hand to talk through the key issues.
8 Access to Advocacy Services.
Whilst each ward will have information available detailing arrangements for access to the local advocacy service it is important that as Named Nurse you discuss in more detail the specific needs of your patients, and assist them in accessing this service should they wish to do so.

9 Safe Guarding Responsibilities.
The Nursing and Midwifery Council are clear that as professionals you have a duty to safeguard the health and wellbeing of the public, so if someone tells you something, or you see or hear something that makes you feel uncomfortable or concerned about the care of a vulnerable adult, or child you must report your concerns under the Safeguarding procedures.

Safe Guarding Adults.
In the case of a vulnerable adult you can make your referral to one of the safeguarding managers and they will make a decision about how to proceed within the policy and procedures.

For guidance, support or information contact:

- Safeguarding Adults Lead, Safeguarding Office, 59 Tickhill Road, St Catherine’s, Balby, Doncaster DN4 8QN, (01302) 796905
- Doncaster Safeguarding Adults Unit (01302) 736296
- Rotherham Safeguarding Adults Unit (01709) 334026
- North East Lincolnshire Adults Unit (01472) 325181
- North Lincolnshire Adults Unit (01724) 297979

Safe Guarding Children
Staff should discuss concerns with their manager, supervisor, lead practitioner and where necessary a lead professional for safeguarding children. Advice may also be sought from children’s social care. Staff should always record these discussions, the actions agreed and by whom.

Discussion does not replace nor should it delay an individual’s responsibility to refer to statutory agencies where there are concerns that a child may be at risk of significant harm.
10 Obtaining / Dealing with Service User feedback.

Patient and carer feedback is important to us as a Business Division and is gained in a number of different ways. As a named nurse you are expected to both promote the formal feedback mechanisms which are available within the Trust and feedback via the Senior Ward Sister / Charge Nurse any comments you receive verbally.

Examples of where feedback can be provided are:

- Patient satisfaction surveys.
- Carers’ satisfaction surveys.
- Patient experience meetings.
- Ward meetings.
- Your opinion counts forms.
- Complaints.

In the event that a patient or carer informs you that they wish to make a formal complaint you should discuss this with them, provide them with a copy of the Trust complaints leaflet, and make arrangements for them to meet with the Senior Sister / Charge Nurse.

11 Leave / Discharge Planning.

As the expected outcome of any admission to the Adult wards is safe discharge back into the community the planning for this should begin at the point of admission. With respect to the named nurses specific responsibilities around discharge planning they should be in liaison with the care coordinator:

- With the patients consent liaise with their relatives/ carers about any plans for leave or discharge.
- To take steps to ensure that the accommodation to which the patient is taking their leave/ being discharged to is suitable and ready.
- Where appropriate, in conjunction with the multi disciplinary team encourage the patient to utilise periods of leave home in order to assess their readiness for discharge.
- Review the risk assessment and risk management plan to take account of any new or increased risks once the patient leaves the ward.
- Have in place appropriate care plans for any planned periods of leave, or discharge from the ward.
- Ensure that any required support is in place prior to the patient going on leave or being
discharged, and that the patient and where appropriate relatives / carers are aware of the support arrangements.

- Provide the patient with contact details which can be used in the event of an emergency arising.

- Provide details of any appropriate support groups that the patient may wish to attend.

- Make sure the patient has supplies of all their required medication and knows how to administer it.

- In the case of leave periods to:
  
  - In the case of detained patients ensure that a valid section 17 is in place, and that the relevant people have been given a copy.
  
  - Gain and record in the clinical records the patient’s perspective as to how well or not the leave has gone.
  
  - With the patients consent gain feedback from their relatives/carers as to how successful or not they feel the period of leave was, and ensure that this is recorded in the clinical record.

- In the case of discharge:
  
  - In preparation for discharge discuss with the patient the benefits of them developing a Wellness Recovery Action Plan (WRAP)
  
  - For any patients identified as being eligible at the point of admission for weight management or smoking cessation services, but declined a referral, revisit this decision with them prior to their discharge.

  - Agree the seven day follow up arrangements.

  - Make a follow up phone call within 72 hours of discharge.

12 Role of Student Nurses.

Any student nurse you are mentoring should under your direct supervision be given the opportunity (subject to their level of competence and the agreement of the patient) to be involved in the planning of care for patients.

However you will at all times retain over all responsibility and must check and sign off any clinical record keeping which is undertaken by a student nurse.
13 Managing your case load, and Clinical Supervision

In order to be available and responsive in your role as named nurse it is important that you do not take on responsibility for this role with too many patients. As a rule no named nurse should have more than three patients on their case load at any given time, but consideration needs to be given to the health care complexities, level of challenging behaviour, and identified needs of the patients you have on your case load.

Being a named nurse can be a demanding and challenging job and it is important that you use clinical supervision to discuss and receive support in respect of the patients you are caring for.

14 Professional Development

With respect to your own professional development the Nursing and Midwifery Council standards of conduct, performance and ethics states that in keeping your skills and knowledge up to date you must:

- Have the knowledge and skills for safe and effective practice when working without direct supervision
- Recognise and work within the limits of your competence
- Keep your knowledge and skills up to date throughout your working life
- Take part in appropriate learning and practice activities that maintain and develop.
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This information is correct at the time of publishing

Last Reviewed: July 2012