MENTAL HEALTH ACT 1983

PROCEDURE FOR THE CONTROL OF ACCESS TO THE
ACUTE ADULT INPATIENT WARDS

<table>
<thead>
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<th>VERSION</th>
<th>3</th>
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<tbody>
<tr>
<td>Name of Originator / Author</td>
<td>John O’Grady / Helen Moran</td>
</tr>
<tr>
<td>Name of Responsible Committee / Individual</td>
<td>Mental Health Legislation Committee</td>
</tr>
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1. **INTRODUCTION**

The creation and maintenance of an environment that feels, and is safe, is of paramount importance to the service users, staff, and carers within the Trust’s acute adult inpatient settings.

Whilst none of the acute adult inpatient wards are classed as locked or secure wards, due to the majority of the service users being informal and therefore able to exercise their freedom of movement and leave the wards if they wish by using the door release button, there is a need to monitor, regulate and appropriately respond to who attends and accesses the inpatient wards. The Code of Practice 2008 states that “locking doors, placing staff on reception to control entry to particular areas, and the use of electronic swipe cards, electronic key fobs and other technological innovations of this sort, are all methods that hospitals should consider to manage entry to and from clinical areas to ensure the safety of the service users and others”.

2. **PURPOSE**

This procedure sets out the requirements for the use of managed entry and exits to the adult acute hospital wards based on the guidance given in the Mental Health Act Code of Practice 2008, Chapter 16 and the Mental Capacity Act 2005.

3. **SCOPE**

This procedure applies to the Trust’s adult acute inpatient areas where doors may be locked in the circumstances set out in this procedure and to both informal and service users detained under the Mental Health Act who are on the adult inpatient wards.

4. **RESPONSIBILITIES AND DUTIES**

4.1 **Trust Board/Chief Executive**

The Trust has a responsibility to have effective risk management procedures in place, which maintain the rights and dignity of service users, and for the monitoring of these processes.

4.2 **Modern Matrons for the Adult Acute Inpatient wards**

The Modern Matrons are responsible for:

- The implementation of the procedure and clinical staffs compliance with its contents
- Reviewing the frequency of this procedures implementation
- Any staff they manage being aware of this procedure and its contents
- Keeping this procedure under review so that its contents are reflective of current practice

4.3 **Clinical staff who work within the Adult Acute Inpatient Wards**

The staff are responsible for:

- Implementing the requirements of this procedure
5. PROCEDURE

5.1 When a decision may be made to lock the ward doors

Whilst the Code of Practice 2008 does allow for a ward to be locked, within the Trust this would only be done in exceptional circumstances as it is an extreme measure which impinges on the freedom of movement for informal service users. In view of this, it should not be done without due consideration, consultation or exploration of alternative ways to deal with the situation and the decision to take such action can ONLY BE MADE BY THE NURSE IN CHARGE OF THE WARD and examples of when the locking of the ward doors may possibly be considered are:

- Where any service user is considered to be a risk as defined by the Trust’s risk management policy and procedure, the person in charge then has the responsibility to evaluate the defined risk and also consider the following, before locking the door for all or part of the shift:
  - The issues and risks which require the doors locking and any alternative to this course of action
  - The benefits of locking the door
  - The risks associated with the door being locked
  - Why locking the door is the least restrictive option

- Following the return of an absconding service user to the ward, until such time that the multi-disciplinary team can assess the service user’s mental state

- For the protection of staff and service users to prevent any person from entering the ward where it has been agreed by the multi-disciplinary team that the visitor has, or could have, a detrimental effect on the service users or staff in the area

NB: Restricting service users movement due to staff shortage is unacceptable and should be brought to the attention of the relevant Modern Matron immediately

5.2 Action to take once a decision has been made to lock the ward doors

- All staff on duty must be informed of why this action was undertaken and the proposed time the doors will be locked.

- A clear rationale must be established which demonstrates that the locking of the doors acts within the best interests of the service user(s).

- The assessments, consultation and decisions made must be fully documented in the nursing and medical notes and on an IR1 form.

- Full details of the incident/behaviour which led to the procedure being implemented must be recorded on the “Record of use of Locked Door Procedure” form.

- The service users on the ward must be informed that the locked door procedure has been implemented, but that they may leave on request at any time, if this is appropriate.
• A notice must be placed in full view that informs all service users/visitors that the locked door procedure has been implemented.

• An explanation at the earliest opportunity must be offered to the service user, and if appropriate, relative / carer why the ward doors were locked.

• The Responsible Clinician / SHO or nominated deputy must be notified

• The nurse in charge must consider and review the service users well being, noting any immediate or potential change in their behaviour / mental state as a consequence of the locked doors and respond to this in a supportive and proactive manner.

• A member of staff should be allocated to monitor the doors and take responsibility for allowing service users / visitors off the ward. The member of staff will also need to explain to any incoming visitors why the door has been temporarily locked.

• If the doors are expected to remain locked for more than half an hour an observation rota should be devised to enable staff to alternate at half hourly intervals.

• If the doors should remain locked for more than one shift the Ward Manager will review the situation, and inform the Modern Matron. If this continues for more than three shifts, the ward manager will review again with the Modern Matron.

• It remains the responsibility of the nurse in charge of each shift to review the need for the locked ward procedure to remain in place.

• The service’s Modern Matron will audit the implementation of the Locked Door Procedure within their respective areas.
### 6. TRAINING NEEDS ANALYSIS

<table>
<thead>
<tr>
<th>Details of staff who will require training for the implementation of the Policy/Procedure</th>
<th>Estimate of how many staff in total</th>
<th>Frequency of training</th>
<th>Estimated number of sessions per year</th>
<th>How will the training be delivered, i.e. is the policy/procedure included in any of the training, such as Mental Health Act Training</th>
<th>Who will be responsible for the delivery of the training</th>
<th>How will the training be reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical staff working within Adult Acute Inpatient Services</td>
<td>No specific training required but staff need to be aware of the procedure</td>
<td>As required for new starters</td>
<td>At local induction</td>
<td>Modern Matrons/Ward Charge Nurses/Sisters</td>
<td>See Section 7. Any identified non-compliance with the contents of the procedure would indicate the need for further staff awareness to be undertaken</td>
<td></td>
</tr>
</tbody>
</table>

### 7. MONITORING

<table>
<thead>
<tr>
<th>Area to be monitored</th>
<th>How</th>
<th>Who by</th>
<th>Frequency</th>
<th>Reports to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the procedure</td>
<td>Audit of the locked door records</td>
<td>Modern Matron for Adult Acute Inpatient Service</td>
<td>Quarterly</td>
<td>Adult Inpatient Management Team</td>
</tr>
</tbody>
</table>
### Title of Policy/Proposed Policy:
Procedure for the Control of Access to the Acute Adult Inpatient wards

### Is it a new, existing or changed policy?
<table>
<thead>
<tr>
<th>New</th>
<th>Changing</th>
<th>Existing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

### Name of Lead Officer:

<table>
<thead>
<tr>
<th>Job Title: ___________________________</th>
<th>Ext: ____________</th>
</tr>
</thead>
</table>

### 1. a. What are the aims/objectives of the policy/procedure and the intended outcomes?
To set out the requirements for the use of managed entry and exit to the Adult Acute Inpatient wards based on the guidance given in the Mental Health Act Code of Practice 2008 and the Mental Capacity Act 2005

### b. Are there any associated policies or procedures? (If yes please list below)
Yes, please refer to Section 9

### c. Are there any other organisations involved in the delivery of the policy / procedure?
No

### d. How and where will information about the policy or procedure be publicised?
- The re-issue of the procedure will be publicised within the Trust’s Weekly New Bulletin
- Procedure will be available on the Trust Intranet

### e. List the main people or groups of people that this policy or procedure was designed to reach or benefit and any other stakeholders.
Service users within the Adult Acute Inpatient service
For each of the seven Equality Categories opposite ask the questions in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Disability</th>
<th>Race</th>
<th>Religion and Belief</th>
<th>Gender</th>
<th>Sexual Orientation</th>
<th>Other Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. a.</td>
<td>Do different groups have different needs, experiences, issues and priorities in relation to the policy/proposed policy?</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2. b.</td>
<td>Is there potential for, or evidence that, the policy/proposed policy will affect different population groups differently including possibly discriminating against certain groups?</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2. c.</td>
<td>If different needs, experiences issues and priorities have been identified does the policy enable those needs to be met?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2. d.</td>
<td>Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population, group or groups?</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2. e.</td>
<td>Is there doubt about answers to any of the above Questions (e.g. there is not enough information to draw a conclusion)?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If the answer to any of the above is ‘yes’, you will need to carry out an equality assessment in the relevant equality area(s) – or indicate why one is not appropriate and why you have come to these conclusions.

Based on the information set out above, I have decided that an equality impact assessment is/is not necessary.

Signed: ………………………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………………

DEE/AJV/IGP/DIANE/EQUALITY & DIVERSITY/EQUALITY IMPACT ASSESSMENT FORM
Final Version: January 2008
Review Date: January 2009
9. LINKS TO OTHER POLICIES/PROCEDURES/STRATEGIES

- Clinical procedure and policy – Clinical Policies, Section 6, Policy Number 16
- Policy for when an inpatient goes absent without leave – Clinical Policies, Section 6, Policy Number 39
- Accident and incident reporting procedures – Health and Safety, Section

10. REFERENCES

- Mental Health Act 1983 as amended by the 2007 Act
- Mental Health Act Code of Practice 2008
- Mental Capacity Act 2005

11. APPENDICES

Appendix 1 – Monitoring Form for the Locking of Ward Doors