## Appendix 7: Audit Segregation

| **Audit tool for the management of a Segregated Patient** | | **Date:** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **YES** | **NO** | **N/A** | **COMMENTS** |
| **1** | Is there evidence that all other management strategies have failed? | |  |  |  |  |
| **2** | Please state what management strategies were used | |  | | |  |
| **3** | Is there evidence that an MDT review were held and included: | |  |  |  |  |
| a | The reason for the segregation | |  |  |  |  |
| b | What other management strategies were tried and the reason for them not being successful | |  |  |  |  |
| c | A discussion with the local safeguarding team around the need to nurse the patient in segregation | |  |  |  |  |
| d | The time and date of segregation commencing | |  |  |  |  |
| e | The environment in which segregation took place | |  |  |  |  |
| f | How the environment was managed | |  |  |  |  |
| g | A care plan for how the patient was managed in segregation including what therapeutic interventions were offered | |  |  |  |  |
| h | Process for reviewing the decision to care for the patient in segregation | |  |  |  |  |
| **4** | Did the segregation facilities include access to a number of areas including bathroom, bedroom and lounge area? | |  |  |  |  |
| **5** | Is there evidence that the patient had access to secure outdoor areas? | |  |  |  |  |
| **6** | Is there evidence that the patient has access to a range of activities of interest and relevance? | |  |  |  |  |
| **7** | Is there evidence that the patient was informed of the reason to segregate? | |  |  |  |  |
| **8** | Is there evidence that the patient was informed of how long the period of segregation would be? | |  |  |  |  |
| **9** | Is there evidence that suitably skilled professionals competent to carry out observations and interactions accompanied the patient at all times? | |  |  |  |  |
| **10** | Is there evidence that the following were recorded in the patient’s clinical records each hour: | |  |  |  |  |
| a | Visual observations of the patient, including behavioural presentation | |  |  |  |  |
| b | How well the patient has interacted | |  |  |  |  |
| c | Mental state presentation | |  |  |  |  |
| d | When utilised details of any medication administered and efficacy | |  |  |  |  |
| **11** | Is there evidence that the patient was reviewed at least every 24 hours formally by an approved clinician? | |  |  |  |  |
| **12** | Is there evidence that the patient was reviewed every 7 days by their Consultant Psychiatrist or suitably qualified approved clinician? | |  |  |  |  |
| **13** | Once segregation had ended, was a review of the incident/behaviour that led to the segregation undertaken by the MDT and the patient? | |  |  |  |  |
| **Q14 & Q14a to be answered if the patient was in long term segregation only** | | | | | | |
| **14** | If the segregation continued for 3 months or more, is there evidence that regular 3-month reviews took place by an external hospital? | |  |  |  |  |
| **a** | Is there evidence that the 3-month review included a discussion with the patients IMHA (where appropriate) and commissioner? | |  |  |  |  |