



Securing or locking of access doors within inpatient areas

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Type of document	Policy
Target audience	All inpatient staff
Document purpose	Procedures regarding locking of doors to in-patient units Trust wide. The policy sets out the procedures to be followed by staff and the record for monitoring and audit purposes.

Document consultation		
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Approving meeting	Patient Safety and Effectiveness Sub Committee	8-Nov-13
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CWP documents to be read in conjunction with	HR6 CP38 GR1 GR4	Mandatory Employee Learning (MEL) policy Seclusion policy including use of segregation Incident reporting and management policy Policy for the recording, investigation and management of complaints / concerns
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Training requirements	There are no specific training requirements for this document.
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	Yes	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	No	
• What alternatives are there to achieving the document without the impact?	No	
• Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
<ol style="list-style-type: none"> 1. Introduction has been extended 2. Definitions included i.e. DoLS, Common 3. Section 3 1st paragraph new 4. 3.1 and 3.2 have been updated to reflect DoLS and Common Law principles 5. Section 3.7 Deprivation of Liberty Safeguards (DoLS) has been added 6. Section 3.8 Children, persons under 18 years of age has been added 7. Table 3.9 Deprivation or restriction – factors to be considered incorporated

External references

References
<ol style="list-style-type: none"> 1. Mental Health Act Code of Practice (1983) 2. Care Quality Commission, Guidance on Compliance 'Essential standards of quality and safety' (2009) 3. European Human Rights Act, Article 5 'Right to Liberty and Security'.

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	This document will be monitored by Patient Safety and Effectiveness Sub Committee (PSESC)
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1. Introduction

The Trust aims to provide safe and therapeutic environments to all staff and patients within the least restrictive conditions possible. It is also essential that CWP complies with external regulations regarding compliance and safety for all staff and service users.

Under the Care Quality Commission 'Essential standards of quality and safety' People should be treated with respect, involved in discussions about their care and treatment and be able to influence how the service is run'. CWP must ensure that the premises are regulated, and that they protect people's rights to privacy, dignity, choice, autonomy and safety. Inpatient areas that have entrance areas secured for any reason may be considered a form of restriction and impact on service user's rights. In such cases clear guidance is needed to empower both staff and service users to prevent any infringement of any legal rights. Placing restrictions on the freedom of movement of service users around the inpatient environment, without undertaking individualised, relevant and appropriate assessments which would support these types of restrictions on an individual basis contravenes the MCA (2005). Staff must not act in ways which discourages service users from making their own decisions about how and they wanted to spend their time.

Mental Capacity Act (2005) key principles are:

- All people must be assumed to have capacity unless it is established that they lack capacity;
- That a person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success;
- That a person is not to be treated as unable to make a decision merely because they make an unwise decision;
- Where a decision is taken in the best interest of the persons who has been established to lack capacity, this must give regard whether this can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Article 5 Right of Liberty and Security of the European Human Rights Act Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law.

The lawful detention of persons for the prevention of the spreading of infectious diseases of persons of unsound mind, alcoholics or drug addicts or vagrants'.

2. Definitions

Doctrine of necessity – Indicates that someone who lacks capacity may be restrained using reasonable force and may be given treatment to which they have not consented which is necessary and in their best interests (MHA Code of Practice 3.6).

Deprivation of Liberty Safeguards (DoLS) – A legal framework for hospitals and care homes to obtain a power to lawfully deprive people (over 18 years) who are using their services of their liberty (Care Quality Commission 2011).

Common Law – Where a patient has been detained under the 1983 Mental Health Act, there is an implied power for staff to exercise a degree of control over the activities of patients, both statute and common law provide further powers that can be used to restrain and / or detain patients (see MHA s.139 (1)).

3. Procedure (see [seclusion and segregation policy](#) for further advice).

The locking or securing of environments must not be seen as a routine procedure and decisions made to do so must be taken when all other reasonable, necessary and proportionate steps have been taken, whether or not they lack capacity to make decisions for themselves. It is not unlawful to compromise certain rights where it is necessary to do so for the protection of the health of service users, the protection of others, or otherwise in the public interest.

This means that the detention and treatment of service users pursuant to the Mental Health Act 1983 is lawful where such treatment is legitimate and is necessary for the treatment of mental illness, provided that it is proportionate to the needs of the service user.

It is acknowledged that for some large premises locking of certain doors may be the only form of security for service users, staff and premises, particularly in the absence of reception desks or internal security monitoring.

It is accepted that for security purposes, units should be secured to prevent access to and egress from the unit without authorisation or where there exists a requirement on CWP to have standards of security inline with external commissioned services i.e. Low Secure and Psychiatric Intensive Care (PICU) units.

3.1 Securing or locking of ward / unit main access doors

When there is a restriction in access or egress to a ward via main access doors the nurse in charge must ensure that all service users and visitors requiring access / egress have the means to do so whenever necessary without restrictions. Staff must also ensure that information is clearly visible indicating how persons wishing to leave the ward may do so (see [appendix 1](#)).

For service users who it is deemed necessary by law to restrict their movement due to risk factors present, staff must ensure that all actions taken must be reasonable, necessary and proportionate to manage the risk. The service user must be informed at the earliest opportunity and informed of how they can discuss the issue further. Where a service user has been detained under the 1983 Mental Health Act there is an implied power for staff to exercise a degree of control over the activities of service users (see section 139 (1)) both statute and common law provide further powers that can be used to restrain or detain service users.

Common Law powers means that steps must be taken as are reasonably necessary, proportionate to protect others from the immediate risk of significant harm. This applies to whether or not the service user lacks capacity to make decisions for them selves. Where a service user is informal and lacks capacity has had their liberty restricted in their best interest consideration must be given to whether this is a deprivation or restriction. Deprivation is intended to mean long term and consideration must be to notify CWP Safeguarding team immediately. The term restriction is intended to mean short term where it is likely that the service will regain capacity soon and will be able to make decisions for themselves. In any emergency all necessary interventions which are undertaken to safe guard the service user(s) must not go past the point of crisis and must be reviewed appropriately.

For all service users any action intended to ensure their safety that result in a restriction of their liberty must result in the development of a care plan which outlines what the restriction will be and how this will be monitored, reported and reviewed.

3.2 Service user's rooms or clinical areas

The locking or securing of a service users room or restricting service user access to internal areas such as corridors or communal areas must only be undertaken in order to maintain safe environments or as part of an agreed individualised management plan.

All individualised management plans must:

- Be both necessary and proportionate;
- Include regular review dates and be agreed by the Multi-Disciplinary Team (MDT);
- Include discussion with service users to explain the necessity for possible action and to explore any least restrictive alternatives.

When assessing the decision to secure or restrict service user access to internal areas such as corridors or communal areas the service line manager / nominated deputy must liaise with the bleepholder regarding the action and possible consequences.

As such all decisions to restrict access must only be for the shortest time possible, necessary and proportionate to the risk which needs to be managed. Also all service users must be informed at the time that the restriction is implemented and kept informed of all ongoing decisions.

A Datix form must be completed by the responsible staff member who details all:

- Risks;
- Benefits;
- Alternatives discussed;
- Actions taken.

Any decision to secure a service users room or restrict access to an area which is **not** part of an agreed care plan must be taken as an indicator to review the incident and discuss the development of a care plan with the service users and care team lead.

3.3 Automated access controls

All clinical areas that have an automated security locking systems such as SALTO, key fob or keypad controls must ensure that all service users requiring access/exit have the means to do so whenever necessary. Staff must also ensure that signs are clearly visible indicating how people wishing to leave the ward may do so (see [appendix 1](#)).

Following an assessment of risk, in some clinical areas service users have the ability to access and leave the clinical area through the allocation of personal fobs. These fobs allow the service user to secure their rooms and gain access to and egress from clinical areas without asking staff to assist. The nursing staff must explain fully to each service user the operational procedure of the key fob system and how to report any faults or queries. Each service user allocated a key fob must also be informed of this policy and the duty to protect vulnerable others.

The care team and / or nursing staff must ensure that an ongoing assessment of risk is carried out on all service users who are allocated unrestricted access to and from the clinical areas. This will help to ensure that vulnerable service users are monitored and supported by nursing staff at regular times throughout the day. Nursing staff must also be vigilant to prevent unauthorized service users using a fob key to leave the clinical area or to gain access to another service user's room.

3.4 Unlocking of access doors

The nurse in charge of the ward can make the decision to unlock the clinical environment door. This must only be done after a full assessment of the risks taken to secure the area previously. The nurse in charge must ensure that all service users are aware of the decision to unlock the doors and the exact time when this will happen. Any decision to unlock the clinical area the nurse in charge must inform the blepholder / Modern Matron and all staff concerned. The blepholder must document in the daily record the decision to secure or open the clinical environment.

3.5 Complaints procedure

Any complaints made by a patient or visitor must be addressed through CWP's [policy for the recording, investigation and management of complaints / concerns](#).

3.6 Low secure and Psychiatric Intensive Care Units (PICU)

All clinical environments deemed to be low secure or PICU must have their own local policies / protocols for the control of access and exit points within their areas. All patients in these areas must be fully informed of the security measures within the units on admission. The care team must ensure that any informal patient within these areas is empowered with the information on how to leave the secure area. Any patient placed into a designated seclusion room, as part of a seclusion plan, the care team must follow CWP [seclusion and segregation policy](#).

3.7 Deprivation of Liberty Safeguards (DoLS)

The safeguards provide a framework for approving DoL) for people who lack the capacity to consent to treatment or care in either a hospital or care home registered under the Care Standards Act 2000, whether placed under public or private arrangements that, in their own best interests, can only be provided in circumstances that amount to a DoL. The safeguards do not apply to people living at home.

The legislation provides a legal process and suitable protection for vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the European Convention on Human Rights (ECHR) and contains detailed requirements about when and how DoL may be authorised. It provides an assessment process that must be undertaken before DoL may be authorised and detailed arrangements for reviewing or challenging an authorisation.

There is no simple definition of deprivation of liberty. This guidance seeks to assist staff in considering whether or not the steps taken or proposed, amount to a deprivation of the person's liberty. The difference between deprivation of liberty and restriction upon liberty is one of degree or intensity. It may be helpful to envisage a scale, which moves from 'restraint' or 'restriction' to 'deprivation of liberty'. Where the individual is on the scale will depend on the concrete circumstances of the individual.

The MCA DoLS apply to anyone:

- Aged 18 years or over;
- Suffering from a mental disorder or disability of the mind such as dementia, or profound learning disability;
- Lacking the capacity to give informed consent to the arrangements made for their care and/or treatment;
- For whom DoL (within the meaning of Article 5 of the ECHR) is considered after an independent assessment, to be necessary in their best interests to protect them from harm.

The DoLS are designed to protect the interests of an extremely vulnerable group of service users and to:

- Ensure people can be given the care they need in the least restrictive regimes;
- Prevent arbitrary decisions that deprive vulnerable people of their liberty;
- Provide safeguards for vulnerable people;
- Provide them with rights of challenge against unlawful detention;
- Avoid unnecessary bureaucracy.

The DoLS do not introduce a new system for determining whether a person who lacks capacity to decide the matter for them selves should receive care or treatment. They are solely for the purpose of ensuring that there are appropriate safeguards in place when it is deemed that a person lacks capacity to agree to the provision of care or treatment, in their best interests, in a hospital or care home, in circumstances that deprive them of their liberty.

3.8 Children, persons under 18 years of age

Section 20(8) of the Children's Act (2004) states that any person with parental responsibility may remove the child from the accommodation at any time, the provision of accommodation to a child under section 20 of the CA will not ever give rise to a deprivation of liberty within the terms of Article 5 of the ECHR. It is particularly important for local authorities, health and independent care providers accommodating children. It is essential that all children accommodated under section 20 agreements are individually reviewed to determine whether their situations amount to a deprivation of liberty. Legal authorisation (of the Court or for example under the Mental Health Act 1983) will be required where a child is being deprived of their liberty.

3.9 Deprivation or restriction – factors to be considered

Factor	It is more likely to be deprivation if:	It is more likely to be restriction if:
Use of force to admit the person	Force (including restraint or medication)	Proportionate force is used to take a confused person to a place of safety/hospital
Access by relatives or carers	A decision by the hospital or care home to deny or severely restrict access to the person by relatives or carers	Placing reasonable limitations on visiting the person by relatives or carers
Being prevented from leaving the hospital or care home	Force is used to prevent the person from leaving the hospital or care home in a situation where the person is making a persistent and / or purposeful attempt to leave	The person is being treated or cared for in a locked environment. A refusal to let the person leave in the absence of an escort whose role would be to support the person rather than to protect the public
Proportionate force to receive treatment or care	More than proportionate force is used in a non-emergency situation to ensure that a resisting person receives necessary medical treatment	The use of proportionate force to feed, dress or provide medical treatment for the person. The use of restraint, medication or seclusion in an emergency situation in order to respond to the person's disturbed, threatening or self-harming behaviour
Freedom of association within the hospital or care home	The person is denied freedom of association within the hospital or care home, or otherwise being subject to a care regime which severely restricts the person's autonomy	The design of door handles or the use of key pads making it difficult for a confused person to leave the hospital or care home

4. Duties and responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for the effective implementation of this policy.

4.2 Director of Nursing, Therapies and Patient Partnership

The Director of Nursing, Therapies and Patient Partnership has operational responsibility for all security matters as the security management director as specified in the secretary of state directions.

4.3 Local Security Management Specialist (LSMS)

The LSMS is responsible for providing advice, guidance and support to managers in developing individual local arrangements under this policy, also for providing advice, guidance and support to any employee relevant to the policy. The LSMS is responsible for working with the Security Management Director (SMD) and other managers to investigate any incident of violence or security breach, to identify ways to reduce the risk further.

4.4 Patient Safety and Effective Sub Committee (PSESC)

The overall implementation and monitoring of the securing or locking of access doors to inpatient areas policy.

4.5 Line managers / bleepholder

Line managers are responsible for reviewing operations to identify situations where employees may be exposed to foreseeable risks etc. verbal abuse, physical assault or a work related safety hazard.

They are responsible for undertaking and implementing and documenting risk assessments and reviewing and maintaining their effectiveness at intervals not exceeding one year or when a significant change in circumstances occurs and following any incident.

Line managers must ensure that monitoring complies with the risk assessment recommendations and control measures set out by the Trust.

Line Managers must communicate these measures clearly to employees and to ensure they receive appropriate essential training. Ensuring all untoward incidents are reported via agreed systems (see [incident reporting and management policy](#)).

Line managers must ensure that other agencies are informed of risk assessments, any subsequent reviews and changes to the work plan, especially when planning changes in service provision, which take account of possible risks to safety and make arrangements for their avoidance or control.

Line managers must monitor reports of incidents or potential incidents to ensure that correct action is taken to prevent a recurrence (see [incident reporting and management policy](#)).

The bleepholder must document in the daily record sheet any decision to secure or open a clinical area.

4.6 All trust employees

- All Trust staff will be expected to fully familiarise themselves with contents of this policy;
- Following an incident the employee must ensure details of the incident are recorded in accordance with the Trust's [incident reporting and management policy](#);
- Trust staff will be expected to co-operate in any enquiry into such incidents or where losses by theft or other wise, is or may be expected.

4.7 Nurse in charge

The nurse in charge of any shift has overall responsible for the care and protection of patients and staff, and the maintenance of a safe environment. This responsibility includes the care of patients who have been detained in hospital under the Mental Health Act and cannot therefore necessarily have the ability to leave the clinical area at any time. At his / her discretion and following an assessment of risk the nurse in charge may decide for all or part of the shift for which they are responsible, to lock the door of the ward in circumstances where no appropriate alternative action could be taken at that time because of the behaviour of a patient or patients to keep the environment safe. In such cases the nurse in charge must inform all other service users who may be affected by this action how they can leave the ward. The nurse in charge must notify the bleepholder of any decision to secure or open any clinical area.



POLITE NOTICE

CWP has a duty to provide and maintain safe environments which will help keep everyone within them safe. To assist in this the doors to all wards are only accessible by ward staff;

If you would like to enter the ward please press the door bell and a member of staff will help you.

Also if you would like to leave the ward please approach a member of staff who will be able to help you.