

## VISITING INPATIENTS POLICY

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Relevant Staff Group/s:	All staff within in-patient settings (Community Hospitals and Mental Health wards)

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## DOCUMENT CONTROL

<b>Reference</b> TE/Aug/12/IVP	<b>Version</b> 3	<b>Status</b> Final	<b>Author</b> Head of Division East
<b>Amendments</b>	Updated in line with national policy.		
<b>Document objectives:</b> This document sets out the Trust's arrangements to manage and assist with family members and other with visiting their relatives who are receiving inpatient treatment and care within the Trust.			
<b>Intended recipients:</b> All Trust staff involved in Trust inpatient care.			
<b>Committee/Group Consulted:</b> Clinical Policy Review Group			
<b>Monitoring arrangements and indicators:</b> As detailed in the policy.			
<b>Training/resource implications:</b> See section 10.			
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<b>Contact for review</b>	Head of Division East		
<b>Lead Director</b>	Director of Nursing and Patient Safety		

## CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Tracy Evans	Head of Division East
Neil Jackson	Head of Division Adult Mental Health Inpatient, Crisis and Specialist Care
Andrew Sinclair	Equality and Diversity Lead
Karen Anderson	Infection Prevention and Control Lead
Matrons	Community Hospital Matrons
Liz Berry	Senior Nurse for Clinical Practice
Group Members	Clinical Policy Review Group Clinical Governance Group

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## **1. INTRODUCTION**

- 1.1 This policy aims to balance the therapeutic effect of patients spending time with relatives, carers and friends with the need for rest and the need for clinical staff to manage the ward and care safely and efficiently
- 1.2 This policy also aims to provide a safe and structured process whereby children are able to visit patients who are resident in its inpatient wards. The Trust welcomes the involvement of children in the overall care of identified adults and aims to facilitate visits where they are appropriate and in the best interest of the child. The Trust also recognises the positive effect and benefits, which occur through visits between children and their families.
- 1.3 The Trust recognises the diverse and individual cultural needs of the people visiting its inpatient wards and will recognise and respect these needs when organising and managing their visits to its wards. Information will be given to them in format and language they can easily understand and this may necessitate the use of an interpreter to facilitate the visit.
- 1.4 The welfare and safety of the child or young person visiting will be the primary consideration.
- 1.5 The information in this policy should be made available and clearly displayed on each ward as appropriate. It should also be available in leaflet form in any Trust mental health inpatient units with dedicated visiting protocols (see appendix 1 for an example of a patient leaflet).

## **2. PURPOSE AND SCOPE**

- 2.1 The statements included in the policy apply to all inpatient areas across the Trust. Where special circumstances apply, this is made clear within the policy. At all times, the Ward Manager, their deputy or the Nurse in Charge can use their discretion in the best interests of the patients for whom they are caring.
- 2.2 The policy gives staff the authority to manage visiting in a way that provides appropriate access for patients to their family and friends while at the same time protecting confidentiality, security, privacy, rest, and infection control.
- 2.3 The Health Service/Local Authority Circular HSC 1999/222: LAC (99) 32 states:

*In the vast majority of cases, the issue of whether a child should visit will be straightforward, and in these cases, policies should aim to encourage and facilitate contacts between children and adults which are considered to be in the child's interest.*

- 2.4 The Children Act, 1989 states that the *welfare of the child is paramount*.
- 2.5 For purposes of this policy, a child is defined as being someone who has not yet reached his or her sixteenth birthday. For Low Secure services a child is defined as under 18 years of age.
- 2.6 This policy applies to all visitors including children visiting patients who are resident on inpatient wards within Somerset Partnership NHS Foundation Trust, whether formally detained under the Mental Health Act, 1983 or informally admitted.
- 2.7 Clear statements and a common approach are provided so that if patients move between wards and hospital sites consistent information may be given to them and their visitors.

### **3. DUTIES AND RESPONSIBILITIES**

#### **3.1 The Trust Board, via the Chief Executive will:**

- Ensure there are effective and adequately resourced arrangements for children visiting inpatient wards within the Trust.
- Identify a board level lead for safeguarding children.

#### **Managers**

- 3.2 Responsible for ensuring staff are aware of the policy and requirements for safeguarding vulnerable adults and children training as identified in the Training Needs Analysis. Managers will ensure staff have attended all relevant training and have current updates.
- 3.3 Responsible for ensuring staff are released to attend relevant training and for recording attendance at training in local training records. All non-attendance at training will be followed up by managers.

#### **Trust Staff (including locums, bank, agency and volunteers)**

- 3.4 Required to adhere to the policies, guidelines and procedures pertaining to all visitors visiting Trust community hospitals and inpatient wards, which provide a framework for safe and best practice.

### **4. EXPLANATIONS OF TERMS USED**

- 4.1 A **Visitor** (for the purposes of this policy) is any person who calls into a Trust hospital inpatient ward in order to see patient who is currently receiving treatment or care within that facility.

## **5. VISITING TIMES AND GUIDELINES FOR VISITORS**

- 5.1 All visitors to patient areas must report to the Nurse in Charge prior to entering the patient bed areas. This is to enhance security in the wards and to improve communication with visitors.
- 5.2 For the benefit of nearby patients in shared bays, visitors are restricted to a maximum of two per patient. Visitors should not visit for long periods – short visits are less tiring for patients but this should be assessed on an individual basis.
- 5.3 For all of Trust community hospitals and wards visiting is for two hours in the afternoon and two hours in the evening. These times will allow more rest time for patients and easier access for thorough cleaning of patient areas. Details of exact visiting times are available in the individual Community Hospital leaflets which can be found on the Trust's Internet.
- 5.4 Within Trust mental health inpatient wards, visiting times will vary between wards. Visitors should check with the ward before visiting. This allows these wards to offer protected therapeutic time for their patients/service users.
- 5.5 Visitors will be welcome on the wards at other times in discussion with the Nurse in Charge. A flexible approach will always be taken to meet the needs of individual patients and consideration will be given to visitors who are unable to visit during normal visiting hours. The Trust has signed up to John's Campaign so that carers of people with dementia are able to accompany them in hospital, to help enable effective personalised care and communication.
- 5.6 Should relatives or carers wish to support an individual patient during meal times this should be encouraged and supported by ward staff.
- 5.7 Visitors must be reminded that all Trust premises, including the grounds, are no smoking areas.
- 5.8 The Trust operates a zero tolerance policy relating to any kind of verbal or physical abuse and visitors may be asked to leave if their behavior causes disturbance to other patients or staff.

## **6. PROCEDURES FOR CHILDREN VISITING TRUST MENTAL HEALTH INPATIENT WARDS**

- 6.1 A visit by a child to a Trust mental health inpatient ward must only take place following a decision that such a visit would be in the child's best interests. Decisions to allow such visits must be regularly reviewed.

## **The Assessment Process**

- 6.2 When a compulsory admission of an adult or older person to these wards is being considered, the needs of and arrangements for children involved with the patient, including the need for children to visit the patient during the admission, must be considered. The views of others with parental responsibility for the child must also be taken into account.
- 6.3 This information must be recorded in the patient record and discussed with the nurse in charge of the ward on admission. The nurse in charge will make the information available to the appropriate medical, ward and community staff.
- 6.4 The needs of and arrangements for children of patients who are informally admitted who may need to visit the patient must also be considered and recorded in the patient record.
- 6.5 The forum for discussing the needs of children who wish to visit a patient should be the ward review meeting and all information following a review must be recorded as a part of the patient record.
- 6.6 During the initial stages of admission and before the first ward review, visits to patients by children will be at the discretion of the Nurse in Charge.

## **Visiting Procedures**

- 6.7 Each Trust mental health inpatient ward should have a designated room, other than the patient's own room, where visits by children can take place. This room should be safe, comfortable, private and 'child-friendly'. The room should also enable staff to observe the visit and intervene if appropriate.
- 6.8 The low secure ward has a dedicated ward protocol for visiting children, and children are not allowed on the ward under any circumstances. Only the Responsible Clinician can determine who can visit patients detained under the MHA, however for planned/appropriate visits Section 17 Leave can be arranged for families to visit in a room outside of the ward. A copy of the patient leaflet relating to visiting this ward is attached as Appendix 1.
- 6.9 Children should not visit these wards unless accompanied by a 'responsible adult'. Ideally, all visits by children should be pre-planned.

- 6.10 In the event of a child arriving on the ward without pre-arrangement, the 'responsible adult' should be made aware that the visit may not take place, if the nurse in charge decides that it would be inappropriate for the visit to take place. The 'responsible adult' accompanying the child will retain overall responsibility for the child during the visit.
- 6.11 Staff on the ward will be able to intervene or terminate a visit if appropriate. The decision to permit, intervene or terminate a visit could relate to the:
- Patient's risk assessment/history;
  - Patient's history and family situation;
  - Patient's current mental state;
  - Response by the child to the patient's mental state;
  - Wishes and feelings of the child;
  - The age and emotional needs of the child;
  - Child's best interests;
  - Views of those with parental responsibility;
  - Environment of the ward and the current patient population.
- 6.12 The decision to refuse a visit will only be taken exceptionally; however, a visit may be prevented or terminated if the nurse in charge of the ward considers it inappropriate to continue
- 6.13 When a visit is refused an immediate verbal reason must be given to the 'responsible adult' accompanying the child and to the patient who is being visited by the nurse in charge of the ward.
- 6.14 The decision to refuse a visit should be reviewed by the multi disciplinary team as soon as possible, taking into consideration the views of the child, the patient, family members and all relevant professionals.

## **7. VISITING DURING OUTBREAKS**

- 7.1 The Ward Manager or Nurse in Charge will use their discretion where there are requests to visit patients during an outbreak situation, for example where patients are receiving terminal care, where the patient has special needs or where visitors have travelled long distances.
- 7.2 During outbreaks, any visiting restrictions will clearly displayed in understandable formats and will these will be communicated to visitors where ever possible in advance of any visit.



## **8. STAFF VISITING STAFF**

- 8.1 When members of staff are inpatients, staff wishing to visit them should respect their colleague's status as a patient and must follow the statements in this policy.

## **9. REFRESHMENTS FOR VISITORS**

- 9.1 Wherever possible and appropriate, visitors may be offered hot or cold drinks at the same time as drinks are offered to the patient. This is part of the Trusts' work on promotion of hydration for patients.

## **10. TRAINING REQUIREMENTS**

- 10.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix. All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## **11. EQUALITY IMPACT ASSESSMENT**

- 11.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **12. MONITORING, COMPLIANCE AND EFFECTIVENESS**

- 12.1 Initial monitoring of any feedback, incidents and complaints will be carried out locally by the individual Hospital Matron or Ward Manager and discussed at the relevant Best Practice groups.

## **13. COUNTER FRAUD**

- 13.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **14. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 14.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which

inform this procedural document, are set out in the following regulations:

Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 20:	Duty of candour

14.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

14.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## 15. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

### 15.1 References

Department of Health (2008) Code of Practice for the prevention and control of healthcare associated infections. London: DH

Department of Health (2003) Surveillance of Healthcare Associated Infections. PLC/CMO/2003/4. London: DH

Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children, HM Government 2006

### 15.2 Cross reference to other procedural documents

Consent and Capacity to Consent to Examination and/or Treatment  
Health and Safety Policy  
Infection, Prevention and Control Policy  
Lockdown Policy  
Outbreak of Infection (Management and Control) Policy  
Pandemic Influenza Contingency Plan  
Pet Therapy Policy  
Prevention and Management of Violence and Aggression Policy  
Privacy, Dignity and Respect policy  
Record keeping and Record Management Policy  
Risk Management Policy and Procedure  
Safeguarding Adults at Risk Policy  
Safeguarding Children Policy and Procedure  
Security Policy  
Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **16. APPENDICES**

- 16.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A 'Can I have a Visitor' Leaflet for Holford Ward

If children are likely to visit you, it is even more important that this is planned ahead and a room booked for the visit. Please talk to a member of staff so this can be arranged.

By offering visiting slots we are able to ensure that you are able to receive your visitors in a quiet and private space. It also means that more of our patients may safely receive visitors throughout the course of the day.

### Carer Support and Family Liaison

Somerset Partnership and Holford Ward will also offer support to your friends and family if they feel that this would be helpful. We have ward family and carer liaison nurses who are keen to offer this. Please ask a member of staff for a carers pack or to make an appointment.

**Please advise your visitors that they will not be allowed to visit if they are under the influence of alcohol or illicit substances.**

### Further information

If you have any questions at all please feel free to talk to a member of staff. You can also contact the ward manager:

Martin Chapman  
Holford Ward (PICU)  
Wellsprings Hospital Site  
Cheddon Road  
Taunton, TA2 7AZ  
Tel: 01823 333437

This leaflet is available in other formats, including easy read summary versions and other languages upon request. If this would be helpful to you, please speak to a member of staff.

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Author: Clinical Ward Manager  
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### Can I have a visitor?



Holford Ward  
Psychiatric Intensive Care Unit



Somerset  
Partnership

Headquarters:  
Somerset Partnership NHS Foundation Trust  
2nd Floor, Mallard Court, Express Park,  
Bristol Road, Bridgwater TA8 4RN

Tel: 01278 432 000 Fax: 01278 432 099  
Email: [foundationtrust@sompar.nhs.uk](mailto:foundationtrust@sompar.nhs.uk)  
Web: [www.sompar.nhs.uk](http://www.sompar.nhs.uk)

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<p>Holford Ward believes that families, friends and support networks are very important to our patients' progress and recovery. We therefore encourage visits to the ward. We also recognise that this needs to be achieved in a safe and structured way and we will work hard with you and your visitors to ensure that your visit takes place and goes well.</p> <p><b>We have set visiting times</b></p> <p>This is to allow you to engage in planned activities and to be assessed and reviewed by members of the team. Working to your care plan is vital to your recovery and for this reason we ask you not to have visitors outside the set times.</p> <p>If a family member or friend is unable to visit at these times, please speak to a member of staff who will be happy to explore alternative arrangements for you.</p> <p>We offer all visitors a half hour visiting slot and the visiting times are as follows:</p> <p>Monday to Sunday</p> <p>09.30 - 10.30          11.00 - 12.30          14.30 - 15.30          16.00 - 17.30          18.30 - 19.30</p>	<p>To avoid any disappointment it is really important that your visitors ring the ward to prearrange a visiting time.</p> <p>This is because there will be times when our visiting slots are already booked and there are also rare occasions when the ward is too busy to facilitate a visit.</p> <ul style="list-style-type: none"> <li>• On arrival your visitors will be greeted at reception by our security nurse.</li> <li>• There are visitors lockers in our reception office and visitors will be asked to put their personal belongings such as handbags, mobile phones, lighters etc for safe keeping. All items brought to the ward by your visitors will be logged for their assurance by the security nurse.</li> <li>• Your visitors will also be asked to sign the visitors log upon arriving and leaving. This is so that we know who is in the building for fire safety reasons.</li> <li>• All visits will take place in the family room or the multi-purpose room (dining room) this is to ensure the privacy and dignity of your fellow patients.</li> <li>• Your visits may be supervised and this will be discussed with you before the visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Visitors will not have access to the communal or bedroom areas of the ward.</li> </ul> <p>Family and friends are always welcome to visit you during visiting times.</p> <p>However if you don't want to see someone, you don't have to, just let one of the nurses know if you would prefer not to have certain people visit.</p> <p>Visitors are asked to respect the privacy of other patients on the ward, and comply with ward safety regulations.</p> <p>In exceptional circumstances this may require that visitors are asked to exit the ward when the ward is very busy.</p> <p>We would ask that you and your visitors respect this request and trust that it has been made in the interests of all of our patients and visitors.</p> <p>Please also note that at certain times during your time with us it might be appropriate for nursing staff to prevent certain individuals from visiting the ward. If this is the case then this will be discussed with you and a reason given for this decision.</p>
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