# Visiting Arrangements Policy

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| Consultation: | Practice Policy Group<br>Locality Directorates |
| Ratified by: | Director Quality and Performance |
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| Name of originator/author: | Tony Warnes / Vikki Tweddle |
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| Audience | All trust inpatient units within Gloucestershire and Herefordshire |

**Version History**

| Version | Date | Reason for Change |
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| 2 | Sept 2011 | Policy Merged for Herefordshire and HMP |
| 3 | May 2012 | Review and new format |
| 4 | July 2014 | Policy Review Gemma Coltrano & John Trevains Deputy Director of Nursing |

## 1. Policy Statement

2gether NHS Foundation Trust recognises that the majority of people live there lives within a social context of family and friends. At times when a person needs to be receiving treatment within Trust inpatient facilities, having appropriate contact with such networks can form an important element of a person's recovery. This policy provides guidance to staff on the safe management and oversight required for visiting arrangements.

## 2. Introduction

Visiting of patients admitted to inpatient setting is an important element of the patient's admission. It provides facility for visitors and patients to maintain their contact, relationships and input into the recovery of the patient. In exceptional circumstances it may be necessary to restrict or prevent visiting. This policy provides support and guidance for Trust staff on this matter

## 3. Purpose

The purpose of this policy is to provide a framework to encourage and facilitate safe therapeutic and meaningful contact between patients and their visitors.

## 4. Scope

All Trust inpatient units within Gloucestershire and Herefordshire

## 5. Context

**Restriction or Exclusion on Clinical Grounds**: The Code of Practice states (19.12):

"From time to time, the patient's responsible clinician may decide, after assessment and discussion with the multi-disciplinary team, that some visits could be detrimental to the safety or wellbeing of the patient, the visitor, other patients, or staff on the ward. In these circumstances, the responsible clinician may make special arrangements for the visit, impose reasonable conditions or if necessary exclude the visitor. In any of these cases, the reasons for the restriction should be recorded and explained to the patient and the visitor, both orally and in writing (subject to the normal considerations of patient confidentiality)."

**Exclusion on Security Grounds**: The Code of Practice states (19.13):
"The behaviour of a particular visitor may be disruptive, or may have been disruptive in the past, to the degree that exclusion from the hospital is necessary as a last resort.

Examples of such behaviour:

- incitement to abscond;
- smuggling of illicit drugs or alcohol into the hospital or unit;
- transfer of potential weapons;
- unacceptable aggression; and
- attempt by members of the media to gain unauthorised access."

Admission to hospital is a disruption to the patients' and often their families' lives. It takes the patient away from their home, community and the roles and functions which they normally fulfil. Therefore visiting is a vital means by which contact can be maintained with spouses, family and others, complementing the recovery process and providing for social inclusion, helping the patient retain their identity and roles to their fullest along the recovery continuum.

## 6. Duties

Responsibility for the development, maintenance, review and ratification of this document lies within the **Director of Quality Directorate**. They have board level responsibility for the development of this document and may delegate this responsibility to a subordinate. Namely, the Deputy Director of Nursing.

### The Governance Committee

The Governance Committee will be notified of the ratifying of this policy

### All staff

All members of staff working in inpatient services need to have a good understanding of the visiting arrangements for their area of the service (ward).

## 7. Definitions

**Visitors:** Although the term visitors can be wide and diverse, for the purpose of the policy it will mean; spouse, family, friend and others (those not professionally associated or part of the formal provision of care being received by the patient).

**Inpatient setting (ward):** A facility where patients are admitted too for assessment/treatment providing 24hr accommodation and care until discharged.

**Disruption:** In terms of the policy will be behaviour either verbal or actions that has a detrimental effect upon the ward and its population.

**Exclusion:** Withdraw/prevent access and facility to patient visiting from specified person(s).

**Code of Practice:** Department of Health Mental Health Act 2007 provides referenced guidance to practitioners applying the Act.

## 8. Ownership & Consultation

Responsibility for the development, maintenance, review and ratification of this document lies within the **Director of Quality and Medical Director**; however this has been delegated to the Deputy Director of Nursing.

Each policy will be sent to the locality and clinical directors for consultation. This will be for a one month period. This will them be notified to the trust Governance Committee.

Where review only results in very small changes to a policy or procedure there will be no formal consultation and the review will be uploaded on to the intranet and notified at the next update.

## 9. Ratification Details

The Director of Quality and Performance has the authority to ratify polices. This can be delegated to the Deputy Director of Nursing. The governance committee will be notified of any care practice policy reviews.

## 10. Release Details

Care Practice Policies are not routinely placed on the trust public website. Upon request most are available to members of the public if requested.
This policy is on the trust intranet under the Clinical section.

## 11. Review Arrangements

The policy will be reviewed every 2 years to ensure that it is contemporaneous to modern mental health practice and research.

## 12. Process for Monitoring Compliance

12.1 During staff local induction to an inpatient area, all members of staff will be made aware of the policy.

12.2 The ward manager will bring to the attention of all inpatient staff any changes or reviews of the policy.

12.3 The ward manager will keep records of visitor exclusions and copies of the exclusion letters will be copied into the Matron Manager.

12.4 These records will be audited annually or as needed.

12.5 There will be a biennial review of the policy as standard practice, or sooner where changes of practice, guidance or legal obligation have impact on the policy

## 13. Main body of policy

Nursing and AHP staff should adopt a flexible and comprehensive approach towards visiting and encourage family and friends to maintain their contact.

13.1 Before a child may visit a patient in any inpatient setting, an assessment must be completed and recorded in the patients progress notes and flagged appropriately, which shows that, given the individual circumstances of the child, the patient and the ward environment, it is in the best interests of the child to visit. Please see Guidelines/Procedures for Children Visiting.

13.2 With the agreement of the patient, nursing and AHP staff will be available to answer questions from relatives, and also encourage them to take part in the care of the patient.

13.3 Nursing and AHP staff should see relatives as soon as possible after admission of the patient to elicit any information regarding their care. Staff should also find out if the relatives have any special needs or difficulties regarding visiting such as distance, transport, language or disabilities.

13.4 Although visiting is open, there will be preferred times for each inpatient setting, which will be reflective of the therapeutic regimes in each of these settings respectively. Patients and visitors need to be informed accordingly and advised that should visitors want to visit outside of any preferred hours without prior arrangement, to contact the ward in advance to check the availability of the patient. In providing a patient centred approach, consideration and observance needs to be given to cultural and religious practices which might require more flexible visiting arrangements. The same consideration needs to be given to other individual circumstances where patients and family have special needs, such as extended or overnight visiting; particularly in situations where patients become terminally ill (older people's services) or where family/spouse is actively participating in delivering part of the patient's planned care.

13.5 The number of visitors received by a patient at any one time will be at the discretion of the nursing staff. Should it be thought necessary to reduce those present then a full explanation will be given and their co-operation sought.

13.6 Should a visitor cause a disruption on the ward, he/she should be asked to leave by the senior nurse on the ward. If this is unsuccessful, the senior nurse on duty should be informed and, if necessary, the Police contacted.

13.7 Only in exceptional circumstances should consideration be given to excluding a visitor. The Code of Practice identifies two principle grounds in Paragraphs 19.12-13, a) Clinical Grounds, b) Security Grounds. Within the Mental Health Service these criteria will be used for determination of exclusion for both patients detained under the Mental Health Act and those informally in hospital.

13.8 There may be circumstances where an individual, following assessment of capacity to make decisions about contacts whilst an inpatient is found to lack capacity to make a decision in respect of visitors. (as outlined in the Mental Capacity Act 2005). The capacity assessment relating to consent to contact arrangements should be documented using the RiO capacity assessment form as Trust procedure. If there are concerns that some visits may not be in the person's best interest a formal best

interest decision should be undertaken and care planned. (See MCA Code of Practice chapter 5), with consideration given as to whether the decision constitutes a deprivation of liberty. If it is considered due to the necessary restrictions relating to contacts with visitors that a deprivation of the person's liberty is occurring then the Trust procedures for an urgent authorisation and applying for a standard authorisation can be found on the Trust intranet site in the MCA & DoLS folder in the policies section.

13.9 Where a visitor has been excluded from a ward or refused access to a patient, an explanation will be given and formalised in writing and copied to the relevant matron manager, with a copy being uploaded to the relative patients' notes on Rio (where available) and documented in the patients' progress notes.

13.10 Managers should regularly review and monitor the exclusion from the hospital or mental nursing home of visitors to detained patients.

## 14. References

*Mental Health Act Code of Practice, Department of Health 2008*

## 15. Associated Documentation

An EIA has been completed
Trust Policy 'Visiting of Psychiatric Patients by Children'