FORENSIC - MANAGEMENT OF PATIENT'S PERSONAL PROPERTY

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Sept-19*	*First Version* *Approved Speciallist care Group Clinical Network 9-Sept-19*
1.1	*Mar-21*	*Review, minor changes* *Approved Clinical Network 8-Mar-21*
1.2	*Nov-21*	*Review and update with patient involvment* *Approved Clinical Govenrance Nov-21*
1.3	*Nov-22*	*Review date extended by 12 months. (General Manager's Sign-Off). No changes.*
1.4	*May 2024*	*Reviewed and updated in line with required frequency, to cover Trust audit recommendations. Approach taken to include equality and diversity, patient involvement & trauma informed care. Approved at Security Committee (20 May 2024).*

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1. INTRODUCTION

The Humber Centre and Pineview provide care for those who pose a serious or significant risk to others, and consequently require detention in either a low or medium secure setting.

The Trust has a duty to adhere to a number of regulations and guidance as well as that contained in the Mental Health Act Code of Practice. This includes legislation addressing;

- Fire
- Health & Safety
- Cleanliness

There have been reported incidents where the nature and quantity of patient belongings (stored in bedrooms) has challenged the safety of patients and the efficient running of the service. The risks have been recognised at patient, staff and board level.. Issues have included;

- Use of property as improvised tools or weapons
- Loss of, or damage to, property
- Excessive duration of required environmental searches

This procedure is intended to support patients in retaining and accessing their belongings in such a way as to promote least restrictive practices, respect their rights and the requirements of the Mental Health Act Code of Practice. This in conjunction with fulfilling the role of secure services as required by the Code and contractual obligations.

This procedure applies an element of restriction to all patients within the service. Consequently, this SOP does constitute a blanket restriction.. The service asserts that this is a necessary, reasonable and proportionate approach with the intention of maintaining a secure, safe and hygienic environment. The service promotes an individualised Multi Disciplinary Team risk assessment for any requests outside the scope of this SOP.

This procedure should be read in conjunction with the Trust Patient's Property Procedure (Proc433), the HTFT - 2023/24 05 Service Users Money & Property Audit, chapter 8 of the Mental Health Act Code of Practice and the 'Inside World' chapter in 'See, think, act 3rd edition – Your guide to relational security'.

Care Quality Commission (CQC) – from April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 'outcomes' that it contained was replaced in its entirety by the 'Raising Standards putting people First' Strategy 2013-2016 which asked five key questions (Key lines of enquiry known as KLOEs):-
- Are we SAFE
- Are we CARING
- Are we EFFECTIVE
- Are we WELL LED
- Are we RESPONSIVE to individual's needs.

In 2021 a new strategy 'For the changing world of health and social care' was published using four themes (People and communities, Smarter regulations, Safety through learning. Accelerating improvement) with 12 outcomes, but the five key questions (Safe, Caring, Effective, Well Led and Responsive) are still central to the way the CQC regulates services.

2. SCOPE

This SOP applies to staff and patients in all low and medium secure services of the Trust.

3. DUTIES AND RESPONSIBILITIES

General Manager
Has responsibility for ensuring that all staff within the service are made aware of the requirements of the procedure, have associated training and are accountable for upholding the SOP.

Clinical Lead
Has responsibility to ensure that MDT's and clinical staff are aware of the SOP and it's impact on care.

Modern Matrons
Modern matrons have the responsibility to ensure that all nursing staff working within the service comply with the policy and ensure it is implemented effectively and safely. The Matron will be responsible for ensuring that information is made available to patients and visitors regarding this procedure.

Service Manager/ Ward Managers
Should ensure that patient property information is routinely included in ward patient information.

Responsible Clinician
Has specific responsibilities for leading and supporting the MDT in decision making for patients within the scope of this procedure.

Charge Nurses / Registered clinical staff / other clinical staff / administrative or clerical staff
Must be aware of and comply with their responsibilities to implement the procedure. All staff involved in the search of property will complete this respectfully and preserve the dignity of the patient.

Patients / service users
Patients should be supported, with reasonable adaptations where necessary, to understand and be aware of their roles and responsibilities in implementing and complying with the procedure, including making arrangements to store or dispose of property

4. PROCEDURES

4.1. Acquiring Property

Patients can acquire property in their bedrooms in the following ways;

On admission
This is described in HTFT Patient's Property Procedure (Proc433)

By requesting purchases (either on their behalf or by themselves on leave or online)
This is described in SOP – Patient Purchases

Through the post
This is addressed in SOP – Patient Mail

On visits or hand delivered by friends / relatives
This addressed in SOP – Personal Visits

Created, made or acquired as a result of participation in therapeutic activities
See section 4.7 below

<u>From staff</u>
This is not supported, since it breaches relational boundaries and can compromise the nature of the therapeutic relationship.

<u>From other patients</u>
The selling/ exchanging/donating of property between patients can be problematic and is not generally supported. It can lead to intimidation and / or conflict, and is to be discouraged. Any wish to offer property to another patient is to be considered by the clinical team, with reference to capacity to make such a decision, this with the aim of protecting and safeguarding all.

4.2. Storage
Each bedroom has wardrobe storage facilities.

Each bedroom has a lockable cupboard or 'hotel-style' safe, which can be accessed only by the patient staying in that bedroom (with staff over-ride for use if necessary). As well as for storing valuables, these may be used for self-medication.

Each bedroom has secure under-bed storage. This can be accessed with support of two staff (key access).

Each ward has a secure room used to store risk/ controlled items that are required to be signed out / in (often referred to as the 'sharps cupboard'). These rooms will have some (very limited) storage space for other belongings.

Items of particular value can be stored on the ward in accordance with Trust property policy.

If property owned by the patient exceeds that of which can be stored on site, self-funded storage can be utilised by the patient with support from staff.

Contraband items will not be admitted into the building, and therefore not stored. Contraband needs to be disposed of or collected at the earliest opportunity.

4.3. Risk Assessment / decision as to what patient may / may not retain
Humber Centre and Pineview will support patients to retain personal items wherever possible. Especially prominent are those items that relate to a sense of continuity, identity and individuality. Such items may support and symbolise a sense of physical, psychological, and emotional safety for the patient and/or allow for a sense of empowerment in the immediacy of the environment. The suitability of items to be retained in possession of a patient is subject to a number of layers of consideration;

- Legislation (e.g. weapons, certain forms of pornography)

- Trust Policy (e.g. lighters, etc. in line with No Smoking Policy)

- Service Procedure (e.g. contraband list as managed by the Security Committee)

- Ward Safety and Security Profile (the remit of a particular ward may preclude general access to certain items)

- Individual risk assessment, which may be conducted via the use of an MDT review, this would be documented via the restrictive practice care plan, trauma informed personalised decision making

- Blanket restrictions- least restrictive practices

- Consideration of equality of diversity act, social graces (accessibility etc). Those items over and above what is reasonably permitted, yet required for the purpose of religious or faith-based activity will be considered and reviewed by the MDT on a case-by-case basis taking risk into consideration. The patient/service user will be supported to access such items in line with risk assessments and care planning where necessary.

4.4. Quantity of Property

It is the intention to avoid the need for prescriptive measures as to how much property a patient may retain in their bedroom (some services limit the number of items or use a 'Volumatic' approach). Instead, a 'principles' approach has been agreed in consultation with service users, including taking into consideration, what items the patient values as important to them. To promote individualised restrictive practise multi-disciplinary teams have the ability to request to work outside the below principles as long as it doesn't exceed thirty minutes to conduct a search. The Multi-disciplinary team can do this by putting in a request to the security meeting to work outside of the principles.

These principles are;

- Patients will be supported by staff to keep their bedroom clean and tidy.

- All property in the bedroom will be stored in the available cupboard space, with a minimum on windowsills, tables, etc.

- There is no limitation on numbers of specific items in bedrooms however this cannot exceed the storage facility size, raise fire risk, or compromise search procedures (this may mean that patients will need to decide which items they have a preference for having in their rooms for example limiting electrical items or those difficult to search).

- No property will be stored on the floor, all property is to be stored in wardrobes, draws and underbed storage.

- There will be a minimum of potentially combustible materials (such as papers, cardboard, etc.) stored in the room.

- All room searches will have a clear rationale which will be explained to the patient.

Room searches (as necessitated by the nature of the service and its patient group) will take two staff no more than thirty minutes.

- 2 staff to be present when accessing storage under patient's beds and all items to be searches before being placed in storage. Mattresses to be taken off the beds before accessing the storage.

- Within each WSSP it is to be documented how many electrical items can be in use in patient bedspace. This is to reflect the amount of available space and electrical sockets, to prevent adding additional fire, and health and safety issues. The use of extension cables is not permitted due to fire risk.

- The service is aware that many patients have multiple (CDs, DVDs, games, etc.). These are difficult and time consuming to search. In order to enable patients to maintain access to these items without compromising searches the following may be considered:

    - Where discs are stored under beds this should preferably be in the original packaging to promote the integrity and care of the discs inside.

    - Staff will support access to these items on request.

    - Patients may have multiple discs at their disposal outside of the locked storage, this will be limited to either a searchable number determined by an individual risk assessment and agreed by the MDT, these can be in original packaging OR clear multi-pack wallets. Consideration needs to be taken around the amount of time it takes to search as discs in the original cases take longer to search. The limit on discs will be documented in the patient's safety plan.

4.5. Excess Property
There is no facility within the service for the storage of excess property (i.e., that which cannot be stored in the available space in the bedroom), and so alternative arrangements will be arranged with staff support, (e.g., self-funded offsite storage, storage at home or at the home of friends / relatives, donation to charity, recycling, or disposal as waste).

4.6. Documentation / recording / monitoring
HTFT Patient's Property Procedure Appendix 'A' provides a disclaimer form for property that a patient chooses to retain in their bedroom, subject to risk assessment.

On Lorenzo staff will record acquisition / disposal of property using the template at: Mental Health Act & Legal tab → notes → Patient Property Inventory.

Each month, a number of audits will be completed in collaboration with patients/service users and the supporting staff. As per the bedroom capacity for the specific ward, this will mean that each bedroom will be audited on a bi-monthly basis. This will ensure collaborative working to ensure the safety of bedrooms. Patients will be made aware of the procedural element of the search and staff will be respectful in the execution of the searches to maintain the relational security of the ward.

4.7. Items created, made or acquired as a result of participation in therapeutic activities
Patients may make items in therapy (such as woodwork projects) or acquire them from the service in other ways (such as prizes). It is important that these items are planned, considered and reviewed in accordance with 4.3 (above). They must not bring additional risk or clutter to the environment. They should not afford ligature points or potential for use as weapons, tools, etc.

The security team will support the MDT when planning for a patient to create/ make an item of furniture. Furniture that does not meet secure specifications or inpatient specifications cannot be placed on ward areas. This is to ensure that the Trust procurement guidance and that safety is managed on all areas. This is also to ensure that furniture in patient areas meets standards and guidance regarding testing 'robustness'; this is available in Annex 'B' of the Environmental Design Guide: Adult Medium Secure Services (2011).

Any decision to allow storage of any items (beyond those ordered through procurement) in a bedroom must be supported by a recorded MDT discussion.

4.8. Impact and Trauma
Staff should have an awareness of trauma informed approaches prior to the engagement in room searches. It has been highlighted that re-traumatisation can occur following routine practice and procedures in inpatient care. This can include issues around ward rules, the environment, and search procedures. It is widely recognised that while necessary, such practices can be deemed emotionally unsafe and disempowering by patients and service users.

- Awareness of trauma history, risk assessment and specific trauma triggers in which patients and service users may falsely identify with an increased threat response based upon previous experiences.

- Staff should have an awareness of issues of power and powerlessness in the therapeutic relationship. Staff should operate in such a way that promotes a sense of collaboration and mutuality indicating trustworthiness and transparency. Where reasonably possible, staff should consider the views and preferences of service users.

- Staff should be aware of and understand their own personal experiences and the potential for challenges to arise around personal wellbeing. Furthermore, staff should be aware of the potential for vicarious traumatisation. Should a staff member feel emotionally or physically unsafe, they should seek out immediate support and be signposted where necessary.

- Patients property, even if contained within the patient bedroom can have an impact on others on the ward. Staff are to be aware of the below incidences and the effects experiencing these may have on the patients with a trauma informed view -

  - loud noises

  - odours

  - pest control

  - health and safety

  - cleanliness

4.9. Management of Issues in Relation to Property

All wards adopt the safewards approach and utilise the mutual expectations intervention. It is a mutual expectation to respect each other on the ward. It is expected that all patients are familiar with and respect the mutual expectations of the ward.

A MDT approach will be required to ensure that any issues are managed with a least restrictive and holistic viewpoint and in line with the eight domains of the relational security explorer. The management of any issues will be dealt with appropriately and sensitively, with a trauma informed care approach, therefore the management of issues relating to property will be different for each patient.

Therapeutic relationships and dynamics will be considered when managing any issues relating to patient property. The lead for managing any issues should be an individual with a positive relationship with the patient, therefore this could differ on each occasion. This is to ensure that the patients feel valued and respected throughout and are empowered to make informed decisions in a trusting environment.

5. REFERENCES

Mental Health Act Code of Practice (2015)

'See, think, act: Your guide to relational security' 3rd Ed. (2023)

NHS England Service Specifications for Low and Medium Adult Secure Services (2018)

CQC Brief guide: the use of 'blanket restrictions' in mental health wards (2016)

Environmental Design Guide: Adult Medium Secure Services (2011)

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