Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
FORENSIC – USE OF THERAPEUTIC KITCHENS

Document Reference	SOP20-009
Version Number	1.2
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Instigated by: **Date Instigated:**	Security Group September 2019
Date Last Reviewed:	7 August 2023
Date of Next Review:	August 2026
Consultation:	Clinical Network
Ratified and Quality Checked by: Date Ratified:	Security Committee 7 August 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Policy on the Use of Global Restrictive Practices (Blanket Restrictions) in Inpatient Units

VALIDITY – All local SOPs should be accessed via the Trust intranet.

CHANGE RECORD

Version	Date	Change details
1.0	*Sept 2019*	*New SOP*
1.1	*March 2023*	*Reviewed. Approved at Specialist Clinical Network (13 March 2023).*
1.2	*July 2023*	*Reviewed in regard to Swale treatment side kitchen. Approved at Security Committee (7 August 2023).*

Contents

1. INTRODUCTION

The purpose of this standard operating procedure is to identify the access, safe use and security issues relating to kitchens used by patients (ward and therapeutic) across the Humber Centre for Forensic Psychiatry service. It represents good practice guidelines and the minimum that is expected in regard to the use of kitchens with patients across the service.

2. SCOPE

The document is aimed at all clinical staff and students who use kitchens with patients. It provides a reference for domestic and catering staff who may be involved in the use of patient kitchens, for example for cleaning, food supplies and hygiene inspection purposes.

The procedure relates to all ward and therapeutic kitchens, including the occupational therapy kitchen on the Oaks corridor.

3. DUTIES AND RESPONSIBILITIES

Individual staff are responsible for following this standard operating procedure when they use a kitchen with patients. Ward managers are responsible for ensuring that staff follow this procedure.

A kitchen protocol is available on all wards.

Blanket Restriction
The Mental Health Act Code of Practice defines blanket restrictions as “rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application”. The Code’s default position is that “blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals”. The Code allows that secure services will impose some blanket restrictions on their patients. Where blanket restrictions are identified as necessary and proportionate, there should be a system that ensures these are reviewed within a regular time frame, with the overall aim of reducing restrictive practices.

Further guidance is provided by the Trust’s policy on the Use of Global Restrictive Practices (Blanket Restrictions) in Inpatient Units.

Service procedures that constitute a blanket restriction are devised in consultation with service users, including discussion at ward meetings, the Reducing Restriction Group, and the Patient’s Council.

The purpose of this procedure is to govern the safe and effective use of therapeutic kitchens in the secure inpatient service.

Since this procedure is not applied to a group of patients without individual risk assessment this procedure **does not** constitute a blanket restriction.

4. PROCEDURES

4.1. Access

- The kitchens are designed for therapeutic and leisure-based cooking activities and breakfast/supper making (on some wards) with patients’ resident in the Humber Centre and Pine View service.
- The sessions can be individual or group-based sessions. Approval by the MDT isrequired.

- There must be at least one individual in the session that has an up-to-date food hygiene certificate.
- No patients may access the therapy kitchen to cook/bake sessions using the ovens, hobs, or any sharps without staff present. Patients can access therapy kitchens to make drinks or access their stored food if they are risk assessed to do this.
- Kitchen keys for gaining access to equipment cupboards are signed out from reception as per the Humber Centre service key policy. Some kitchen keys are stored on wards. These must be signed out as per individual ward policy.
- Staff and patients should not access the kitchen while a therapeutic session is in progress, unless by prior agreement with the facilitator.

4.2. Security

- A current inventory of all kitchen equipment should be maintained. A copy of this should be kept in a file in the kitchen.
- All equipment should be stored in an identified locked drawer/cupboard and be returned to that cupboard after use. A current inventory of the equipment stored in that drawer/cupboard should be placed in the drawer/cupboard.
- The staff member facilitating the session is responsible for ensuring that all equipment is accounted for and returned to the correct cupboard/drawer after use.
- Staff to complete a full check of all equipment prior to the session and record this in the paperwork provided as well as complete this again at the end of the session and complete necessary paperwork.
- Sharps should be stored in a locked drawer/cupboard separate from other equipment. Sharps include any sharp metal objects (i.e. metal cheese grater, cooking knives, cutlery, tin openers etc.). They should be shadow boarded (even if this is just on a laminated piece of paper) to facilitate ease of counting. Sharps should be counted before patients arrive and also after a session, but before patients leave unless placed on a shadow board.
- If the sharps inventory is incorrect at the start of the session, the session should be stopped and the nurse in charge of the ward (or senior person in charge of the area) should be informed immediately.
- If the sharps inventory is incorrect at the end of the session, patients should not be permitted to leave the kitchen. The nurse in charge of the ward (or senior person in charge of the area) should be informed immediately.
- Disposable sharps (e.g. tin cans, glass jars) used in a session should be accounted for and disposed of in the main hospital bins. This should also be recorded. They should not be disposed of in the kitchen bin. This is to prevent unaccounted sharps from being left in patient areas.
- Patients should be observed at all times when using sharps and disposable sharps (e.g. tin cans, glass jars).
- No sharps should be removed from the kitchen. Metal cutlery can be removed for the duration of a meal, provided patients are under constant observation.

4.3. Storage of Food

- All food should be stored in an appropriate container, in line with basic food hygiene recommendations.
- Food items which have been partially used should be fully wrapped and clearly labelled with the storage and expiry dates. They should be stored in line with basic food hygiene recommendations.
- A designated person should monitor the storage of food on a weekly basis. This will include stock rotation and the removal of food items no longer within their ‘use-by’ date. Any item not stored or labelled appropriately will be removed. Staff routinely using the kitchens should also check that refrigerated food is within its ‘use-by’ date and is labelled correctly.
- Only food for an identified therapeutic session is to be stored in a kitchen that has been

designated as solely for therapeutic purposes (usually known as the occupational therapy kitchen). Food for general purposes (e.g. staff meals) can be stored in other kitchens (usually known as ward kitchens). Staff food should be limited to just items needed for that shift. Patient food and beverages will take priority in terms of storage space.

- Staff food and beverages should be clearly labelled with opened and 'use by' dates. This protocol and basic food hygiene recommendations should be strictly adhered to.
- Staff cannot store food in any kitchen used solely as a therapeutic area by patients. This food will be removed.
- Long-term storage of food items by patients for future use is not permitted.

4.4. Equipment

- All equipment should be appropriately maintained and of a serviceable standard.
- All electronic equipment must be PAT tested prior to being used and kept up to date following the PAT testing.
- The senior individual in any respective area should be informed of any faulty equipment or the disposal of any damaged equipment. This will then need to be updated on the equipment inventory list provided in each therapy kitchen space.
- The use of wooden boards, spoons, rolling pins or other wooden equipment is prohibited.
- Yellow chopping boards should be used for uncooked meat, fish and vegetables. White chopping boards should be used for all other items. Some wards have access to a variety of different coloured chopping boards which must display what each board is used for.
- Yellow sharp knives should be used for uncooked meat and fish. White knives should be used for all other items. No other sharp knives (apart from cutlery knives) should be used in patient kitchens.
- No deep fat fryer of any kind to be used. Deep fat frying in pans (e.g. for chips) is prohibited.

4.5. Clinical Risk Assessment

- No patient should use a kitchen without prior MDT approval.
- Patients should have an initial kitchen assessment for the ward kitchens and therapy kitchens. Ward staff are able to complete an assessment in the ward-based kitchens. An initial assessment to access the therapeutic kitchens must be completed by an occupational therapist. Relevant risk and functional issues and any associated management plans should be formulated.

4.6. Safety

- All equipment accounted for using the inventory list prior to commencing the session with correct paperwork completed to record this.
- All food to be stored appropriately, following food hygiene guidelines.
- All cooked food should be probed and the temperature recorded.
- An appropriate first aid kit with waterproof blue plasters must be available.
- No person should enter a kitchen with any form of infection that would compromise safety.
- Appropriate personal protective equipment must be available, e.g. aprons and oven gloves. It is the responsibility of the staff facilitating the session/area to ensure patients make use of this.

4.7. Training

- There must be at least one individual that has an up-to-date Food Hygiene Certificate using the kitchen. Certification can be held by either staff or a patient.
- All staff who will use the kitchens with patients should receive an induction and be familiar with this operational procedure prior to accessing the area with patients.

4.8. Cleaning

The responsibility for cleaning the following are:

- Floors/walls – cleaning contract.
- Surfaces – staff facilitating the session, cleaning contract.
- Fridges, freezers defrosting – each area responsible for each kitchen must have a local system in place to ensure fridges and freezers are defrosted at regular intervals and a record is made of this activity.
- Cookers/oven (routine) – staff facilitating the session, cleaning contract.
- Cookers/oven (deep clean) – cleaning contract.
- Cupboards/drawers – staff facilitating the session, cleaning contract.
- Any bodily fluid spillages – staff facilitating session using cleaning of bodily fluids procedures.

4.9. Equipment – Staff Facilitating the Session, Cleaning Contract

- Emptying of bins/waste disposal – cleaning contract.
- Oven gloves and aprons – to be washed weekly or more frequently if needed, at ward/area level.
- No tea towels should be used. Paper rolls should be used for drying washed cutlery, crockery, and hands.

4.10. Environment

The staff member facilitating the session/overseeing the kitchen should ensure that the area is:

- free of trip hazards, and wet floors.
- a yellow sign should be placed on wet areas.
- the fabric of the room is safe and appropriate for use.
- hygienic; and
- appropriate for the patient in relation to their risk assessment.

At the completion of each session, the staff member facilitating the session/overseeing the kitchen should ensure that the:

- environment is left safe and clean.
- all equipment is accounted for and stored securely.
- the sharps have been counted and their full presence recorded.
- all unused food is stored or disposed of appropriately, and
- all electrical and gas appliances are turned off.

4.11. On ward kitchens

All ward kitchens are managed as outlined in individualised Ward Security Profiles

5. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

It should then be discussed and shared via the interactive sessions within MDT/team meetings, by senior staff within teams/units.

Clear accountability and responsibility is identified within teams/units.
The implementation of this policy requires no additional financial resources.

6. MONITORING & AUDIT

Monitoring will be via the review of the implementation and operation of the Local Operational Procedures in each Ward/Service area at least once a year by the Senior Service Manager or their delegate.

The Procedure will be monitored through the Clinical Network, Governance meetings, and Security Group

7. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Use of Global Restrictive Practices (Blanket Restrictions) in Inpatient Units.