

STANDARD OPERATING PROCEDURE TOWNEND COURT ASSESSMENT AND TREATMENT UNIT

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1. INTRODUCTION

This document provides operational guidance for people working in Humber Teaching NHS Foundation Trust's Learning Disabilities (Townend Court) Inpatient Service. This service sits within the Children's and Learning Disabilities division. This standard operational policy aims to support improvement within the service ensuring safe, evidence-based care and treatment, providing a simpler and more efficient pathway into and through the inpatient service. This document will ensure that all staff are aware of the processes and pathways within the inpatient service.

Townend Court provides support for adults with a learning disability from the Humber Transforming Care Partnership which works across Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire who require specialist 24 hour assessment and / or treatment support within an inpatient service. Townend Court incorporates the principles of Transforming Care within the care pathway with the aim that any required hospital admission remains for the shortest period possible with discharge planning commencing upon admission.

Townend Court offers a safe environment for assessment and treatment to take place that are unable to be carried out in a community setting. Townend Court uses a clinical model which focuses on person centredness, trauma informed and positive behavioural support. The service provides care and support for people who require an informal admission with consent and for those individuals who necessitate an admission under the Mental Health Act (1983) in a safe and welcoming environment.

Townend Court consists of 2 wards based on one site.

- Willow Unit – Assessment / Admission ward
- Lilac Unit – Treatment ward

Current inpatient bed base is:

- Willow Unit – 6
- Lilac Unit – 8

One bedroom on Lilac Unit is identified as a High Dependency Bedroom and has access to adapted facilities (Tracking Hoist) to support the admission of a patient who may require a higher level of physical care.

Additionally, the bed numbers available on the identified wards may decrease depending on the complexities of the patient group and their associated risks.

2. SCOPE

This Standard Operating Procedure (SOP) will be used within Townend Court Assessment and Treatment Unit within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff that are permanent, temporary, bank and agency excluding students, on commencement of working within the Assessment and Treatment Unit.

This SOP will provide an outline of the pathway through the inpatient service from the point of admission to discharge. The nature of the service is such that it is not possible to cover all eventualities within this policy. The units will need to consider the principles of this policy and other trust policy and guidelines when making decisions to best meet the needs of the patients.

2.1. Aims and Objectives:

Aims

- We provide excellent quality and effective care based on evidence-based practice that promotes recovery, inclusion and choice.
- We promote and support the provision of care based on the least restrictive option.

- We involve patients and their carer's/ families others in planning their care and in improving our services.
- We provide efficient services supporting a culture of learning and innovation.
- We value and develop our workforce.
- We provide a multidisciplinary approach, working with all stakeholders to ensure integrated working along the care pathway.

Objectives

- To provide 24/7 access to inpatient care
- To provide evidence based bio psychosocial assessments and interventions.
- To work collaboratively with patients and their carer's and or families..
- To provide clear patient/carer information that promotes choice.
- To ensure that discharge planning begins at the point of admission to ensure that discharge from hospital is facilitated at the earliest opportunity
- To ensure referrals to other services or agencies are completed in a timely manner to ensure there is no delay in discharge
- To establish risk and if required share information with other relevant agencies such as safeguarding concerns.
- To provide a safe and supportive environment which facilitates recovery, choice and inclusion.

2.2. Staffing within Townend Court.

Staffing Structure

The Inpatient Services sits within the wider Learning Disability Services, including community services for Hull and East Yorkshire, in addition to the inpatient wards. The Learning Disability Service has a Service Manager and a Modern Matron. The Modern Matron and Service Manager provide a degree of cross-cover for one another during planned and unplanned absence.

The Assessment and Treatment unit has access to a full multi-disciplinary team including:

- Consultant Psychiatrist.
- Junior Medical Staff
- Unit Manager
- Clinical Lead Nurse
- Deputy Charge Nurses
- Registered Nurses
- Healthcare Assistants
- Clinical Psychologist
- Occupational Therapist
- Assistant Practitioner Occupational Therapist (APOT)
- Speech and Language Therapist
- Speech and Language Therapist Associate Practitioner
- Activity Worker
- Admin Support Services
- Domestic Staff

Safe Staffing levels

Minimum Safe Staffing Numbers are:

	Day Shift	Night Shift
Willow Unit	1 Registered Nurse 3 Healthcare Assistant	1 Registered Nurse 2 Healthcare Assistant
Lilac Unit	1 Registered Nurse 3 Healthcare Assistant	2 Healthcare Assistant ❖ Registered Nurse cover is provided from Willow Unit

Shift Patterns

Townend Court has a team of Registered Nurses and Healthcare Assistants that provide 24-hour care. The service uses a pattern of Long Days and Nights to reduce the number of staff change overs within the day.

Long Days – 08.00 – 20.15

Nights – 20.00 – 08.15.

Alongside the nursing team there is an MDT of other core staff covering the hours of 8-4 Monday-Friday. This includes a Unit Manager, Psychology, Occupational Therapy and Speech and Language Therapy.

Rostering

Townend Court operates under the E-rostering system. All shifts are identified as above.

Rotas are completed as per Rostering policy on a four-week cycle. Any vacant shifts are then forwarded to the Trust Flexible Workforce Team to ensure safe staffing levels.

See References for Rostering policy.

3. DUTIES AND RESPONSIBILITIES

The Chief Executive retains overall responsibility for ensuring effective implementation of all policies and procedures.

The Trust Board will ensure that this standard operating procedure is acted on through delegation of implementation to General Managers/Service Managers/Modern Matrons/Lead Professionals.

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility.

Unit Manager will disseminate and implement the agreed SOP. The Unit Manager will ensure mechanisms and systems are in place to provide the pathway through the inpatient service from the point of admission to discharge.

All staff both clinical and non-clinical employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

4.1. Admission Process, Clinical Model and Clinical Environment.

Admission process

The process for admission remains the same regardless of which unit is the admitting unit.

The admission process is made clear in Appendix A. The process is separated into the following different stages:

- Pre-Admission
- Admission
 - On Arrival
 - Within 1 hr
 - Within 24 hrs
 - Within 72 hrs
- Discharge.

Townend Court incorporates the principles of Transforming Care within the care pathway and work closely with colleagues from the local Integrated Care Board to ensure that these principles are upheld.

All patients within an inpatient setting are entitled to Care and Treatment Reviews throughout their admission. Care and Treatment reviews are undertaken by commissioners to ensure that people are only admitted to hospital when absolutely necessary and for the minimum amount of time possible. Care and Treatment reviews are carried out by people that are independent from Townend Court and have a clinical expert and an expert by experience on the panel.

Care and Treatment Review schedules for patients within an assessment and treatment unit are as follows.

- Prior to admission (Also known as a Local Emergency Area Protocol)
- Within 2 weeks of admission if Local Emergency Area Protocol has not occurred.
- Every 6 months throughout admission.

Townend Court also works closely with the local Integrated Care Board to ensure that any person with a learning disability who is at risk of a hospital admission is identified on the local dynamic risk register. Monthly meetings are held by the Integrated Care Board to review the dynamic risk register alongside health, social care and local authority.

Clinical Model.

Townend Court uses a clinical model which focuses on the following with an overarching focus on the patient, family and carers being involved throughout:

- Person centredness.
- Trauma Informed Care
- Positive Behavioural Support
- Autism Friendly – incorporating environmental aspects of the wards.

Staff have been provided with additional training to support with the clinical model and its approaches.

Clinical Environment.

Townend Court consists of 2 units – Willow and Lilac and they both have their own specific identities. Willow ward is classed as the admission / assessment unit and Lilac is classed as the treatment unit. Both units can take direct admissions, and this is based on patient complexities and associated risks.

Each unit comprises of a large communal lounge which is at the centre of the unit with two corridors leading off it. One corridor is classed as the female corridor and has access to a small lounge which is classified as the female only lounge as directed by the Mental Health Act (1983). The other corridor is allocated as the male corridor. All bedrooms have access to ensuite facilities as well as specific bedroom furniture which includes a solid bed base and built in wardrobes and shelving. Both corridors have access to the communal bathroom via separate bathroom doors which leads off from the assigned sex corridor. There is also a laundry room on each unit, where patients are encouraged to maintain their daily living skills as well as a sluice. A nursing office is located on each ward with the manager's office located on Willow unit. Both units have a unit kitchen on the ward where drinks and small meal items can be prepared. Patients can access the kitchen on Lilac following an individual risk assessment. No patient access is allowed in the Willow unit kitchen due to the risk associated within the ward. Any damage or deficits within the environment are reported to the estates team via the Planet System to ensure the environment remains in a high standard of care and repair.

There is a seclusion suite on Willow unit to support staff to manage clinical incidents relating to violence and aggression. The seclusion suite has been designed inline with the Mental Health Act (1983) Code of Practice and has access to ensuite facilities, outside garden space and a low stimulus environment. Staff receive training with regards to seclusion and the management of this intervention. All episodes of seclusion are audited to ensure patient safety.

Townend Court is subjected to a yearly ligature audit which is undertaken by senior staff alongside the estates department. The ligature audit highlights any potential ligature risk within the service as well as identifying ways to mitigate those risks. All patient areas where they access independently without staff are classed as high-risk areas including patient's bedspace.

Ligature Risk highlighted in the service are:

- Doors
- Toilet roll holders
- Grab rails
- Fire Alarm sensors.

Both units have access to ligature removal equipment including scissors and a shark knife. These are easily accessible on the units and are checked daily as part of the unit's security measures. Staff receive training on both using and maintaining these pieces of equipment.

Both units have anti-barricade devices fitted to certain doors within the units and these mainly consists of patient access areas i.e. bedrooms. There is an identified tool which is available on both wards to open the anti-barricade device and staff receive training with regards to using this tool.

See References for Seclusion or Segregation use of Policy, Risk Audit of Clinical Environments Policy, Removal of Ligatures and Safe Use of Ligature Cutters Procedure and Smokefree Procedure.

4.2. Handovers, Team Briefs and Safety Huddles.

Handovers

Handovers at Townend Court incorporates both units (Willow and Lilac) and occur at the end of each identified shift i.e. Day shift / Night shift.

Handovers should be attended by the nurses in charge of the units from the previous shift and the staff taking over the care on the next shift. Handovers will be led by the nurse in charge of the unit and will focus on the following:

- Significant Information from the past 7 days including but not exclusive: medication changes, seclusion episodes, Mental Health Act changes.
- Relevant clinical information from shift.

Effective communication is key to handovers. While discussion is appropriate, it should be structured and concise and not take over the quality and content of information being handed over.

Handovers should take place in an area away from the ward and in a place where there are minimal disruptions. Townend Court activity room is identified as the designated room for handovers.

The principles of 'Safe Wards' Positive words should be adopted in handover to support staff in feeling confident to take over the shift. Accountability for patients begins at the end of the handover on the shift staff come onto.

See Appendix A for copy of Handover template.

Team Brief

Immediately after handover and prior to commencing shift, a team brief should be held. The Nurse in charge of the on-coming shift should led on this. The previous shift should identify any upcoming events prior to the team brief being undertaken.

All staff in attendance for handover will remain for the attendance of the team brief to discuss the following:

- Allocation of Fire Warden
- Allocation of First Aider
- Allocation of Response.
- Days events i.e. appointments / leave as well as allocation of staff to support.
- Breaks
- Estates / Environment issues.

The principles of 'Safe Wards' Positive words should also be adopted within the team brief.

See Appendix A for copy of Team Brief template.

Safety Huddles

Townend Court undertakes a daily safety huddle with all staff on shift including the wider MDT. The safety huddles are spilt into two 15 minutes huddles to ensure that all staff can attend as well as ensuring safe staffing levels on the wards during that period.

Safety huddles are held at 10.30hrs and 10.45hrs during a day. These times can vary depending on service needs and demands. Night shifts arrange their own timings for their huddles due to service needs and demands.

Safety huddles should take place in an area away from the ward and in a place where there are minimal disruptions. Willow ward dining room is identified as the designated room for safety huddles.

The safety huddle looks at the following:

- Any risks associated with the wards or patients.
- Any concerns staff may have regarding each of the wards.
- Datix / Incidents / Debrief / Reflections
- Any other business.

The principles of 'Safe Wards' Positive words should also be adopted within the daily safety huddles.

See Appendix A for copy of Safety Huddle template.

4.3. Carers

Staff will be actively engaged with patient and carer involvement, and they will be provided support as needed and inclusive intervention planning when consented by their family member/friend.

Referrals for assessments under the Care Act will be completed and supported if required.

With patient consent carers / family will be invited to welcome meetings, review meetings and Care and Treatment Reviews to ensure continuity of care. For patients that are deemed not to have the capacity to consent for sharing of information, a Mental Capacity Act and Best Interest meeting should be held to consider what is in the patient's best interest i.e., sharing or non-sharing of information.

4.4. MDT Meetings

Townend Court holds the following meetings Ward Rounds and Review Meetings. These meetings are held on different day and have different agendas and outcomes. All members of the MDT are expected to attend and provide relevant updates with regards to the patients care and treatment.

Ward Rounds – these are held on a Monday Afternoon. The main focus is to review the patient's presentation from the last 7 days, concentrating on physical and mental health issues, medication reviews, behavioural concerns and safeguarding concerns.

Review Meetings – these are held on a Wednesday Afternoon. The main focus is to review the patients care and treatment within the service on a four-week cycle. Attendance for this meeting includes family members, carers and outside agencies i.e. local authority.

All meetings are recorded via minutes which are uploaded to each patient's clinical record.

Patients are encouraged to attend both their Ward Rounds and Review Meetings where appropriate.

4.5. Documentation

All documentation for Townend Court is recorded using Lorenzo. There should be a minimum of one entry per shift for each patient. All assessments, care plans, risk assessments, sensory integration needs, positive behavioural support plans, activity plans and discharge summaries should be completed on Lorenzo. These should be reviewed and updated within the identified timeframes or when required if the situation changes i.e. increase in risks.

All patients should have the following documentations completed, reviewed and updated at point of discharge.

- Discharge Plan
- Health Action Plan
- Hospital Passport
- Communication Passport (if deemed appropriate)
- Positive Behavioural Support Plan
- FACE (Functional Analysis of Care Environments) risk assessment.
- HCR-20 (Historical Clinical Risk Management–20) risk assessment (If deemed appropriate)
- Sensory Passport (if deemed appropriate)
- Any identified management plans i.e. Epilepsy / physical health needs.

The Trust utilises the Electronic Patient Medication Administration system (EPMA).

4.6. Supportive Engagements

The primary purpose of supportive engagement is to maximise patient safety, minimise risk and to initiate and build supportive therapeutic relationships.

See References for Supportive Engagement Policy and Supportive Engagement Guideline

4.7. Weekly Senior Leadership Meeting

Townend Court Senior Leadership team meet on a weekly basis to evaluate the following:

1) Quality Focus

- To review progress with the quality plan

2) Operational Meeting

- To discuss any operational issues that have arisen over the weekend
- To review any themes arising from the daily safety huddles from the previous week
- To escalate any issues raised in MDT meetings
- To escalate any issues relating to discharge plans
- To review staffing plans for the week ahead
- To review any Seclusion, Long Term Segregation (LTS) or Care Away From Others (CAFO) arrangements in place

3) Reflective Practice

- To create space for the senior team to reflect on their work

Membership for meeting includes, Divisional Clinical Lead, Service Manager, Modern Matron, Unit Manager, Clinical Lead Nurse and all members of the MDT.

4.8. Patient / Carer Involvement

Townend Court is fully engaged in developing strong links with patients and carer forums and engaging them in future recruitment and on-going service development and training.

As a service we value patient /carer feedback and we work closely with the patient experience service in relation to complaints and compliments from carers and patients. Townend Court can be contacted at any time throughout a patient's admission.

The division has a Patient Experience Lead who will support with both patient and carer involvement.

Friends and family questionnaires should be given out to patients/carers at identified certain points throughout a patient's admission:

- Every 6 months during their stay.
- Upon discharge

Feedback from Friends and family surveys are collated at a trust level and fed back to the service/teams through clinical network.

Patients are invited to attend a weekly patient forum where they can discuss any worries or concerns regarding their stay or anything positive which has occurred. Patients are also invited to attend a weekly coffee morning whereby they can plan their weekly activities and spend time socialising with their peers in a different environment away from the ward.

4.9. Supervision and Identified Team Meetings.

Supervision

Supervision forms an integral part of the development and support for inpatient staff. The Unit Manager is responsible for ensuring that staff receive clinical/managerial/professional supervision within the team in line with Trusts supervision policy. Each member of staff will have an annual appraisal. Bank staff will also be provided with a level of supervision from the nursing staff.

A supervision structure is in place and is reviewed, updated and shared with the team when the need arises.

In addition to individual supervision, peer supervision and reflection sessions are available to all members of staff on at least a weekly basis which is facilitated by the unit psychologist.

Staff can use business meetings, professional meetings (Registered / Unregistered) and handovers for reflection and peer supervision.

It is essential that all staff have regular support to help them deal with the emotional impact of working within the inpatient service. Staff support has a preventative role in serious untoward incidents.

See References for Supervision Policy – Clinical and Non-clinical and Supervision Guidelines.

Identified Team Meetings

Townend Court has identified team meetings to ensure effective communication throughout the team and to promote staff wellbeing.

All of the identified meetings have a set agenda which they follow, and notes / minutes are shared with the appropriate parties.

A blended approach using a mixture of MS Teams and Face to Face participation is used within all of the meetings to accommodate the wider team and increase attendance.

Identified meetings at Townend Court are:

- Business Meeting

Townend Court's Business Meeting is open to all staff that work on the inpatient units including the wider MDT and senior leadership team. This meeting is chaired by the Unit Manager.

The business meeting is held weekly on a Thursday at 13.00hrs and the set agenda focuses on the following topics:

- Safety – Environment, Estate, CAS Alerts, Risk Register, IPC
- Service Innovation / Development CQUIN
- Enhanced Prevention, Wellbeing and Recovery
- Workforce
- Maximising and Efficient and Sustainable Organisation
- Team Business
- Any Other Business.

- Nurse Meeting

Townend Court's Nurse Meeting is open to all registered nursing staff (Band 5 upwards) and is chaired by the Unit Manager.

The nurse meeting is held monthly, and the set agenda focuses on the following topics:

- Meeting Items – items which need to be discuss with the team i.e. specific training.

- Standing Items – which includes supervision, datix themes, audit findings, safewards and students.
- Healthcare Forum

Townend Court's Healthcare Forum is open to all non-registered staff that work on the inpatient unit within a healthcare role. It is chaired by a registered nurse and is held monthly.

The principles of 'Safe Wards' Positive words should also be adopted within all the identified team meetings at Townend Court.

4.10. Key Performance Indicators

- No of new admissions
- No of discharges
- Occupied Bed Days Available
- Occupied Bed Days (including leave)
- Occupied Bed Days (excluding leave)
- No of occupied bed days delayed due to NHS
- No of occupied bed days delayed due to Social Care
- No of occupied bed days delayed due to Both
- Length of Stay - current (snapshot)
- Length of Stay - discharge
- Number of Friends & Family Responses in the reporting period
- Number of complaints responded to in the reporting period
- Number of complaints responded to in the reporting period which were fully upheld
- Number of complaints responded to in the reporting period which were partly upheld
- Number of compliments received in the reporting period

Additional Internal KPI's

- Safer Staffing Fill rates / Day / Night / Registered / Non Registered
- Budget vs Expenditure
- Use of Bank / Agency Costs/Spends
- Sickness/Absence Rates
- Mandatory Training Compliance
- Clinical Supervision
- Appraisals Completion (due for completion between April and July).

4.11. Controlled Access and Egress

All units must have a single robust controlled point of entry where people who are not staff or patients cannot enter the building without being authorised to do so. A record of all those visiting the ward, to include staff from other areas of the Trust, will be kept in reception. A separate record will be kept for all contractors entering/exiting the ward as per Estates Contractor Control Policy.

There are circumstances where visitors access may be restricted, refused entry or asked to leave. The two principal grounds on which the above may occur are: clinical grounds and security grounds. Exclusion from visiting may be necessary following previous and/or current behaviours from a particular visitor. The Mental Health Code of Practice (2015) Chapter 11 lists the following as exclusion criteria:

- Incitement to abscond.
- Smuggling of illicit drugs or alcohol.
- Transfer of potential weapons.
- Unacceptable aggression
- Attempts by the media to gain unauthorised access.

Staff have a responsibility to verify the authenticity of people wishing to gain access to a ward and to restrict such access in order to maintain the safety and privacy of patients and staff.

Any decision to exclude a visitor should be fully documented and explained to the relevant patient. Any visitor being excluded should be given a rationale as to why they have not been granted access to the ward, ensuring patient confidentiality is maintained. This decision should be reviewed on a regular basis as clinically appropriate based on risk. Staff should also inform Trust's Mental Health Legislation team on every occasion when a decision has been made to exclude or cancel a patient's visit.

Each unit should have only one door that is regularly used to permit patients to leave the unit. This door will remain permanently controlled by staff. In the event of a fire all fire doors should automatically open that are designated to do so.

Trust staff must remember their duty of care towards all potentially vulnerable patients who are using services and to reduce the instances of tailgating across inpatient areas. When staff are leaving inpatient facilities they must supportively question any patients wishing to leave and/or ensure that staff on the ward are made aware of the patient's intentions before they leave the building. If the patient says they have agreement to leave then this must be checked with the staff on duty, before allowing the person to leave the building. If a patient successfully tailgates a member of Trust staff from the building this must be reported to the nurse in charge immediately and if appropriate Missing Patient Procedure implemented. All instances of tailgating must be reported to the ward, whether successful or not, and an Adverse Incident form completed to ensure appropriate strategies are put in place to support the patient.

Any patient wishing to leave the ward must be reviewed by a qualified nurse to ensure the appropriate documentation is in place i.e. Section 17 leave for detained patients and to assess the mental state of the patient.

See References for Entry and Exit Policy for Non Secure Inpatient Units.

4.12. Search

Every patient will have a property search on admission due to high levels of patient safety incidents occurring within inpatient units involving restricted items. This search will also constitute the patient possession list on admission. The Trust will support this blanket rule/restriction on the basis of overall patient safety.

Every item will be logged and any restricted items will be withheld. A list of restricted items will be displayed on each ward.

The Patient's Property and Monies Procedures must be followed.

Thereafter any additional belongings, room or personal searches for any patients returning from leave in any of the inpatient services will only be undertaken in line with the patient's individual risk assessment. Routine searching of patients or their belongings on return from leave is NOT supported.

See References for Patient Search Policy & Patient's Property and Monies Procedures.

4.13. Keys / Alarms

Each unit will have a procedure in place for the use of keys and personal alarms which should be followed by staff at all times. Staff will be provided with both keys and personal alarms upon the commencement of shift after receiving an initial environmental induction to the units.

Patients can have access to both keys to their rooms and personal alarms if they want to. These are to be individually risk assessed and key agreement and alarm agreements are to be completed with the patient. For patients that do not have the capacity or are considered high risk to hold a key for their room or a personal alarm, this needs to be clearly documented within their clinical records. Patient access to keys and personal alarms is to be reviewed throughout a person's admission.

Staff keys are universal and will allow entry into all rooms within the building.

Patient keys will only allow entry into their identified bedroom and no other rooms within the units.

4.14. Workplace and local environment induction.

All staff are required to attend the Trust's corporate induction upon commencement of employment. It is the responsibility of the staff member to book their corporate induction via their Electronic Staff Record (ESR).

The trust induction checklist and environmental induction will be completed as soon as the staff member arrives on the unit and/or before they start their first shift. This applies to all staff including non-substantive (bank, agency), students, medics, locums, domestic staff, admin etc. The environmental induction is bespoke to Townend Court and covers all safety and risk issues such as ligatures, contraband items, keys and alarm systems, supportive engagement, clinically managed risks, CCTV, fire alarm system and exit points, supervised access rooms and resuscitation equipment.

Please refer to References for Induction Policy.

4.15. Reducing Restrictive Interventions.

Townend Court prides itself on reducing restrictive interventions and works proactively with patients, staff, carers and families to achieve this. Townend Court uses a clinical model which focuses on trauma informed care, positive behavioural support and person centredness.

A monthly Reducing Restrictive Interventions meeting is held which is open to everyone involved within the service: patients, staff, families, carers and other professionals. The aim of the meeting is to review any restrictions within the service, identify any themes with regards to restrictive practices and provide a safe space for all to talk about their experiences of restrictive practices. The meeting also has access to the trusts Restrictive Interventions Dashboard to support with the aims of the meeting.

Townend Court also plays an active role within the wider trust Reducing Restrictive Interventions meeting as well as incorporating the Safewards initiative alongside the other inpatient services within the trust. Safewards is an intervention which is used on the wards to minimise the number of situations in which conflict can arise between healthcare workers and patients with the aim of making a safer service for all. There are ten areas which Safewards focus on, these are:

- Mutual Expectations
- Soft Words
- Talk Down Tips
- Positive Words
- Bad News Mitigation
- Knowing Each Other
- Mutual Help Meetings
- Calm Down Methods
- Reassurance
- Discharge Messages.

See Appendix A for copy of Safewards information.

4.16. Transfer to Other Units.

Townend Court does not normally transfer patients to other units within the Trust due to the nature of the service. However, Townend Court may receive transfers from the other units within the Trust and staff should follow the admission process as detailed above.

Townend Court may transfer patients to alternative hospitals around the country. Staff should follow the discharge process when transferring between different hospitals.

See References for Patient Discharge / Transfer SOP

4.17. Discharge

Discharge planning will commence at the point of admission and should involve all colleagues who will work the patient in the community following discharge. All patients should have a clear identified discharge pathway upon admission to ensure discharge is facilitated at the earliest opportunity and reduce the risk of potential delay discharge and extended stay in hospital.

Townend Court has a Discharge Co-Ordinator within the staff team to support and facilitate safe discharges from the units. The Discharge Co-Ordinator will facilitate and chair a monthly discharge meeting where representatives from the Integrated Care Boards, Local Authority and Learning Disabilities services (both inpatient and community) will be present. The meeting will review the patients discharge pathways including those accessing out of area beds, using the Transforming Care 12 step discharge plan as a guide. Alongside the formal discharge meeting, each patient will have an individual core group meeting which will focus on the logistics of the discharge such as transition plans and training requirements.

Upon discharge from Townend Court each patient will receive the following after care:

- 7 day telephone follow up from Townend Court.
- 6 weeks follow up from Intensive Support Team
- Outpatient appointment with psychiatry.
- Ongoing support with Occupational Therapy, Psychology and Speech and Language Therapy.

See References for Patient Discharge / Transfer SOP

4.18. Staff Wellbeing

Townend Court prides itself on ensuring a high standard level of care towards their staff team to ensure that they maintain a positive work, home life balance. All staff have access to the trusts Occupational Health and can either self-refer or a referral can be made on their behalf with their consent. Occupational Health are there to support with a number of health-related issues which includes both personal and work life. Occupational Health can provide recommendations for reasonable adjustments to support staff to remain or return to the workplace following a period of absence. Staff are also supported throughout periods of extended absences and short periods of absences as per Attendance Management Policy.

Staff can also seek advice and support from the Trust Health and Wellbeing team. This service can be accessed through the trust own Intranet.

If staff have any concerns relating to Townend Court, they can request and speak with the senior leadership team. If staff do not feel comfortable with this process, they can raise their concerns through the Freedom to Speak Up Guardians. Staff should not feel afraid for raising concerns and are encouraged to do so.

Townend Court also works closely with the Trade Unions that represent many of the staff team. There are several Trade Unions within the trust i.e. Unison, Royal College of Nursing and GMB union. All trade union details are located on the trust intranet. Staff are encouraged to join a trade union of their choice as they can support staff members during difficult times and with raising concerns.

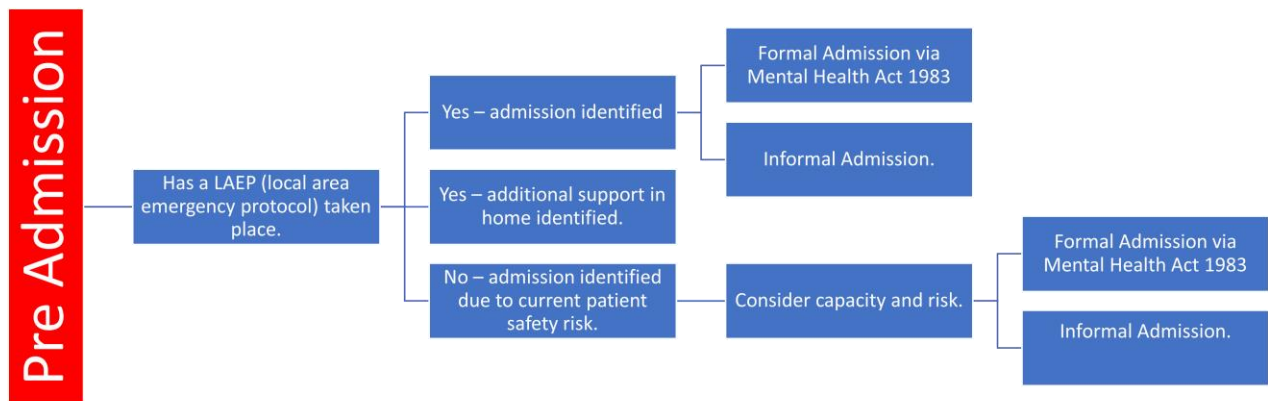
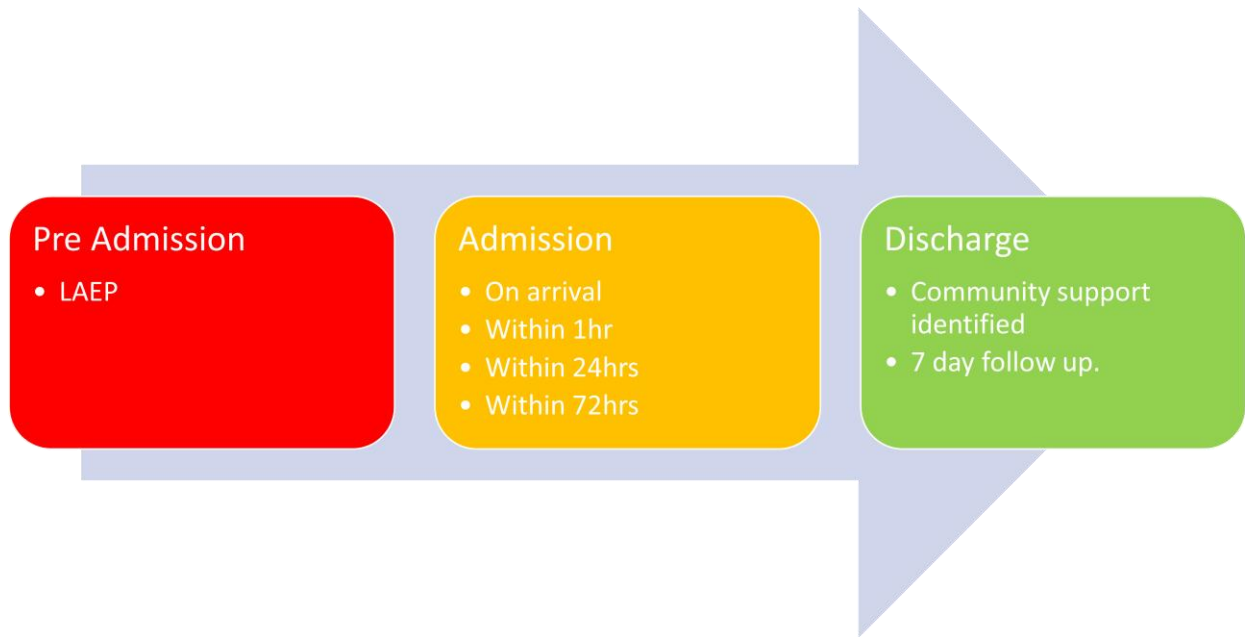
See References for Occupational Health Assessments of Current Employees when there is concern that health is affecting work or work is affecting health, Attendance Management Policy and Procedure and Freedom to Speak Up Policy.

5. REFERENCES

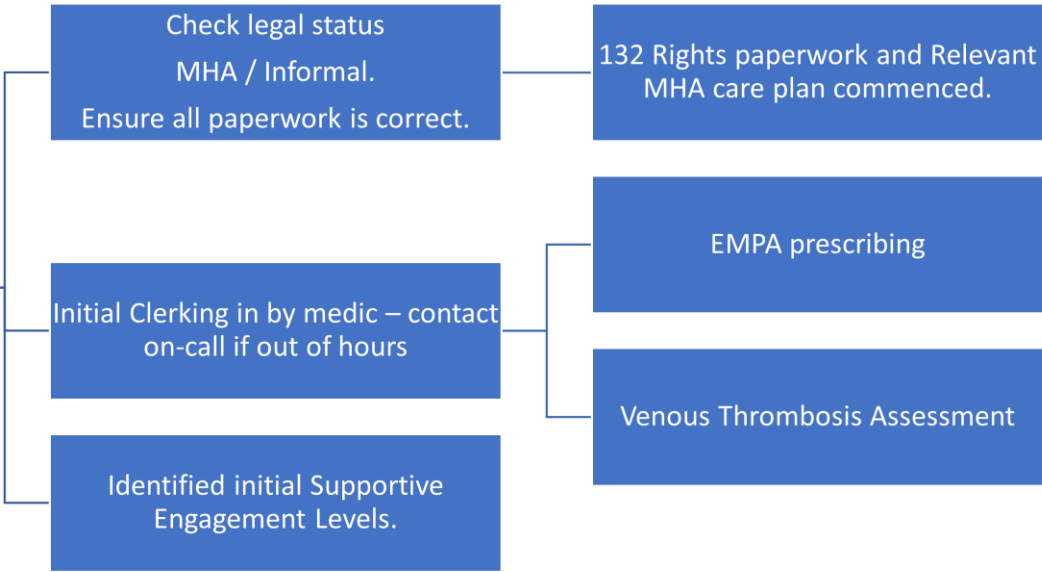
Related Policies/Procedures/Guidelines to be used in conjunction with this SOP

Rostering Policy	Rostering Policy HR-030.pdf (humber.nhs.uk)
Supportive Engagement Policy	Supportive Engagement Policy.pdf (humber.nhs.uk)
Supportive Engagement Guideline	Supportive Engagement Guideline.pdf (humber.nhs.uk)
Supervision Policy.	Supervision Policy - Clinical Practice and Non-Clinical N-039.pdf (humber.nhs.uk)
Supervision Guidelines	Supervision Guidelines G312.pdf (humber.nhs.uk)
Physical Health Monitoring Policy	Physical Health Monitoring MH LD Policy N-018.pdf (humber.nhs.uk)
Protocol for Physical Health Monitoring	Physical Health Monitoring MH and LD - Inpatient Prot529.pdf (humber.nhs.uk)
Entry and Exit Policy for Non Secure Inpatient Units.	Entry and Exit Policy for Non Secure Inpatient Units M-022.pdf (humber.nhs.uk)
Patient Discharge / Transfer Learning Disability Inpatient Service	Patient Discharge Transfer Learning Disability Inpatient Service SOP22-033.pdf (humber.nhs.uk)
Search Policy	Search Policy Inpatient M-013.pdf (humber.nhs.uk)
Patient Property and Monies Procedure	Patient Property Procedure Proc433.pdf (humber.nhs.uk)
Induction Policy	Induction Policy HR-009.pdf (humber.nhs.uk)
Seclusion or Segregation use of Policy.	Seclusion or Segregation use of Policy M-008.pdf (humber.nhs.uk)
Risk Audit of Clinical Environments Policy.	Risk Audit of Clinical Environments Policy.pdf (humber.nhs.uk)
Removal of Ligatures and Safe Use of Ligature Cutters Procedure.	Removal of Ligatures and Safe Use of Ligature Cutters Proc447.pdf (humber.nhs.uk)
Occupational Health Assessments of Current Employees when there is concern that health is affecting work or work is affecting health.	Occupational Health Assessments of Current Employees when there is concern that health is affecting work or work is affecting health (Mid-Employment Assessment) (humber.nhs.uk)
Attendance Management Policy and Procedure	Attendance Management Policy and Procedure HR-003.pdf (humber.nhs.uk)
Freedom to Speak Up Policy.	Freedom to Speak Up Policy N-040.pdf (humber.nhs.uk)
Smokefree Procedure	Smokefree Procedure Proc466.pdf (humber.nhs.uk)

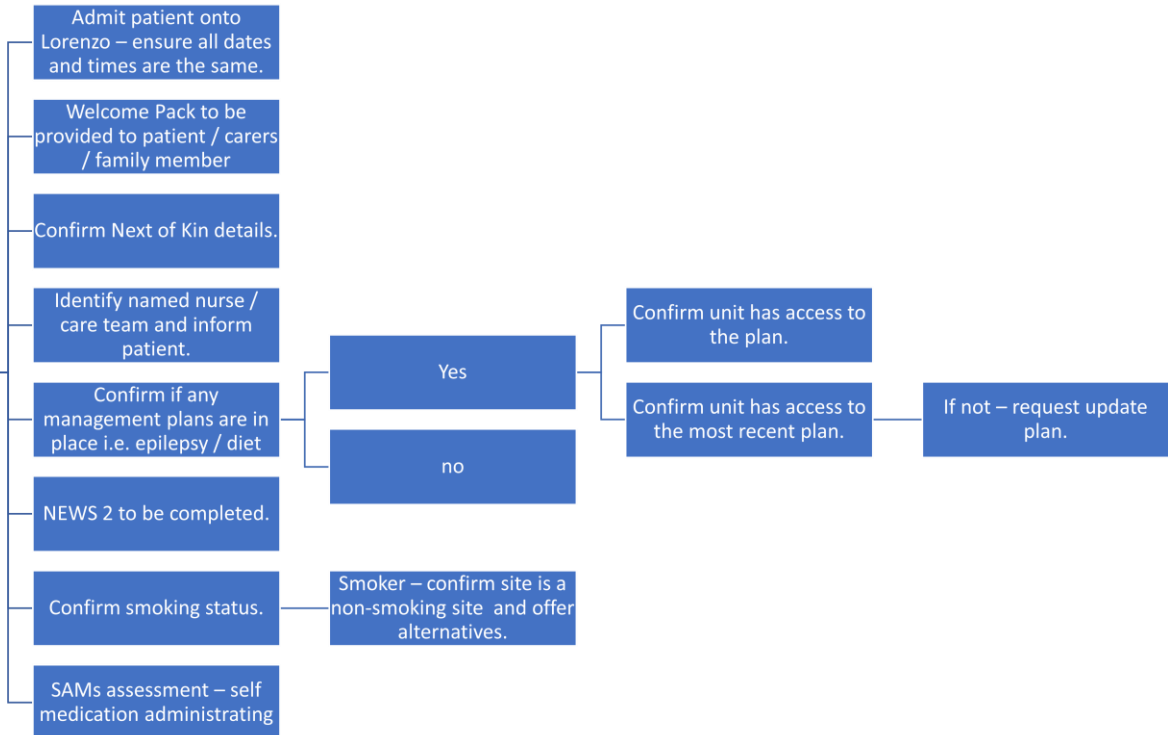
Appendix A – Admission Process

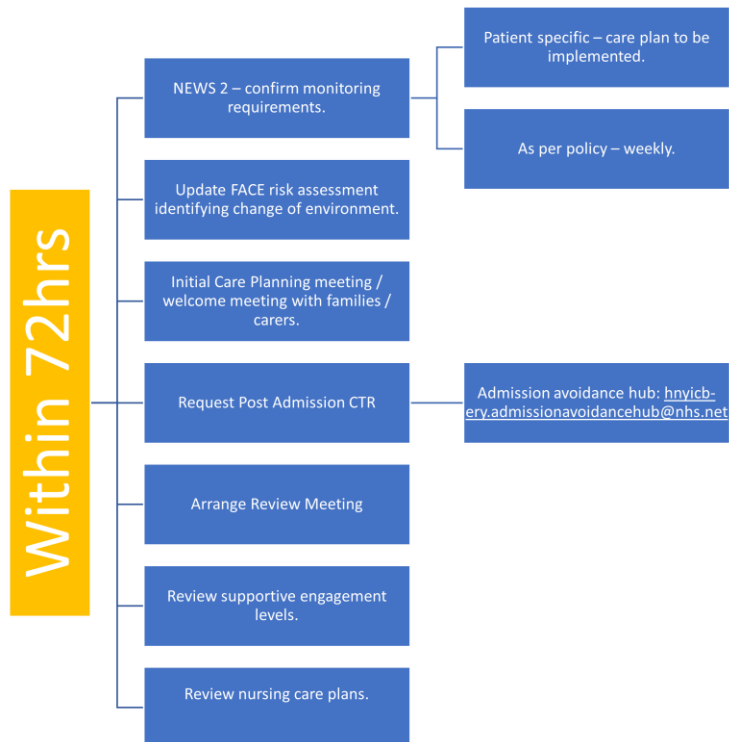
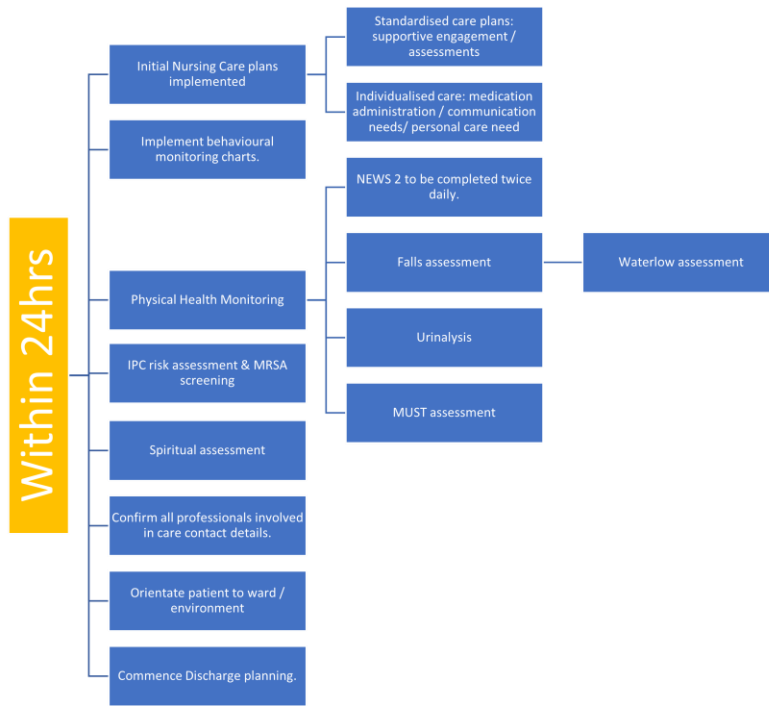


On arrival

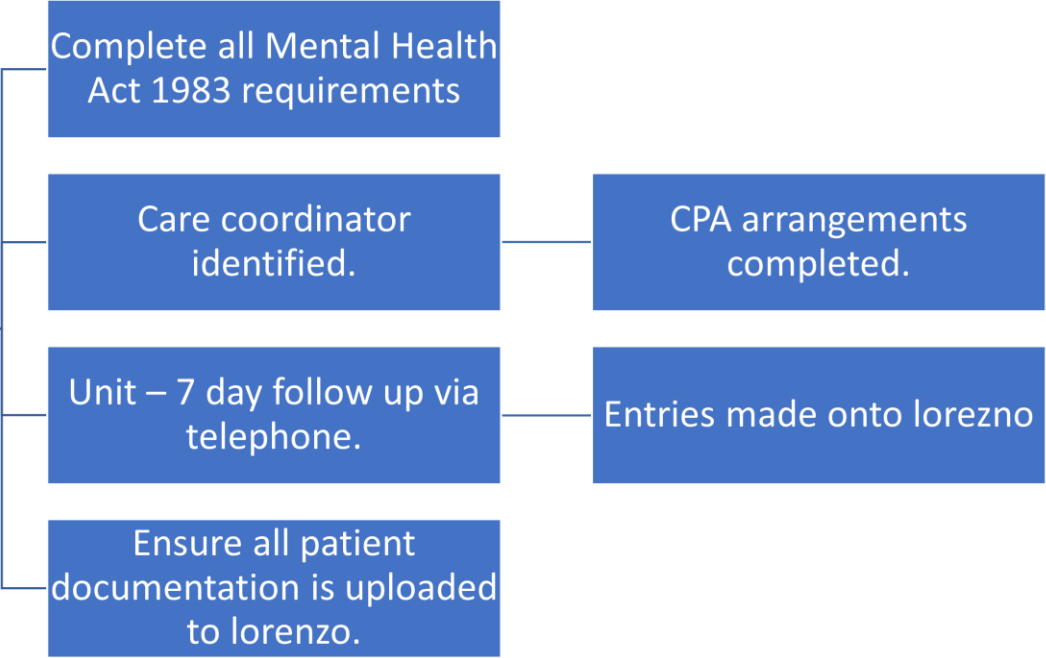


Within 1hr





Discharge



Appendix B – Handover Form

HOW IS EVERYONE DOING? IS EVERYONE OK?	
UNIT:	DAY / NIGHT
DATE:	
RELEVANT CLINICAL INFORMATION FROM SHIFT	
PATIENT DETAILS: NAME: DATE OF BIRTH: NHS NUMBER: SUPPORTING ENGAGEMENT LEVEL:	SIGNIFICANT INFORMATION – PAST 7 DAYS I.E. SECLUSION / MEDICATION CHANGES / MDT ACTIONS ETC
PATIENT DETAILS: NAME: DATE OF BIRTH: NHS NUMBER: SUPPORTING ENGAGEMENT LEVEL:	SIGNIFICANT INFORMATION – PAST 7 DAYS I.E. SECLUSION / MEDICATION CHANGES / MDT ACTIONS ETC
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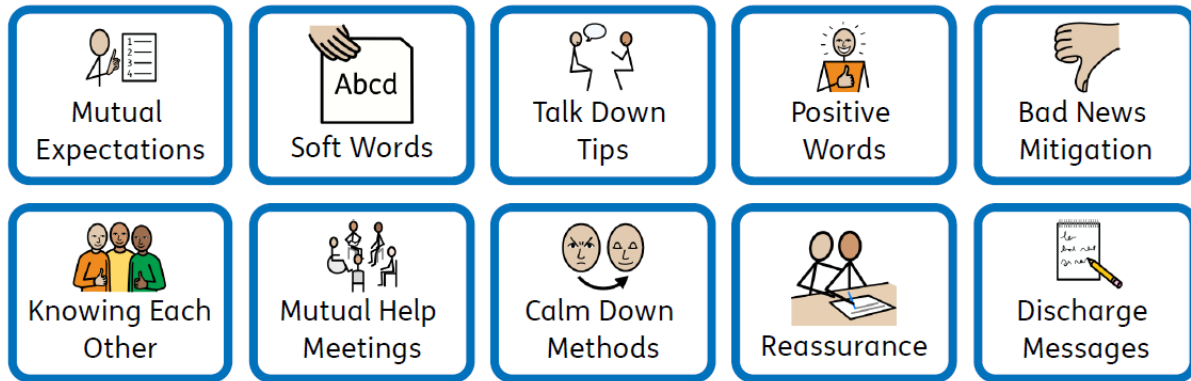
Appendix C – Team Brief Form

TOWNEND COURT – WILLOW & LILAC COMBINED		DAY / NIGHT
DATE:		
NURSE IN CHARGE:		WILLOW
FIRE WARDEN:		LILAC
FIRST AIDER:		
RESPONSE:		
DAYS EVENTS I.E APPOINTMENTS / LEAVE / VISITS – please identify supporting staff as well.		
1		
2		
3		
4		
5		
BREAKS: 1 STAFF ONLY AT TIME ACROSS BOTH WARDS.		
DAYS:		NIGHTS:
13.00 – 13.30:		01.0 – 01.30:
13.30 – 14.00:		01.30 – 02.00:
14.00 – 14.30:		02.00 – 02.30:
14.30 – 15.00:		02.30 – 03.00:
15.0 – 15.30:		03.00 – 03.30:
15.30 – 16.00:		03.30 – 04.00:
16.00 – 16.30:		
CHANGES TO PLANNED BREAK TIMES: RATIONALE IS REQUIRED:		
ESTATES / ENVIRONMENT ISSUES:		

Appendix D – Safety Huddle Form

TOWNEND COURT – WILLOW & LILAC COMBINED	DAY/NIGHT
DATE:	TIME:
HOW IS EVERYONE DOING? IS EVERYONE OKAY?	
CONCERNS RE: WILLOW	
CONCERNS RE: LILAC	
DATIX / INCIDENTS / DEBRIEFS / REFLECTIONS:	
ANY OTHER BUSINESS:	

Appendix E – Safewards Information



What is Safewards



Safewards is a intervention we use on the ward to help keep people calm and safe.

10

There are 10 interventions which are used.



This fact sheet will help you to understand what Safewards is.

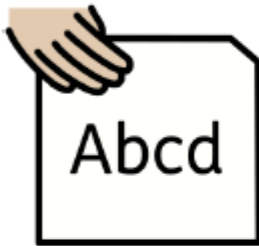


Staff will help you with this information.

10 Interventions



Mutual Expectations - these are rules which everyone agrees to and follows.



Soft Words - these help us all work together.



Talk Down Tips - these help the staff to support you when you are upset or angry.



Positive Words - these are used to describe what has been "good" about today.



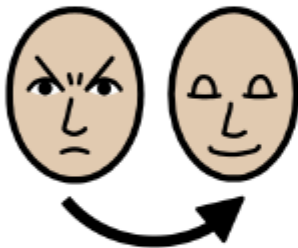
Bad News Mitigation - these help the staff to know how to talk to you about "bad" things which may happen.



Knowing Each Other - this allows you to get to know the staff and what they like.



Mutual Help Meetings - a place where we can all come and ask for help.



Calm Down Methods - these are things staff can do, to help you stay happy and calm.



Reassurance - this allows you to feel safe on our wards.



Discharge Messages - this allows you to help other people who may use our service.

Appendix F – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

- Document Title:** Townend Court Assessment and Treatment Unit.
- EIA Reviewer (name, job title, base and contact details):** Kirstie Ward, Unit Manager, Townend Court 01482 336740
- Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

<p>Main Aims of the Document, Process or Service</p> <p>To provide operational guidance for people working in Humber Teaching NHS Foundation Trust's Learning Disabilities (Townend Court) Inpatient Service.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
--

<p>Equality Target Group</p> <ol style="list-style-type: none"> Age Disability Sex Marriage/Civil Partnership Pregnancy/Maternity Race Religion/Belief Sexual Orientation Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> who have you consulted with what have they said what information or data have you used where are the gaps in your analysis how will your document/process or service promote equality and diversity good practice
---	--	---

Equality Group	Target	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age		<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	This SOP is applicable to all working age groups.
Disability		<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	The SOP is applicable to all young people regardless of disability
Sex		<p>Men/Male Women/Female</p>	Low	This SOP is not impacted by an individuals sexual alignment
Marriage/Civil Partnership			Low	N/A
Pregnancy/Maternity			Low	N/A
Race		<p>Colour Nationality Ethnic/national origins</p>	Low	This SOP is not affected by race
Religion or Belief		<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	This SOP is not affected by religious or cultural beliefs

Equality Group	Target	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation		Lesbian Gay men Bisexual	Low	This SOP is not affected by an individual's sexual orientation
Gender Reassignment		Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is not affected by an individual's gender identity.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
No points / actions raised.	
EIA Reviewer: Kirstie Ward	
Date completed: 21/06/2024	Signature: K Ward