



# ***SOUTHERN HEALTH & SOCIAL CARE TRUST***

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## **MENTAL HEALTH SERVICES**

# ***OPERATIONAL GUIDELINES FOR BLUESTONE MENTAL HEALTH INPATIENT UNIT***

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***“Each service user who is assessed as requiring a period of care away from their home should have timely access to an appropriate hospital bed or alternative bed or place, which is in the least restrictive environment consistent with the need to protect them and the public - as close to home as possible.”***

## ***National Service Framework for Mental Health Standard Five***

### **1.0 INTRODUCTION**

This operational policy will provide an overview for the staff working within the Bluestone Unit. Adult Mental Health Acute Services within Bluestone Unit provides inpatient admissions to individuals aged between 18 and 65 years, and those over 65 years with a Functional Mental Illness (FMI). The in-patient wards provide assessment and treatment for people experiencing acute mental health crises where the individuals presenting needs or care needs cannot be supported at home or in an alternative, less restrictive residential setting.

Within Bluestone Unit, there are 76 admission beds (exclusive of Psychiatric Intensive Care beds and Dorsy Unit)

- Willows Ward has 16 beds dedicated to those over 65 years, and four beds for individuals aged under 65
- Cloughmore Ward has 18 beds for individuals aged under 65
- Silverwood Ward has 18 Beds for individuals aged under 65
- Bronte Ward 18 has Beds for individuals aged under 65.

### **2.0 PURPOSE**

The purpose of this document is to promote consistent practice for service delivery within the Bluestone Unit. The document outlines the care components of the service and is informed and supported by Southern Health & Social Care Trust (SHSCT) Policies and Procedures, including:

- Delivering the Bamford Vision (2009)
- Transforming your Care (2011)
- Mental Health Order (NI) 1986
- Human Rights Act (1998)
- Deprivation of Liberty safeguards (DOLS) Interim Guidance DHSSPSNI (2010)
- Promoting Quality Care (Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (2010)
- Patient Client Experience Standards (2012).

### **3.0 PHILOSOPHY OF BLUESTONE UNIT**

Bluestone in-patient wards are committed to the principle that open and honest communication is central to all aspects of care and treatment, and that all inpatient care will be provided through multidisciplinary team working.

All inpatient wards offer the following:

- The provision of individualised and person centred care and treatment that respects and empowers individual choice and is delivered in cognisance of the standards and principles of Human Rights.
- Ensure that care and treatment provided is delivered in the least restrictive manner.
- The standards of care and treatment respects a patient's rights for privacy and dignity, respect and choice in a safe and therapeutic environment in the most acute and vulnerable stage of illness.
- The involvement and engagement of the multi-disciplinary team (MDT) in the delivery of health, social care needs; and that the MDT ensure that an appropriate treatment/care plan and risk management plans are devised. These treatment plans will include the involvement of the service users and relevant carers
- That service users and their relevant carers are involved in a timely manner in their discharge planning arrangements.
- That all staff will respect confidentiality within the context of professional and legal constraints.
- That all staff promote Recovery with the Recovery principles of IMROC.

### **4.0 PRINCIPLES OF CARE**

The following principles will underpin the daily activities undertaken by all staff:

- Work with patients and their carers if appropriate and encourage them to take an active part in the decision making process regarding the care we provide
- In accordance with Section 75 of the Northern Ireland Act 1998 all patients will be treated equally whilst respecting their individual needs through their ethnic origin, gender, social class, sexual preference, religion, age, language, mental or physical disability or geographical location.
- All patients will be treated with compassion, dignity, kindness, and their individual's aspirations, experiences understood.
- All care provided to patients will be positive and strengths focused
- Recognise the important role of carers and provide the support they need.
- Ensure effective individualised multidisciplinary approach to care delivery.
- All staff will ensure effective communication between the key services involved in the patient's care.
- The Unit will facilitate and promote access to the Independent Advocate Service.
- The principles of risk assessment and positive risk management are adhered to.
- Planning towards discharge and support in the community commences on admission with patient, carer and community support involved.
- In order to facilitate development and continuous improvement of care provided to patients the unit is subject to regular audit inspection and appraisal.

## **5.0 ADMISSION PATHWAY**

Admission to Bluestone Unit as reflected within the Bed Management Protocol is determined following triage/assessment by the Home Treatment Crisis Response Team (HTCR)/Mental Health Liaison service or Application for Assessment made under the Mental Health Order (NI) 1986. Admission to hospital should only take place when it is deemed clinically appropriate following assessment by the Trust's Mental Health Gate Keeping Services or Approved Social Work Services in the case of patients admitted for assessment under the Mental Health (NI) Order 1986. Admission will only proceed when it is determined that there is no immediate, and appropriate, safe alternative to managing the patient within community resources available at the time.

The admitting Nurse will ensure the patient is respectfully received and complete the initial admission assessment including an up to date mental state assessment, bio-psychosocial assessment and clinical risk assessment in conjunction with the admitting Doctor. An initial treatment plan will be agreed by the admitting Doctor, Nurse, and relevant carers if present and whenever possible the patient. The admitting Nurse should complete the recovery care plan as soon as practicable following the update of the clinical risk assessments and initial treatment plan.

It is important that patients are not subjected to having the same information requested repeatedly nevertheless on admission it is necessary to assess the current mental state and risks and the reasons underlying the admission. During the course of the admission, this understanding will be increased as further information becomes available. All information will be recorded on PARIS the electronic patient record.

On the next working day following the admission, the Named Nurse (or Nurse in Charge) will ensure that if involved that the Community Mental Health Team/Community Addiction Team are made aware of the patient's admission.

Patients admitted under a compulsory order of the Mental Health Order (NI) 1986 will be given information leaflets regarding their detention and legal rights of appeal and this will be clearly documented on Paris. All relevant Mental Health Order forms must be completed by the admitting Doctor and checked by a Registered Nurse. Staff will be mindful that some service users may require support and assistance in reading and understanding the information on their rights. The explanation of the service user's rights will be repeated throughout the period of detention to ensure understanding. During the admission process, the needs of carers will always be considered and they will be given information regarding assessments and consideration will be afforded to a carer's assessment and any other support that can be accessed through carers groups.

## **6.0 DISCHARGE PLANNING**

The process of discharge planning will commence from the individuals admission. Patients should only remain in Bluestone Unit for as long as is clinically necessary. The ward based Multidisciplinary Team will work collaboratively and in partnership with patients, families/carers, Home Treatment, Support, Recovery Mental Health Teams, and voluntary and statutory organisations to expedite patient discharges. Any delayed discharges from hospital will be escalated through the delayed discharge forum, which is chaired by the Bluestone Co-ordinator/nominated deputy. The aim of which is to ensure that individuals

hospital admissions are not unduly prolonged after the clinical decision to discharge them had been agreed.

## **7.0 ROLES AND RESPONSIBILITIES**

**Proposals to enhance the MDT across the Unit are currently in development and additional roles and responsibilities will be added once agreed.**

### **Nursing Staff**

The first 72 hours of an admission are particularly important as the service user orientates themselves to new situations. The Named Nurse will oversee and co-ordinate the patient's nursing care throughout their in-patient admission to Bluestone Unit. A Registered Nurse from the nursing team is allocated and will be clearly identifiable daily for each individual patient. The Registered Nurse will identify himself or herself to the patient and provide advice on their role.

The Named Nurse will be responsible for ensuring that the patient is:

- Orientated to the ward environment.
- Will ensure the patient receives unit information leaflet.
- Will explain the patient property and safety procedures such as storage of private patient property, restricted items, the visiting and smoking policies
- Aware that nursing staff complete general/15 minute visual wellbeing checks on all inpatients
- Aware that Bluestone Unit has a zero plastic bags policy and that they will be provided paper bags on request.
- All aspects of care and treatment explained including the rights of appeal of detention for detained patients.
- Provided with information in relation to ward routines such as protected meal times, multidisciplinary team meetings, visitor times, protected therapeutic times.
- Made aware of confidentiality and the sharing of relevant information with nursing and other MDT colleagues on duty to ensure safety and consistency of care.

The Named Nurse will ensure the following documentation is requested/completed within the first 24 hours of admission:

- Individual Recovery care plan relevant to the patient's identified needs.
- Contribute to the update of the PQC Risk Documentation
- The recording of clinical and or nursing observations.
- Request relevant notes/records.

The Named Nurse will meet with the identified patient for 1:1 therapeutic time. Whilst these sessions will offer therapeutic time with the patient, they will enable the Named Nurse to reassess, monitor and evaluate the patient's mental health and treatment provided. The therapeutic interaction will help inform the carer/family, Multi-disciplinary Team in relation to treatment, care planning and assessment and the management of presenting risk.

## **Medical staff including the Consultant Psychiatrist and Junior Doctors**

The Consultant Psychiatrist is the Responsible Medical Officer and is responsible to lead in the diagnosis of patients. While other members of the multidisciplinary team are encouraged to offer their experience and opinion of the patient, the final diagnostic label is the sole responsibility of the Consultant Psychiatrist. The Consultant will also lead in the assessment, management and prevention of the full range of mental health disorders. The Consultant Psychiatrist will be assisted by other junior medical staff including Specialist Registrars, Senior House Officers/Trainee Junior Doctors and Foundation Doctors and they Consultant will work in partnership with patients and carers, and the other members of Multidisciplinary Team and multi-agency staff. Medical staff will work in partnership with patients and carers, and the other members of Multidisciplinary Team and multi-agency staff.

## **Occupational Therapist**

The Occupational Therapist (OT) is available to any patient who requires OT intervention during their admission to Bluestone Unit. The OT will:

- Determine the therapeutic intervention required (individual assessment, individual treatment, group work, discharge planning) and prioritise according to need.
- Assess the impact of an individual's mental health, behaviour, on their Occupational Performance or Function.
- Promote and facilitate engagement in therapeutic activity to improve levels of motivation, self-confidence and self-control plan, recovery focused, performance based activity programmes appropriate to the individual's skills and level of functioning within their physical, sensory and social environment.
- Assist the individual to identify and address deficits and barriers that limit their ability to engage in daily activities that they need or want to do.
- Encourage individual to achieve their maximum level of functioning and independence in self-care, home management, leisure and creative activities, work tasks as well as community and social participation.
- Facilitate sensory processing based interventions to help the individual reduce or manage heightened arousal and improve focus and performance in daily activities.
- Utilise standardised and functional assessment tools to obtain objective information to assist in the formulation of recommendations for safe and effective discharge planning for the individual.
- Assess those who have physical impairment or may arrange input from specialised OT services.
- Evaluate and use strategies to assess and manage cognitive and perceptual difficulties.
- Recognise that functional performance is strongly linked to an individual's home environment and may arrange home safety modifications, prescribe ADL equipment or recommend appropriate services as part of the multi-disciplinary care plan.

## **Psychology Service**

A Psychologist will be available for patients in Bluestone and will work with the members of the Multidisciplinary Team to assess patients for psychological treatment. They may also support staff in the delivery of low intensity psychological interventions

## **Social Work Service**

The Social Worker as part of the multidisciplinary care team will offer and provide a range of assessments and appropriate interventions to aid the patient in achieving optimum recovery/rehabilitation and quality of life. The Social Worker will assess the social needs of the patient, family and support systems, locate, and negotiate potential necessary resources. The Social Worker will co-operate and communicate with everyone involved in the patient's care considering the patient's personal choices. The Social Worker will provide support services to patients and also function as an advocate for patients and their families and ensure the patient's welfare is protected. The Social Worker will assist with arrangements for continued help and care in the home once the patient is discharged.

### **Dietitian**

The Dietitian is a member of the multi-disciplinary mental health team which aims to enhance the recovery of patients who are experiencing a severe mental illness. The role of the Dietitian is to assess, diagnose and treat diet and nutrition related problems. The Dietitian uses the most up to date research on food, health and disease which is then translated into practical guidance to enable patient's to make appropriate food and lifestyle choices. Within the Mental Health setting the Dietitian is able to support patients whose engagement in treatment at times may be a challenge due to their mental health conditions. The Dietitian provides patients with a robust link between their mental health and their physical health. Dietetic interventions lead to reduced malnutrition, weight management, reduction in nutrition related side-effects of psychiatric medications, improve self-care and management of co-morbid conditions e.g. obesity, coronary heart disease ; and improved health and nutritional status.

### **Pharmacist**

The mental health pharmacist will as part of the multidisciplinary care team ensure the safe and effective use of medicines. On admission to the Bluestone Unit, the mental health pharmacist will speak with the patient or their carer to understand what medications the patient was taking before admission: including those prescribed by the GP, hospital, and purchased medicines from the community chemist. The mental health pharmacist will explore any issues relating to medication such as any side effects experienced or if the patient is having difficulty remembering to take any medication. The pharmacist will then check that the medication is prescribed on the medication kardex correctly and that it remains an appropriate choice. During the admission, the mental health pharmacist will ensure that when appropriate they attend the multidisciplinary team meetings. They will help patients make informed choices around the best medication for them. They help to simplify complex medication regimes, advise on therapeutic drug monitoring and physical health monitoring. The mental health pharmacist provides expert advice, education and training on medicines to staff, patients and carers. The mental health pharmacist is involved in discharge planning ensuring ongoing supply of medications; in addition, the pharmacist will ensure that the patient is provided with a printed list of their current medication to enable the patient to understand their current, new, changed or stopped medications. When necessary the mental health pharmacist will speak with carers, care facilities, community pharmacy, hospital pharmacy and GP's to ensure seamless transfer from hospital and that all the patient's medications including specialist medication are available at home.

### **Home Treatment/Crisis Response Inreach Practitioner**

The HTCR In reach Practitioner will have an awareness of all inpatient admissions and will assess patients who are deemed clinically suitable for an early discharge assessment to the respective local HTCR team. The aim of assessment is to allow acute mental health care to be continued in a familiar environment, which is likely to be more conducive to their ongoing improvement and recovery. Patients and carers can expect to meet the HTCR in reach practitioner and discuss their discharge plan prior to their agreed discharge date.

### **Smoking Cessation Specialist Nurse**

All patients, admitted to Bluestone Unit who smoke are assessed on admission and on an ongoing basis by the specialist smoking cessation nurse to offer support and guidance for those who want to stop smoking or reduce the amount they smoke. All inpatients will be offered, Nicotine replacement therapy (NRT) to support them with reducing or quitting smoking. The specialist smoking cessation will also support any staff and families of inpatients in Bluestone who also want to stop smoking.

### **8.0 STANDARD OPERATIONAL PROCEDURES**

All staff will ensure that they are aware of and follow Trust Policies, Procedures, Protocols and Guidelines, which are located on the Trust intranet.

### **9.0 SHIFT MANAGEMENT**

The Ward Sister/Charge Nurse maintains overall management responsibility for each ward and the nursing staff. The number of staff on duty will depend upon the clinical demands, the observation status of the patient and the acuity of patients and the perceived presenting management issues of the overall patient population. The Nurse in charge (NIC) holds the responsibility for shift management. Where the NIC is a less experienced member of staff, they will be supported by the senior nurses within the unit.

### **10.0 HANDOVER**

Handovers take place at all shift changes but the most comprehensive handovers occur at 07:45 and at 20:15 between day and night staff. The purpose of handover is to pass information and presenting risks about the ward from the outgoing shift to those staff coming on duty. The format used within Bluestone is that each patient is discussed with the essential components of the report being their names, legal status, leave status, feedback of the nursing observations of the patients presentation from the previous shift and any tasks that are needed to be completed by the incoming shift, on the ward handover sheet and safety brief. The handover also allows nursing staff to express their professional concerns in relation to patients and unforeseen harmful situations, including emotional events. This allows the identification of supports and the needs for further interventions such as a hot/cold briefing session.

### **11.0 MULTI-DISCIPLINARY TEAM (MDT) MEETINGS**

A fundamental component of the initial MDT assessment will be the identification of risk and precipitating factors to admission. This will lead to the development of an individualised Recovery Care Plan and risk management plan. Following this initial assessment there will be a MDT review and the recovery care plan and initial risk management plan will be reviewed and formulated to meet the ongoing identified needs of the patient. Carer and family input is essential when devising care plans, especially when input from the patient is limited due to their presenting mental health needs/acuity. Informed consent to treatment

must be sought at all times and recorded within the Paris records. All contacts involving, or concerning, the patient during their admission will be recorded in the Paris notes in a contemporaneous manner in accordance with professional standards.

MDT meetings will provide an opportunity for open, honest and informal communication between the patient, family, carer and the MDT. Each patient will be invited to attend the weekly ward round. The patients also have the opportunity to speak with their responsible Consultant Psychiatrist on a 1:1 basis. The Advocacy service can be included in MDT meetings if the patient wishes. Outside of the weekly ward round there are also additional patient discussions meetings i.e. Daily Patient Planning Meetings, Post Admission, Treatment Planning and Discharge Planning.

## **12.0 STAFF INDUCTION**

All new staff to Bluestone Unit will attend a Trust Induction and will receive a specific local mental health induction programme.

## **13.0 STUDENTS**

Bluestone Unit will provide placements learning environments for student nurses, student social workers, student occupational therapists and medical students. All nursing students on placement in Bluestone will be allocated a Practise Assessor who is responsible for their induction programme and placement experience. There is student information available on the Trust intranet including an evaluation of placement. All other professions will be allocated their individual supervisors in accordance with their individual professional requirements.

## **14.0 SUPERVISION**

Professional supervision for all staff within Bluestone is integral to the organisational arrangement for the delivery of safe and effective care. All professionally registered staff (nursing, social work, allied health professionals, medicine and psychology) must meet their specified requirements for supervision in accordance with their registration and governing bodies. The additional requirement for operational supervision through individual line managers is also undertaken to maintain professional standards of practise and safe and effective care. Individual team members should also receive regular support and supervision from senior staff to ensure that the standards of care and clinical practise are maintained.

## **APPRAISAL**

The appraisal process followed by respective managers will be in accordance with the Trust policies and procedures. Formal appraisal will take place on annual basis, the foundation of which will be the formulation of personal and service specific objectives for the forthcoming year.

## **15.0 TRAINING**

### ***Mandatory***

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. All staff within Bluestone are required to maintain and arrange their individual mandatory training in accordance with their respective professions registered and unregistered nursing staff training will be managed and organised by the Ward Sister and

Ward Support Officer. Nursing staffs training will be maintained on the health roster system once implemented. How do other professions maintain their training records?

### ***Specific***

Training based on an individual's needs in accordance with their appraisal/supervision or job description and/or the needs of the Service in order to ensure evidenced based care and treatment is provided.

## **16.0 RISK MANAGEMENT/UNTOWARD EVENTS/ABSCONDING EVENTS/**

Bluestone inpatient services will adhere to the Trusts Datix reporting system for reporting of incidents examples of such are outlined below (this list is not exhaustive);

- Episodes of self-harm
- Incidents of verbal and physical aggression at ward level against fellow patients, visitors and staff
- Incidents of absconding
- Slips trips and falls

Learning and themes observed form incident recording will be shared at the weekly Ward Sister/Charge Nurse meetings and the Bluestone Governance Forums.

## **17.0 Complaints**

Bluestone Unit staff will adhere to the Southern Trust Complaints Policy. Complains should always be attempted to be resolved locally and identified learning from complaints will be shared at the weekly Ward Sister/Charge Nurse meetings and the Bluestone Governance Forums.

## **18.0 PATIENT AND FAMILY/CARER INVOLVEMENT**

It is recognised that patients are best placed to help staff understand their needs. Bluestone Unit staff will promote patient involvement in all decision making processes and the planning of their care.

With the consent of the patient, the family/carer should be involved in every aspect of the patients care and treatment in order to maximise positive experiences and reduce stigma. Patient involvement will be facilitated through the following fora:

- Engagement with the MDT Team.
- Attendance at weekly MDT Ward Rounds.
- Independent Advocacy.
- Additional MDT meetings.
- Discussion with families/carers with consent of the patient.
- Patient meetings.

## **19.0 ADVOCACY SERVICE**

All patients have the right to access Independent Advocacy and this is encouraged and facilitated throughout the admission period. The Advocacy service will provide the necessary support to patients so they can have their views represented if so desired.

## **20.0 SERVICE DEVELOPMENT AND EVALUATION**

There will be an ongoing process of both clinical and quality audit and evaluation in relation to the quality of service delivered. The outcomes of which will contribute to the Trusts Governance Structures and Strategic Planning. This will include demographic data, qualitative patient, service user, carer and staff feedback and the quantitative admission/treatment/discharge data.

The results of audits will be disseminated to staff and senior management and patient groups. Policies, protocols and standards will be revised based on the information and evidence gained from audits.

Evaluation feedback and further service development will be shared through the following forums:

- Unit Governance Group
- Nursing Governance Group
- Operational meetings
- Ward Patient Experience Meetings
- Advocacy Groups
- RQIA when requested.

## **21.0 MONITORING COMPLIANCE WITH THIS DOCUMENT**

Ward Team Meetings will address compliance with agreed guidelines and procedures. The Patient Flow & Bed Management Coordinator and the Head of Service will oversee these for Acute Mental Health Inpatient Services.

## **22.0 EQUALITY**

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria; no significant equality implications have been identified. The policy will therefore not be subject to equality impact assessment.