

## POLICY FOR VISITING FELINDRE WARD INCLUDING CHILDREN VISITING

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<b>Author:</b>	Felindre Ward Manager	
<b>Document Owner:</b>	Assistant Director for Mental Health Mental Health	
<b>Accountable Executive:</b>	Director of Primary and Community Care	
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<b>Scope:</b>	Felindre Ward Bronllys Hospital	

The latest approved version of this document is online.  
If the review date has passed please contact the Author for advice.

### Version Control

<b>Version</b>	<b>Summary of Changes/Amendments</b>	<b>Issue Date</b>
1	Initial Issue	tbc

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## ENGAGEMENT & CONSULTATION

### Key Individuals/Groups Involved in Developing this Document

Role / Designation
Ward Manager
Deputy Ward Manager
Consultant Psychiatrist

### Circulated to the following for Consultation

Date	Role / Designation
July 2018	General Manager for Mental Health
Aug 2018	Heads of Service Mental Health
Aug 2018	Clinical Director Mental Health
Aug 2018	Felindre Ward Manager
Aug 2018	Deputy Ward Manager Felindre Ward
Aug 2018	Senior Management Team Mental Health

### Evidence Base

**Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?**

- Mental Health Act 1983/2007 Code of Practice for Wales
- Mental Capacity Act 2005 – code of Practice
- Human Rights Act 1998
- Equality Act 2010
- Safe Management of Mental Health In-patients. Welsh Assembly Government circular: CNO(2008)01 / CMO(2008)01
- Health and Safety at Work Act 1974
- Safeguarding Vulnerable Groups Act 2006.
- Providing Medical Care and Treatment to People who are Detained Guidance. British Medical Association (October 2007)
- Health and Care Standards 2015
- Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children Department of Health, 2008.
- The Children Act 1989 and 2004 – including working towards safeguarding children statutory guidance 2015
- Working Together to Safeguard Children in Need and their Families HM Government 2015
- The Social Services and Wellbeing Act 2014

## IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	<b>Statement</b>
<b>Age</b>	x				This Policy has been developed to provide guidance to professionals, service users, families, visitors and third sector parties for the purpose of visiting in- patients on Adult Mental Health wards to ensure their own and the safety of others. At all times consideration should also be given to the patient's right to respect for their private life under Art.8 of the European Convention on Human Rights (Jones, 2004).
<b>Disability</b>	x				
<b>Gender</b>	x				
<b>Race</b>	x				
<b>Religion/ Belief</b>	x				
<b>Sexual Orientation</b>	x				
<b>Welsh Language</b>	x				
<b>Human Rights</b>	x				
Risk Assessment Summary					
<b>Have you identified any risks arising from the implementation of this policy/procedure/written control document?</b>  No					
<b>Have you identified any Information Governance issues arising from the implementation of this policy/procedure/written control document?</b>  No					
<b>Have you identified any training and / or resource implications as a result of implementing this?</b>  Ensure ward staff are aware of the policy					

## **1. Introduction**

Powys Teaching Health Board Visiting Procedure is designed to ensure safe and appropriate visiting arrangements that are conducive to patient /service user recovery whilst keeping visitors safe at all times.

**1.2** The first part of this procedure covers visitors attending Felindre ward to visit inpatients. The second part pertains specifically to children visiting Felindre Ward.

**1.3** It is recognised that there are positive effects and benefits which occur through visits from family members and friends to our patients.

**1.4** It is a requirement that all inpatient units and hospitals that facilitate the detention of individuals under the Mental Health Act must have policies and procedures regarding the arrangements for children visiting inpatient units and hospitals.

**1.5** The welfare of the visiting child is paramount and takes primacy over the interests of any and all adults.

**1.6** Everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles. All staff should actively safeguard and promote the welfare of children in accordance with the Children Acts 1989 and 2004 and working to safeguard children statutory guidance 2015, ensuring the children and young person's needs and safety is paramount.

**1.7** This document is written to ensure the Trust complies with:

- Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children Department of Health, 2008.
- The Children Act 1989 and 2004 – including working towards safeguarding children statutory guidance 2015
- Working Together to Safeguard Children in Need and their Families HM Government 2015
- The Social Services and Wellbeing Act 2014

## **2. Objective**

It is recognised that there are positive effects and benefits which occur through visits from family members and friends to our patients, this includes encouraging that relationships are maintained with children and young people maintaining contact with relatives, friends and community networks is equally as important as it is for adults. It is also an important element in a patient's care, treatment and recovery.

Restricting visitors to informal patients could amount to deprivation of liberty and may mean an authorisation under the deprivation of liberty

safeguards of the Mental Capacity Act 2005 should be considered if the individual lacks capacity.

The overriding aims of this procedures are to:

- Safeguard the wellbeing of the child visiting an in-patient ward
- Safeguard the wellbeing of patients within the in-patient unit from risks presented by the presence of children on the ward.
- Facilitate the child in seeing his/her relative/friend recognizing the benefits to be gained by patients receiving appropriate visitors at whatever age.

### **3 Definitions**

- **PTHB** – Powys Teaching Health Board

### **4 Responsibilities**

Service managers, Ward Managers and Nurse in Charge are responsible for ensuring that all staff are aware of the procedure, understand the requirements and support its implementation.

#### **4.1 Service manager:**

Provide support to Ward/Department Managers in dealing with complex/difficult situations and circumstances relating to visiting

#### **4.2 Ward Staff:**

Ensure that patients and relatives are aware of visiting times.

\* Ensure all staff are aware of and are compliant with this procedure.

### **5 Principles for visiting:**

**5.1.1** Family and friends are encouraged to visit patients during ward visiting times, due to the rural setting of Powys these times may be altered to accommodate. Although this must be discussed with the nursing staff prior. Staff should support a friendly dialogue with visitors who can offer appropriate feedback regarding the patient, the care or the environment.

**5.1.2** Visiting times will be clearly displayed at entrances to the Wards; these will support and allow protected meal times for patients.

**5.1.3** Where possible a “quiet area” or visitor’s room will be available for the patient to meet with their visitors. Visitors are not allowed onto the main unit, this is due to other patient confidentiality and respect.

**5.1.4** Visitors are asked not to visit if they are feeling unwell or it is thought they pose an infection risk to others.

**5.1.5** The Department of Health Zero Tolerance Policy (1999) on Violence Against Staff expects that all visitors will treat staff with respect and politeness. Threatening, intimidating, aggressive or abusive behaviors will not be tolerated. An acceptable standard of behavior is expected and if this is not met the visitor may be asked to leave the ward. The Police may be called or security utilized to maintain the safety of other visitors, patients and staff.

**5.1.6** If it is felt that visitors are acting in a way that is not in the best interests of the patients, ward staff should raise their concerns with the visitor and the patient (if appropriate) in the first instance. If this is not resolved ward staff should explore safeguarding advice from the Ward Manager/Nurse in Charge as necessary.

**5.1.7** A maximum of 2 visitors per patient is allowed at any one time. If numbers exceed this, nursing staff may ask some visitors to leave.

**5.1.8** Children under the age of 16 will not be permitted to visit wards unless accompanied by an adult, unless in exceptional circumstances, in which case it must be discussed with and agreed by the Ward Manager/Nurse in Charge.

**5.1.9** Children under 16 remain the responsibility of the accompanying adult at all times. Children should be appropriately supervised by an accompanying adult at all times. Children are not permitted to run around the ward or disturb other patients. It is recommended that young children and babies are not brought onto the wards due to infection risks.

**5.1.10** Concerns that children are at risk of, or suffering from, child abuse or neglect should always be shared with a senior member of staff, reasons for the concern should be clearly documented and action taken in accordance with the Trusts Safeguarding Policy and Local Safeguarding Children Boards policies and procedures

**5.1.11** Friends and relatives will be requested not to send or bring in unnecessary items e.g. potted plants, cuddly toys, and restricted items.

**5.1.12** Perishable food should not be brought into the hospital for patient's consumption, unless agreed with the Ward Manager/Nurse in Charge.

**5.1.13** For reasons of confidentiality, cameras on mobile phones, cameras and camcorders are not to be used by visitors within the ward area without seeking permission from ward staff. Recording of the staff is not permitted under any circumstances.



## **5.2 Infection Control:**

- Visitors will be asked NOT to come to the hospital if they have:  
Vomiting and / or diarrhea and until they have been symptom free for 48 hours.
- Coughs, colds or flu-like symptoms.
- Any infectious condition e.g. chickenpox, mumps, until the recommended infection period has passed.

**5.2.2** Any open wounds should be covered with a waterproof dressing.

**5.2.3** Restrictions to visiting may be put in place for infection prevention and control purposes on the recommendation of the Clinical or Infection Prevention and Control Team.

**5.2.4** If a patient is being barrier nursed due to infection. Visitors will not be allowed on the unit. Staff are to seek advice from infection control, should this occur.

**5.2.5** Visitors may seek advice of Ward Manager/ Nurse in Charge of ward if they have any concerns about Infection Control.

## **5.3 Supervision of visits:**

**5.3.1** The balance between patients' rights to see family members and the safety of any children visiting may require different levels of supervision for some visits, based upon a thorough risk assessment of the levels of risks posed.

**5.3.2** Levels of supervision, which will be determined from the risk assessment process may include:

- Direct observation 1:1 by staff
- Planned observations at specific intervals where staff monitor progress
- Supervision agreed and provided by other agencies such as Children's Services

**5.3.3** The level of supervision required will be agreed at the multi-disciplinary discussion as part of the risk assessment process. The patient and the visiting child/family will be made aware of the decision made. If specific guidelines are available these should be consulted and followed.

**5.3.4** Decisions to refuse or suspend visits should be given in writing as well as verbally and will need to be supported by clear evidence of concerns. The multi-disciplinary team should agree how decisions are communicated to the service user, child, those with parental

responsibility, advocates and the appropriate department within Children's Services.

This decision should be reviewed as part of the risk assessment and amended as necessary to ensure the safety and wellbeing of all concerned.

## **6. Monitoring Compliance, Audit & Review**

It is the responsibility of the nursing staff to monitor and comply with this procedure.

This document will be reviewed every three years or earlier should audit results or changes to legislation/practice within PTHB indicate otherwise.

## **7. References / Bibliography**

- Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children Department of Health, 2008.
- The Children Act 1989 and 2004 – including working towards safeguarding children statutory guidance 2015
- Working Together to Safeguard Children in Need and their Families HM Government 2015
- The Social Services and Wellbeing Act 2014