

## DOOR LOCKING POLICY

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## Executive Summary

### Door Locking Policy

- Access to and from 'open Wards' should be available at all times, although consideration should be given to the hours of 21.00 and 07.00hrs to the locking of doors.
- The Coburn Centre, John Howard Centre and Trust Psychiatric Intensive Care Units (PICU) are exempt from this Policy
- A decision to lock the door should be made by the Nurse in Charge of the shift in consultation with colleagues
- The decision to lock the door must be based upon the current risk to patients, staff and visitors, should the door remain open
- If the agreement is to lock the door and subsequently restrict access then notification of specified persons must be followed – see Section 4
- Should the ward door be locked for any reason then the *Door Locking Recording Form* must be completed.
- A sign must be placed on the entry/exit door to the ward, clearly indicating the time and date the door was locked
- A review of the act of continuing to keep the door locked must be implemented at each handover
- If the door is locked in excess of 24 hours the record sheet must be forwarded to 'Incident Reporting' – Via this process the Director of Nursing will be made aware of the situation.
- On re-opening of the door the process of informing those who were made aware of the locking should be utilised
- A copy of the policy documentation should be kept on the ward – either in electronic form or as a hard copy

# Door Locking Policy

## 1. Introduction

This policy has been written in regards to the MHA code of Practice Guidelines, Human Rights Act, Race Equality Scheme, Safeguarding Children and Age awareness guidance referring to the locking of ward entrances/exits.

19.24 states 'Management, security and safety of patients should be ensured by means of adequate staffing. Service providers are responsible for ensuring that staffing is adequate to prevent the need for the practice of locking patients in wards, individual rooms or other areas'.

It is recognised that for security reasons that exit and entrance doors may be locked at night.

The John Howard Centre – Medium and Low secure Units, Coburn Unit, the Trust Psychiatric Intensive Care Units (PICU) and the Mother and baby Unit at Homerton, and Luton and Bedford wards are on a different air door locking system. All of the above are exempt from the guidance in this policy. The current airlock system on the Luton and Bedford wards does not allow for the doors to be left unlocked and links into the fire safety mechanisms for the units. There is clear signage on display at entrance and exits advising service users that although the doors are locked they are able to approach a member of the team to request for leave off the unit to be facilitated. Due the design of the airlock system across the Luton and Bedford Wards the teams are not required to complete the Data Collection Form, Appendix 1 or Appendix 2. They are expected to ensure there is clear signage on display advising patients of the process to be followed to request leave and ensuring this is visited as part of local induction for new staff.

- *Further information pertaining to the Coburn Child and Adolescent inpatient Unit is attached as Appendix 3*

## 2. The Mental Health Act

This section should be read in conjunction with the information within the AWOL/Missing Persons Policy

Patients detained under the Mental Health Act may be required to remain on the ward. This is attributed to current presenting mental state and/ or risks that may be present to them and/or others or from others.

It is known that a number of detained patients will try and leave the ward without permission. As mental state improves then consideration should be given to assessing the safety and appropriateness of agreed leave.

Informal patients are within their rights to be able to leave the ward at their own choice and discretion. Should there be concerns associated with the patient leaving of the ward or unit, then it may be deemed appropriate to discuss the need for a detention under the Mental Health Action particular the use of Section 5(4) or section 5(2). All efforts must be given to ascertain the reasons behind the desire to leave the ward and contingency plans addressed to meet these needs.

Informal patients, however, who are considered to present no risk to themselves, to others or from others must be allowed unimpeded access to and from the ward.

### 3. In Patient Wards

All patients on *open* mental health Wards should have regular risk assessment reviews conducted. These will indicate any current risks present or the likelihood of this occurring in the future.

Most wards will have the capacity to be able to lock the exit/entrance door of the unit in addition to the current swipe system. It is expected and envisaged that doors should remain unlocked for the majority of the time, but it is recognised that there will be occasions necessitating the locking of the door. As previously stated this should not occur due to inadequate staffing levels.

### 4. Possible reasons for the Locking of Ward Doors

On admission all patients should be assessed for immediate and potential risks of going missing, suicide, self-harm and self-neglect, taking into consideration their social and clinical history. Individual care plans should include:

- A clear statement of degree of risk of self-harm
- The measure required to manage the risk safely
- The level of observation to ensure the patient's safety.

However, it may be identified that the following behaviours and risks, if present, may be reason for the nurse in charge of a shift to prohibit a patient or patients from leaving the ward by the locking of the door:

- Risk of harm to others
- Risk of harm to self
- Potential to seek out and consume illicit substances and/or alcohol which may impede on care and treatment.
- Absconding behaviours – where distraction and other interventions are futile. Consideration should be given to the transfer of the patient to a more secure environment such as PICU if the problem is one of a serious and persisting nature impacting on the care of the patient.
- Patient detained under 5(4) and awaiting further assessment by their Responsible Clinician or nominated deputy, patients detained under section 5(2) who are awaiting assessment for detention under sections 2 or 3, and there are ongoing attempts to leave the unit.

It is recognised that in exceptional circumstances it may be appropriate to allow a patient to leave the ward in the interest of staff and/or patient safety. If this occurs the AWOL/ Missing Patients Policy should be followed.

### 5. Door Locking Process

The nurse in charge of the shift (shift coordinator) will be ultimately responsible for making the decision as to locking of the entrance/exit door. This should always follow consultation with other team members where practicable.

Before this formal decision is made, the nurse in charge should look at all other options available to manage the situation safely and effectively without actually locking the door and thus restricting open access to the unit. This could involve interventions such as:

- Communication with patient/patients necessitating the possibility of door locking to be considered.

- Distraction of patient
- Use of additional –as and when required medication (PRN)
- Increased observation levels
- Agreement of escorted leave
- Increase in staffing resources
- A Notice should be placed on the entry/exit door explaining to all patients, visitors and staff that the door is currently locked

The nurse in charge should also consult the individuals risk assessment documentation to identify the level of risk that may exist if the patient were to leave the ward.

### **Procedure to be followed when the door is locked (excluding night shift)**

- All staff on duty must be informed that the door is locked and the reasons pertaining to such
- All patients whose behaviour has necessitated this must be individually spoken with and documentation must reflect such.
- All other patients must be informed that the door is locked and that access can be given to those informal patients and those with recognised section 17 leave.
- A nurse should be designated to lock and unlock the door as required
- The Duty Senior Nurse (DSN) should be informed and this information should be recorded in the DSN book
- The Responsible Clinician or nominated deputy should be informed if thought appropriate
- The Door Locking Recording Sheet **MUST** be completed on each individual occasion the door is locked. **Copies of this can be found on the Trust p:drive: Policies/Clinical Policies/Door Locking Policy**
- A notice regarding the locking of the door must be placed at the entry/exit
- An incident form should be completed should the door be locked in excess of 24 hours. This must be sent electronically, as per Trust Policy, to Incident Reporting
- The Incident reporting team would then bring this to the attention of the Director of Nursing.

## **6. Review and Termination**

- A review of the ongoing appropriate reason of the locking of the door should be undertaken on commencement of each shift during the handover period.
- A review form should be completed at every shift handover.
- If the door is locked in excess of 24 hours then a review should be conducted with the Ward manger, Senior Manager for example: Matron or Sector manager.
- The Door Locking Recording Sheet should highlight the date and time that the door was unlocked and the reason for doing so.
- Information should be entered into the Patient's notes regarding the changes in risk or other reasons that it was considered safe to re- open the door.
- The Door Locking Recording Sheet should be place in the Door Locking file and kept on the ward for information and audit purposes.
- Should the door remain locked in excess of 24 hours then the door locking recording form should be sent to 'Incident Reporting' at Trust HQ.

## DATA COLLECTION FORM

<b>Policy Title:</b>	Door Locking Policy	<b>Sample:</b>	All inpatient services with the exception of the John Howard Centre, Coburn Centre and PICUs.
<b>Audit Procedure:</b>	1. Visit ward and check if door is open 2. If door is locked, continue audit on that ward using questions 2 – 7 3. If door is open, record 'yes' against standard 1 and proceed to next ward	<b>Frequency:</b>	Monthly
		<b>Responsibility for completion:</b>	Modern Matrons

Auditor Initials:

Date of Audit:

Location:

Standards to be measured (Record 'yes', 'no' or 'n/a' and any relevant comments)		Record name of ward at top of each column:							Comments
1	Door to ward is open i.e. access and exit can be gained without the use of swipe card or key <i>If the answer is 'Yes', proceed to next ward.</i>								
2	Is there a sign explaining the door is locked clearly on display on the ward entry door?								
3	Does the sign stipulate the time and date the door was locked								
4	<b>RE: Door Locking Form</b>								
4(a)	Is there a door locking form that covers this period?								



Standards to be measured (Record 'yes', 'no' or 'n/a' and any relevant comments)		Record name of ward at top of each column:							Comments
4(b)	Is the form clearly signed by the shift coordinator?								
4(c)	Is section 1 completed								
4(d)	Is section 2 completed?								
4(e)	Is section 3 completed?								
4(f)	Is section 3b completed if appropriate?								
4(g)	Is section 4 completed?								
5	Is the door locking review sheet completed?								
6	Have all relevant parties been notified of the door being unlocked? As per section 4								
7	Are forms filed in the 'door locking' folder/electronically on the computer?								

## IMPLEMENTATION PLAN

**Policy title:** Locked Door Policy

**Lead Director:** Lorraine Sunduza Chief Nursing Officer

**Policy lead:** Alex Obamwonyi and Paul McLaughlin

Objective	Action	Lead	Timescale	Progress/Outcome	Evaluation/Evidence
1. Policy to be disseminated throughout the Trust in Line with Policy on management of Policy Development and Review	1.1 Electronic copy to be forwarded to Head of Corporate affairs to be placed on the /Intranet	Lead Nurse	Within one week of Trust Board Approval		Intranet
	1.2 Copy to be forwarded to lead Director to include on database.	Lead Nurse	Within one week of approval by Trust Board		Database
	1.3 Hard copies circulated to all Clinical areas. The Initial dissemination will be together with training – see 2.	Lead Nurse	Within a month of approval by Trust Board		
2. Appropriate training is provided to staff.	2.1 Lead Nurses provide training regarding the Policy and the associated documentation	Lead Nurse	Initially training to be given to Matrons, Lead Nurses (as appropriate) Sector		

Objective	Action	Lead	Timescale	Progress/Outcome	Evaluation/Evidence
2a. Ongoing Training	2a1. All persons attending the initial training by Lead Nurse will disseminate training and awareness		Matrons, Lead Nurses, Sector managers, Team Leaders		
4. The policy is subject to regular review of its effectiveness.	4.1 Evidence regarding the effectiveness of the Door Locking policy is collected throughout its operation (i.e. audit results, comments from staff)	Lead Nurse	Ongoing		Database/Filing system  Evidence of improved clinical reporting
	4.2 The policy is reviewed at its review date.	Lead Nurse	Three years after approval		Reviewed policy.

Appendix 1

**East London Foundation Trust**

***Door Locking Recording Form***

DATE..... TIME..... WARD.....

Shift Co-ordinator.....

Signature.....

**ALL SECTIONS MUST BE COMPLETED**

**1 Reason for the door to be locked** (please tick all that apply):

- To prevent one or more patients from leaving the ward
- To prevent access to others onto ward

**Details** (Including Patient's name)

.....  
.....  
.....

**2 Clinical Details**

- There is a risk that the patient(s) will harm others outside of the ward/hospital
- There is a risk that the patient(s) will harm themselves and/or are considered suicidal
- The patient is floridly psychotic and/or chaotic and may come to harm intentionally or unintentionally
- The patient is exhibiting potentially or actual dangerous behaviour
- The patient is detained under the Mental Health Act and is persistently trying to abscond, and other interventions have failed to reduce behaviour (see below)
- A referral has been made to PICU

† A patient has been detained under 5(4) MHA and is waiting to be assessed

† Other – Please specify below

.....  
.....

**3 Notification**

† Inform ward staff

† Inform patients whose behaviour has resulted in this action

† Inform other patients on the ward that exit/entry is restricted

† Inform line manager

† Inform RC/nominated deputy (As Agreed with Team)

† Inform Duty Senior Nurse

† Inform Mental Health Law Managers (via MHL office)

*A review of the locked door and actions pertaining to such should be conducted at each handover and recorded on the attached sheet.*

**3(b) Prolonged period of restricted entry/exit – Over 24 hour period**

† Review with Senior Manager

† Notify Incident Reporting

**4 Notification when door is re-opened**

† Inform ward staff

† Inform other patients on the ward that exit/entry is restricted

† Inform line manager

† Inform RC/nominated deputy (As Agreed with Team)

† Inform Duty Senior Nurse

† Inform Mental Health Law Managers (via MHL office)

*A review of the locked door and actions pertaining to such should be conducted at each handover and recorded on the attached sheet.*

**Any additional Information:**.....

.....

.....  
**Appendix 2**

**Door Locking Review Sheet**

**Date/Time**.....

Reason for Ongoing Action:.....

.....

.....

.....

Name/Signature/Grade.....

.

Date/Time.....

Reason for Ongoing Action:.....

.....

.....

.....

Name/Signature/Grade.....

Date/Time.....

Reason for Ongoing Action:.....

.....

.....

.....

Name/Signature .....

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**To be copied as needed**

## Appendix 3

### Children and Adolescents Admitted to Adult Wards

When a bed is not available at the Coburn Inpatient unit or at any other agreed child and adolescent Tier 4 service, , in exceptional circumstances, with agreement of the on Call CAMHS consultant and on Call Director, that the only option is to admit to an adult ward within the relevant locality. There might also be implication for the Trust to report this to the care Quality commission if the child is under 16, as it is classed as a serious incident.

If a 'young person' is admitted to an adult ward, the Coburn Unit must be made aware of such (See Admission Policy) as they will be able to support the identification of an alternative Tier 4 bed at the earliest opportunity as well as provide clinical advise towards the management of young person.

Whilst the young person is an inpatient on the adult ward their status (formal/informal/parental consent) and full risk needs should be taken into consideration, they must be nursed on a one to one observation as a safeguarding measure with input from a CAMHS service. The competency or capacity of the young person and their current mental state should be thoroughly assessed prior to the agreement of any period of leave and further discussion is encouraged with the Coburn Unit on 0207 540 6789.