

Child & Adolescent Mental Health Services (CAMHS) Inpatient Service Operational Policy

**Operational Policy, including Statement of Purpose,
Objective, Philosophy, Admission Criteria, Referral
Process and Security**

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

Standard statement for all policies.

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Core Principles of the NHS Constitution – for further details please refer to the Development of Procedural Documents Policy

Definitions that apply to this Policy

Definitions are a Core Standard.

The Extra Care Area	<p>. This is defined as:</p> <ul style="list-style-type: none"> • a closely supervised living space, away from the main clinical area in which a single patient may be nursed away from rest of the patients.
Quality Network for Inpatient CAMHS (QNIC)	<p>QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) in 2001. The network aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric inpatient care through a system of review against the QNIC service standards. This process follows a clinical audit cycle with self-review and peer-review.</p>
Mental Health Act 2007	<p>The Mental Health Act 1983 (which was substantially amended in 2007) is the law in England and Wales that allows people with a 'mental disorder' to be admitted to hospital, detained and treated without their consent – either for their own health and safety, or for the protection of other people.</p>
Section 17	<p>This is a Section of the Mental Health Act (1983) which allows the Responsible Clinician (RC) to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital site.</p>
Multi-Disciplinary Team	<p>A multidisciplinary team (MDT) is composed of members from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations that facilitate quality patient care.</p>
Management of Actual and Potential Aggression (MAPA)	<p>MAPA training enables staff to safely disengage from situations that present risks to themselves, the service user, or other, in addition to enabling staff to safely hold patients when required in line with policy and national guidelines.</p>

1. SUMMARY

The aim of this Standard Operational Policy is to outline the services offered by the Child & Adolescent Mental Health Service (CAMHS) Inpatient Unit. The Unit provides short-term, intensive assessment and treatment for young people whose care and safety is unable to be treated and safeguarded in the community.

2. INTRODUCTION

The Child and Adolescent Mental Health (CAMHS) Inpatient Unit provides short-term, intensive assessment and treatment for young people with mental health issues aged between 11 to 18 years of age whose care and safety cannot be treated and safeguarded in the community. Both sexes can be accommodated.

The CAMHS Inpatient Unit provides a safe and secure environment dedicated to the provision of treatment and care for its vulnerable service users. The management and staff are committed to delivering and maintaining the highest quality of care.

The CAMHS Inpatient Unit is based on Ward 3 at Coalville Community Hospital and is a well-equipped unit: it provides a therapeutic kitchen, a well-resourced school room, television, reading and rest area, as well as an Extra Care Area. There is also a pleasant outdoor garden space. All these facilities ensure that the Service is able to meet the requirements of the referred young people.

The team of multi-disciplinary professionals provides a full assessment of the young person's condition and uses a holistic approach to care, based on an understanding of emotional, physical and spiritual needs and helping them to change away from potentially harmful and destructive behaviour. The team are proactive and can provide an extensive range of interventions aimed at the resolution of distressed behaviour and the improvement and stabilisation of the mental state. All the young people are treated with dignity and respect at all times, with their health, safety and wellbeing being of paramount importance, whilst working towards assisting individuals to achieve their optimum levels of independence

The Inpatient Unit team foster an attitude to continually monitor and evaluate standards of service provision. The team provide a standard of excellence that embraces fundamental principles of good practice, as defined by the Leicestershire Partnership Trust's Performance & Conduct Procedures and the Mental Health Act. All practice within the inpatient unit will be ethically based and in accordance with Quality Network for Inpatient CAMHS (QNIC) standards. It is appropriately placed within Leicestershire Partnership Trust's provision of Children, Family and Young Persons services for Leicester, Leicestershire, Rutland and the East Midlands as part of NHS England Tier IV CAMH's In- Patient provision.

3. VALUES AND PRINCIPLES

These Values and Principles have been devised in accordance with the NHS Mental Health National Service Framework (1999) and the Ten Essential Shared Capabilities' (2005) and QNIC Standards (Quality Network for Inpatient CAMH's) Service 7th edition.

Within Leicestershire Partnership NHS Trust CAMHS Inpatient Unit all young people can expect:

- To be involved in their own care planning, and delivery of care. Identifying the young person's own strengths and needs.
- Delivery of high quality treatment and care that is known to be effective. All care plans will be delivered and reviewed on a weekly basis via a multi-disciplinary review meeting.
- Their assessment and treatment to enable and promote recovery.
- Non-discriminatory practice whilst respecting diversity and challenging inequality.
- The service to ensure their safety, and that of staff and the wider population.
- That all practices carried out are ethical and evidence based.
- Suicide prevention. Promoting safety and positive risk taking.
- To be offered choices that promotes independence.
- The service to be well co-ordinated between staff and other agencies.
- Continuity of care, including aftercare, via the use of CPA (Care Programme Approach).
- Support and empowerment.
- The unit to be accountable to the public, young people and their carers. Within the unit, regular audits/service monitoring ensures the delivery of appropriate, timely and effective evidence-based treatment.
- Their care and treatment to make a difference.
- Personal development and learning

Leicestershire Partnership NHS Trust CAMHS Inpatient Unit is committed to providing a:

- Safe Service - to provide effective care for all service users when it is needed.
- Sound Service - to ensure that young people have access to the full range of services that they need.
- Supportive Service - working with young people, their families and carers to build healthier communities.

4. OBJECTIVES

Leicestershire Partnership NHS Trust CAMHS Inpatient Unit aims to:

- Provide a high level of assessment, care and treatment for those young people who cannot be managed safely within the home environment.
- Provide a safe and therapeutic environment conducive to improvements in mental state and behaviour, aiding recovery and facilitating the young person's discharge.
- Provide structured, organised, assertive and calm interventions that provides the best quality of patient care.

The CAMHS Inpatient Unit provides a rapid response to referrals, providing assessment and organising the safe transfer of young people as soon as possible once admission has been agreed.

The CAMHS Inpatient Unit has a proactive and extensive range of interventions aimed at the resolution of distressed behaviour and the improvement and stabilisation of mental state.

The CAMHS Inpatient Unit will ensure that there is close involvement with the referring team whilst the young person remains under their care.

5. PHILOSOPHY

The CAMHS Inpatient Service has a multi-professional approach to treatment which promotes a socially inclusive model of care, including patient involvement reflecting the recovery process and providing individualised and holistically planned care. The team assists all young people under their care to achieve optimum levels of independence, functioning and well-being, recognising that each individual has the need and the right to be treated with dignity and respect at all times. The team is committed to the principles of working in a non-judgemental manner with due regard given to individuals' religious beliefs and cultural background.

The team provides a service that is flexible and responsive to disability, gender, sexual orientation, age, ethnicity, spiritual, cultural, religious, physical and sensory needs, ensuring that anti-discriminatory practice underpins the service.

To achieve clinical excellence within the specialism of Child & Adolescent Inpatient Service, the team are committed to be responsive, supportive and integral to Leicestershire Partnership NHS Trust's Families, Young People & Children's Division.

Staff at the Unit work with the young person to help them achieve their best level of health and wellbeing, using the Recovery and Harm Minimisation principles. This is achieved by using best available knowledge, resources and integration of evidence-based practice. The team has a commitment to provide professional development in an environment that is non-blaming and conducive to learning, enhancing collaborative and therapeutic alliances. Staff communicate and work as a multi-

disciplinary team. Staff respect each other's views and opinions and believe that they have the right to work without harassment, abuse, violence or bullying, regardless of their gender and ethnic background.

6. ADMISSION CRITERIA

The CAMHS Inpatient Unit team will consider for admission:

- Young people who are at high risk of suicide or serious self-harm who need intensive observation and treatment and cannot be managed safely in the community
- Young People who present with symptomatic mental illness, eating disorder, neurodevelopmental / learning disability, emotional difficulties and/or behavioural difficulties.
- Clarification of diagnosis and rationalisation of medication, where this cannot safely be managed in the community.
- Young people transferred from other geographical areas who have been determined as ready to re-engage back into their home locality.
- Out of area placements within NHS England, East Midlands, whose needs meet the above criteria.

Situations may occur where admission to the Inpatient Unit is not an appropriate venue for the young person, but support and/or input from the team can still be provided.

Young people are admitted to the Unit according to clinical need, safety and appropriateness for CAMH's in-patient care.

The Unit admits young people who are voluntary (Informal) or those detained under the Mental Health Act 2007.

Both male and female young people can be accommodated in the Inpatient Unit. Under exceptional circumstances a decision not to admit a young person on the grounds of gender may be made following consultation with the Team Leader/Senior Matron, Consultant Psychiatrist, Service Manager and director.

The decision to admit a young person is the responsibility of the Inpatient Team headed by the Team Leader/Senior Matron, and Consultant Psychiatrist.

In the event of any dispute occurring relating to admission, either out of hours or at a weekend, the Senior Manager on-call for FYPC will have the authority to make the final decision. They should discuss this with the On-Call Consultant Psychiatrist and CAMHS Unit Senior Nurse On-Call.

7. REFERRAL PROCESS

Referrers may contact the CAMHS Crisis Resolution / Home Treatment Team to discuss a potential admission for determination of the feasibility of home treatment / management as a safe alternative to admission within the working hours of the CAMHS CR/HTT working hours.

Outside of working hours of the CR/HTT the ward can be contacted to discuss the young person and the urgency of the referral.

In all cases, a Tier IV referral document, **Form1**, must be completed. **(See Attachments)** This must be faxed or emailed through the secure email system in accordance with Information Governance protocols. This must be completed in full as it will not be accepted with information omitted.

Any additional information such as Initial assessment, risk assessment and/or Care Programme Approach documentation may be requested.

Referrals are reviewed by the Inpatient Unit Senior Medical and Nursing Team. If the referral is accepted, and a bed is available, a suitable date and time for admission will be agreed between the referrer and the Inpatient Unit Senior Medical staff member.

Out of Hours referrals must be discussed with the On-Call Senior Nurse.

If it is agreed that the young person requires admission to the Unit a copy of **Form 2 (see attachments)** is required to be completed by ward staff. If there are no beds available, then the referral documentation must be forwarded to NHS England who will advise on bed status within the region and nationally. The CAMHS Inpatient Unit will then need to locate a suitable bed out of area.

For out of hours admissions where there are no beds available at the Unit, the young person remains the responsibility of the assessing team (referrer) until an appropriate placement can be found.

8. ADMISSION PROCESS

Pre-admission

All young people will have referral (and wherever possible, initial assessment) documentation completed prior to admission.

Once admission is agreed, the transfer of the young person to the Inpatient Unit will remain the responsibility of the referrer. The Inpatient Unit team can provide advice if required.

Once admission is agreed, the Unit administration team will set up a clinical folder for the young person, this will include all referral and assessment documentation.

Prior to the young person's arrival, all staff on duty will be made aware of the admission and staff allocated to receive the young person.

A bed and dormitory will be allocated and prepared for the young person.

The admitting Doctor (ward/duty Doctor) will be informed of the young person's admission and their expected time of arrival, in order that they can attend as soon as possible.

The Ward Matron / Senior Nurse In Charge or out of hours On-Call Senior Nurse will also review staffing levels to ensure adequate provision.

Routine admissions should not be arranged on a night shift. This option is reserved for emergency admissions only.

On admission

On arrival, the young person will meet the staff member who has been allocated to receive the admission.

The young person will be welcomed and admitted directly to a bedroom. In the case of a young person being very agitated or distressed upon arrival, it may be necessary for safety reasons to admit them to the Extra Care Area (ECA).

On admission all young persons will be informed of restricted items and any restricted items removed and stored or given to family for safe keeping following a search of property. Any prescribed and over the counter (OTC) medicines must be taken and stored safely in the unit medicine cupboard. Medicines brought in can be used for that patient if prescribed only after advice from pharmacy. For controlled drugs, Ward SOP must be followed.

When allocating the young person's bed, special consideration must be given to the young person's gender to prevent a mix of genders in each dormitory.

As part of the initial admission process, young people will be orientated to the environment and routines of the Unit and be given general information about the facilities.

Admitting staff must ensure that all areas on the "Admission checklist" sheet are complete (**see attachments**) any uncompleted areas are to be handed over to the following shift.

All young people admitted to the Unit will receive a full physical examination by a Doctor and outcomes recorded in electronic records; this includes completion of a body map. A range of baseline observations including blood pressure, pulse, temperature, respiration and urinalysis will be taken, along with urine drug screening, if required. If a young person does not consent to this examination, or undertaking the examination is not possible due to the young person's presentation, then this

must be recorded in the young person's notes and attempted periodically at a later date.

On admission to the Unit, all young people will have a Core Mental Health State Assessment and Clinical Risk Assessment undertaken as per LPT Clinical Risk Assessment Policy. The completion of the Assessment of capacity to consent to treatment must also be undertaken for patients aged 16 years and over.

In line with LPT Safe & Therapeutic Observations of Inpatients Policy, the level of observations required will be determined by the admitting team and recorded in the young person's notes.

INFORMATION FOR YOUNG PEOPLE AND CARERS ON ADMISSION

Admission to hospital can be stressful and intimidating for young people therefore it is important to ensure as much information as possible is available to inform what to expect during their stay. Parents/carers will also be supplied with copies of these leaflets, where appropriate.

Information to be provided:

- Cover Letter
- Inpatient Unit Ward Booklet
- Tell Matron
- Named Nurse role
- Why we take your picture
- Your Physical Health
- Catering facilities
- Care Programme Approach
- Your Rights and Responsibilities as a Voluntary Patient
- Independent Mental Health Advocate
- Autism Spectrum Disorder
- Other information will also sought as required through appropriate sources

9. CARE PROGRAMME APPROACH (CPA) AND TEAM NURSING

Admission to the CAMHS Inpatient Unit aims to be a short-term intervention within the CPA Care Plan; however, all Care Co-ordination will remain with the original Care Co-ordinator within the CAMHS Outpatient Team. The only exception to this is when the young person is new to the Service or is admitted from out of the area. Registered / Qualified staff from the Unit will be allocated to the young person upon their admission.

Following admission, the Care Coordinator will be contacted if the young person is already subject to CPA.

The young person's admission assessment will qualify as the initial CPA assessment. Staff may need to take on the responsibility of Care Coordination until an appropriate professional is identified from the patient's own catchment area team.

In line with the LPT Care Programme Approach Policy, upon admission to the Unit the young person will be allocated a Named Nurse, an Associate Nurse and Health Care Support Worker.

Staff will involve the parent/carer in decisions regarding the treatment and care of the young person in question. The young person will also be encouraged to share information with the parent/carer themselves, where appropriate. Parent/carers will be advised of how they can access support available to them.

Following the young person's admission and their initial assessment, a comprehensive multi-disciplinary health, psychological, social care and risk assessment will take place. This will identify any family difficulties, including any Safeguarding issues. The assessment of the young person's physical health needs is an integral part of this assessment. The needs identified will form the basis of the Care Plan, which will include medical and psychological aspects of treatment.

The Leicestershire Partnership NHS Trust CPA Policy will be followed and any documentation used will be in line with this policy.

10. DELIVERY OF CARE, SAFETY AND PROCEDURES

SHIFT MANAGEMENT

The Nurse in Charge is a designated role with the aim of having a single person as the point of contact and oversight of the shift. The Nurse in Charge will be identified at the commencement of each shift and communicated to all persons on duty.

Staffing levels are set at five staff on early shifts, five staff on late shifts, and four staff on the night shifts, these levels will be determined by clinical need to ensure the maintenance of a safe and therapeutic environment. The Inpatient Unit is fully operational 24 hours a day.

The Inpatient Unit will have two qualified nurses on each shift.

Each day shift is 8 hours in duration, which includes provision for each staff member to take a 30 minute unpaid break.

Each night shift is 11 hours in duration; including provision for each staff member to take a one hour unpaid break.

Shift times are:

Early (E) – 07:30 - 15:30

Late (L) - 13:30 – 21:30

Night (N) – 21:00 - 08:00

There is an overlap between each shift to facilitate shift handover.

Staff providing handover, must ensure that relevant information is provided for that day from the daily diary and relevant information from the previous 12-24 hours from the communication book.

Staff providing the handover must also provide relevant information direct from the young person's record. Staff receiving the handover will take notes on the Handover form (**See attachments**). All staff will sign the handover signature form to confirm their presence

All staff have individual responsibility for keeping up to date with information from the young person's records. If staff have not been on duty for a few days or more they must ensure they receive a handover separately after the initial handover in conjunction with reading the young person's record.

SHIFT HANDOVER GUIDELINES

The aims of the handover guidelines are to facilitate concise, accurate and efficient handovers between shifts. This ensures that important information is handed over accurately, that the MDT maintains high levels of professionalism and standards of care, and that staff are able to leave work on time.

There will be a minimum of three formal handovers per day, starting at the beginning of each shift. All staff must be on time and ready to attend the handover at the start of their shift. Staff to ensure that all young people's risks, level of observations, diagnosis (potential or actual), and recent relevant information is available, along with the diary and communication book. Handover information is to also include details of any agreed leave plans, their admission status and any safeguarding concerns. .

One qualified nurse from the previous shift will be responsible for handing over to all staff on the next shift.

Handovers must be viewed as protected time for communication, and interruptions must be avoided wherever possible. Arrangements must be made for the ward telephone to be answered by someone who can take messages so that interruptions to the handover are minimised. Time owing during shift crossover must only be taken in exceptional circumstances and with the prior agreement of the Ward Matron or authorised deputies.

The nurse in charge is accountable for ensuring that robust arrangements for observing and supporting young people are made during the staff handover period. Learning from serious incidents highlights that the shift handover is a high risk time for patient safety.

The following must be discussed for each individual young person during handover:

- The young person's name and legal status (including any forthcoming MHA meetings or Tribunals)
- Observation level, highlighting any changes to:-
- Mental state.
- Risks and restrictions.
- Ward review, including significant changes and developments.
- Physical observations and charts needing completion.
- Medication issues, including changes, refusals, use of 'PRN' medication and omissions etc.
- Leave arrangements, including medication to take out (TTO) transport, Section 17 and informal leave agreements, etc.
- Relatives' feedback and discussion.
- Any other appointments or actions required.

The aim of this procedure is to ensure that every handover is comprehensive and accurate in order to ensure the provision of safe and consistent care at the Inpatient Unit.

The nurse in charge of the oncoming shift must be identified, and this must be clearly identified on the rota and communicated to all staff on duty. The nurse in charge will allocate duties to staff on shift.

The Handover form must be completed to ensure that all processes have been effectively implemented and all copies collected and filed.

After the handover, the incoming nurse in charge must ensure that:

- Controlled drugs are checked and signed for;
- A stock check for controlled drugs takes place and signed. A signature is needed to verify this activity took place even if there are no controlled drugs in the unit at that time;
- The refrigerator temperature (actual, minimum and maximum is checked once daily;
- Keys, including medication keys are signed for and are handed over, and a headcount of patients on the ward is completed.
- The Handover checklist is completed.
- The shift planner and observation rotas are completed for the shift and communicated to all staff.
- Staffing levels for shifts over the next 48 hours are appropriate and any potential difficulties are addressed.

MEDICAL COVER, MEDICATION, MDT HANDOVERS, MDT REVIEWS / WARD ROUNDS.

MDT HANDOVERS

The Inpatient Unit Team will have a MDT handover each morning Monday to Friday commencing at 09:00:

- 09:00 Handover of the young person's care, including any risks highlighted in the previous 24 hours (72 hours following weekends) and any issues from the Communication book and the Diary.

- The following must be discussed and documented
 - Risks
 - Physical Health issues
 - Discussion undertaken resulting in change of care
 - Observation Levels reviewed and agreed
 - Leave plans
 - Safeguarding concerns
 - Attendees – signature and designation of person completing documentation

MDT WARD ROUNDS

Each week MDT members involved in the young person's care will complete the weekly CAMHS Inpatient Unit MDT report / MDT Care Plan. The only occasion a weekly ward round would not be undertaken is when the patient has / will be subject to a CPA review within the same week.

The Multi-Disciplinary Weekly Ward Rounds take place each Wednesday. These are for young people currently admitted to the Unit and their Families / Carers to enable them to obtain feedback from the MDT, discuss the week's events, explore issues of concern, explore / plan care provision and formulate agreed leave plans in addition to also giving their own feedback. Other relevant services can also attend these meetings if appropriate.

The assigned chairperson of the ward round will ensure agreed actions / amendments are entered into the patient notes and undertake the responsibility of delegation.

The Ward Clerk each week will ensure documentation is forwarded to all relevant and agreed parties by the Friday of the same week.

LEAVE PLANS

All leave plans are to be discussed and agreed to by the MDT within the weekly MDT ward round and / or CPA reviews. These are not to be changed outside of this without further MDT discussion taking place.

Before a patient leaves the ward for leave with family members / other professionals the Nurse In charge of the shift must review the young person to assess that there are no contraindicating factors that have increased risks for the young person. The NIC must also ensure that family members / professionals are fully aware of the young person's difficulties including all known risks and their up to date actual and potential risks. Information regarding care plans of risks and any contingency plans must also be shared and assurance sought that they are understood. Information must also be shared with regard to the patients legal status and the implications of this if on section 17 leave as well as the therapeutic observation level the young person is currently being nursed on, why they are on that level and what this means for the adults supporting the leave in regard to their supervision of the young person. This information must be given both verbally and in writing and parents / carers requested to sign to say they have received it.

For informal patients the same procedures must also be followed.

Upon return to the ward after leave all patients are to be assigned a named member of staff to be available from the time of their expected return for a minimum of 30 minutes. During this time it is expected that they will undertake a patient search in line with policy, ensure leave evaluation forms are offered for completion and to enable individual discussion around the leave taken. Outcomes of this to be documented in brief on leave form and signed, in addition to recording necessary details in full within the progress notes.

For leave off the ward with ward staff for therapeutic activities the qualified member of staff overseeing the activity must undertake the same checks and sign to indicate they have assessed the patient's condition, discussed any possible issues with the NIC of the shift and that all staff escorting the young people in the activity are fully aware of all risks and plans in place.

Leave is planned for formal patients in line with trust leave policy and for informal patients in line with the therapeutic observational policy.

MEDICAL PROVISION / MEDICATION

The Consultant Psychiatrist and/or Staff Grade / Specialist Doctor will be responsible for providing Medical Cover to the young people within the Inpatient Unit.

If medication is prescribed, the young person and their family are to be given information on the treatment, likely positive outcomes and any possible side effects and will be provided with a leaflet on the medication.

In the weekly MDT ward round the Team will work together to ensure the young person receives care that addresses all assessed needs.

When a medical diagnosis has been agreed, the young people and their family will be informed and information offered regarding the condition, treatment and prognosis.

All medication must be administered in accordance with the NMC's Guidelines for the Administration of Medicines and Leicestershire Partnership NHS Trust Policy Medicines Management Policy (2012).

Where appropriate, use Leicestershire Partnership Acute Medical Treatment of Behavioural Crisis - Rapid Tranquillisation Policy (2014) and Maudsley Hospital guidelines for rapid tranquillisation.

OCCUPATIONAL THERAPY AND ACTIVITIES

The importance of social activity and meaningful occupation is well recognised as being a vital part of the treatment and recovery of young people.

The CAMHS Inpatient Service provides the highest possible standards of care, providing individualised care and treatment in conjunction with social activities.

Occupational therapists complete standardised assessments to evaluate gross motor, fine motor, cognition, and response to the environment relating to seeing, hearing, touch/pressure, movement and other senses.

Individual assessments are completed of the young person's needs and level of occupational functioning in the areas of development, daily living/self-care, school/work and play and leisure.

Occupational therapists and support workers will work with the young person to develop goals for intervention and to address areas of identified need.

Individual and group interventions will be provided to support skills development, and opportunities for communication and socialisation.

Consultation, support, and liaison will take place with others in the young person's life ie parents, carers, friends and teachers.

Referrals to other services will be made where indicated.

Occupational Therapy Services engage with young people who often have difficulty with completing daily and routine tasks, interacting with peers and staff, effectively managing frustration and mood changes, and organising thoughts for effective problem solving.

Occupational therapy services are offered to the young person on results of assessment and evaluation given. Occupational therapy uses an activity-based approach to highlight areas of strength and engage the young person in functional and chronological / developmental age-appropriate tasks that increase

independence in self-care, social skills, leisure activities, coping skills, cognition and sensory processing.

The Occupational Therapy team also provide / facilitate Activity Programmes which promotes regular routine and stabilising factors.

FAMILY THERAPY

Family Therapy is a psychological therapy for individuals and support networks, it aims to maximise family strengths and resilience to help people overcome problems experienced by an individual family member or the family as a whole. This service is provided and is integral to provision of young people and families who may require it.

Young people and families are referred for Family Therapy and are seen as part of the wider Multi-disciplinary team.

PSYCHOLOGY

The CAMHS Inpatient Unit Psychologist provides an additional focus for patient care and assists the team in maintaining a psychological framework.

As part of the MDT the psychologist provides guidance, assessment and treatment through discussion, individual and group work within the Unit.

SCHOOL

The CAMHS Inpatient Unit has an onsite education team which is part of Leicester's Children's Hospital School. Education sessions are twice or three times daily. If appropriate, the education team will liaise with the young person's current school or college and will set work or support the young person with any work sent. On admission, Parents or Carers will be asked to complete documentation to give authority to the education team to contact the school or college and other educational services, as appropriate. The aim is to help the young person re-join education as part of the young person's discharge process.

MEALS PROCEDURE AND PROVISION OF HOT DRINKS

The CAMHS Inpatient Unit operates a protected mealtime system.

MEAL TIMES:

Breakfast	08:00
Lunch	12:30
Tea	17.30

It is expected that all young people will rise and be ready for breakfast by 08:00 Monday to Friday so they can be ready to pursue their individual treatment plan by 09:00. Weekends and holidays are more relaxed.

As a general rule all young people should attend the dining area for meals; however, there may be exceptions depending on individual need.

Two staff members should supervise meals, although at times it may be appropriate to have higher levels of staff dependent on possible presenting issues in the dining room and patient need. This decision remains with the Nurse in Charge.

The clinical team will ensure that the religious and dietary requirements of individuals will be met.

All drinks are provided upon request via the nursing team and access to the Activities of Daily Living (ADL) kitchen also with regular drinks rounds on the unit provided by staff using a drinks trolley. Water is available upon the main area of the ward for patients to access as they need.

SAFETY AND SECURITY

Due to the nature of a CAMHS Unit with young people who are a risk to themselves and/or others, and the associated high potential for absconsion, the Inpatient Unit operates safe access and egress procedure.

Access to the Ward is via an airlock entrance. Visitors press the buzzer at the entrance door which will sound in the nursing office and nursing station and staff can then permit visitor access using their security tag, which is kept on their person at all times. Staff will also utilise their security tag to release the door when visitors leave. This method ensures that staff have full control of all persons entering and exiting the Unit.

For safety and security reasons many areas of the Unit are kept locked at all times; these include the nursing offices, kitchen, laundry, garden and clinic room. This is to ensure that patients have restricted opportunity to access potentially hazardous/dangerous items and confidential information.

Under no circumstances should staff make their keys or security tags available to young persons or visitors. All staff have responsibility and accountability to ensure areas that are locked remain locked and that these areas are only used appropriately and safely (eg the garden).

In the event of a set of keys or security swipe going missing:

- The Nurse in Charge must be informed.

- Members of staff should be allocated to monitor and control entry and exit from key / swipe operated exit doors.
- Senior staff to be made aware of any issues and an e-IRF incident form is to be completed on Safeguard.
- A full search of all areas of the Unit is to be initiated, paying particular attention to priority areas and with due respect for privacy and dignity of all young people.
- If a young person is suspected of having taken the keys or tag then they should be searched, (in line with Trust policy).
- If a visitor is suspected of taking the keys or tag, consideration should be given in reporting this to the police, via liaison with the Manager or On Call Manager.
- In the event of missing keys not being found having carried out the above procedure, then the Matron/On-Call senior nurse should be contacted and informed of any issues, and appropriate intermediate plans implemented (eg increase staffing levels until reviewed by the unit's management team).
- In the event of an electronic failure of the airlocks, staff must immediately maintain a presence (level 1) at the doors. The Matron (On-Call Senior Nurse / Manager out of hours) must be informed.
- The inpatient Unit has a number of health and safety checks that are required and are to be completed each day and weekend and relevant documentation completed.**(See Appendix)**

RESTRICTED ITEMS AND PATIENT SEARCHING

Due to the nature of the CAMHS Inpatient Unit and in order to maintain a safe and therapeutic environment for young people, on admission all young people and the young person's property must be searched following the LPT Searching of Inpatients Policy.

Rationale – Young People who are acutely distressed / disturbed often lack insight and understanding into the seriousness and consequences of their behaviour and can pose a significant risk to themselves and/or others. The fundamentals of a therapeutic environment empirically involve the creation of safety. Young people who may be nearing discharge / transfer from the Unit will still be unable to have restricted items returned, due to the risk posed to, or by, other patients. Therefore the following restricted items should be removed on admission and these items will not be allowed on the ward. On arrival at the Unit, visitors will also be asked not to bring these items onto the ward.

The decision around restriction of items will be based both upon the assessment of the individual young person and any risks having these items may pose to themselves, but also as to the current patient mix upon the ward. Decisions will be reviewed daily and as required.

All visitors will have attention drawn to restricted items.

Restricted Items:

- List of restricted items included in the welcome pack.

This list is not exhaustive and common sense should be applied at all times. The safety of the staff and young people is paramount and further items may be restricted to ensure the safety of the environment.

Staff must ensure that, whilst on duty, they do not have in their possession items which may jeopardise the safety of the young people or unit; this includes mobile phones, any items that may be used for self-harm etc. These should be stored in the staff lockers during the shift.

Patient Monies and Valuables

Storage of patients' monies at the Unit can be facilitated using the lockers where up to £20 per person can be kept. Valuable items and larger sums of money cannot be stored. Whilst on the ward, patients should not keep any money in their possession as it may get lost. The ward locker is managed by staff and is available for the young person's use. Monies or items that are stored in the lockers will be recorded in a log book by the relevant staff member. If lockers are not available / suitable for safekeeping of patient monies this can be stored in the safe situated within the nursing office.

MANAGEMENT OF VIOLENCE AND AGGRESSION

Young people within the Unit may pose a serious risk to themselves and/or others. Presenting behaviour may be aggressive, hostile, disinhibited or suicidal in nature. Staff must be proficient in the de-escalation and management of acutely disturbed behaviour. In doing this, every care should be taken to ensure the safety of young people, staff and visitors. Attention must be made to preserving individual privacy and dignity; therefore all clinical based staff are required to undergo the appropriate level of Leicestershire Partnership NHS Trust training in the Management of Actual & Potential Aggression (MAPA).

This is also in line with Leicestershire Partnership NHS Trust policy on the Management of Violence and Aggression.

The Inpatient Unit also has an Extra Care Area (ECA) which can be utilised to manage low levels of violence and aggression. This area provides the least

stimulating and most environmentally safe area on the Ward. This area may be also used to manage disturbed behaviour in terms of de-escalation in line with LPT Policy

Staff recognises the importance of allowing patients to express frustration and anger and will endeavour to assist patients to do this in a constructive and appropriate manner, in privacy.

Staff will facilitate young people to express a degree of frustration and anger without necessitating physical intervention from staff.

Staff are committed to providing early recognition and de-escalation of potential untoward incidents. Young people will be given scope to demonstrate their ability to take control of their own behaviour prior to any intervention in line with Trust policy, however, staff will intervene and use recognised physical control of behaviour where necessary to safeguard the safety and wellbeing of staff and young people.

The inpatient Unit is fitted with a personal assistance alarm system for staff in the event of a personal attack or threatened safety.

All staff working within the unit are issued with an electronic Pin Alarm that is used to raise an alarm for assistance. Staff are required to wear or carry the Pin Alarm at all times when on the ward.

On the commencement of every shift, staff are required to check their Pin Alarm in the electronic testing equipment provided in the nursing office and confirm on documentation (Nursing Office Handover checklist, Staff sign in sheet.)

Should a member of staff feel threatened for their safety, require urgent assistance or are attacked, the Pin Alarm can be used to raise the alarm.

The following policies are integral to the management of violence and aggression issues within Leicestershire Partnership NHS Trust.

- Acute Medical Treatment Of Behavioural Crisis - Rapid Tranquillisation Policy (2014)
- Prevention and Management of Aggression Policy (2012)

INDUCTION, STAFF SUPPORT, SUPERVISION, APPRAISAL & TRAINING

Staff development and training is a high priority for LPT and each member of staff has an annual Appraisal identifying training needs as per the LPT Appraisal Policy. This is completed on U-Learn.

Staff Support Groups meet regularly and members of staff can also access external counselling.

Professional line management and clinical supervision is provided to all staff by a senior member of staff. Clinical Supervision is a mandatory requirement and sessions provide an opportunity to focus upon a staff member's role and clinical practice. Clinical Supervision is to be recorded on e-Source.

All newly appointed staff undergo a comprehensive induction programme in line with LPT policy. The programme commences with induction to the CAMHS Inpatient Service following which further induction is planned over the following three months of employment. All staff must attend the mandatory LPT Core Induction Training and complete updates every three years On Ulearn

All Bank and agency staff are also required to have an induction to the Unit on their first shift worked and / or if there has been a gap of approximately 4 months or longer since last working on the unit.

Training courses form an integral part of every nurses' Personal Development Plan. The Learning & Development Academy issue training bulletins regularly. It is an individual's responsibility to ensure that they are up to date with all essential-to-role training in line with their terms of employment.

The CAMHS Inpatient Unit welcomes and supports students from all professional disciplines.

Various daily duties needing to be completed by the Unit staff during shifts will be allocated by the NIC of each shift as indicated on the checklist.

11 STATEMENT REGARDING TRUST POLICIES

The Child & Adolescent Mental Health Inpatient Unit Operational Policy forms the philosophy and basis by which the Service operates. These Guidelines and Policies must be consistent with, read and used in conjunction with, all Leicestershire Partnerships NHS Trust Policies, Guidelines, Protocols, Procedures and Health & Safety Risk Assessments (Pertaining to the Service)

We aim to ensure that all services provided by Leicestershire Partnership NHS Trust conform to the requirement of the Human Rights Act and all equality legislation. As such all Trust policies and procedures are periodically audited to ensure conformity.

Associated Documentation



Referral Form 1.docx



Referral Form 2.docx



CAMHS Crisis Team
quick guide.docx



Out of Hours
Contact for CAMHS C



Inpatient referral
process from outpatie



Admssion Procedure
checklist 2017-2019.d



Admission Pack.pdf



RESTRICTED
ITEMS.docx



New Handover sheet
updated template.do



risk assessment.docx

Leave with Parents



risk assessment.docx

Therapeutic leave



Daily checks
H&S.docx



Ward 3, Duties &
health and Safety Ch



Ward 3 Shift
Planner.pdf

Checklist for the Review and Approval of Procedural Document

Checklist to be completed & attached to policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Key Points / Changes to the Policy		
3.	Rationale		
	Are reasons for development of the document stated?		
4.	Development Process		
	Does the front page include a sentence which summarises the contents of the policy?		
	Is the method described in brief?		
	Are people invited in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users? (with representatives from all relevant protected characteristics)		
5.	Content		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the relevant CQC outcomes identified?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
6.	Evidence Base		
	Is the type of evidence to support the document identified		

	explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Is there evidence to show that there has been due regard under the Equality Act 2011? (include equality analysis setting out summary of evidence to support public sector equality duty 'due regard' has taken place)		
	Are supporting documents referenced?		
	Is there evidence to show NHS Constitution has been considered		
7.	Approval		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
8.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
9.	Document Control		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
10.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
11.	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so it is acceptable?		
12.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			

Appendix 2
Training template

Appendix 2

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Learning Disability Services <input type="checkbox"/> Adult Mental Health Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	<i>Please specify...</i>
Update requirement:	
Who is responsible for delivery of this training?	
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input type="checkbox"/> Trust learning management system <input type="checkbox"/> Other (please specify)

How is this training going to be monitored?	
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NHSLA Policy Monitoring Section

Criteria Number & Name:

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	x <input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	x <input type="checkbox"/>

Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	x <input type="checkbox"/>