



Public – To be published on the Trust external website

Controlling Access to and Exit from Inpatient Areas

Ref: CLIN-0004-v6

Status: Ratified

Document type: Procedure

Overarching policy: n/a

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1 Purpose

Following this procedure will help the Trust to:-

- Maintain a safe and protective environment for patients, staff and visitors within in-patient areas
- Support management of access to and exit from in-patient areas
- Working within the framework of the Mental Health Act, Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS), and associated Codes of Practice, the Trust aims to balance human rights with the safety of its patients.
- Maintain the liberty of the majority of inpatients
- All main access points to bed based clinical areas (with the exception of community bed based rehabilitation units) will have a form of electric control system fitted as standard that is operated via a controlled pass system (or key pad etc).
- Access and exit is managed by clinical staff and on a request basis. Individual areas will detail any service specific requirements within their local operational policies, patient information and information for visitors.
- Any area that needs to lock internal doors for clinical safety at certain points of the day (e.g. mealtimes) or temporarily (e.g. due to incidents) should be detailed within the area's local operational policies, environmental survey and patient's individual risk assessments.

1.1 Objectives

- To promote a safe and protective environment for patients, staff and visitors within in-patient areas, specifically when managing access and exit from inpatient areas.
- To provide clarity about whom, when, and how people (patients, staff, visitors) can safely access and exit an inpatient environment.

2 Related documents

This procedure also refers to:-

- ✓ [Deprivation of Liberty Policy](#)
- ✓ [Deprivation of Liberty Safeguards Procedure](#)
- ✓ [Harm Minimisation Policy](#)
- ✓ [Health and Safety Policy](#)
- ✓ [Seclusion and Segregation Procedure](#)
- ✓ [Mental Capacity Act Policy](#)
- ✓ [The Mental Health Act 2007](#)
- ✓ [Policy on the use of Global Restrictive Practices \(Blanket Restrictions\) in In-Patient Units](#)
- ✓ [Observation & Engagement – Supportive Engagement Observation Procedure](#)

3 Procedure for increased control in emergency situations



- The issues around managing access and exit must be communicated openly to patients and carers. This information should ideally be given face to face and supported by written patient and carer information.
- The Trust's "leaving the unit/ward" poster (see appendix 2) or, for specific areas an alternative user-friendly version, must be displayed clearly on both the inside and outside of main doors.
- There is no requirement for Forensic Services to use these posters.

Step	Who	What	When
1	Nurse in Charge within each unit	Decide if any temporary restrictions on access or exit are required and managing communication of this (including use of poster checklist at appendix 2).	Before taking action
2	Nurse in Charge	Discuss implementing the temporary restriction with the service manager / modern matron/on call manager.	Before taking action
3	Nurse in Charge	Inform all staff of why this action is being taken and how long it will last	Before taking action
4	Nurse in Charge	Display a notice to that effect at the entrance to the ward (see appendix 3)	At the start of the restricted access/exit
5	Nurse in Charge	Reinforce the evacuation procedure to staff, patients and visitors in the event of fire. All staff should be issued with a key if this is not already standard practice.	At the start of the restricted access/exit
6	Nurse in Charge	Inform all patients the doors have been locked and rationale for this decision i.e. clinical risks or risks external to the ward and the need to maintain a safe ward environment.	At the start of the restricted access/exit
7	Nurse in Charge	Inform patients that they may leave, on request at any time (observation, leave and legal status permitting) and ensure that someone is available to unlock the door at all times.	At the start of the restricted access/exit
8	Nurse in Charge	Inform visitors to the ward of the reasons for locking the doors	At the earliest opportunity
9	Nurse in Charge	Inform the service manager / modern matron of the action taken if they have not already been involved in the decision.	As soon as possible
10	Nurse in Charge	Keep a record of this action and reasons, using the incident reporting procedure.	Before taking action, at the start of the

			restricted access/exit and after action is no longer required
11	Ward Manager	Provide debrief as appropriate for staff.	As soon as possible, usually within 24 hours/the next working day

3.1 Increased control and shift changes

When handing over to the oncoming staff, the nurse in charge should discuss in detail the reasons for the action taken. Where the oncoming nurse considers it necessary to keep the door locked, steps 3 to 8 above apply.

If the ward remains locked continuously for a period of three consecutive shifts (night time excluded) then a full multidisciplinary review will be initiated, co-ordinated by the Modern Matron. This review should consider:

- The appropriateness of the current clinical environment for the service user and/or alternative strategies to locking the doors.
- If the action is as a result of an individual patient's behaviour then a summary of the multidisciplinary review and action plan should be recorded in the patient health record.

This action must be kept under review and the doors returned to controlled status at the earliest opportunity and the date and time recorded on the Checklist and a DATIX completed for all instances. The checklist should then be reported to the next Directorate QUAG.

4 Roles and responsibilities

Role	Responsibility
Ward staff	<ul style="list-style-type: none"> • Implementing this procedure • Ensuring they understand this procedure and related legislation, and seeking supervision or support where they are uncertain of its application
Consultant Psychiatrists and other staff involved in developing and agreeing care plans	<ul style="list-style-type: none"> • Ensuring all plans of care detail specific requirements for individual patients to support access and exit from inpatient areas
Nurses in charge of shifts	<ul style="list-style-type: none"> • Implementing this procedure over the course of the shift they are in charge of • Deciding if any temporary restrictions on access or exit are needed and managing communication of this (including use of

	the standard Trust poster or for specific areas an alternative user friendly version that has been agreed through the Specialty Governance structures and checked by the Trust Compliance team)
Ward Managers	<ul style="list-style-type: none"> Ensuring that staff understand this procedure, and that it is included in local induction processes. Assisting staff to keep up to date with any changes to this procedure, although individuals have ultimate responsibility for their own practice. Ensuring their local operational procedure, environmental survey and patient's individual risk assessments detail any area that needs to lock internal doors within the area for clinical safety at certain points of the day (e.g. mealtimes) or temporarily (e.g. due to incidents) Ensuring staff apply this procedure appropriately in practice
Modern Matrons and Locality Managers	<ul style="list-style-type: none"> Ensuring that the procedure is adhered to within their area Modern Matrons are responsible for monitoring that this procedure is applied appropriately and any exceptions or areas of concern are escalated to Directorate QUAGs and onwards as appropriate Ensure informal patients are assessed regularly
Heads of Service	<ul style="list-style-type: none"> Ensuring that the procedure is adhered to within their area Ensure informal patients are assessed regularly
Directors of Operations	<ul style="list-style-type: none"> Ensuring that the procedure is adhered to within their area
Director of Nursing and Governance and Chief Operating Officer	<ul style="list-style-type: none"> Ensuring that the procedure is implemented

4.1 Definitions

Term	Definition
Managed Access	<p>Managed access is a process that enables staff to consider whether there is a valid and justifiable reason to regulate a person accessing inpatient areas.</p> <p>Regulating access is valid when staff reasonably believe that allowing access may compromise the safety of the ward environment and /or personal safety of persons within the area.</p> <p>Staff will ensure that access for patients, visitors and staff is managed a timely way (within 5 minutes of request) although it is accepted that in emergency situations this may take longer</p>
Managed exit	Managed exit is a process that enables staff to consider whether

	<p>there is a valid and justifiable reason to regulate a person leaving inpatient areas.</p> <p>Regulating exit provides staff with an opportunity to assess a person's mental health and wellbeing in order to consider if that person's safety may be compromised should they leave the area at that moment in time</p> <p>Staff will ensure that exit for patients (taking into account the risk assessment and other issues described elsewhere in this procedure), visitors and staff is managed a timely way (within 5 minutes of request)</p>
Locked Door	<p>All main access points to bed based clinical areas will have a form of electric control system fitted as standard that is operated via a controlled pass system (or key pad etc). Access and exit is managed by clinical staff and on a request basis.</p> <p>A locked door situation is where the ward or unit door is locked by a key. If a ward/unit is locked by a key, all staff must ensure they carry a key in order to open the doors in the event of a fire or other emergency.</p> <p>All wards should display the "leaving the unit/ward" poster at appendix 1, or for specific areas an alternative user friendly version that has been agreed through the Specialty Governance structures and checked by the Trust Compliance team.</p>
Informal Patients	<p>Informal patients (one who has given or is capable of giving consent to adhere to the rules of the hospital in which they reside) are able to leave the ward at any time in line with the Mental Health Act. If staff have any concerns in relation to an individual's level of risk or mental state at the point of the request to leave, a registered member of staff will discuss concerns with the patient and agree appropriate action in line with Trust procedure, DOLS, MCA and MHA Code of Practice.</p>
Detained Patients	<p>The Mental Health Act and associated Code of Practice recognises that patients need to be cared for in hospital accommodation offering conditions of enhanced security. This refers to low, medium and high secure services. The Code also recognises that there is a need for physical security in other hospital accommodation, i.e. not secure services. The Code acknowledges that locking doors, placing staff on reception, use of swipe cards, fobs and key pads are all methods that hospitals should consider to manage entry to, and exit from, clinical areas to ensure the safety of patients and others.</p> <p>Detained patients can have either ground leave or leave from</p>

	the hospital with permission of the responsible clinician. If staff have any concerns in relation to an individual's level of risk or mental state at the point of the request to leave (even if section 17 is in place), exit can be restricted using the appropriate Trust Procedure, e.g. MHA.
Patients who lack capacity	Managed door systems are used to promote the safety of non-detained patients who lack capacity to consent to their care regime and who would be at risk of harm if they wandered out of a ward/unit at will. This should be supported by adequate staffing, and engagement and observation in line with Trust Procedure. Where an individual lacks capacity, exit may be restricted according to individual risk assessment and management plans. In such circumstances consideration should also be given to assessment under the Mental Health Act or DoLS

5 How this procedure will be implemented

<ul style="list-style-type: none"> This procedure will be published on the Trust's intranet and external website.
<ul style="list-style-type: none"> Line managers will disseminate this procedure to all Trust employees through a line management briefing.

5.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff working into bed based services	Local Induction – face to face	Part of local induction	At induction

6 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Review of Modern Matron Checklist	Monthly	Quality Assurance Group
2	Restrictive practice log	Monthly	Quality Assurance Group

7 References

- National Patient Safety Agency. 2004. *Safer Wards for Acute Psychiatry, A review of the available evidence*.
- Bowers L., Jarrett M., Clark N., Kiyimba F., McFarlane L. (1999c). 3 Absconding: Outcome and Risk. *Journal of Psychiatric and Mental Health Nursing* 6: 213-218
- Neilson T., Peet M., Ledsham R., & Poole J. (1996). Does the nursing care plan help in the management of psychiatric risk? *Journal of Advanced Nursing* 24: 1201-1206
- Adams B. (2000). Locked Doors or Sentinel Nurses? *Psychiatric Bulletin* 24: 327-328
- National Confidential Inquiry into Suicide and Homicide by People with mental Illness (1996). *Report of the National Inquiry into Suicide and Homicide by Mentally Ill People*. Royal College of Psychiatrists: London
- Rae. M (2005). Review of open Door Procedure in Acute In-Patient Wards. Discussion Paper draft 5, (2005)

8 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	17 February 2021	
Next review date:	17 February 2024	
This document replaces:	CLIN-0004-v5.1 Controlling access to and exit from Inpatient Areas	
This document was approved by:	Name of committee/group	Date
	Controlling Access to & Exit from Inpatient Areas Procedure development Group	05 November 2020
This document was ratified by:	Name of committee/group	Date
	Senior Leadership Group	17 February 2021
An equality analysis was completed on this document on:	05 November 2020	
Document type	Public	
FOI Clause (Private documents only)	Not appropriate	

Change record

Version	Date	Amendment details	Status
4			Withdrawn
5	06 Jul 2016	Full review	Withdrawn
5.1	03 Aug 2016	Modern matron and head of service responsibilities amended to ensure informal patients are assessed regularly	Published
5.1	23 Aug 2019	Review Date extended form 06 July 2019 to 06 Jan 2020	Published
5.1	14 April 2020	Review date extended to 06 October 2020	Published
5.1	15 Dec 2020	Review date extended to 28 February 2021	Published
6	17 Feb 2021	Full review and updates, including:-	Ratified

		<ul style="list-style-type: none"> • Put into new format. • Removed a template checklist in relation to locking doors to remove duplication as function already covered in the ward restrictions logs 	
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Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Bed based Services				
Policy (document/service) name	Controlling Access to and Exit from Inpatient Areas Working Party				
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>	Project
	Procedure/Guidance			X	Code of practice
	Other – Please state				
Geographical area covered	Trust Wide				
Aims and objectives	To promote a safe and protective environment for patients, staff and visitors within in-patient areas, specifically when managing access and exit from inpatient areas.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	05/11/2020				
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	05/11/2020				

You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity team on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All staff, patients and visitors accessing inpatient wards.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
Yes – Please describe anticipated negative impact/s No – Please describe any positive impacts/s					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?	Yes	X	No	
Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 	<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) 			
4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership				
Yes – Please describe the engagement and involvement that has taken place				
Staff – working party included staff from all specialties and across all localities.				
No – Please describe future plans that you may have to engage and involve people from different groups				

5. As part of this equality analysis have any training needs/service needs been identified?

No	Please describe the identified training needs/service needs below
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A training need has been identified for;

Trust staff	No	Service users	No	Contractors or other outside agencies	No
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Make sure that you have checked the information and that you are comfortable that additional evidence can be provided if you are required to do so

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046

Appendix 2 - Compliance team poster

[See next page](#)

Leaving the ward/unit

This door has managed access for the safety of patients, visitors and staff

- **Should you wish to leave the ward unit, please discuss with a member of staff who will discuss this with you and facilitate this.**
- **If you are detained under a section of the Mental Health Act your right to leave the ward/unit will be at the discretion of your responsible clinician. If you wish to leave the ward/unit please speak with the staff who will advise you accordingly.**

making a

difference

together

This door is temporarily locked

PATIENTS AND VISITORS

- **PLEASE RING THE BELL AND A MEMBER OF STAFF WILL LET YOU IN.**
- **PLEASE LET A MEMBER OF STAFF KNOW WHEN YOU NEED TO LEAVE AND THEY WILL OPEN THE DOOR FOR YOU.**
- **PLEASE ACCEPT OUR APOLOGIES FOR ANY INCONVENIENCE.**

STAFF

**WHEN ENTERING OR LEAVING THIS AREA PLEASE ENSURE THAT
THIS
DOOR IS LOCKED BEHIND YOU**

This door is usually unlocked during daylight hours. In some circumstances, to ensure that patient care and safety are maintained, we have to keep this door locked. This situation is being kept under review by senior staff. If you have any concerns or need further information please ask for the nurse in charge.
