

Open Door Policy and Ward Access (Replacing Policy No. TP/CL/015 V3.1)

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POLICY SPONSOR	Chief Nursing Officer
POLICY AUTHOR	Head of Nursing Acute Inpatient Mental health Care

EXECUTIVE SUMMARY:

- The policy clearly identifies wards where normal practice is for the ward door to be open (ie not locked)
- It follows the principles as set out in DH Mental Health Code of Practice 2015, considers relevant sections of the Human Rights Act (1998) and is informed by evidence that identifies that the use of locked doors does not necessarily increase safety or promote recovery.
- It makes clear where there is variance and why.
- The policy also describes the process to be followed should ward doors need to be locked on a temporary basis.
- This policy describes the process to be followed for areas in which a key fob is required to open doors.

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1.0 Introduction

1.1 Purpose of policy

The purpose of the Open Door Policy is to ensure that inpatients have the best possible experience of mental health services, ensuring that their human rights are protected and that they are cared for in a safe environment in the least restrictive way. This is in keeping with the principles set out in the human rights Act (1998), Mental Health Act Code of Practice (MHA CoP) (2015) and evidence that the use of locked doors does not necessarily improve the safety or recovery of patients (Van de Merwe et al 2009, Huber et al 2016). This policy relates to the outer Ward door of a Ward within a hospital setting .

The use of locked doors is a blanket restriction and such practices have no basis in national guidance or best practice; they promote neither independence nor recovery, and may breach a patient's human rights (MHA CoP 2015). However the Trust acknowledges that in most areas across the Trust key fobs are now in place which by their very nature create a lock door environment. The policy describes the steps that staff must take to protect the rights of service users when, under these circumstances, and in circumstances when decisions are made to lock doors in order to maintain safety.

In open ward environments where for the safety of patients who would be at risk of harm if they left the clinical environment, the primary interventions to maintain safety should be adequate staffing levels, high quality individual risk assessments and safety planning in addition to positive therapeutic engagement and observation which promotes independence and recovery.

Clinical areas where it has been considered and agreed that access and egress to and from wards should be controlled through the use of a locked door is shown in Appendix 1.

1.2 Definitions

Blanket Restrictions

Rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application. Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals. For any blanket restriction imposed it must be clear why the restriction is in place, when the restriction will be reviewed and by whom. Any use of blanket restrictions should be reflected in the patients risk assessment and care plan. Blanket restrictions includes access to the outside world (Mental Health Act 1983: Code of Practice, section 8.5 page 64).

Open Door

This is the door which gives access / egress from a ward, it is considered to be open when patients can exit from it without needing to ask to be let out (ie it is not locked or the exit is not blocked/restricted). The Trust acknowledges that the introduction of key fobs has resulted in patients now having to ask for entry to and exit from the wards.

Lockdown

Lockdown is the process of controlling the movement and access - both entry and exit - of people (NHS staff, people that access our services and visitors) around a Trust site or other specific building/area in response to an identified risk, threat or hazard that might impact on the security of people, assets and/service provision

1.3 Scope of policy

Protecting the human rights of patients, some who may be vulnerable and some who may have limited capacity, is fundamental to providing quality mental health services. Therefore, **this policy applies to all inpatient services and all patients detained under the Mental Health Act (1983) and Informal patients, except**, Secure and Forensic services, Intensive / Locked Rehabilitation, Dementia Acute Care wards, the CAMHS inpatient ward (Chalkhill), Learning Disability Inpatient services and Psychiatric Intensive Care (PICU) services (reasons outlined in appendix 1).

Where an informal patient requests to leave the ward they must be allowed to egress immediately unless the staff member has concerns relating to the risk of the patient (risk to themselves or others). In such cases the patient must be informed why they are being refused to be let out of the ward and their consultant/Responsible Clinician (RC) also informed. A discussion should take place with the Multi Disciplinary Team (MDT) as soon as possible regarding any risks posed, patient capacity, and legal status. All informal patients must have a risk assessment and care plan in place relating to the use of any leave from the ward agreed with their Consultant/RC and their MDT.

This policy is to be viewed in conjunction with the trusts Lockdown Policy. When the lockdown policy is in effect it will supercede this policy. Additionally this policy presents risks and barriers to a smooth and rapid lockdown and this will mean all staff where the open door policy is in effect will need to be aware of their roles and responsibilities in relation to ward, building or site lockdowns.

1.4 Principles

- 1.4.1 Care must always be based on the principle of the 'least restrictive option' where independence and autonomy are maximised and service users empowered, wherever possible, to make their own decisions.
- 1.4.2 A blanket locked door policy which affects all patients in a hospital or on a ward could, depending on its implementation, amount to a restriction or a deprivation of liberty (DH Mental Health Act Code of Practice 2015 – Chapter 8).
- 1.4.3 Staff must give due regard to the following articles of the Human Rights Act (1998) (the right to liberty, Article 5, prohibition of torture, inhumane treatment or degradation, Article 3 and Article 8 respect for one's private and family life) and ensure that doors are only locked or entry/exit is refused, when a situation is risky enough to warrant this action and that the duration of the period that this is in place is no longer than is necessary.
- 1.4.4 The locking of a door or refusal of exit must not be used as an alternative to considering whether a patient may need to become subject to the Mental Health Act (1983) and detained.

- 1.4.5 ***Any area which utilise key fobs must ensure all patients, carers, visitors and staff are aware of how to enter and exist the ward. Signs must be visible on the ward and this must be clearley documented in any staff induction pack and patient/carers welcome pack.***
- 1.4.5 The management, security, and safety of patients should, wherever possible achieved by means of the required level of positive therapeutic engagement and observation and appropriate staffing levels (Chapter 8 - MHA Code of Practice 2015). The nature of engagement with patients and of therapeutic interventions and the structure and quality of life on the ward are important factors in encouraging patients to remain in the ward and in minimising a culture of containment.
- 1.4.6 All wards should have high quality, spacious, clean, well decorated and furnished, welcoming environment, symbolising the high value placed on patients, the service to them, and the staff that provide it (Van De Merwe et al 2009).
- 1.4.6 Locking the door that is usually 'open' or refusal of exit, including those doors controlled by key fobs, without legal justification is considered to be an incident, and should be recorded and reported using the Trust's incident reporting procedure, in order that statistical information can be provided for quality monitoring.

2.0 Policy Statement

Sussex Partnership NHS Foundation Trust (the Trust) operates it's inpatient clinical areas with the **open door principles in mind**. The external and entrance doors to inpatient settings will be locked between 5pm – 9am for general security and safety. Areas which are controlled by key fobs and exit is refused or occasions when it is necessary to lock a ward or department door, a procedure and guide for this process is set out in appendix 2.

3.0 Duties

Chief Nurse

To ensure an up to date, fit for purpose, based on best practice policy is in place.

Service Directors and Clinical Directors

To ensure dissemination of the policy to all relevant staff.

Deputy Directors, Lead Nurse Managers, General Managers and Matrons

To ensure the policy is implemented and the incidence of locking doors is monitored and acted upon accordingly. In line with the trusts Lockdown Policy senior staff are empowered to lockdown their areas under their own authority all staff must be made aware of the lockdown policy and procedure and their responsibilities contained within.

All clinical staff

To comply with the procedure outlined in the policy and to be aware of the need to change practice dynamically if required in the event of security or safety risks or in the event of a lockdown.

4.0 Procedure

4.1 Inpatient services

4.1.1 This policy is the routine practice standard for all inpatient services.

During the hours of 9am – 5pm all inpatient facilities will routinely operate with an open door as defined within the policy unless an exception is offered and listed in appendix 1.

4.1.2 There may be exceptional clinical circumstances where the nurse in charge of a ward or department will consider locking the entrance or refuse exit or entry of that ward or department in the interests of patient safety and security.

4.1.3 In assessing the need to lock the door or refuse entry/exit, the nurse in charge should consider the following as possible alternatives:

- The use of additional staffing.
- Alternative care strategies and / or use of the Mental Health Act (1983) or Deprivation of Liberty Safeguards (2005) which should be discussed with the senior doctor.
- Transfer of a patient(s) to a more suitable environment.

4.1.4 Where these alternatives are either not possible or not appropriate, the door may be locked or entry/exit refused in those areas which utilise key fobs.

4.1.5 The impact of a blanket restriction on each patient should be considered and documented in the patient's records where there is an impact. Once the decision has been taken to lock the door or refuse entry/exit, the nurse in charge should:

- Inform the patient of the reason for this as well as all staff, that the door is being locked or entry/exit is being refused.
- Advise all other patients and visitors that they may leave, on request, at any time (subject to their current legal status) and ensure that a member of staff is available to unlock the door on request. In areas which utilise key fobs, there would be no change to this process.
- Display a notice at the ward / department entrance advising that the door is locked and informing about the means of entrance and exit (Appendix 3). Areas which utilise key fobs should already have these displayed.
- Inform the Matron.
- Ensure that the length of time that the ward / department is locked is kept to a minimum.
- Complete an incident form (***Doors that operate using key fobs do not automatically require an incident form to be completed and would only require incident reporting if exit or entry is being refused***).

4.1.6 In areas in which key fobs are not used the use of a locked door must be subject to ongoing review from the multi-disciplinary team at least once each 24 hours, as soon as the clinical situation can be safely managed without the door being locked it should be unlocked. Consideration must be given to; article 5 – right to liberty, article 3 – right to protection from inhumane or degrading treatment and article 8 right to a private and family life of the Human Rights Act (1998).

4.1.7 This procedure is summarised for quick reference in Appendix 2.

4.1.8 In the event of a lockdown being implemented doors will default to locked status until such time the lockdown has been lifted.

5.0 Development, consultation and ratification

The policy is based on a previous policy (30/2007/Clinical) written by the Deputy Director of Nursing. It was used as a basis for consultation with Matrons across all care groups. The consultation was through a series of meetings.

The policy was considered by the PPF (prior to clinical policy forum) for ratification.

6.0 Equality and Human Rights Impact Assessment (EHRIA)

This policy has been impact assessed and the EHRIA has been filed with the E&D team.

7.0 Monitoring Compliance

The Matrons will monitor the implementation of the policy during ongoing operational management. Should any clinical area implement the policy on a frequent basis the Matron will work with the MDT to understand the need and explore potential alternative management strategies.

Should Matrons require summary data of the incidence of the door being locked this can be provided by the Risk & Safety team.

8.0 Dissemination and Implementation of policy

The policy will be uploaded onto the Trust intranet policy pages and advertised in the Partnership Bulletin. Staff will be alerted of this review via the Partnership Bulletin and at Inpatient Business meetings by the Matron.

9.0 Document Control including Archive Arrangements

This policy will be stored and archived in accordance with the Trustwide procedural documents policy.

10.0 Reference documents

- The Equality Act (2010)
- Deprivation of Liberty Safeguards, an amendment to the Mental Capacity Act 2005
- DH Code of Practice Mental Health Act (1983) revised 2015
- European Convention of Human rights – Human rights act (1998)

- Huber et al (2016) **Suicide risk and absconding in psychiatric hospitals with and without open door policies: a 15 year, observational study.** The Lancet Psychiatry, Volume 3, Issue 9, 842 – 84
- Mental Capacity Act (2005)
- Van De Merwe et al (2009) – **Locked doors in acute inpatient psychiatry: a literature review** - Journal of Psychiatric and Mental Health Nursing 16(3):293-9

11.0 Bibliography

None

12.0 Glossary

None

13.0 Cross reference

- Observation & therapeutic engagement policy
- Induction Policy
- Absent Without Leave (AWOL) Policy
- Incident Reporting & Management Policy & Procedure
- Deprivation of Liberty Safeguard (DOLS) policy (2005)
- Mental Capacity Act 2005 policy
- Lockdown Policy & Procedure

Fire Safety Policy

14.0 Appendices

1. Directorate specific application of Open Door policy
2. Procedure flowchart
3. Locked Door Template

Appendix 1

Directorate-specific Application

Secure inpatient units

By the nature of the service, all Secure & Forensic Inpatient Units have locked doors at all times in order to comply with national service specifications.

Psychiatric Intensive Care Units (PICU)

By the nature of the service all PICU units have locked doors at all times in order to comply with national service specifications.

High Dependency Rehab (78 Crawley Road)

By the nature of the service the unit will operate with a locked door however this will be regularly reviewed in order to aim for periods when the door is open.

Child & Adolescent Services

The Chalkhill Leadership Team reviewed the policy at this review and agreed that due to the need to safeguard vulnerable children and young people, it is age appropriate to operate with a locked door. The purpose is to reduce the potential for children and young people to leave the ward unescorted which could pose significant risk. A locked door is also required to ensure staff are able to effectively gate keep visitors to the ward, and maintain the environment to ensure all children and young people are safe. Family and other visitors will continue to be welcomed and visits supported. The use of outdoor ward space, leisure facilities on site and unescorted and escorted leave is risk assessed, care planned and reviewed in line with children and young peoples presentation, and is facilitated to ensure that least restrictive principles are followed.

Learning Disability inpatient service (The Selden Centre).

This service is designed for people with significant or severe intellectual disabilities whose needs cannot be met in mainstream wards even with reasonable adjustments and who have significant impairment of cognitive functioning, communication and adaptive functioning and who, when in the community, are usually supported in services which need to lock doors to ensure the person's safety given their learning disability. Therefore Selden Centre will operate with a locked door in order to address this.

Deprivation of Liberty (DoLs) (2005) guidance is followed given the restrictions on people's liberty which locking the door entails

Dementia Acute Inpatient Wards

At previous review the Acute Dementia inpatient wards Leadership Group considered the open door policy and have decided to maintain a locked door on all units as a default. This position will be reviewed as required through the same group.

[1] Rationale for decision:

A number of considerations have been made, these are:

- To safeguard vulnerable people experiencing dementia and reduce the potential for leaving the ward unescorted which could pose significant risk.

- To ensure staff have the ability to protect vulnerable patients and provide as stable an environment as possible by gate keeping those coming onto the ward. Family and relatives will continue to be welcomed.
- To ensure the principle of least restrictive practice (Mental Capacity Act 2005) is adhered to.

[2] Mechanisms to ensure liberty is not deprived:

Locking ward doors is not intended to deprive individuals of their liberty however, it needs to be balanced with the need to protect vulnerable individuals. The following mechanisms will protect and assure liberty:

- Use of Mental Health Act (1983)
- Capacity assessment on admission and at treatment review
- Deprivation of Liberty Safeguards (DoLS) (2005) via referral to DoLS assessors
- Ongoing Risk assessment / review and care planning
- Continued use of escorted leave facilitated by staff or family
- Continued use of access to outdoor space within the ward where available

[3] Signage will be in place:

Signage is in place to ensure:

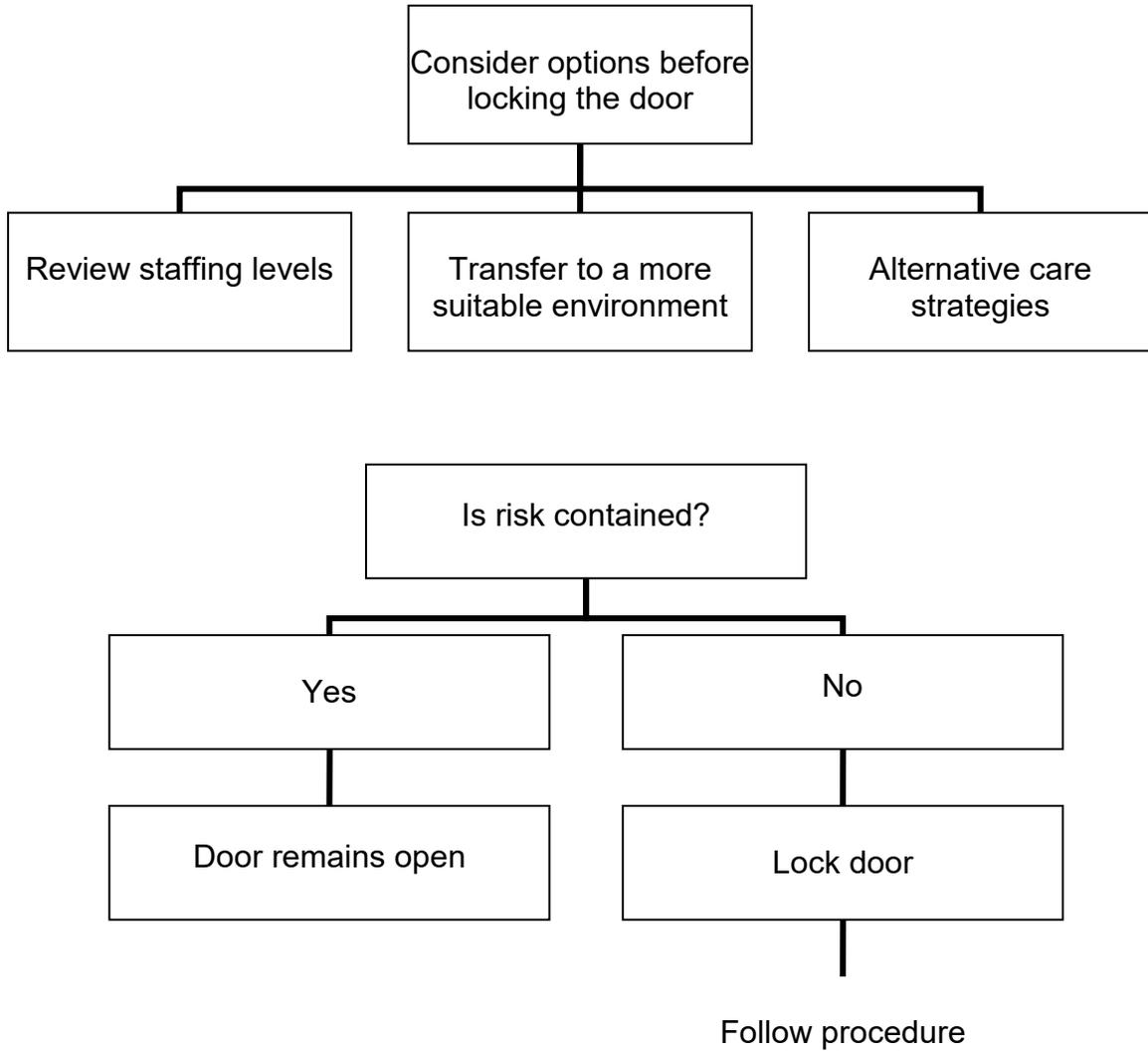
- Carers, staff and patients are aware of the locked door rationale and our aim to ensure safety without compromising liberty.
- Carers and patients who are not detained and are safe to leave are aware of how to leave the ward.
- Signposting people back to staff if they have any questions or concerns.

Adult Inpatient Services

Acute, Recovery and Rehabilitation Services – the policy applies in full.

Appendix 2

Clinical situation that cannot be safely managed with an open door



The ward door is currently locked

Please telephone (*insert ward phone number*) or (*alternative phone number*) to gain entry or report to Reception and they will contact the ward on your behalf

Many thanks

The ward door is currently locked

If you are currently able to leave the ward, please ask any member of staff to unlock the door for you

Apologies for any inconvenience

Many thanks – the Ward Team