

# Therapeutic Engagement and Observation

## 1 WHY DO WE NEED THIS POLICY?

- We have a duty of care to ensure the safety of patients in our care and take all possible steps to do so.
- The purpose of the policy is to ensure that all in-patients level of observation within the Trust be allocated appropriate to their Physical and mental health needs.



## 2 WHAT DO I NEED TO KNOW?

- People admitted to an inpatient setting will have an individual, potentially fluctuating level of risk.
- A key intervention in managing risk and supporting people to stay safe is via the use of therapeutic engagement and observation.
- There are four levels of Observation (see policy for more detailed explanation of each level)
  - **General** (minimum acceptable level of observation).
  - **Intermittent enhanced observations** (these must be completed at random and irregular time Periods)
  - **Within eye sight enhanced** observations
  - **Within arm's length enhanced** observations
 They must always be referred to in this way
- As a general principle the level of observation should be the least restrictive level necessary, balancing the patient's dignity and privacy with the need to maintain their safety and the safety of others.
- All new admissions must be kept on within eye sight enhanced observation until the mental health and risk assessments have been completed.
- Patients and carers (if appropriate) should be involved in the decision making process and be given a copy of the 'Patients and Carers information leaflet'.
- There must be a physical handover from one shift to the other which includes physical sight of the patient (unless they are known to be off the ward).
- An assessment of risk will underpin all decisions to change the level of observation.
- The rationale for any increase or decrease in the level of observations must be documented and reflected in the care plan and will be completed by either the MDT or 2 staff members who hold a professional qualification (RN, OT, Doctor).
- Observations cover the 24 hour period. This includes times when patients may be sleeping or resting. The policy may require staff to enter bedrooms to check on the physical and mental well-being of patients and to ensure there is no loss of vital signs via the use of no contact observations when they are unable to observe the patient move or breathe.



## 3 AUDIT

- It is the responsibility of the Matron and Ward Manager to complete the audit in Appendix 8 is completed every month to ensure that the standards described in the Policy are met.



## 4 WHAT DO I NEED TO DO?

- Please read the Therapeutic Engagement and Observation Policy and procedure.
- Do not undertake Observations until you have completed the Knowledge and Skills assessment.
- Always be clear about why the person is on enhanced levels of observations and be familiar with their care plan including issues that relate to how their privacy and dignity will be maintained.
- Make sure that you always carry your personal alarm when undertaking enhanced observations so that you can summon assistance in the event of an emergency.
- Use all levels of observations as an opportunity to engage and do not make it a mechanical task.
- Notify the nurse in charge if you have any concerns or are unable to locate a patient whilst undertaking observations.
- Be aware of potential environmental risks including those identified in the wards ligature footprint.
- Complete all recording forms (Appendices 4 – 7) in keeping with the Policy guidance. When observation is recorded it must be based on a visual sighting of the patient (unless they are known to be off of the ward) and document the precise time that the patient was seen.



## 5 CONTACT

- It is important that this information makes sense to you in your are not clear, tell someone. If you still have questions, ask!
- Contact the Ward Manager or Matron.

