

VISITORS POLICY

1.0 INTRODUCTION

DRH acknowledges that maintaining contact with friends and relatives is an important element in developing and sustaining a positive quality of life. All service users should be enabled to maintain contact with and be visited by anyone they wish to see. Any decision to prohibit a visit by a person whom the service user has requested to visit or agreed to see should be regarded as a serious interference with the rights of the individual and should be taken only in exceptional circumstances. This should only occur after all other means to deal with the problem have been exhausted.

2. FACILITATING VISITING

Generally, visiting times are by arrangement. All service users are encouraged to participate in a range of activities and visitors should therefore be asked to contact the facility prior to any visit to check if the service user will be available. This will avoid disappointment to all concerned should the service user be otherwise engaged.

Visitors should be asked:

- ❑ To advise staff on their arrival and departure to and from the facility. This is important for fire, health and safety reasons.
 - ❑ To enter their name in the visitors book provided
 - ❑ To take care of their own personal possessions.
 - ❑ Not to smoke on the premises.
 - ❑ To notify staff of any cash or valuable property, which they wish to give to the service user.
 - ❑ Not to bring any illicit drugs or alcohol onto DRH premises.
 - ❑ To park in designated areas only.
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- On arrival visitors should be offered refreshments and toilet facilities will be indicated.
 - The person in charge or other staff member should welcome the visitors and give them an opportunity to discuss any concerns or questions they may have subject to the duty of confidentiality.

4. GROUNDS FOR EXCLUDING A VISITOR.

There are only two principal situations that may justify the exclusion of a visitor:

- Restriction on clinical grounds, and
- Restriction on security grounds

4.1 Restriction on clinical grounds

It will sometimes be the case that a service user's or service user's relationship with a relative, friend or supporter is considered to be anti-therapeutic where there is a discernible arrest of progress or even a deterioration in the service user's condition associated with the visitor if contact were not to be restricted.

Very occasionally, concern may centre primarily on the potential safety of a particular visitor to a disturbed service user.

There may also be occasions where there is concern for the potential safety of a visitor into an area where there are disturbed service users. In this case, every effort must be made to provide an alternative environment for the visit. It is only where this is not possible should the planned visit be postponed.

The responsibility for any decision taken rests with the Manager taken after full discussion with the Chief Executive/Deputy Chief Executive and this should be clearly documented in the service user's notes. The Manager will provide an explanation to the service user and the person concerned, both orally and in writing.

4.2 Restriction on security grounds

The behaviour of a particular visitor may be, or have been in the past, disruptive to a degree that exclusion from DRH premises is necessary as a last resort.

Examples of such behaviour include:

- smuggling of illicit drugs or alcohol onto DRH Premises,
- unacceptable aggression or violence towards staff or service users.

4.3 Violent or aggressive behaviour by visitors.

DRH will not tolerate violence or aggression by visitors towards staff, service users or service users. The procedure to be adopted to temporarily exclude disruptive visitors is outlined in Appendix 1.

If the conduct of a visitor is not reasonable the person in charge will, in the first instance, advise the visitor of expected behaviour.

If the visitors behaviour doesn't improve the person in charge should ask the visitor politely but firmly to leave the premises. If the visitor then refuses to leave the Chief Executive/Deputy Chief Executive should be notified and, if it is considered necessary, the police called for assistance.

All such incidents must be reported through the Adverse Incident Reporting Procedure

4.4 Illicit Drugs.

DRH will strive to maintain the premises free from illicit drugs.

All incidents regarding the presence of illicit drugs will be reported to the police.

Visitors found to be bringing illicit drugs onto DRH premises are liable to be reported to the police with the intent being to seek prosecution under “possession of a controlled substance with intent to supply”.

4.5 Decision to Exclude.

A decision to exclude a visitor on the grounds of his or her behaviour should be fully documented and explained to the service user orally and in writing. Where possible and appropriate the reason for the decision should also be communicated to the person concerned.

Where a decision is made to exclude a visitor on the grounds of his or her behaviour this should be reported via the DRH Adverse Incident reporting procedure.

5. CHILD VISITING

5.1 PRINCIPLES OF GOOD PRACTICE.

DRH recognizes that the principles of good practice relating to child visiting include:

- Placing issues of child welfare at the heart of professional practice for all staff involved in the assessment, treatment and care of service users.
- Taking account of the needs and wishes of children as well as service users.
- Ascertaining the desirability of contact between children and service users, efficiently and to identify concerns and assess any risks of harm to the child.
- Establishing an efficient procedure for dealing with requests for child visiting in those cases where concerns exist.
- Establishing a process to facilitate child visiting, in appropriate circumstances, which are not bureaucratic, which is supportive of children and adults and which does not cause delay in arranging contact

5.2 Dealing with Concerns Relating to Child Visiting

Concerns about the desirability of child visiting may arise in a number of areas.

These could relate to:

- Consideration of the child's best interests.
 - The service user's history and family situation.
 - The service user current mental state
 - The response by the child to the service user or his/her illness.
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- The wishes and feelings of the child.
 - The age and overall emotional needs of the child.
 - The views of those with parental responsibility.

A range of options may present themselves when concerns are identified in any of these areas. This need not automatically result in the refusal of visiting or other forms of contact. If the concerns relate to the environment of the facility or nature of the service user population at the time the visit is proposed, arrangements might be made for visits to take place elsewhere. The Manager must aim to obtain a balance between the management of risk and the interests of service users and children. In some situations, it may be appropriate for visiting to take place with the support and supervision of staff or, indeed, other agencies. In other situations, alternative forms of contact such as by letter or telephone may be more appropriate.

5.3.Procedures

The Mental Health Act 1983 Code of Practice recommends the development of local policies which promote good practice in the area of children visiting adult service users detained under the Mental Health Act. DRH manage two facilities that can accommodate people detained under the Mental Health Act – Fairfield House and Elsadene (Independent Mental Health Hospitals).

a) In those instances where a compulsory admission is being considered, the needs of, and arrangements for, children involved with the service user should be considered by the service users Approved Social Worker and communicated to the hospital in the event of admission. The ASW should alert their colleagues in children's services if they have any concerns about child care arrangements for dependant children of the service user.

b) The ASW should provide the hospital with information about the views of other person(s) with parental responsibility for the children of the service user, where it is appropriate to do so and if these can be ascertained.

c) The Manager should be given all relevant information before taking a decision on whether a visit by a child is appropriate.

d) When a visit by a child is anticipated, the Manager should speedily identify any concerns about child visiting which may be present in a limited number of cases

e) In the vast majority of cases where no concerns are identified, arrangements should be made to support the service user and child and to facilitate contact.

f) Staff should think creatively about how to make the visit a positive experience. They should also be sensitive to the need for privacy.

5.3 Decisions to Refuse Child Visiting.

Decisions to refuse visits, which will only be taken exceptionally, following consultation with the Chief Executive/Deputy Chief Executive, and the reasons should be given in writing as well as orally and will need to be supported by clear evidence of concerns.

6 MONITORING

Any decision to exclude a visitor should be fully documented and available for independent scrutiny by the Mental Health Act Commission, the Healthcare Commission and the Commission for Social Care Inspection

References:

Mental Health Act 1983

Mental Health Act 1983 Code of Practice.

Department of Health, (1999) Mental Health Act (1983) Code of practice: guidance on the visiting of psychiatric patients by children. HSC 1999/222:LAC (99) 32.

March 2006 (Incorporating & replacing DRH Policy on Children Visiting DRH Homes)

Review Due: March 2009

APPENDIX ONE



PROCEDURE TO BE ADOPTED TO TEMPORARILY EXCLUDE DISRUPTIVE VISITORS.

AIM

To maintain a safe and therapeutic environment for service users and staff.

Procedure

1. Staff should immediately inform the person in charge if they become aware that a visitor is displaying inappropriate behaviour.
2. The person in charge will speak with the visitor concerned, away from the service user area and identify behaviour that has been highlighted as being unacceptable. The person in charge will attempt to diffuse the situation while reminding the visitor that the visit will be terminated if the behaviour persists.
3. If the situation continues and the person in charge is unable to calm the situation, the visitor should be politely and firmly asked to leave the premises and the hospital site.
4. The Chief Executive/Deputy Chief Executive will be advised of the situation by the Nurse-in-Charge.
5. If the visitor refuses to leave, they should be informed that the police will be contacted if they do not comply.
6. If the visitor does not comply, then the person in charge should advise the Senior Manager and contact the police.
7. It may be necessary for the staff to arrange for service users to be removed from the vicinity of the visitor while waiting for the visitor to leave.
8. The visitor must not be allowed to visit again until a full case review.
9. The incident must be reported through the DRH Adverse Incident Procedure.

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