



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 have the right to maintain relationships and be visited by anyone they wish to see, subject to carefully limited exceptions.

Visits should be encouraged as one way to maintain and to strengthen the service user's network of relationships and community connections.

2. FACILITATING VISITING

Generally, visiting times are by arrangement. Service users participate in a wide range of external activities, there are also times when service users require personal space and privacy such as mealtimes or when receiving personal care 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. Subject to the above, all DRH facilities will offer flexible visiting times, comfortable surroundings and access to refreshments.

All visitors are requested to adhere to the following:

- To respect the privacy and dignity of service users at all times.
- To respect that fact that they are visitors within another person's home.
- To display an acceptable level of behavior towards both service users and staff at all times.
- 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 responsibility for 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.

3. GROUNDS FOR EXCLUDING/ RESTRICTING OR REMOVING A VISITOR.

Any decision to prohibit or terminate 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.

For service users detained under the Mental Health Act a decision to exclude a visitor must be taken by the service user's responsible clinician after assessment and discussion with the staff team.

Any decision to restrict visiting should be reviewed regularly and at least weekly.

There are three principal situations that may justify the exclusion/ restriction or removal of a visitor:

- Clinical grounds/ Service User well-being
- Security grounds
- Bullying and Harassment of Staff

3.1 Exclusion, restriction or removal of visitors on clinical grounds/ service users wellbeing

On rare occasions it may be the case that a visit or the behavior displayed by a service user's relative or friend is judged by staff as potentially detrimental to the psychological and emotional wellbeing of the service user they are visiting or other service users within the home.

DRH is committed to using the Human Givens approach within all its facilities this includes ensuring that the service user's basic needs are met including:

- The need for physical and emotional security (a stable home life and safe territory to live in)
- The need for privacy
- The need for a sense of autonomy and control
- The need for unconditional positive regard

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 to exclude/ restrict visiting to DRH Care Home rests with the Manager after consultation with the Chief Executive/On Call Lead 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.

3.2 Exclusion, restriction or removal of visitors on security grounds

The behavior 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. DRH will not tolerate any form of violence /aggression including verbal aggression, or any other behavior that may place service users or staff at risk.

Examples of such behavior include:

- smuggling of illicit drugs or alcohol onto DRH Premises,
- Unacceptable aggression or violence towards staff or service users, including verbal aggression
- Behavior which impacts on the physical or emotional security of service users and does not meet their Basic Human Needs
- Incitement to a detained service user

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".

3.3 Exclusion, restriction or removal of visitors for Bullying and Harassment of Staff

DRH will not tolerate any form bullying and harassment by visitors towards staff. DRH recognise that our staff need a working environment that is free from harassment and bullying in all forms. DRH also recognise that it has a legal responsibility to protect its staff from all forms of discrimination and intimidation.

People who work in a hostile environment or who are fearful or resentful do not work well. Teamwork will suffer and this will affect the quality of care given to service users.

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

If the visitor's behavior doesn't improve the person in charge should ask the visitor politely but firmly to leave the premises (see appendix 1.). If the visitor then refuses to leave the Chief Executive/ On call Lead should be notified and, if it is considered necessary, the police called for assistance.

4. DECISION TO EXCLUDE/RESTRICT OR REMOVE A VISITOR.

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

Shift leaders may intervene or terminate any visit if they have good reason to believe that this is harmful to the service user or meets the reasons described above

Any decision to exclude/restrict or remove a visitor on the grounds of his or her behavior should be reported via the DRH Adverse Incident reporting procedure.

The procedure to be adopted to temporarily exclude disruptive visitors is outlined in Appendix 1.

4.1 Restricting visitors to service users who lack capacity

Restricting visitors to service users who lack capacity to decide whether or not to remain in a DRH facility could amount to or contribute to a deprivation of liberty. Such restriction may indicate that an authorisation under the deprivation of liberty safeguards of the Mental Capacity Act 2005 may need to be sought.

For service users at Elsadene who are detained under the provisions of the Mental Health Act exclusion may be permitted (on clinical or security grounds) under the terms of their detention.

4.2 People with a right to visit

The Mental Health Act gives certain people the right to visit service users in private:

- Second opinion appointed doctors

- Independent doctors or approved clinicians appointed to examine a patient in relation to an application or reference to the Tribunal
- People visiting on behalf of the Care Quality Commission (previously the Mental Health Act Commission)
- Independent mental health advocates (IMHA's)
- Legal representatives

5. CHILD VISITING

5.1 Principles of good practice.

DRH is committed to facilitating visits by children to our facilities. However, the welfare of the child will be paramount and should only take place if no risk is posed to the child. Principles of good practice relating to child visiting include:

- Arrangements for visits from the children or child relatives of service users should be included in the service user's support plan
- All visits should be prearranged and risk assessed
- Assessments should consider the desirability/benefits of contact between children and service users, and to identify concerns and assess any risks of harm to the child.
- All decisions regarding child visiting should be documented
- No child under the age of 16 should visit unaccompanied

5.2 Factors to be considered in assessing the appropriateness of children visiting service users

Concerns about the desirability of children visiting may arise in a number of areas. These could include:

- Consideration of the child's best interests.
- the service user's history and family situation
- the service user's current mental state
- the response by the child to the service user or his/her mental illness or learning disability
- the wishes and feelings of the child if they are of sufficient age and understanding to make their own decisions
- the age and overall emotional needs of the child
- the views of those with parental responsibility
- the nature of the facility and the service user population
- Any other relevant consideration

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

DRH manage one facility that can accommodate people detained under the Mental Health Act – Elsadene (Independent Mental Health Hospital).

- 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 dependent 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.

5.4 Decisions to Refuse Child Visiting.

Decisions to refuse visits, which will only be taken exceptionally, following consultation with the Chief Executive/On Call Lead, 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 Care Quality Commission or funder as required.

References:

Mental Health Act 1983
Mental Health Act 1983 Code of Practice (2008)
Mental Capacity Act 2005

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

Reviewed and amended November 2009/ August 2011

To be reviewed August 2013

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 behavior.
2. The person in charge will speak with the visitor concerned, away from the service user area and identify behavior 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 behavior persists.
3. If at all possible the Chief executive/On – call Lead will immediately be advised of the situation by the shift leader and advice sought
4. If the situation continues and the person in charge is unable to calm the situation, the visitor should be politely and firmly be asked to leave the premises and the hospital site.
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 Chief Executive or On Call Lead 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.

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

Reviewed and amended November 2009/ August 2011

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