



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 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 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.

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 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.

4. GROUNDS FOR EXCLUDING A VISITOR.

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.

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

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

4.1 Exclusion or restriction of visitors on clinical grounds

On rare occasions it may be the case that a visit 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.

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 restrict visiting to DRH Care Home rests with the Manager after consultation 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 Exclusion or restriction of visitors 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.
- Incitement to a detained service user

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. Whenever possible the reason for the decision should also be communicated directly to the person concerned.

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

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

4.6 Restricting visitors to service users who lack capacity

Restricting visitors to service users who lack capacity to decide whether 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 and Fairfield House 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.

4.7 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 of contact between children and service users, efficiently 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:

- 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
- 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
- consideration of the child's best interests
- the views of those with parental responsibility
- the nature of the facility and the service user population

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.

- 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

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 Care Quality Commission.

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

To be reviewed 2012

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. will be advised of the situation by the shift leader
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 Deputy Chief Executive 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 November 2009