

Attachment 40

<p>Reference Number: <i>TBA unless document for review</i> Version Number: 1</p>	<p>Date of Next Review: <i>To be included when document approved</i> Previous Trust/LHB Reference Number: <i>Any reference number this document has been previously known as</i></p>
<p align="center">Visitors at Hafan y Coed Guidance</p>	
<p>Introduction and Aim Hafan y Coed Adult Mental Health Unit has been designed to accommodate the needs of patients, staff and visitors. This document aims to provide guidance in the management and support of those using the visiting areas in Hafan y Coed.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • <i>To ensure the appropriate use of visiting rooms.</i> • <i>To ensure the appropriate use of other areas of the ward where visits may take place.</i> • <i>To ensure the provision of appropriate support to visitors.</i> • <i>To ensure the safe management of visitors under the age of 18.</i> 	
<p>Scope</p> <p>This procedure applies to all of our staff working at Hafan y Coed including those with honorary contracts [<i>Or replace with a more specific grouping if not UHB wide</i>]</p>	
<p>Equality Impact Assessment</p>	<p><i>An Equality Impact Assessment has not been completed.</i></p>
<p>Health Impact Assessment</p>	<p><i>A Health Impact Assessment (HIA) has not been completed.</i></p>
<p>Documents to read alongside this Procedure</p>	<p><i>Vexatious Visitor Policy CCTV Policy Patient Confidentiality Policy</i></p>
<p>Approved by</p>	<p><i>Committee/Group</i></p>
<p>Accountable Executive or Clinical Board Director</p>	<p><i>Title of post holder</i></p>
<p>Author(s)</p>	<p><i>[Redacted]</i></p>

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Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
	<i>Date of Committee or Group Approval</i>	<i>TBA</i>	<i>State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded</i>

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1. General Principles

- 1.1 The Mental Health Clinical Board recognises the importance of family and friends in the recovery journey of individual patients. As such visits will usually be encouraged to maintain links with the world outside hospital and to enable a collaborative approach to preparing for the patient's eventual discharge.
- 1.2 It is also recognised that at times the patient may not want to receive visits and or may refuse information sharing with their family and or friends. Inpatient mental health unit staff will strive to support this.
- 1.3 Hafan y Coed and Llandough Hospital has ample space to accommodate visitors. Where risk assessment and legal restrictions allow, patients and their visitors will be encouraged to use these spaces rather than visiting on the actual ward areas.

2. Physical Environment

- 2.1 Each ward at Hafan y Coed has a small visiting room linking the main ward area to the lobby area of the ward. These visiting rooms are furnished with comfy seating and tables. There are information boards and a selection of children's toys available for use by families. Each visiting room is also covered by a CCTV camera.
- 2.2 Other areas of the ward may also be used for visiting, these include: the lounge areas, the dining area (when not in use for dining) and other side rooms. Visits from family and friends should not take place in rooms off the bedroom corridors. The only area with CCTV coverage is the designated visiting room.
- 2.3 Meeting rooms are available on each ward for use of staff, visitors and patients to discuss care and treatment.

3. Visiting times

- 3.1 It may be appropriate for individual ward teams to decide their own visiting times however these should not usually interfere with therapeutic activity on the ward environment.
- 3.2 Most wards operate visiting times of 2-4pm and 6-8pm. Visiting outside these times is usually by appointment only.

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- 3.3 Visits during the nurse handover period and mealtimes are normally discouraged.
- 3.4 Where family members and friends are invited for appointments with the clinical team (eg “ward rounds”) it is accepted that they may want to spend time visiting the patient and this will be facilitated.

4. Visiting Wards

- 4.1 The clinical teams recognise that visiting a mental health unit can cause anxiety for family and friends as such every effort will be made by ward staff to be welcoming and supportive.
- 4.2 It is also recognised that visits may be stressful for individual patients. Staff will endeavour to offer support to patients during and after visits as required.
- 4.3 Due to issues around space no more than two visitors will be able to visit a patient at the same time.
- 4.4 On arrival to the ward visitors, will be met by a locked door and a door intercom. On pressing the intercom a buzzer will be sounded within the ward. The staff member responding to the buzzer will be able to see via video link the visitor. The staff member will ask politely and in a welcoming manner: the visitor’s name, who they are here to see and explain that they will ask the patient if they want to be seen.
- 4.5 If the patient does not want a visit at this time, the staff member will go to the visitor outside the door, introduce themselves and politely explain the patient’s wishes. This conversation should not be conducted via the video intercom system unless there is concern that this visitor may pose a risk to the staff member.
- 4.6 It is important to note that although a patient may not give consent to information sharing with the visitor, this visitor should still be offered support and any information they can give can be used to inform the patients care and treatment.
- 4.7 Outside ward visiting times or at times when the patient may be unable to accept visitors (due to practical reasons or due to any heightened mental distress) the member of nursing staff will attend the visitor face to face at the door and explain that the visit cannot go ahead at this time and suggest an alternative plan. It may be appropriate to allow a

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visit to go ahead for example if this is felt beneficial to the patient or if the visitor was unaware of visiting times.

- 4.8 If the patient is able to receive visitors, the staff member will attend the visitor at the door and invite them into the ward lobby. It is imperative that the staff member draws the visitor's attention to the restricted and prohibited items list on display and offer them a locker in lobby area in which to store any belongings. Prohibited items should be kept in the lobby lockers for the duration of the visit. The staff member will show empathy throughout this procedure and explain the rationale for this, ie to maintain the safety of all on the ward.
- 4.9 Any property brought in for the patient will need to be checked by staff and added to the patient's property list.

5. Using the Visiting Room

- 5.1 Visits that occur outside normal visiting times (either by appointment or as described in para 4.6 above) should take place in the visiting rooms this is to ensure the minimum disturbance to the day to day running of the main ward area, these should be booked in the ward diary.
- 5.2 The preferred area for all visits on the ward is the ward visiting room, however these should not be used for more than two visits at the same time.
- 5.3 Any children (under the age of 18) will not be permitted access to the main ward area. Visits by children should be by appointment only and must take place in the visiting room. For this reason visits by children have priority over visiting room use. In the event of children visiting, their family will have sole use of the visiting room for the duration of the visit. In some areas all visits by children will need to be supervised (according to ward policy).
- 5.4 Activity in visiting rooms is monitored and recorded via CCTV in addition where there is concern that a patient may pose a risk to, or be at risk from, a visitor; one or more staff members may be required to supervise the visit.
- 5.5 Any concern regarding the behaviour or risk posed by individual visitors may require implementation of the Vexatious Visitor Policy.

6. Visiting in other areas of the ward

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- 6.1 The visiting rooms may not be large enough to accommodate all visits at any one time, as such it is accepted that visits may occur in other areas of the ward.
- 6.2 Staff will be mindful that visits in other areas of the ward might disrupt or disturb other patients in the ward environment. Visitors will be encouraged to respect the needs of other patients.
- 6.3 Individual risk assessment and associated management plans will inform staff as to any supervision needs of patients whilst being visited. This will include the management of patients who may be at risk of receiving illicit drugs or other prohibited items from visitors. Ideally when there are concerns of this nature, the visit should take place in the visiting room.

7. Concluding visiting time

- 7.1 Visitors will be given a 5 minute warning before the end of visiting time. This will allow families and friends to say their goodbyes and also give an opportunity for visitors to ask any questions they may have of staff.
- 7.2 Visitors will be shown out of the ward politely by a member of staff and offered the opportunity to discuss any concerns regarding the patient (within the boundaries of confidentiality as described in para 4.6 above).

8. Training

- 8.1 All members of staff at Hafan y Coed will be able to follow this guidance following induction.

9. Review

- 9.1 This procedure will be reviewed within 6 months of the opening of Hafan y Coed (by October 31st 2016).