Locked Door Policy
Mental Health & Learning Disability Operating Unit

<table>
<thead>
<tr>
<th>Authors:</th>
<th>Associate Nurse Director MH&amp;LD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Lead Executive Director:</td>
<td>Chief Accountable Officer, North HSCP</td>
</tr>
<tr>
<td>Endorsing Body:</td>
<td>Mental Health Programme Board</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Mental Health &amp; Learning Disability Support, Care and Clinical Governance Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>December 2012</td>
</tr>
<tr>
<td>Version Number:</td>
<td>5</td>
</tr>
<tr>
<td>Last Review Date:</td>
<td>December 2019</td>
</tr>
<tr>
<td>Review Date:</td>
<td>December 2022</td>
</tr>
<tr>
<td>Responsible Person</td>
<td>Director of Nursing, Health and Social Care Partnership, North Lanarkshire</td>
</tr>
</tbody>
</table>
CONTENTS

i) Consultation and Distribution Record
ii) Change Record

1. INTRODUCTION

2. AIM, PURPOSE
   2.1 Aim
   2.2 Purpose

3. SCOPE
   3.1 Who is the Policy Intended to Benefit or Affect
   3.2 Who are the Stakeholders

4. GENERAL PRINCIPLES

5. PRINCIPAL CONTENT

6. RESOURCE IMPLICATIONS

7. ROLES AND RESPONSIBILITIES

8. COMMUNICATION PLAN

9. QUALITY IMPROVEMENT – MONITORING AND REVIEW

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

11. SUMMARY OF POLICY / FAQS

12. REFERENCES
Appendices

Appendix 1 – Ward Profile Form
Appendix 2 – Rationale for Locked Door in Normal Open Ward Environment Appendix
Appendix 3 – Pictorial Signage
## CONSULTATION AND DISTRIBUTION RECORD

| Contributing Author / Authors | • Senior Nurse MH&LD  
• Service manager, MH&LD  
• Senior Charge Nurse, MH  
• Senior Charge Nurse, LD  
• Psychiatrist |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consultation Process / Stakeholders: | • Nurse Director, Health and Social Care Partnership, North Lanarkshire  
• Nurse Director, Health and Social Care Partnership, South Lanarkshire  
• Medical Director, Health and Social Care Partnership, North Lanarkshire  
• MH&LD Clinical Governance Steering Group  
• MH&LD Partnership Board  
• MH Programme Board  
• Old Age Psychiatry, Clinical Leadership Group  
• Learning Disabilities, Clinical Leadership Group |
| Distribution: | • Mental Health and Learning Disabilities Management Team  
• NHSL Intranet: FirstPort |

## CHANGE RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/11/2012</td>
<td>SN/Service Manager</td>
<td>Policy Reviewed, amendments to appendix and point 5.9 added</td>
<td>2</td>
</tr>
<tr>
<td>01/04/2016</td>
<td>SN/nurse consultant</td>
<td>Amendment to points 5.8, 5.9, 6, 7, 8, 9.4, 11, appendix 1 and appendix 2</td>
<td>4</td>
</tr>
<tr>
<td>May 2018</td>
<td>Risk Department</td>
<td>GDPR statement added into section 3 and updated name of Data Protection Act</td>
<td>4</td>
</tr>
<tr>
<td>Dec 2018</td>
<td>Senior Nurse</td>
<td>Individual staff names removed to reflect GDPR guidance. Amendments made to points 2.1, 4.1 and 5.9</td>
<td>5</td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

1.1 This Locked Door Policy has been developed taking a joint approach that has included representation from Adult and Older People Mental Health Services, Learning Disability Service, and the Acute Service. It has taken into consideration the potential for staff to develop a values based, recovery focused approach to mental health care delivery.

1.2 In keeping with similar NHS Lanarkshire policies the underpinning principles of patient safety, accurate information and consistency will apply.

1.3 The provision of a safe environment and the personal safety of patients, informal and detained, staff and visitors are of the utmost importance to NHS Lanarkshire’s Mental Health and Learning Disability service.

1.4 NHS Lanarkshire recognises its responsibilities and duty of care in ensuring that in-patient wards are safe and secure environments for the delivery of patient care without infringing on a patient’s basic human rights under the European Convention on Human Rights.

1.5 Any restrictions to an individual’s freedom is always taken seriously and only considered when an individual’s health, safety or wellbeing are considered to be at risk by the nature of their mental illness or learning disability or when they have diminished capacity to judge when and where it is safe. Restrictions may also be necessary when there is potential risk posed by the patient to the health, safety and welfare of other people.

2. **AIM, PURPOSE OF POLICY**

2.1 **Aim**

   - The aim of this policy is to maximise the safety and welfare of all patients, visitors and staff within Mental Health and Learning Disability wards, whilst providing a therapeutic internal environment in which care and treatment can be delivered. This includes ensuring the safety of patients lacking capacity who may be at risk of leaving the ward area and who, without supervision, may be in danger of accident or harm.

   - To provide an environment where measures have been taken to enhance safety for those patients whose clinical conditions are such that they require a level of protection.

   - To provide an environment that is made safe from external risks as much as possible.

   - To support the safety of nursing staff and other staff working in inpatient areas.
2.2 **Purpose**

This policy seeks to balance the rights of individuals and enhance a culture of pro-active, effective clinical management of the risks associated with patients leaving the ward without supervision, when supervision is required, whilst maintaining a safe ward environment.

The importance of ensuring that interventions are least restrictive on the freedom of the person and appear to be necessary in the circumstances, encouraging equal opportunities and if the person is a child under 18 years ensuring that intervention secures his or her welfare.

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

This policy is applicable in all Mental Health and Learning Disability wards and the focus of the policy is on clinical practice in respect of risk management and safety of patients within the ward environment. The policy takes into account the safety of staff working within these wards and visitors.

The policy is relevant to all members of the mental health and learning disability team and applicable in mental health and learning disability settings only.

3.2 **Who are the Stakeholders?**

- Mental Health and Learning Disability employees of NHS Lanarkshire
- Patients
- Carers/Relatives

“NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhselanarkshire.scot.nhs.uk](http://www.nhselanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.”
4. **GENERAL PRINCIPLES**

4.1 The standard practice should be for open egress for patients. Open being defined as the patient can exit with the least restriction e.g. operating a release button to open the door. The only exceptions to this would be within the Dementia complex care units, Learning Disability Assessment and treatment unit, the Intensive Psychiatric Care Unit (IPCU) and Low secure units.

4.2 Patients should be cared for in the least restrictive environment possible. Unless individuals are at risk when out and about unsupervised or have diminished capacity to judge when and where it is safe to go. Consideration must also be given to any potential risk to others.

4.3 When a patient is attempting to leave the ward through a locked door or otherwise asking or insisting to leave the ward there should be a full reassessment of care needs and risk. Use of the Mental Health Care and Treatment (Scotland) Act 2015 and Adults with Incapacity (Scotland) Act 2000 should always be considered in such a case that there would be concerns if the patient were to leave the ward.

5. **PRINCIPAL CONTENT**

5.1 Managed access and exit of the ward must be maintained at all times.

5.2 All patients and visitors will be advised of the procedure to enter and leave the ward through the admission process.

5.3 Individual Ward Profiles (appendix 1) will be shared with patients, carers and relatives informing of access and egress to and from ward, when ward will be locked and any visiting restrictions that may be in place.

5.4 All wards will display prominent signage of the procedure and all external entrances should be fitted with a bell or intercom to ensure staff is alerted to visitors who require entry to ward.

5.5 Staff will ensure that patients, staff and visitors can access and exit the ward with least inconvenience. All staff must, therefore, respond promptly to requests to open the door as appropriate.
5.6 All staff will be aware of the risk assessment/legal and observation status of each patient which determines the care plan for the appropriate level of restriction for each individual. This information should be clearly documented in the patient’s notes.

5.7 Locking of external doors must be time limited and recorded on ward profile form (appendix 1), e.g. Doors locked at night for security.

5.8 There may be other exceptional occasion where open wards need to be locked to protect patients, staff or the visiting public (possible reasons for doors to be locked are contained within appendix 2). Where this need occurs the following principles apply;

- Locked doors should be time limited and a conscious decision based upon the professional judgement of the nurse in charge and in consultation with the Clinical Team. Before a decision to lock the doors is made every consideration should be given to all other options to maintain safety and security.
- The patient (s) whose behaviour has prompted the doors being locked will be advised the reason for this decision and this will be clearly documented in the patient (s) documentation.
- Other patients will be advised as to the rationale behind the doors being locked and advised of the right to leave on request. Patient’s will be given instructions on how to exit ward.
- Visitors will be advised of the situation.
- A pictorial signage will be placed at the ward exit advising patients, family and carers that the ward doors have been locked and that patients, family and carers can ask a member of staff if looking to leave the ward (An example of this is attached in Appendix 3).
- The decision to lock the door(s) will be reviewed continuously to ensure the door is open at the earliest opportunity.
- An incident review form (Datix) will be complete documenting the decision to lock the door(s) and the rationale for same. The Ward Profile Form (appendix 1) should be updated and be displayed.

5.9 Dementia complex care units and Learning Disability wards will have controlled access and exit 24hrs a day. The following principles therefore apply.

- On admission patients are individually risk assessed to determine ability to leave ward independently, if risk deemed low then written instructions to exit ward is given.
- All other patients may leave ward under supervision as agreed in their individualised care plans.
- Patients subject to the Mental Health (Care and Treatment) (Scotland) Act 2015 or Adults with Incapacity (Scotland) Act 2000 will have individual plans agreed with medical staff with regards to any authorised leave from the ward.
- All restrictions must be documented within care plan with clear reason as to why the restrictions have been deemed necessary.
- There should be ongoing review of individual patient’s risk status.
- The patient must be supported to access advocacy services.
Locked Door Policy

• Patients and their visitors must be made aware of the system for gaining access and egress from the ward environment, including the rationale for this.

6. RESOURCE IMPLICATIONS

There may be manpower implications depending on safety and security within the ward environment and this will be considered on a case by case basis.

7. ROLES AND RESPONSIBILITIES

• All heads of service will be responsible for ensuring the dissemination and implementation of this policy
• All MH&LD employees have the responsibility to adhere to the policy
• The Clinical Quality Team, MH&LD, will be responsible for the monitoring and review of the policy as part of the Clinical Governance Framework

8. COMMUNICATION PLAN

• This policy will be disseminated through the Director of Nursing, Health and Social Care Partnership, North Lanarkshire

• This policy will be launched using the weekly staff briefing and an up to date electronic copy will be available on Firstport.

• This policy will also be discussed at the appropriate management team meetings and local partnership groups.

• Staff within HR will be briefed on the content of the policy.

• Patients and visitors to the ward will be made aware of the policy and will be provided with a summarised information ward profile form.

9. QUALITY IMPROVEMENT – Monitoring and Review

9.1 This policy has been developed ensuring the relevant details have been provided. By utilising NHS Lanarkshire’s continuous quality improvement (CQI) ensure that the policy is fit for purpose.
9.2 NHS Lanarkshire’s policy on developing policies has been taken cognisance of and a robust implementation plan has been put in place.

9.3 The policy will be monitored and reviewed in line with NHS Lanarkshire’s approach which is based on the NHS QIS model applied to assessing performance against the national clinical governance and risk management standards.

9.4 It is the duty of all staff to monitor the compliance and challenge any breaches in compliance. Senior Charge Nurses/Team Leaders have responsibility for maintaining staff’s compliance with this policy.

10. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

10.1 NHS Lanarkshire aims to develop and implement policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

This policy meets NHS Lanarkshire’s EDIA

(Tick box)
11. SUMMARY or FREQUENTLY ASKED QUESTIONS (FAQs)

N/A

12. REFERENCES

- Mental Health (Care and Treatment) (Scotland) Act 2015. HMSO
- Adults with incapacity (Scotland) Act 2000
## Appendix 1

### Locked door policy

#### Ward profile

<table>
<thead>
<tr>
<th>Ward</th>
<th>name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ward Description</strong></td>
<td>(e.g. ward for patients with cognitive impairment or diagnosis of probable dementia etc...)</td>
</tr>
<tr>
<td><strong>Capacity (Bed Numbers)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Access to ward</strong></td>
<td>(e.g. Controlled by push button allowing patient, relatives, staff easy access) 24hr per day</td>
</tr>
<tr>
<td><strong>Exit</strong></td>
<td>(e.g. Controlled exist, key pad in situ, Patients are individual risk assessed to determine ability to leave ward independently, if risk deemed low then written instructions to exit ward is given) 24hrs per day</td>
</tr>
<tr>
<td><strong>External doors</strong></td>
<td><em>Time doors locked reason for external doors to be locked e.g. security at night</em></td>
</tr>
<tr>
<td><strong>Frequency of review of access &amp; exit</strong></td>
<td>e.g. Monthly, quarterly, yearly</td>
</tr>
<tr>
<td><strong>Visiting Times</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other relevant factors</strong></td>
<td></td>
</tr>
</tbody>
</table>

This information must be shared with patient, carers and frequent visitor to the ward
Appendix 2

Possible Reasons for Door (s) to be locked in a normally open ward environment

- Patient(s) high risk of harm to self
- Patient(s) high risk of unauthorised absence
- Patient(s) high risk of harm to others, or intent to harm others
- Significant threat to patient(s) and/or others posed by visitors/public
- Illicit substances or alcohol found on the ward
- Significant high number of patients on enhanced observations
- Combination of reasons listed above

Of note, the decision to lock an open access ward should be based on the clear rationale listed above.

The decision to lock a ward should not be based on staff shortages. Any issues regards staff shortages should be addressed in the appropriate manner through allocation of excess hours or bank.
Appendix 3

This door needs to be kept locked to help the patients, staff and visitors stay safe.

If you want to leave the Unit ask a member of staff for help.

If you are visiting the unit please make sure you
  - go to reception
  - ask the receptionist to speak to the nurse in charge.
Thank you for your help.