CLOSE SUPERVISION POLICY

Document Author	Authorised
Written By: Ward Sister **Date:** 29.12.16	**Authorised By:** Chief Executive **Date**: 8th May 2018
Lead Director: Director of Nursing	
Effective Date: 8th May 2018	**Review Date:** 7th May 2021
Approval at: Policy Management Sub-Committee	**Date Approved:** 8th May 2018

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
Dec 2017	0.1		Director of Nursing	New Policy	
27/04/18	0.1		Director of Nursing	Ratified at	**Clinical Standards Group**
08/05/18	1.0	8th May 2018	Director of Nursing	Approved at	**Policy Management Sub-Committee**

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1 Executive Summary

This policy aims to provide staff with:

- An assessment tool to assess patients that are high risk who may require close supervision
- Clear guidelines of what to do if a patient requires close supervision and how the risk can be reduced
- The expectations required from the HCA (Health Care Assistant) giving the close supervision

2 Introduction

This policy has been written following lessons learnt from serious incidents requiring investigations. It was felt that a formal assessment tool was required to determine what level of observation is required to keep patients safe.

Patient's safety in hospital is essential, being able to give individualised patient care and to keep all patients safe may from time to time require different levels of observation and at times extra staff to provide close supervision.

Close supervision is used to reduce the risk and incidence of harm to the patients. It consists of constant monitoring of the patient 24 hours a day usually by a health care assistant.

Circumstances where there may be a need for increased supervision include:

- Patients that are identified as being at high risk of falls,
- Patients who agitated/ confused/ aggressive/violent to others
- Patients who are a risk to themselves
- Patients who are likely to wander/abscond
- Patient is liable to compromise their own privacy and dignity or that of others.

Falls are a major concern for patient safety and a marker of care quality. A significant number of falls result in death or severe or moderate injury, at an estimated cost of £15 million per annum for immediate healthcare treatment alone (NPSA, 2007).

3 Definitions

- Close Supervision or 1:1 – Constant monitorining of a patient usually by a HCA
- DOLS – Deprevation of Liberty
- Johns Campaign - national initiative to welcome informal carers into the ward environment.
- Bay Watch – Co-horting at risk patients into a bay and ensuring watchful observation at all times.
- HCA – Health Care Assistant
- RN – Registered Nurse

4 Scope

This policy applies to all inpatients wards with exception to Mental Health inpatient units and the children's ward.

5 Purpose

This policy aims to give clear guidance as to when close supervision should be requested. The policy aims to provide an assessment tool that will enable staff to make better choices when keeping their patient safe by ensuring that the correct level of observation is in place. This policy aims to provide documented evidence that patients are being fully assessed as to whether close supervision is required or not.

6 Roles and Responsibilities

6.1 Ward Manager

- Ensuring the staff comply with this policy for close supervision
- Requesting close supervision through the staff bank where indicated.
- Ensuring that the capacity assessment has been completed and a DOLS application has been made if appropriate.
- Ensure that the skill mix and quanitity of nurses is correct for the depency of the ward for example if there is more than one patient that requires 15 minutes checks another health care assistant may be required to ensure the checks are completed during busy times.

6.2 Registered Nurse

- Assessing the patient using the assessment tool provided in this policy
- Ensuring that all possible actions have been taken to prevent the patient from falling.
- Communicating the need of close supervision to the nurse in charge and also the ward sister.
- Updating the ward handover sheet
- Completing the close supervision care plan
- Liaising with the patient's family and giving them verbal and written documentation.
- If appropriate referring the next of kin to the carers lounge and assessing if they are entitled to John's campaign.

6.3 Nurse in charge

- To ensure that all actions have been taken to reduce the risk of the patient falling
- Ensure the close supervision request has been sent to the bank and to make a reasonable effort to try and cover bank shits that have not been filled.
- Rotates the health care assistants every 2 hours to cover the close supervision, and the health care assistants do not get fatigued.
- Ensure the health care assistants have their breaks

- Ensure that patients that require close supervision are co-horted where possible and bay watch is commenced.

6.4 HCA undertaking the close supervision shifts

- To follow the guidance given
- To ensure the patient has a complete 'My life a full life' Care Passport
- Talk to the patient and reassure them
- Assist with personal care
- Ensure they are wearing glasses/hearing aids/dentures
- Assist with toileting
- Assist with mobilising
- Uses resources to interact with patient, carry out activities with patients
- Keep patients within sight at all times including in the bathroom
- Ask for clarity when unsure

7 Policy detail/Course of Action

7.1 Close Supervision Assessment

All patients who are thought to require a higher level of observation and may be at risk of harm to themselves or others, a close supervision assessment should take place. This involves using the assessment tool (appendix A) to determine what level of supervision is required.

Level One
No close supervision required all risk assessments and appropriate equipment must be in place so the risk of the patient falling is reduced. There should be a fully completed falls care plan in place. If the patient has behaviour issues either physical or verbal then patients must be started on a behaviour chart, a referral to memory service is made and if appropriate inform security.

Level Two
Patient requires more frequent observation. The patient maybe at risk of causing harm to themselves or others.
The nurse responsible needs to make a clinical decision of how often patient needs to be observed between 15 to 60mins (see Appendix b).

Level Three
The patient is thought to at risk of causing harm to themselves or others and so requires 24 hours close supervision. The Close Supervision care plan must be completed and the patient information leaflet given to the patients and their next of kin (see appendix e and f).

7.2 Bay Watch

Where possible patients that require supervision should be co-horted in the bays and bay watch should be implemented (see appendix i).

7.3 Role of the close supervision HCA

See guidance Appendix c.

7.4 If no close supervision HCA is available

If no close supervision nurse is available the nurse in charge must ensure the safety of the patient requiring close supervision as well as the other patients on the ward.

- Every attempt must be made to cover the shift.
- Inform sister/matron/bed manager out of hours.
- Nurse in charge to do risk assessment and if safe and if the acuity and dependency of the ward allows move a member of staff from the ward to cover the close supervision shift.
- If unable to cover the shift at the very least the patient should be put on 15minute checks.
- A datix should be completed.

7.5 Reassessment

Reassessment of the level of supervision should be reviewed daily and as soon as there is a change in the patient's condition or there is a clinical incident i.e. a fall, physical/verbal assault, or there is noted improvement in the patient's condition and the level of close supervision can be decreased.

8 Consultation

The following staff/services were consulted regarding the development of this policy

- Dementia liaison service
- Patient safety

9 Training

Staff undertaking a close supervision shift must have completed their mandatory training in breakaway, conflict resolution and Dementia Tier 1and Tier 2.

10 Monitoring Compliance and Effectiveness

Overall responsibility for monitoring the effectiveness of this policy lies with the ward sister and matrons. If a close supervision health care assistant is required the ward sister should all ensure that all documentation is completed.

11 Links to other Organisational Documents

- Mental Health and Learning Disabilities in-patient supportive observation policy
- Safeguarding Adults – Multi-agency policy and guidance
- Falls Policy
- Security Policy

12 References

Slips, trips and falls (NPSA, 2007)

Violence and aggression: short term management in mental health, health and community settings (2015) Nice guideline NG10.

13 Appendices

Appendix A Close Supervision Assessment
Appendix B 15 Minute Check Chart
Appendix C Guidelines for the HCA undertaking the close supervision shift
Appendix D Behaviour Chart
Appendix E Financial and Resourcing Impact Assessment on Policy Implementation
Appendix F Equality Impact Assessment (EIA) Screening Tool

Patient's name IW number **Affix addressograph**	**Appendix A** CLOSE SUPERVISION

To be used for all patients who may be at risk of harm to themselves or others

Please note that the assessment is a guidance tool only, staff must use their clinical judgement at all times

Actions to be taken to reduce the risk

	No	Sometimes/ possibly	Yes		No	Sometimes/ possibly	Yes
Is the patient confused /agitated?				Is the patient's privacy and dignity at risk?			
Is the patient delirious?				Is the patient pulling out any indwelling devices?			
Is the patient at risk of falls?				Is the patient verbally aggressive to staff?			
Has the patient had previous falls whilst an inpatient?				Is the patient physically aggressive towards staff?			
Is the patient in isolation in a side room?				Is the patient physically aggressive towards other patients?*			
Has the patient been moved closer to the nurses station and still remains a risk?*				Is the patient verbally aggressive to other patients?			
Is the patient at risk of leaving the ward?*				Does the patient wander around the ward?			

If any question marked with a * is answered 'yes' this is level 3 and a 1:1 is required.
If 4+ answers are 'Yes' this is considered level 3 a 1:1 is required.
If the majority of the answers in 'Sometimes/Possibly' this is Level 2
If the majority of the answers is 'no' this is Level 1

LEVEL 1	**LEVEL 2**	**LEVEL 3**
1:1 Not required Ensure that all risk assessments are completed Ensure all equipment is in place i.e. bed/chair sensors, lo beds and crash mats.	Patient will require 15 min-hourly checks.	1:1 Required

	Yes	No	N/A	Action
All risk assessments have been completed?				If 'no' complete assessments if 'yes' ensure all assessments are up to fate.
Has the patient had an Abbreviated Mental test completed? If the patient scored 8 or less has the relevant action been taken?				If 'No' complete page 5 of the risk assessment and ensure all actions are taken.
Has the patient been referred to the memory service?				If 'no' refer to memory service via e-care logic
Has the 'my life a full life' Care Passport been completed?				This is essential to care for any patient who is confused/delirious involve family and complete in as much detail as possible.
Has the patient's capacity been assessed? (Page 20 of risk assessment)				If 'no' complete as soon as possible
If appropriate has an application been made for a DOLS authorisation?				If required ensure this is done, if assistance is required to complete this speak to the ward sister
PATIENTS AT RISK OF FALLS Is there a fully completed, detailed falls care plan in situ?				Ensure all parts of the care plan are completed and up to date.
Is there a chair/bed sensor in situ				
Is the patient on a low bed and the bed is at the lowest settings with crash mats in place?				
Are you able to cohort all patients at risk of falls in one place?				
If patient is violent/aggressive has security been made aware?				If patients are at risk of wandering off the ward or are being physically violent and aggressive then inform security and make them aware of the issues.

Please note that the assessment is a guidance tool only, staff must use their clinical judgement at all times

DAILY REASSESSMENT

Date	Level	Sign/Print/Designation	Date	Level	Sign/Print/Designation

Patient's name
IW number
Affix addressograph

DATE_____

ACTIVITY	POSITION
A=Awake	B=Bed
R=Restless/ Agitated	T=With Therapist
S=Asleep	C=Chair
	W=Wandering

Appendix B

15 MINUTE CHECKS

To be completed for all patients requiring level 2 supervision as identified in the close supervision policy.

TIME	ACTIVITY	CONTINENCE	PRESSURE POSITION RELEIVED	CALL BELL	DRINK	TIME	ACTIVITY	CONTINENCE	PRESSURE POSITION RELEIVED	CALL BELL	DRINK	TIME	ACTIVITY	CONTINENCE	PRESSURE POSITION RELEIVED	CALL BELL	DRINK	TIME	ACTIVITY	CONTINENCE	PRESSURE POSITION RELEIVED	CALL BELL	DRINK
0000						0615						1215						1815					
0015						0630						1230						1830					
0030						0645						1245						1845					
0100						0700						1300						1900					
0115						0715						1315						1915					
0130						0730						1330						1930					
0145						0745						1345						1945					
0200						0800						1400						2000					
0215						0815						1415						2015					
0230						0830						1430						2030					
0245						0845						1445						2045					
0300						0900						1500						2100					
0315						0915						1515						2115					
0330						0930						1530						2130					
0345						0945						1545						2145					
0400						1000						1600						2200					
0415						1015						1615						2215					
0430						1030						1630						2230					
0445						1045						1645						2245					
0500						1100						1700						2300					
0515						1115						1715						2315					
0530						1130						1730						2330					
0545						1145						1745						2345					
0600						1200						1800											

Appendix C

GUIDANCE FOR THE HCA UNDERTAKING THE CLOSE SUPERVISION SHIFT

Thank you for agreeing to do this close supervision shift

_____ requires close supervision because_____.

Please remember that patients who require close supervision can be unpredictable and variable in their abilities. Should you require any assistance please ask.

Whilst provided one to one care you will be expected to:

- Complete/read the My Life a Full Life Care Passport.
- Provide assistance with hygiene needs
- Assist with toileting
- Provide regular mouth care if patient is NBM
- Assist with eating and drinking and completion of fluid/food balance charts if required.
- Assist with mobilising
- Provide reassurance to the patient
- Carry out activities with the patient (This will depend on what activities are available on the ward – speak to the ward staff)
- Work on the ward if the patient is in therapy. If family members are present please ask if they are happy for you to leave.
- Complete the Nursing care plan, behaviour and intentional rounding sheet and any other relevant nursing documentation.
- Inform staff nurse or nurse in change of any concerns/issues regarding the patient.
- If the patient attempts to the leave the ward you would be expected to reason with the patient to get her/him to stay on the ward, if the patient tries to leave then you should inform a member of staff and stay with the patient. The staff member will phone security and get additional help for you.

The My Life a Full Life care passport will tell you everything you need to know to be able to look after your patient. The Care Passport should be completed with the patient and the patient family to ensure there is enough detail to give a high standard of individualised care. Please feel free to add anything to it which you feel will help care for your patient.

Whilst you are on shift you will need to give the patient all your attention, you will be required to stay with the patient at all times, this includes in the toilet.
Please do not

- Read magazines/books, eBooks etc.
- Use mobile phones
- Consume hot drinks/food unless on break.
- Leave the patient

Breaks

Providing close supervision can be very tiring and hard work, you should not be providing close supervision for more than 2 hours at a time, every 2 hours it is expected that the HCA providing close supervision will rotate with the ward staff.

Please sign and date to say you have read and understood the guidance.

Date	Shift	Print	Signature

Patient's name
IW number
Affix addressograph

Appendix D

BEHAVIOUR CHART

DATE	TIME	NO. STAFF NEEDED	INCIDENT (e.g. Aggressive episode, pt wondering)	OUTCOME (Sedative given, patient settled etc...)	LENGTH of time of incident

DATE	TIME	NO. STAFF NEEDED	INCIDENT	OUTCOME	LENGTH of time of incident

Appendix E

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Close supervision policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	**Recurring £**	**Non-Recurring £**
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix F

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Close supervision policy
Purpose of document	The policy aims to provide an assessment tool that will enable staff to make better choices when keeping their patient safe by ensuring that the correct level of observation is in place. This policy aims to provide documented evidence that patients are being fully assessed as to whether close supervision is required or not.
Target Audience	*All Trust staff, patients, visitors*
Person or Committee undertaken the Equality Impact Assessment	Georgina Littlejohn

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	✓		Providing a assessment tool and guidance for patients at risk of harm
	Women	✓		Providing a assessment tool and guidance for patients at risk of harm
Race	Asian or Asian British People	✓		Providing a assessment tool and guidance for patients at risk of harm
	Black or Black British People	✓		Providing a assessment tool and guidance for patients at risk of harm
	Chinese people	✓		Providing a assessment tool and guidance for patients at risk of harm
	People of Mixed Race	✓		Providing a assessment tool and guidance for patients at risk of harm

	White people (including Irish people)	✓		Providing a assessment tool and guidance for patients at risk of harm
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	✓		Providing a assessment tool and guidance for patients at risk of harm
Sexual Orientation	Transgender	✓		Providing a assessment tool and guidance for patients at risk of harm
	Lesbian, Gay men and bisexual	✓		Providing a assessment tool and guidance for patients at risk of harm
Age	Children	✓		Providing a assessment tool and guidance for patients at risk of harm
	Older People (60+)	✓		Providing a assessment tool and guidance for patients at risk of harm
	Younger People (17 to 25 yrs)	✓		Providing a assessment tool and guidance for patients at risk of harm
Faith Group		✓		Providing a assessment tool and guidance for patients at risk of harm
Pregnancy & Maternity		✓		Providing a assessment tool and guidance for patients at risk of harm
Equal Opportunities and/or improved relations		✓		Providing a assessment tool and guidance for patients at risk of harm

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.
The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	22.03.18