Policy:
NP 018 Visitors

Executive Director lead	Executive Director of Nursing and Professions
Author/Lead	Safeguarding Professional Lead
Feedback on implementation to	Safeguarding Professional Lead

Date of draft	May 2019
Consultation period	September 2018 – March 2019
Date of amendment	May 2019
Date of ratification	6 June 2019
Ratified by	Executive Directors' Group
Date of issue	7 June 2019
Date for review	31 March 2022

Target audience	All SHSCFT staff including staff seconded into or working in SHSCFT services, volunteers, Governors and the Board of Directors

Policy version and advice on availability and storage

Version 1.1 - Amended October 2018 to include the Standard Operating Procedure for VIP/Celebrity Visits to the Appendices and to change the Author/Lead from Eva Rix to Diane Barker.

Version 1 Previous policy date May 2016.

This policy is available on the Trust's intranet and website.

Contents:

Visitors Policy version 1.1 2019

1. Introduction

1.1 This policy has been prepared following the recommendations from the Metropolitan Police Service investigation "Operation Yew Tree" (October 2012) and the subsequent Independent Oversight of NHS and Department of Health Investigations into matters related to Jimmy Savile (Kate Lampard June 2014 updated February 2015).

1.2 It is recognised that admission to hospital or a residential care facility is very stressful and people can quickly feel isolated from their family and friends. Visiting people in hospital/residential care is an integral part of health and social care and can promote the service users' well-being. It is important that service users are able to maintain contact with family, friends or anyone else they wish to see for the duration of their stay in hospital.

1.3 This policy does place a focus on visitors to the five specialist in-patient areas, acute services, dementia services, learning disabilities services, forensic services, rehabilitation services and the three nursing homes. This policy will apply wherever there are service users present e.g. Community Team bases, Trust headquarters, day services. Please note this list is not exhaustive.

1.4 Due to the complexity of services within In-patient areas of the Trust, visiting procedures may differ.

1.5 Each Care Network will ensure that a Standard Operating Procedure (SOP) is in place which has a consistent approach across all areas. The SOP will meet the needs of the specific areas that reflect best practice, to promote the concept of patient and family-centered care and incorporate all relevant Infection Prevention and Control and Safeguarding principles in order to maintain the safety of service users.

1.6 It is not practical to have open access to inpatient areas as this will pose a security problem and could also be disruptive to other service users; however, visiting will be accommodated wherever possible if this meets the needs of the service user at that time.

1.7 Within the Mental Health (MH) and Learning Disability (LD) Services, legal requirements have to be met regarding service users, both informal and detained, being visited by children. This policy does not cover these requirements. Refer to the Trust's Policy for 'Visits by Children' for further guidance.

2. Scope

This policy is applicable in all inpatient and non-inpatient areas across Sheffield Health & Social Care Foundation Trust.
It is NOT applicable for Children Visiting Mental Health or Learning Disability in

patient/residential areas (refer to 1.7).

3. **Purpose**

3.1 Facilitate appropriate visiting arrangements for people in residential facilities enabling them to keep in contact with family and friends.

3.2 Enable staff to manage the ward or care environment and care safely and efficiently whilst balancing the therapeutic and social needs of service users and maintaining privacy and dignity.

3.3 Promote good Infection Prevention and Control practices.

3.4 Promote good Safeguarding Practices.

4. **Definitions**

There are no specific definitions within this section, any explanation is contained within the body of the policy.

5. **Duties**

5.1 Board of Directors
It is the responsibility of the Board of Directors to ensure policies and procedures are in place which meet local and national legislation and support best practice. The Executive Director with Lead responsibility for this policy is the Chief Operating Officer.

5.2 Senior Operational Managers
It is the responsibility of Senior Operational Managers and those in equivalent roles to:

5.2.1   Disseminate this policy to Ward Managers/Team Leaders

5.2.2   Oversee the implementation of the policy

5.2.3   Monitor compliance with the content of the policy

5.2.4   Ensure that all areas have a mechanism for logging entry and egress from services for all visitors

5.3 Ward managers/nurse/person in charge
The ward manager/nurse in charge is responsible for:

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5.3.1 Staff in their areas being aware of the content of the policy.

5.3.2   Using their discretion, in the best interests of the service user for whom they are caring, in relation to visiting

5.3.3 Having information on visiting times

5.3.4 Maintaining a safe environment

5.3.5 Reporting any accident/incidents involving visitors

5.3.6 Completing any Incident Reporting Forms

5.3.7 Notifying the area's Senior Nurse in the specific area, at the earliest opportunity of any concerns relating to visiting or visitors

5.4 Staff working within Nursing Homes
Staff working within Nursing Homes will be responsible for:

5.4.1 Having an awareness of this policy and its content.

5.4.2 The implementation of this policy

5.4.3 Maintaining the privacy and dignity of service users

5.4.4 The health and safety of any visitors to the area

5.4.5 Reporting any incidents involving visitors to the ward manager/nurse (person) in charge

5.4.6   Ensuring that all visitors are informed of the need to log their own entry and egress to the service

5.5 All Staff
Must ensure that compliance with the Visitors' Policy and any associated local procedures. All incidents involving or observed by staff must be reported in accordance with the Incident Reporting Policy. Associate Directors (and equivalent) are responsible for ensuring that the necessary health and safety requirements are incorporated within the local visitors' guidelines and procedures. In addition, they are also responsible for monitoring of visitors in line with the Trust's policies and procedures.

6   Procedures

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6.1. All health and social care professionals will treat visitors with courtesy and respect at all times. In return it is expected that staff and service users are treated with the same respect and courtesy by visitors.

6.2 Visiting arrangement information must be provided either on admission or as soon as is practical to the service user and any visitors. This information can be provided verbally and supported by signs and information leaflets/booklets.

6.3 If a visitor is presenting anti-social behaviour, creating a nuisance, or is verbally aggressive, the staff must consider asking them to leave to maintain the safety of the therapeutic environment of the unit.

6.4 Staff should consider at times of stress and concern, people exhibit frustrations in a number of ways. It may be beneficial to explore these concerns by talking privately, showing empathy and considering allowing the visitor to remain if the service user would also benefit from a longer stay. Consider action to move the service user and visitors to another location where the behaviour can be managed and de-escalated.

6.5 However, if there are no clear reasons for the anti-social, nuisance or aggressive behaviour then the visitor must be asked to leave.

6.6 Refusal of access, and/or asking visitors to leave can occur in the following situations:

6.6.1 Verbal or physical abuse including threatening or abusive behaviour, offensive language
6.6.2 Suspected to be under the influence of drugs or alcohol
6.6.3 Found or thought to be in possession of alcohol or illicit drugs
6.6.4 Found or thought to be contravening the unit restricted items policy
6.6.5 The service user expresses a request for an individual or group to be denied visiting rights, (perhaps in cases of family dynamics, domestic abuse or other similar scenarios)
6.6.6 Any other situation where the staff feel that the therapeutic environment is in danger of being adversely affected, or the staff, service user and other visitors are going to be at risk by the visitors behaviour or presence

6.7 Physical violence threatened or exhibited by visitors is not acceptable under any circumstances and staff should not place themselves at risk to prevent access. All threats of physical and actual violence must be reported to the police. Staff to liaise with security officers where available.

6.8 When asking someone to leave the Trust site staff must;

6.8.1 Not place themselves at risk when asking a visitor to leave
6.8.2 Report the situation to the manager or on call manager
6.8.3 Ensure that staff are accompanied by another member of staff when approaching

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the visitor

6.8.4 Politely outline the behaviour which is not acceptable and ask the visitor to leave

6.8.5 Contact the police if the visitor's behaviour becomes hostile and aggressive

6.8.6 Not attempt to eject the aggressive visitor, once they refuse to leave

6.9 Once the visitor has left staff must:

6.9.1 Discuss the incident with the service user

6.9.2 Complete an incident form

6.9.3 Inform their manager on call manager

6.9.4 Make an entry in the service user's notes

6.9.5 Discuss the management process for future visits at the next MDT, or sooner if required

6.10 If the unit managers agree to restrict access for the visitor, this requires discussion with the Trust Local Security Management Service (LSMS). Currently this is the Trust Fire and Security Officer, to ensure that a suitable and legal process has been followed.

6.11 In cases where visitors may experience difficulty visiting within agreed visiting times, perhaps due to distance to travel to the unit, their individual requirements should be accommodated, where it is reasonably possible.

6.12 When a service user's condition or terminal illness gives rise for concern staff will use their discretion and be flexible with regard to visiting arrangements.

6.13 In some service areas e.g. inpatient units for people with dementia, it is recognised that family members and close friends are often closely and directly involved in the planning and delivery of care. When appropriate, flexible visiting arrangements will be agreed locally to support and encourage this involvement.

6.14 Areas to which visitors have access should be clearly sign posted, and access is at the discretion of the multi-disciplinary team. To allow for the privacy of other service users it is not desirable that visitors are given free access to any communal sleeping/bedroom areas.

6.15 Where the service user is in a single bedroom access to visitors will be at the discretion of the ward Multi-Disciplinary Team.

6.16 Under no circumstances is a visitor to have access to the area's clinical room.

6.17 It must be explained to visitors that friends or relatives must not be taken off the area/ward without discussion and agreement of staff.

6.18 Visiting celebrity/high profile person/fundraiser/member of parliament (MP) or local elected members.

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6.18.1 Any celebrity/high profile person/fundraiser/MP or elected Member who requests to visit inpatient/residential areas will be directed by Trust staff to the Trusts Communications Department.

6.18.2 The Communication Department will organise and facilitate any appropriate visits in collaboration with the directorate concerned, having considered issues, regarding, respect, dignity and service user consent and the structure of the visit and any publicity arising out of the visit.

6.18.3 Celebrity/high profile/fundraising/MP or elected members and similar visitors will be accompanied at all times and should not have access to treatment/bathroom areas or observe any intimate care.

6.18.4 Unexpected celebrity high profile/fundraising/MP or elected members and similar visitors who attend an area without prior arrangement and not in the capacity of visiting a specific service user as a friend or relative will not be granted access to the service user areas of the home and will be advised that a visit must be officially organised via the Trust's Communications Department.

6.18.5 Visits should be arranged in line with 'purdah' Guidance (guidance on the conduct of civil servants in the pre-elections period).

6.19 Children Visiting (please see the Trust's Visits by Children Policy)

6.19.1 In areas where the visiting of children is supported:
- Children must be supervised at all times by the adult who accompanies them.
- Children will not be permitted into the individual single bedroom area; suitable child visiting locations are available on each service area.
- Staff will ask for children to be taken out of the area if this is not the case.
- Trust staff will not supervise children on behalf of the adults attending any Trust areas.

6.20 Volunteers

6.20.1 Please see the Trust's Volunteer Policy for further guidance.

6.21 Visiting pets and animals in Trust premises.

6.21.1 Domestic pet animals can enhance the quality of life for many people. However, animals can carry infections such as MRSA, psittacosis and Salmonella which can occasionally be transmitted to humans, particularly people who are immune-suppressed or who have other health problems. Some animals may also be difficult to control and may pose risks to patients due to their behaviour.

6.21.2 To minimise the risk to service users who are receiving care, domestic pets are not allowed on Trust premises. The definition of pets includes all warm and

cold blooded species including dogs, cats, lizards, snakes, fish, birds and insects.

6.21.3 The only exceptions to this rule are guide dogs for the blind, hearing dogs for the deaf, dogs trained to help people with conditions such as epilepsy and autism, and dogs/cats which belong to the Pets as Therapy (PAT) scheme. These animals are not excluded from the Trust premises because they are recognised as providing substantial benefits to service users.

6.21.4 This guidance describes the infection control advice governing the visiting of guide dogs for the blind, hearing dogs, dogs trained to help people with conditions such as epilepsy and autism and PAT animals.

6.22 **Pets as Therapy (PAT) animals and Guide Dogs**

6.22.1 All cats and dogs used by the PAT organisation will have a record detailing their vaccinations, visits to the vet and state of health. This helps to minimise the risk of the animal harbouring an infection which could be transmitted to service users. A copy of the animal's health record should be available on request. PAT animals are also temperament assessed, fully wormed and covered by the PAT insurance scheme.

6.22.2 All visits must be pre-arranged with the area/unit/ward and any PAT animal visiting a clinical area should be accompanied at all times, by its registered owner. However, if the circumstances on the ward/unit/area have changed since the visit was arranged, the person in charge of the area will determine whether the PAT animal will be allowed into the area and whether any conditions or restrictions are necessary.

6.22.3 When a PAT animal, guide dog or assistance dog visits the Trust premises, the following procedures must be adhered to:
- The staff member arranging the visit must ensure that consideration is given to how the pet/assistance dog will access the ward/unit/area to ensure service user and public safety in general areas.
- Staff and service users must wash their hands before and after handling the animal.
- The animal must be properly supervised by its owner at all times.
- Staff must identify whether there are immuno-suppressed or otherwise vulnerable service users who may be put at risk from contact with the animal. If such a risk is identified the animal must be kept away from the service users at risk or even excluded from the area.
- The animal must be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely around clinical areas or elsewhere on Trust premises.
- Animals must not be present whilst food is being served or eaten by service users.
- The staff member arranging the visit must ensure the hygiene of the area at all times.
- A suitable area must be identified for the animals toileting needs.
- Water should be provided for the animal's consumption.

6.23 Palliative care

6.23.1 When service users are receiving palliative or end of life care, clinical staff may feel that it would be beneficial to a service user's psychological wellbeing if they were allowed access to their pet dog or cat. In these circumstances the area should contact the infection control team to agree the visit and any particular measures which may be required to ensure the safety of other service users.

6.23.2 Under no circumstances should any animal not exempt above be allowed access to any clinical or non-clinical areas managed by Sheffield Health & Social Care NHS Foundation Trust without prior consultation with the Director of Infection Prevention and Control or Deputy Chief Nurse.

6.24 Refreshments for Visitors

6.24.1 Ward areas do not routinely provide refreshments for visitors. However, if a visitor has travelled a long distance, has become upset during a visit or is visiting the ward due to more direct involvement in the care planning and delivery process, then it may be appropriate to provide the visitor with a drink on the ward (this is at the discretion of the staff on duty/ nurse-in-charge).

6.24.2 In accordance with Health and Safety guidance, visitors are not allowed access to the kitchen areas. Staff should inform visitors of the location of any cold or hot drinks machines and the location of any other facilities from where drinks can be purchased.

6.25 Visitors and smoking

6.25.1 As all NHS premises are non-smoking, visitors must be advised of this and informed that they must not smoke or use e-cigarettes whilst on the premises.

6.26 Use of photographic equipment by visitors

Visitors must be aware that cameras, including mobile phone cameras and camcorders must not be used by visitors on Trust premises. Please contact the corporate affairs team for further guidance on obtaining consent to take photos and or film.

6.27 Raising concerns/whistleblowing policy

6.27.1 Further information and resources available to assist in any internal/external communications can be found in the Trust's Whistleblowing policy available on the Trust Website. This policy reinforces the Trust's stance in regard to dealing with and acting on concerns raised by staff which will be key to instilling confidence in staff,

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service users and the public that the Trust takes its responsibilities seriously.

6.28 **Infection Prevention and Control Issues**

6.28.1 It is important to minimise the risk of introducing infection into the ward areas as well as reducing the risks of visitors acquiring an infection.

6.28.2 The following guidance should be followed:
- If areas have alcohol hand gel dispensers at ward entrances, posters should be in place asking visitors to use them on entering and leaving the area and demonstrating the technique to be used
- In the event of an outbreak of diarrhoea and or vomiting on the area staff must advise visitors to clean their hands using soap and water instead of alcohol hand gel and consideration must be given to closing the area to visitors. The Infection Prevention and Control Team should be contacted for further advice and guidance.
- Visitors are requested not to sit on the beds, but use chairs provided
- Visitors are must not use service user's toilets on the ward
- Visitors feeling unwell, or who have a cold or have had any diarrhoea and/or vomiting within the previous 48 hours must refrain from visiting
- Visitors are not required to wear personal protective equipment (PPE) unless visitors are providing direct clinical care for relatives. For routine social contact PPE is not required.
- Visiting restrictions may be put in place for infection prevention and control purposes on the recommendation of the clinical team and/or the Infection Prevention and Control Team (IPCT).
- In the event that an outbreak of infection occurs, staff should refer to the Trust's Infection Control Policy.

6.29 Closure of wards

6.29.1 It is essential that prompt and effective measures are utilised in controlling the spread of infection between service users, visitors and staff.

6.29.2 Where a ward has an outbreak of infection the ward manager and the IPCT have the right to close the ward to all visitors in order to manage and control the outbreak effectively, with the aim of resolving the situation as quickly as possible.

6.29.3 The ward manager/nurse in charge will use their discretion where there are requests to visit service users during an outbreak, for example where service users are receiving terminal care, if the service user has special needs or where visitors have travelled long distances.

6.30 **Protected Mealtimes**

6.30.1 Mealtimes should be a relaxed and enjoyable occasion in an environment that

encourages service users to eat an adequate diet to meet their needs. Protected mealtimes are promoted by the National Patient Safety Agency (NPSA 2007) and are assessed through Patient-Led Assessments of the Care Environment (PLACE).

6.30.2 All health inpatient and residential settings will operate protected mealtimes. This involves restricting visitors during mealtimes unless the visitors are present to assist with mealtimes. The focus is on providing uninterrupted time for service users to enjoy their meals. Signs will be displayed to indicate mealtimes and inform visitors of the policy.

6.30.3 Other social care and supported living environments will adhere to the core principles but staff may interpret the core principles locally to meet the needs of their service.

7 Dissemination, storage and archiving

7.3 This policy will be available on the Trust intranet website in the policies section. An 'All SHSC' email alert will be sent to all staff them that the policy is available on the Trust intranet. Clinical and Service Directors are responsible for ensuring that all their staff are aware of and know how to access all policies.

7.4 The Integrated Governance team will maintain an archive of previous versions of this policy, and make sure that the latest version is the one that is posted on the Trust intranet.

7.5 Where paper policy files or archives are maintained within teams or services, it is the responsibility of the team manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Older versions should be destroyed to avoid confusion. It is the responsibility of the team manager to make sure the latest version of a policy is available to all staff in the team.

8. Training and other resource implications

None identified during policy development

9. Audit, monitoring and review

9.1 The policy will be audited one year after implementation by the Safeguarding Adult Steering Group.

9.2 Care Networks will monitor the implementation of the policy via their Senior Management Teams.

9.3 The policy will be reviewed in March 2019.

10. Implementation Plan

10.1 Service Directors will lead the implementation and ongoing use of this policy, on behalf of the Executive Director Chief Operating Officer/Chief Nurse. The Safeguarding Adult Steering Group will review implementation one year after implementation.

10.2 The policy will be issued via an all staff email which will explain the key principles within the policy.

10.3 The Safeguarding Adult Steering Group will review the implementation of the policy with an audit one year after its initial implementation

11. Links with other policies

South Yorkshire Safeguarding Adult Procedures available via the Trust intranet
SHSCFT Safeguarding Children Policy
SHSCFT Children Visiting wards policy
SHSCFT Incident Reporting and Investigation Policy SHSCFT Nutritional Strategy
SHSCFT Infection Prevention and Control Policy SHSC Whistleblowing Policy
SHSCFT Security Policy

12. Contact Details

Title	Name	Phone	E mail
Head of Clinical Governance	Tania Baxter	0114 2263279	Tania.baxter@shsc.nhs.uk
Safeguarding Lead	Diane Barker	0114 2718784	Diane.Barker@shsc.nhs.uk
Safeguarding Nurse	Angela Whiteley	0114 2262262	Angela.Whiteley@shsc.nhs.uk

13. References

- Jimmy Savile Investigation: Broadmoor Hospital (Department of Health and West London Mental Health Service 2014 updated 2015)
- The report of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust (2014)
- Department of Health Investigations into matters relating to Jimmy Savile - Kate Lampard 2014
- Department of Health Investigations into matters relating to Jimmy Savile Lessons learnt – Kate Lampard 2015
- Rotherham, Doncaster and South Humber NHS Foundations Trust – Visiting of service users on the in-patient areas policy 2015
- Patient Led Assessment of Care Environment (PLACE); Health and Social Care Information Centre NHS England (2013)
- National Patient Safety Agency (NPSA 2007)
- Health and Safety at Work Act 1974
- Health and Social Care Act (2008)
- Mental Health Act Code of Practice (2015)
- Guidance on the Conduct of Civil Servants in the Pre-Elections Period, Cabinet Office General Election Guidance 2015

Appendix A Equality Impact Assessment Form

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this procedural document, please

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refer it to Liz Johnson (Head of Patient Experience Inclusion) together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Liz Johnson (Head of Patient Experience Inclusion and Diversity)

Appendix B Human Rights Act Assessment Checklist

1

13.1 Safeguarding Adults

13.2 To assist staff to safeguard the welfare of vulnerable adults who they come into contact with as part of their work.

13.3 Vulnerable adults who staff come into contact with as part of their work.

2.1

Will the policy/decision engage anyone's Convention rights?

NO →

Flowchart exit

There is no need to continue with this checklist. However …
- Be alert to any possibility that your Policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – If in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

2.2

Will the policy/decision result in the restriction of a right?

3.1

Is the right an absolute right?

3.2

Is the right a limited right?

4 The right is a qualified right

1) Is there a legal basis for the restriction? AND
2) Does the restriction have a legitimate aim? AND
3) Is the restriction necessary in a democratic society? AND
4) Are you sure you are not using a sledgehammer to crack a nut?

3.3

Will the right be limited only to the extent set out in the relevant Article of the Convention?

Policy/decision *is* likely to be human rights compliant

Policy/decision is *not* likely to be human rights compliant

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. And you should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right

Appendix C Development and Consultation Process

Sheffield Health and Social Care NHS Foundation Trust:

Safeguarding Steering Group

Head of Facilities and associated staff

Fire and Local Security Management

Specialist Service User Safety Sub Group

Head of Integrated Governance and associated staff

Mental Health Act Project Manager

Deputy Chief Nurse

Hotel Services Manager

Appendix D Standard Operating Procedures for Inpatient Wards

VISITORS GUIDELINES

These guidelines attempt to assist the Nurse in Charge of the ward in making on the spot decisions as to how to manage the occasional difficult situations they may face which are caused or exacerbated by visitors.

Staff should actively encourage patients to have contact with the outside world. Visitors are one important way of achieving this. Positive contact with family, carers and friends is vital to the well-being of any inpatient in a hospital environment, not least patients on psychiatric wards. Staff have a responsibility to help maintain what are often fragile connections as a step towards social inclusion.

Visiting times should be defined and consistently applied. Visiting times should be clearly and prominently displayed.

In most cases the duration of visits will run smoothly; however there can be instances where a visit or to continue a visit would not be appropriate. The needs of the patients are of primary concern to staff, and it should be with this in mind that visitors come on to the ward. These guidelines aim to support and empower staff in making appropriate decisions and maintaining a safe environment for everyone.

Visits during Visiting Times

The patient's wishes should be the highest priority. Every effort should be made to ensure privacy and dignity for the duration of the visit. Patients who sleep in bed bays should be offered somewhere to receive a visitor in private if space and the patients clinical presentation permits. If the patient is asleep (unless medicated), they should always be woken and informed that a visitor has arrived. It should not be assumed that the patient would not want a visitor.

On arrival, visitors should identify themselves to a member of staff stating whom they wish to visit. This enables the staff to know who is on the ward at any given time. Entry by individuals to the ward to visit a patient is not an automatic right and it is appropriate for staff on the inpatient wards to refuse access to the ward provided there are legitimate reasons for doing so. It is also appropriate for staff to request a visitor to leave for any reason if staff feel that their presence is having a negative impact on patients and other visitors.

Access could be denied, or a visit terminated and the visitor asked to leave the ward, for the following reasons:

- If staff suspect that a visitor is intoxicated and is causing a disruption as a result.
- If staff, patients or other visitors are subjected to verbal and/or physical abuse.
- If the patient requests that the visitor should leave.
- If the patient becomes distressed because of the visitor's presence.

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- If there is an incident on the ward which may lead to significant levels of disruption that may adversely affect any visitor.

- If the number of visitors per patient becomes too large, and the visitors become disruptive to other patients and their visitors,

- if the visitor has previously brought inappropriate items to the ward (i.e. drugs, alcohol or weapons), or if staff feel that the purpose of the visit is to pass such items to the patient(s)

- if there have been previous incidences of verbal or physical aggression by the visitor,

- If the visitor has been previously requested to leave the ward and appropriately asked not to visit in future for any reason including those given above.

THE NURSE IN CHARGE WILLHAVE TO MAKE A JUDGEMENT CALL AS TO THE REASON THEY ARE REFUSING ACCESS OR TERMINATING A VISIT. PROVIDING THE REASONS ARE LEGITAMATE, **THEY WILL BE SUPPORTED BY THIS DOCUMENT**.

Visits Outside Visiting Times

Visiting times are pre-determined in order to allow patients to benefit from daily Occupational Therapy sessions, therapeutic clinical sessions with doctors and nursing staff, and other social and recreational activity. Set times also enable nursing staff to undertake the general day to day duties whether these duties involve patients or not. For these reasons it should be discouraged to allow visiting outside of these visiting hours, unless there are specific reasons that have been discussed with the nurse in charge in advance. With regard to children visiting, there are separate guidelines on this issue, whereby daytime visits would be more appropriate for young children.

Each visit *outside* of normal visiting hours should be individually assessed, and granted in the following circumstances:

- If the visit has been prearranged with a member of the clinical team.

- If the patient is not currently involved in any clinical sessions with doctors and/or nursing staff.

- If the patient is not currently sleeping after being sedated or medicated for any reason. If the patient is merely napping (not medicated) then the patient should be woken and asked if they wish to receive visitors.

- If the patient is happy to receive visitors.

- If the patient has recently been admitted and may benefit from contact with family or friends.

Access could be denied for the following reasons:

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- If the ward environment is particularly busy at that time (whether this involves the patient or not), and the nurse in charge feels that visitors would have a negative impact on the environment.

- If the patient has just been involved in an incident and is particularly disturbed and /or distressed as a result. (A visitor may be exactly what the patient needs following an incident and this should be borne in mind).

- If the nurse in charge feels that a patient should not be woken if recently medicated or if sleep/rest is paramount.

Visits to patients under Level 1 Observations.

Should a patient be placed on level one observation all visitors should be appropriately informed of the requirement that a member of nursing staff be in the vicinity at all times. Privacy may be overruled in the interest of patient safety and wellbeing. However, confidentiality issues remain and the reasons for the relevant observation levels should only be divulged to relevant parties and/or with the patients consent. Staff undertaking level one observation should be tactful and discrete in their observations during visits, without compromising their clinical responsibilities or the safety of the patient. It may be appropriate to limit the number of visitors to a patient on level one observation, in order to facilitate safe observation of the patient. Again, reasons for this should be explained to the visitors, with out compromising confidentiality.

General Points

Prior to refusing access or terminating a visit, the patient should be consulted and if their clinical presentation allows, their views sought.

If a visitor is asked to leave this must be explained clearly to the individual(s) concerned. They should be informed of the reason they are being asked to leave and for how long their exclusion will last i.e., this or subsequent visits.

If the visitor is abusive or becoming aggressive, staff should not place themselves at undue risk in attempting to explain the situation beyond that which they feel safe to do so.

The patient should be informed as soon as possible.

A written entry should be made in the patients record with as much detail as possible. An incident form should be completed every time a visitor is asked to leave or denied access and the ward manager or deputy informed at the earliest opportunity.

Any incidents of verbal or physical aggression actual or potential or of visitors bringing inappropriate items, should be reported on an incident form and recorded in the patients file This   will provide documentary evidence to support future descions regarding a particular individual.

The above guidelines are given solely for the purpose of supporting staff on visiting issues. There may be other situations that will arise and may not be covered by these guidelines. If the nurse in charge has any doubt as to the way forward with a visiting query, the advice of the F grade nurse or on call service manager should be sought. Any issues relating to the termination of a visit or denying access should be carefully considered. The decision to refuse a visitor or terminate a visit should be made with clear reasons which are clearly conveyed to the visitor and if appropriate to the patient. Documentary evidence (from previous incident reports patient notes etc) is important and can help to explain the situation to those involved. If a visitor is unsatisfied with the reasons given, the complaints procedure should be explained. An incident form must be completed when a visitor has been denied access.

Learning Disabilities Service

Assessment and Treatment Service – INPATIENT WARD

VISITORS

Patients' visitors who are visiting for the first time should be formally welcomed to the unit by a member of the care team. They should be given a copy of the unit's information booklet and any other relevant literature. Unit operational policies, ie rules, restrictions etc, should be explained. In assessing how visits should be conducted, the shift manager will need to consider a range of issues including:

- times of day *(see notice displayed)*
- staff knowledge of patients/visitors
- particular risk identified
- patient activity on the unit
- patient's mental state and behaviour
- availability of private space/escorts

Visiting may take place in any area of the unit which is **identified as safe by the shift manager.**

Visitors who bring children (16years and under) to the unit will not be allowed into the main patient area. They must remain in the reception area or an area identified by the shift manager throughout the visit.

All carers/relatives should be made to feel welcome and given time to discuss any problems, concerns etc. They should also be offered a drink.

In exceptional circumstances, it may not be possible for any visitors to be allowed on the unit (in particular the main patient care area).This should be communicated to all visitors on their first visit.

The shift manager has the right to refuse admission to visitors. In these circumstances, the visitor should be given a polite explanation of the reason why entry has been refused. The shift manager must furnish a written report to the unit manager explaining the circumstances and why entry to the unit was denied.

Carers/relatives should also be seen by the shift manager and invited to attend the full review meetings, contributing to the planning of their relatives' care. Permission should be sought from the patient to discuss their care with relatives. If this permission is not given by the patient then these issues should be discussed with the multi disciplinary team.

Visiting – Forest Lodge

- Visits should be booked in advance wherever possible by arranging with the nursing staff of the ward to be visited.
- Unexpected visitors will only be admitted if it practicable to do so.
- Visitors need to show valid photo ID on every visit that shows their date of birth.
- A photocopy will be kept on the first visit
- Visitors will be received in reception by the receptionist or reception nurse and asked to sign the visitors' book.
- First visits will always be supervised. Subsequent visits will be supervised until discussed with clinical team.
- The gender of the supervisor required will be risk assessed.
- Formal visitors, such as solicitors, will be given an alarm and advised how to use it.
- The nurse in charge will be informed and will determine if the patient wishes to receive the visitor, where the visit will take place and the conditions under which the visitor will be able to access the ward or the recreation area.
- Visits in bedrooms will not be allowed unless agreed in advance by the MDT, subject to individual risk assessment.
- The nurse in charge will advise the visitor of any restrictions attached to the visit, such as time limit or that there should be no physical contact.
- Visits (booked or unexpected) will only proceed if it is safe to do so, i.e. taking into account: **clinical activity; sufficient staffing; knowledge of the patient/visitor; patient's mental state; space for the visit; time of day.**
- Access will be denied to intoxicated persons, or those whose conduct is inappropriate. An explanation must be given if a visit is denied and an incident form completed.
- If the MDT bans a visitor on a permanent basis, the reasons must be explained in writing to both the visitor and the patient and an incident form completed.
- Visitors will be advised of prohibited items and asked to either store such items in the lockers provided, or to remove them from the Unit.
- Bags and coats taken into areas where patients are present must be searched.
- Visitors will be escorted by a staff member when they are moving around the unit.
- All visits that take place in the recreation area must be supervised by staff.
- The necessity for supervision of a visit taking place on the ward will be determined by the MDT or nurse in charge, and an explanation given for the presence of staff.
- Visits by ex-patients must be approved beforehand by the MDT and suitable arrangements made. This is likely to mean the visit will be in the recreation area, but access to the ward by an ex-patient may be considered.
- All informal visitors should respect protected meal times. If the nurse in charge approves a visitor to be present at a mealtime they must leave dining room area until the cutlery is accounted for.
- Formal visitors (solicitors, other professional etc) may chose not to leave, but they must remain in the meeting room with their client or in the ward office if the client is in the dining room, until the cutlery is accounted for.
- Visits may be terminated at any time if it is not safe or practicable for them to continue, an explanation must be given to the visitor(s) and patient(s) and an incident form completed.
- Alarms must be returned at the end of the visit and visitors asked to sign out.

Sheffield City Council

NHS Sheffield Health and Social Care NHS Foundation Trust

B1 Standard Operational Procedure - 9

Reviewed November 2018 – next review May 2019

Title	Visitors
Area Covered	All visitors including children
Core Principles/Purpose	To ensure the safety of all visitors to Forest Close Bungalow 1. To ensure confidentiality to all services users.
Resources needed	Monitoring by Safety Monitor
Guideline for use	Visiting hours are 10am – 8pm. No visitors during protected meal times as stated in Forest Close booklet. Also relatives/carers requested to avoid visiting during planned activities. Letter sent to relatives/carers as part of the admission process. All visitors must report to reception during office hours or the Safety Monitor will greet them at other times. Visitors must: • Sign in/out of the visitors book • Use Hand gel • Be issued with a visitors badge and alarm • Use designated visitor areas - Visitor room in Core house. Drinks facilitated by staff member; kitchen to remain locked. • Not to be permitted into the main bungalow patient areas • Not bring banned items ie fire hazard material, lighters, alcohol/matches, illicit substances, medication from home, weapons and sharps, illegal pornographic material, violent/racial material, rope or any items which contravenes individual care plans. • Respect service users, staff and other visitors • Behave appropriately

Visitors Policy version 1.1 2019

	• Not display abusive behaviour either verbal or physical. Visitors may be asked to leave the site and may possibility be banned if the above is not adhered to.
Precautions	To be risk assessed prior to leaving alone To check leave restrictions prior to going to the Core House
Policy links	Visitors Visits by Children Safety Monitor SOP

Visitors Policy version 1.1 2019

Title	Visitors
Area Covered	All visitors including children
Core Principles/Purpose	To ensure the safety of all visitors to Forest Close Bungalow 1A. To ensure confidentiality to all services users.
Resources needed	Monitoring by Safety Monitor

Guideline for use	Visiting hours are 10am – 8pm. No visitors during protected meal times as stated in Forest Close booklet. Also relatives/carers requested to avoid visiting during planned activities.
	
	Letters sent to relatives/carers as part of the admission process.
	
	All visitors must report to reception during office hours or the Safety Monitor will greet them at other times.
	
	Visitors must:
	• Sign in/out of the visitors book
	• Use Hand gel
	• Be issued with a visitors badge and alarm
	• Use designated visitor areas:
	  - Therapy Kitchen/Café
	  - MDT room
	  - Visitor room in Core house (must be used when children visit). Drinks facilitated by staff member; kitchen to remain locked.
	• Not to be permitted into the main bungalow patient areas
	• Not bring banned items such as fire hazard material, lighters/matches, alcohol/illicit substance, medication from home, weapons and sharps, illegal pornographic material, violent/racial material, rope or any items which contravenes individual care plans.
	• Respect service users, staff and other visitors
	• Behave appropriately
	• Not display abusive behaviour either physical or verbal.
	
	Visitors may be asked to leave the site and may possibly be

	banned if the above is not adhered to.
Precautions	To be risk assessed prior to leaving alone To check leave restrictions prior to going to the Core House
Policy links	Visitors Visits by Children Safety Monitor SOP

Visitors Policy version 1.1 2019

Title	Visitors
Area Covered	All visitors including children
Core Principles/Purpose	To ensure the safety of all visitors to Forest Close Bungalow 2. To ensure confidentiality to all services users.
Resources needed	Monitoring by Safety Monitor
Guideline for use	Visiting hours are 10am – 8pm. No visitors during protected meal times as stated in Forest Close booklet. Also relatives/carers are requested to avoid visiting during planned activities. Letter sent to relatives/carers as part of the admission process. All visitors must report to reception during office hours or the Safety Monitor will greet them at other times. Visitors must: - Sign in/out of the visitors book - Use Hand gel - Be issued with a visitors badge and alarm - Use designated visitor areas - Visitor room in Core house Drinks facilitated by staff member; kitchen to remain locked. - Not to be permitted into the main bungalow patient areas - Not bring banned items such fire hazard materials, lighters/matches, alcohol or illicit substances, medications from home, weapons and sharps, illegal pornographic material, violent/racial material, rope or any items which contravenes individual care plans. - Respect service users, staff and other visitors - Behave appropriately - Not display abusive behaviour either verbal or physical. Visitors may be asked to leave the site and may possibly be

Visitors Policy version 1.1 2019

	banned if the above is not adhered to.
Precautions	To be risk assessed prior to leaving alone To check leave restrictions prior to going to the Core House
Policy links	Visitors Visits by Children Safety Monitor SOP

Visitors Policy version 1.1 2019

Standard Operating Procedures (SOP) for

Visitors/Contractors

SOP Number:	BWV24
SOP Version:	V1
Effective Date:	June 2018
Review Date:	34 February 2019
Reference:	BWV24
Related Documents:	Trust security policy
Author:	Diane M Staniforth
Reviewer:	Khatija Motara
Approved:	The SOP was approved by on 4/3/2019
Dissemination:	The SOP was communicated via policy manual

Definition:

To ensure the safety of service users, visitors and staff at Buckwood View
To ensure all visitors are aware of any risks
To ensure visitors are aware of any rules and regulations which they need to adhere to.

Scope: - All staff at Buckwood View

Purpose and Objective:.

This is very important that staff adhere to the information below for the following reasons

- Fire regulations

- Knowing who is on and off site

- Keeping a log of when contractors have been to complete jobs etc. – this also has cost implications if Marie Hunter does not know if the contractor has been to view the job etc.

- All contractors should be asked for identification.

- All visitors / family members / contractors MUST sign in at Buckwood View regardless of whether there is anyone in the office or not.

- It is staff responsibility to always ask the visitor/ family member / contractor if they have signed in the main office during office hours. Staff should also notify the nurse of workmen on site. This is an essential part of our Fire Risk Assessment and for CQC compliance we need to record visitors to residents.

If no one is in the office or this is out of hours then the workman should sign in on the houses visited or working on. Please ask for a signing in book if yours is full.   These books can be asked for as part of any audit or inspection.

If the contractor has not signed in at the office please inform Marie Hunter of the work carried out at the earliest opportunity so all repair records can be completed.

Any paperwork signed regarding repairs should be passed to the office as these have to be tied up to the invoice received, staff should always sign this off also on the log of repairs for there each individual house

Monitoring and Audit:

- Supervision
- Training
- Visitors book

Visitors Policy version 1.1 2019