**2021**

Elysium Healthcare



The Spinney Hospital Student Nurse Orientation & Welcome Pack

STUDENT NURSE

WELCOME & INFORMATION PACK

|  |  |
| --- | --- |
| Student Name |  |
| Ward |  |
| Start Date |  |
| Mentor Name |  |

|  |
| --- |
| Induction Checklist date completed: |
| Student Signature: |
| Mentor Signature: |

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Information contained in this document correct at time of issue. Copies of this document can be obtained from the ‘s’ drive under folders ‘Everyone’ & ‘Student Nurse’.

Introduction and Welcome to ‘The Spinney’

On behalf of all the staff welcome to The Spinney. It is hoped your time here as a student nurse on placement is enjoyable and provides a positive and valuable learning experience for you.

At Elysium Healthcare we aim to provide high quality, multi-professional learning experiences, which will enthuse and excite students about the reality of working within Elysium. We are keen to work in close partnership with our universities, to promote smooth integration between theory and practice and to ensure a partnership approach when supporting all student placements.

We value learning & development for all staff and students within our organization and are committed to delivering a high standard of evidence-based, patient focused care. We are proud of our inter-professional care. We will endeavor to provide a professional and friendly team approach at all times, and value the contribution that students bring to the team.

We are committed to provide a safe, supported learning environment for all students, where students feel secure and confident to as questions. We strive to ensure that students are welcomed to the team and receive a timely induction to the placement area. We value the students as an active member of the team and will work I partnership with the student, to help develop clear, achievable goals which will help you to meet your specific learning objectives.

We see learning as a process where knowledge can be shared between the students and the team and where students are encouraged to be proactive in their learning. We promote a team approach, with joint commitment between Mentor, the team and the student.

We welcome constructive feedback from students regarding their learning experiences, and will use this information to inform and enhance the learning experience we offer. This will ensure Elysium Healthcare continues to provide on-going learning experiences for all our future students.

At The Spinney, we welcome year two and three student nurses from the regions universities to include University of Salford, Manchester and University of Central Lancashire (UCLAN) and Edge Hill.

This pack aims to help you settle into your practice placement as smoothly as possible and gives you information about the function of The Spinney and learning opportunities available.

On your arrival on the ward, complete the induction checklist on pages 8 - 13 to establish important information has been communicated to you. Your mentor, or other staff member, will be able to assist you with this.

This pack should be read in conjunction with the RCN document ‘Helping students get the best from their practice placements’ (2006) available at [www.rcn.org.uk](http://www.rcn.org.uk) or from the Clinical Development Nurse.

Elysium Healthcare Core Values

At Elysium Healethcare we put you at the centre of everything we do. To help us we have developed five core values, Our Core Values are:

* Kindness
* Integrity
* Teamwork
* Excellence

These core values have helped us to clearly define:

* what we say and what we mean to you, your family and carers and your external team
* what we do and how we do it – how we work with you on your recovery journey
* what we prioritise – your care and treatment, how we involve you in this and the Hospital
* how we act, re-act to your needs and requests
* how we help you succeed

Elysium Healthcare offers the largest independent network of secure mental health facilities across the UK and specialise in the areas of:

* Mental health services for men & women
* Personality disorders
* Learning disabilities
* Brain injury rehabilitation

We provide specialist assessment, treatment and rehabilitation services to help prepare patients for their return to local community services or alternative residential accommodation.

Where patients require secure mental health treatment, we can provide the appropriate levels of security throughout their placements and work to ensure that they move on to safe and appropriate community placements.

For more information visit Elysium’s website at <http://www.elysiumhealthcare.co.uk>

Overview of The Spinney

The Spinney provides a service to males experiencing some form of mental disorder, who require assessment and treatment in secure conditions.

The Spinney is a medium secure facility with all patients detained under the Mental Health Act 1983. We also have provision for low, locked rehabilitation and PICU beds for acute patients. Referrals are taken from many sources including psychiatric hospitals, prisons and the courts.

The Spinney offers a comprehensive assessment programme directed towards providing a clear formulation of the patients presenting problems and treatment needs. This process allows referrers to decide whether further treatment at The Spinney may be beneficial, or whether alternative care is more appropriate.

Care programmes are holistic in approach and application. Various formats are used ranging from group activities to individualised interventions. A clinical team incorporating all the main disciplines facilitates programmes.

The main aim of The Spinney is to achieve a period of stability with holistic assessment and carefully planned treatment regime, so that patients can gradually be integrated back to a less secure environment or an environment that is more appropriate for their needs.

The Spinney along with our sister hospitals Gateway Recovery, St Mary’s, Braeburn House, All Saints and Arbury Court comprise North West Services Elysium.

Information you may need at The Spinney

Contacts within the hospital:

The Spinney:

Everest Road, Atherton, Manchester. M46 9NT

Tel: 01942 885300

Fax: 019420885301



Registered Manager

Sandy Gerrard – Tel: 01942 885300

The Spinney team:

Donna Mead – LeadNurse – Tel: 01942 885300 – Ext. 213

Sarah Mandangu – Clinical Nurse Manager – Tel: 01942 885300 – Ext. 214

NW Employment Engagement Lead

David Boyle – Email: David.Boyle@elysiumhealthcare.co.uk

Department heads: - Tel: 01942 885300

|  |  |  |
| --- | --- | --- |
| Name | Department | Tel. Ext. No. |
| Cayne Lumley-Smith | Psychology | 239 |
| Rena Henderson | Occupational Therapy | 250 |
| Bev Beckett | Social Work | 245 |
| Karen Buckley | Hotel Services | 277 |
| Jodie Clarke | Head of Housekeeping | 272 |
| Sue Wallbank | Administration | 215 |
| Andrew Godding | Learning & Development Nurse | 223 |
| Suzanne Blears | Practice Nurse | 260 |
| Debbie Mason | Health, Safety & Security | 577 |
| Sue Aldred | Human Resource | 285 |
| Steve Critchley | IT | 222 |
| Andy Bourton | Maintenance | 266 |

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### Induction Checklist

Please ensure you complete this checklist on your first working day on the ward.

The mentor or other staff member can take you through this checklist.

Remember if you are unsure please ask for clarification.

1. The student was met at Reception & the Student Nurse Checklist & Contact Form was completed (these details are stored on file in Reception)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been introduced to a named mentor

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student was introduced to patients, staff and the Ward Manager when opportunities allowed

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been given a tour of the ward & hospital environment

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The Central and Ward Clinic has been a focus for the tour to include location of emergency equipment, defibrillator, medication trolley and ligature cutters

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has had explained the ward philosophy of care

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received an introduction to ward security and the role of the Security Nurse (appendix 1)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been familiarised with the hospital Traka system for keys and understands correct procedure for entering and exiting the hospital building (appendix 2)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received information on the ward fire alarm procedure, assembly points, evacuation and location of ward fire extinguishers

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received information on the hospital fire alarm procedure in the event of the student being off ward

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The arrangements for contacting key personnel in the event of an emergency have been explained to the student (on call list)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received guidance on the arrangements for a medical emergency or psychiatric emergency

Mentor Signature……………………………………………………………………

Student Signature………………………………………………………………….

1. The student has received guidance on the use of the Blick Mobile Security System

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The arrangements for accessing the internal courtyard have been explained to the student

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received guidance on the smoking arrangements for patients & staff

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been given an overview of ward routine (page 22)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received explanation of the shift pattern (page 23)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been orientated to the ward office, including nursing files, ward diary, ward report, incident forms, organisational board and policy files and has been shown the ‘s’ (shared) drive andElysiumIntranet

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has had explained the policy regarding personal belongings and items on the ward and use of locker space

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been made aware of the contents of the hospital High Risk Items (appendix 3)

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received explanation on the hospital dress code

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has had the requirement to report sickness to the ward explained

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has received instruction regarding the ward pass system and use of radios

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been booked to attend the next available hospital Breakaway training (book via Arbury Court Training Centre)

Date due to attend Breakaway training ………………………………….

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. The student has been booked to attend the next available hospital Security training.

Date due to attend Security training ………………………………….

Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

1. Prior to the Student Nurse being given access to the IT network they must first complete the information Governance training.  This is available as a PowerPoint presentation/ E Learn package and would need to be signed off by the student and their mentor to confirm they understood.

 Mentor Signature……………………………………………………………………

Student Signature…………………………………………………………………..

Thank you for completing this checklist.

You may also need to complete your own university Health and Safety documentation. Please ensure you do this promptly – ask your mentor or staff member to help you with this.

## Health & Safety: Fire Procedure

The following are important points to remember in the event of a fire alarm being activated:

* If you are on the ward when the fire alarm is activated you must report to the nurse in charge
* When reporting for duty on the ward ensure you have been informed of the location of the smoke alarm points, the fire extinguishers and fire panel, fire exits, & evacuation procedure
* Ensure you have been informed of the assembly point on the ward in the event of the fire alarm being activated
* Always ensure you follow the safe instruction given to you in the event of fire and/or evacuation of the ward
* If you are off the ward or in the hospital grounds when the fire alarm is activated do not return to the ward but leave the building using the nearest and safest fire exit and go to the external assembly point: take direction from staff
* Keep fire doors shut

## Health & Safety: Healthcare Waste

## Please ensure you have been made aware of the correct procedure for the handling and disposal of healthcare waste to include

* Infectious waste
* Hazardous waste
* Offensive waste

As a student nurse working in a clinical environment you require to follow correct procedure at all times when handling or disposing of healthcare waste to include

* Sharps
* Linen
* Body fluid spills
* Disposal of medicine
* Treatment materials

Seek guidance from your mentor and refer to The Spinney policy Healthcare Waste Handling available on the ‘s’ drive.

Please ensure you document any Health & Safety incident/accident event using The Spinney IRIS recording system.

Security: Guiding Principles

* Hospital and ward security is a concern for each individual working on the premises. The Spinney is a medium secure facility and security is therefore a vital feature of the environment of care
* Caring for patients in a medium secure setting demands security and the therapeutic environment interconnect. One cannot exist without the other as both go hand in hand
* Each individual working on the premises has a duty to maintain a secure environment, fulfil security activities competently and report security breaches or concerns promptly
* Due vigilance and competence in security ensures the safety of the patient, staff and visitor as far as is reasonably foreseeable.

As a student nurse on placement we ask that you act in accordance with these guiding principles at all times and not compromise the security of the ward or hospital site.

Security procedures exist to maintain the secure environment within which therapeutic care and treatment is delivered to patients.

If in doubt, please ask and seek clarification from your mentor or staff member before proceeding with a course of action or decision.

The following information will provide you with a general overview of security at The Spinney:

* Correct procedure for entering and exiting the building must be followed on all occasions. Information on the door entry system can be found in appendix 2
* Ensure you provide identification when arriving for duty (i.e. name badge) and wear this identification whilst on duty
* You must wear a belt whilst on duty and attach the key strap to your belt. Do not wear a belt with metal studs as this affects the blick alarm system
* You are required to keep hospital keys attached to your person via a key strap at all times when on duty. The keys must be attached to the strap before you leave the key cabinet.
* Keep doors locked
* Do not hand your keys to anybody – once you take the keys from Trakka, the keys are yours only (until you return to the cabinet before exiting the unit. **Keys NEVER leave the units.**
* You must always wear a Blick Alarm when working on the ward. Blick Alarms are obtained from Reception Staff on entering the airlock. Attach the Blick Alarm to your belt
* Do not bring any contraband items into The Spinney or onto the ward. Report to the Nurse in Charge if you observe the patient in possession of contraband items. The High Risk items list can be found in appendix 3
* Follow the policy on not bringing personal belongings and items onto the ward (i.e. mobile phones or other). Use lockers provided. Mobile phones or other devices with communicative and/or recording ability must not be handed to patients
* The Spinney Dress Code is smart causal. Please avoid wearing clothing that may be interpreted as provocative (i.e. football team insignia) or too revealing. Females should avoid wearing skirts or dresses when working on the ward. Avoid wearing any jewellery that could be pulled
* A designated security nurse undertakes security duties on the ward (see appendix 1). Inform the security nurse on each occasion you are on duty or when leaving/returning to the ward. Remember we all have a responsibility to ensure security is not compromised or breached by our practice
* Always ensure you keep ward staff informed of your whereabouts throughout the course of the shift
* General observation of patients at all times in all areas is essential in maintaining a safe environment for all. Communicate to the Nurse in Charge what you see or hear in relation to general observation of patients
* Bedroom access is timetabled. Refer to the Nurse in Charge if a patient requests access to a bedroom outside of scheduled times
* Access to ward kitchen and sharps is always supervised. Refer to the Nurse in Charge first before taking a patient into a kitchen
* All patients need approved pass to access grounds or community. Refer to the Nurse in Charge if a patient requests you take them off the ward or out of the building

You must not undertake the following tasks:

* The role of security nurse
* 1:1 escorted walks
* 1:1 escort on community, home, court or professional visits
* Access to Reception or the security cupboard.

## Breakaway Training

The Spinney offers mandatory training in Breakaway techniques to its entire staff group including student nurses.

A Breakaway technique is understood as:

* A verbal or physical intervention that creates a window of opportunity to effect a release relying on speed, surprise and technique and based on the legal principles of reasonableness, proportionality and necessity given the circumstances of the incident.

Breakaway training is a certificated one-day gym based session hosted at Arbury Court Warrington or The Spinney.

Please ensure you book yourself onto the next available Breakaway training as soon as possible. This can be organised via your mentor or other staff member.

Inordinate delay in receiving Breakaway training may result in a disruption of your placement on the ward, which in turn may affect the practice hours you evidence.

Please ensure you inform the MVA Tutor of any medical condition or physical limitation before commencing the teaching session.

A health questionnaire should be made available and completed by you before commencement of any Breakaway training.

Personal Safety & Relational Security

Personal safety awareness involves not only due vigilance in regards to staff/patient whereabouts and awareness of risk but importantly, includes the relationships we have with patients in our care.

This relationship or therapeutic alliance is based on continuing risk assessment, knowledge of the patient and the use of professional skills by staff members to ensure support and appropriate treatment are offered to the patient.

Personal safety awareness is central to safe and effective nursing care and intervention.

The professional relationship we build with patients is key to providing a safe and therapeutic environment.

As a student nurse, you are encouraged to interact, engage and build professional relationships with the patient group on the ward and display a positive approach and attitude toward the patient.

The therapeutic environment and positive relations between staff and patients are central to the services provided by The Spinney.

Overview of the Ward structures and Philosophies

Shevington Ward (14 beds) –

Ward Manager – Daniel Bremner – Tel: Ext. - 519

This male mental illness service consists of a fifteen bedded medium secure facility, for the assessment, treatment, recovery and rehabilitation of men detained under the Mental Health Act (1983, amended 2008).

We cater for male patients with active psychotic presentations who require assessment, treatment and stabilisation using a combination of medical interventions, psychological programmes and an active programme of engagement.

The philosophy of care focuses on “with care, compassion and clinical expertise, we aim to help the individual gain the strength and tools they need to turn their challenges into opportunities for growth.”

The philosophy of care is underpinned by skilled nursing intervention, which includes the forming of professional and therapeutic relationships with patients.

Pennington (10 beds) –

Ward Manager – Leanne Hooper – Tel: Ext. - 511

This male mental illness service consists of a ten-bedded medium secure facility, for the assessment, treatment and rehabilitation of men detained under the Mental Health Act (1983).

The service is aimed at those who primarily have a mental illness, but have, in addition, certain behavioural characteristics such as challenging behaviour or offending, and require the confines and support of medium security.

Central to the care of each patient is the assessment of clinical need and risk through the Care Programme Approach (CPA). The multi-disciplinary team works as collaboratively as possible with the patient in setting treatment goals and the management of risk. Progress within the service will then enable the patient to move on to less restrictive services.

Lever Ward (15 beds) –

Ward Manager –Iain Wood– Tel: - Ext. - 504

Lever Ward is a unit for people with a primary diagnosis of Learning Disability, whom also have a comorbid mental disorder. The clinical team support the patient through a comprehensive assessment and treatment package; often incorporating a behavioural programme. This leads to the formulation of a clear treatment pathway.

Lever Ward nursing team are at the front line in providing support-working with the RMO, social work team, psychologists, occupational therapists, sports staff and music instructors. The multi-disciplinary team also liaise with external agencies and work alongside these to maintain a high standard of quality care.

This service is for male patients whose presentation necessitates long term admission treatment.

The philosophy of care focuses on “with care, compassion and clinical expertise, we aim to help the individual gain the strength and tools they need to turn their challenges into opportunities for growth.”

The philosophy of care is underpinned by skilled nursing intervention, which includes the forming of professional and therapeutic relationships with patients.

Hesketh Ward (15 beds) –

Ward Manager –– Senol Topcuoglu Tel; - Ext. - 296

Hesketh Ward consists of a 15 bedded medium secure facility. The service is for assessment, treatment and rehabilitation of men detained under the Mental Health Act 1983.

The service is primarily aimed at those who have enduring mental illness and personality disorder that may be characterised by behavioural characteristics such as challenging behaviour or offending and may be complicated by substance abuse and require the confines of medium security. Patients with a sole diagnosis of personality disorder are not excluded.

This service aims to assist patients to identify and manage their own illness and work towards overcoming interpersonal difficulties through the development of coping strategies.

Boundary setting and consistency provide the framework for the delivery of nursing care and the management of challenging behaviours on Hesketh Ward.

The ward philosophy embeddes ‘hope inspiring professional relationships’ with patients for a dynamic service that requires a skilled, resilient and knowledgeable nursing team; supported by members of the psychology department.

**Hulton Ward (10 beds) – PICU – Psychiatric Intensive Care Unit**

Ward Manager – Alex Kachepa – Tel: - Ext. - 530

This Psychiatric Intensive Care Unit (PICU) provides a safe and secure environment for emergency short term care and treatment for mental illness. Following admission, we work with the service user and referring team to develop the best plan of care and treatment to enable transition to a more suitable setting.

We can offer a higher level of support and supervision than on acute inpatient wards - by creating intensive treatment packages in a safe, therapeutic, low stimulus setting.

**Our aim is a short, rapid intervention to help people regain a sense of control and order in their lives, which is in line with our philosophy of moving patients on as soon as possible to a less restrictive care setting and return home.**

**Rivington Ward** **(16 beds) –**

Ward Manager –Chipo Dezda– Tel: - Ext. - 528

The Spinney offers a Long Term Medium Secure facility for the assessment, treatment and rehabilitation of male patients, detained under the Mental Health Act (1983). The Service is aimed at those patients who suffer with severe mental illness and have a significant history of violence necessitating protracted or sustained care and supervision in a medium secure setting.

The focus of treatment is on enhancing psychosocial functioning and improving quality of life in a supervised environment. The treatment approach incorporates principles of rehabilitation whilst paying attention to relational, physical and procedural security measures like other forensic settings. The Multi-Disciplinary Team will adopt an integrated adaptive skills-based approach to treatment. It draws upon a range of socio-psychological theories and incorporates pharmacological treatment, group work, and individual therapy, all within the context of a structured, enabling environment.

**This service has adopted as its guiding philosophy, a Rehabilitation and Recovery model, which is focused on helping the individual patient achieve the optimum level of functioning and quality of life along with a reduction of risk within a safe and therapeutic environment of care.**

Resourcefulness and working with the patient over the long term are features of the professional relationship developed between nursing staff and the patient group.

**Hindsford Ward** **(10 beds) –**

Ward Manager – Sandra Nyakusanduka – Tel: - Ext. - 533

Hindsford ward is a 10-bedded male low secure facility within the grounds of The Spinney medium secure hospital. The ward offers a step down facility for those patients moving from medium or high secure services as well as provision for people requiring low secure care from the community or other psychiatric facilities. The unit offers 10 en-suite beds for patients who are detained under the Mental Health Act.

**Service Aims and Objectives - Hindsford ward works from a philosophy of care dedicated to a patient-centred approach with a focus on empowering individuals by developing their independence and self-management and ultimately recovering their lives**. A positive model of care, which incorporates Reinforce Appropriate Implode Disruptive (RAID) techniques and pro-social modelling to motivate and encourage individuals, underpins the ward ethos. The ward strives to enable all patients to achieve their optimal level of functioning and the Care Programme Approach drives this.

**Treatment Programmes -** Men on Hindsford ward have access to a range of psychological and occupational therapies. These include both group and individualised programmes

Hindsford Ward embraces the values of the Recovery Approach, and its practice is grounded in the principles of working in partnership with patients (and/or carers) and recognising the value of social inclusion. It is envisioned that success within this environment will sufficiently equip the patient with skills for life in a less restrictive setting or ultimately for independent living.

**The Coppice (7 beds) –**

Ward Manager – Sandra Nyakusanduka – Tel: - Ext – 533

The Coppice is a locked rehab, perfectly situated within the local community – while also accessible (by the grounds) to the main hospital.

The ethos of this unit is very much underpinned by the Recovery Model, with a strong emphasis on the promotion of autonmony. Indeed, Patients actively involved in their care pathway, and day-to-day tasks such as shopping; cooking; and budgeting are encouraged. The unique element of The Coppice is its emphasis on community participation. Patients indeed maintain an active diary, and are engaged in meaningful work opportunities within organisations, such as ‘Guide Dogs for the Blind’; and football stadiums. Such opportunities not only enable patients to develop skills but increase confidence within social situations; fundamental to a smooth transition from the secure ‘safe’ environment into community.

General Information about the Wards

At The Spinney all nursing practice is based on an approach to care which

* Respects the rights and dignity of all service users and is informed by values and attitudes necessary for modern mental health practice.[[1]](#footnote-1)

Please ensure you practice in accordance with the aforementioned approach to care whilst on placement at The Spinney.

Each ward at The Spinney has communal areas, a family visiting room, a kitchen, a facility for hot/cold drinks, a ward office, a clinic, an observation lounge (most of the main wards have a seclusion room) and each patient has their own bedroom.

At the start of each shift the Nurse in Charge will plan to meet the objectives for the day and allocate duties/tasks/activities to team members. Allocation of duties is recorded on the shift organisational board located in the nursing office.

Reference to the organisational board will provide you with an overview of the day and what it contains. Use this information to plan your experiential learning opportunities with your mentor.

Remember your mentor or other staff member must offer the appropriate supervision of all activities you engage in.[[2]](#footnote-2)

Guidance on supervision of practice is discussed in more detail further on.

All the wards follow a ‘loose’ routine, which helps to guide the 24-hour cycle of care. This means that for the day shift:

* Handover 07.30 am
* Medication 08.00
* Bedrooms vacated 09.00
* Session A 09.30 – 11.00
* Fresh air break
* Session B 11.00 – 11.45
* Bedroom access 11.30 – 14.00
* Lunch 1st sitting 11.45– 12.15: 2nd sitting 12.15 – 12.45
* Medication 12.30 – 13.00
* Bedrooms vacated 14.00
* Session C 14.00 – 15.00
* Fresh air break
* Session D 15.30 – 16.30
* Bedroom access 16.30
* Tea 1st sitting 16.45 – 17.15: 2nd sitting 17.15 – 17.45
* Medication 18.00
* Fresh air break
* Handover 19.30

For the night routine this means:

* Handover 19.30
* Supper 20.00
* Medication 22.00
* Communal area closed 12.00 am onwards
* Handover 07.30 am

**Though the ward routine is structured in this way, it is important to remember that at The Spinney we firmly embed the principles of Least Restrictive Practice, and assess each day/ each patient on inidivual presentation.** If in doubt seek advice from the Nurse in Charge.

Shift Pattern

Nursing

Although we have a shift pattern is place, there is expectation for staff to be flexible in their pattern of working…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days** | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| W/K 1 | L/D | L/D | O | O | O | L/D | L/D |
| W/K 2 | O | O | L/D | L/D | L/D | O | O |
| W/K 3 | L/D | L/D | O | O | O | L/D | L/D |
| W/K 4 | O | O | L/D | L/D | L/D | O | O |

* Long Day (L/D) 07.30 am – 19.50 pm
* Break 1 hour 35 minutes
* L/D shift hours 10 hour 45 minutes

The night shift pattern is:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nights** | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| W/K 1 | N | N | O | O | O | N | N |
| W/K 2 | O | O | N | N | N | O | O |
| W/K 3 | N | N | O | O | O | N | N |
| W/K 4 | O | O | N | N | N | O | O |

* Night (N) 19.30 pm – 07.50 am
* Break 1 hour 35 minutes
* N shift hours 10 hour 45 minutes

In order to plan your time in terms of maximising opportunities to work with your mentor you should familiarise yourself with the ward’s shift pattern and rota system. The ward duty rota is planned in advance by the Ward Manager.

Please negotiate with your mentor the shifts you intend to undertake and ensure your mentor directly supervises you on a regular basis.

Please negotiate with your mentor the shifts you intend to undertake and ensure your mentor directly supervises you on a regular basis.

Students from University of Salford and University of Manchester work a 37.5-hour week normally over five days.[[3]](#footnote-3)

Students from UCLAN & Edge Hill work in the region of 21 hours per week whilst in practice.

If undertaking night duty and in the absence of your mentor working nights, you and your mentor must ensure a registered nurse on the ward is allocated to directly supervise you during this time. This person will then liaise with your mentor regarding assessment of your practice.

University guidelines indicate students do not go into practice on Bank Holidays.

Reporting Non-attendance or Sickness

Students have a responsibility for reporting sickness and absence.

Please ensure you follow the procedure detailed below to ensure the ward is aware of your absence.

When students are sick while on placement they must:

* Telephone The Spinney and university at least one hour prior to the time they would be going on duty
* Telephone The Spinney and university when they are fit to resume duty
* If sick before days off the student must ring to say they are fit to resume duty, otherwise their days off will be counted as sick.[[4]](#footnote-4)

The mentor must also ensure the relevant university has been contacted.

Having a Break

You are entitled to a break when on practice placement. This should be negotiated with the Nurse in Charge.

Please feel free to use the staff room for your break if you so wish.

If you are on practice placement during a night shift, you are required to remain on site when taking your break.

Smoking is only permissible on your designated break and in the designated smoking area on site. This is in the smoking shelter at the far end of the main car park.

In relation to food, staff accompany patients to the dining room and eat a meal whilst there. You are welcome to partake of the menu for the day. There is no charge for the food provided so please do not go hungry. If you are on practice placement during a night shift, please ensure you bring food for your consumption with you, as food is not provided to staff on night duty.

Information on your Mentor

As a student nurse at The Spinney, you will be allocated a mentor. This is a mandatory requirement and means that students on NMC approved pre-registration nursing education programmes, which lead to registration on the nurses’ part of the register, must be supported and assessed by mentors.[[5]](#footnote-5)

Your mentor will be a registered nurse who has acquired an NMC approved mentor qualification, is registered on the same part of the register, and is in the same field of practice as that which the student intends to enter.[[6]](#footnote-6)

Mentors are responsible and accountable for:

* Organising and co-ordinating student learning activities in practice
* Supervising students in learning situations and giving constructive feedback
* Setting and monitoring achievement of realistic learning objectives
* Assessing total performance including skills, attitudes and behaviours
* Providing evidence of student achievement or lack of achievement
* Liaising with others to provide feedback, identify concerns about the student’s performance and agree action as appropriate
* Providing evidence for, or acting as, sign-off mentors with regard to making decisions about proficiency at the end of a programme.[[7]](#footnote-7)

It is the responsibility of the mentor and student to ensure they work together in the clinical environment on a regular and frequent basis and maintain regular contact with each other.

Please note that in the absence of your mentor other ward-based registered nurses can assist in your practice supervision and facilitate learning opportunities for you. Your mentor should liaise with these people to aid assessment of your performance, skills and attitudes.

A sign-off mentor will be provided for the student nurse who is at the end stage of the pre-registration programme. This mentor will confirm the student has met the relevant standards of proficiency for the programme leading to registration on the NMC register.

Further information on the mentor role and the standards to support assessment and learning in practice can be obtained from the NMC website: [www.nmc-uk.org](http://www.nmc-uk.org)

Learning Opportunities

The following is a list of learning opportunities available at The Spinney and provides you with a framework through which you may achieve learning aims and outcomes. It is by no means exhaustive and other learning opportunities may be identified as you progress through your placement here at The Spinney.

Learning opportunities may include:

* Attendance at internal relevant training
* Attendance at internal patient reviews
* Presentation of information, under supervision, at internal patient reviews
* Collecting data for reports
* Assisting Care Coordinator compile CPA reports
* Attendance at CPA reviews
* Presentation of information, under supervision, at CPA reviews
* Negotiated time with other disciplines i.e. psychology, OT, or other staff i.e. practice nurse, clinical nurse manager, CDN, NVQ coordinator
* Development and facilitation of ward based session(s) for patients
* Development and facilitation of in house teaching sessions
* Assisting in the planning, implementation and evaluation of nursing care plans
* Assisting in the planning, implementation and evaluation of patient management plans
* Undertaking project work in liaison with your mentor
* Undertaking audits in liaison with your mentor
* Observing and, in liaison with your mentor, participating in 1:1 sessions with patients
* Under supervision, administration of medication
* Under supervision, facilitation of depot clinics
* Under supervision, monitoring and recording patients’ physical observations as instructed
* Participation in GP clinic
* Where possible accompanying staff on patient referral assessments
* Where possible accompanying staff on court visits
* Accompanying staff on patient home or community visits
* Under supervision, presenting information at handover to oncoming shift
* Under supervision, managing a shift
* Observation of Critical Incident Reviews i.e. seclusion, debrief, enhanced observation, use of observation lounge
* Attending Elysium Breakaway training (GSS approved)
* Interaction with patient group
* Review of clinical notes
* Compilation of on-going reflective accounts of learning.

Experiential learning and reflection is an important part of your professional development and as such, much can be learnt through interaction with the patient groups and staff in addition to the identified learning opportunities listed above.

**Important note:** In line with good practice in relation to consent, any involvement with patients i.e. treatment intervention, physical contact, attendance at patient meetings, accessing/handling of confidential information, necessitates you obtain the respective patient’s consent first and are supervised by your mentor at all times whilst involved in delivery of patient care.

Hospital Policies

To support your learning please feel free to access the hospital policies. The policy you decide to read is yours to determine in line with your learning needs. However, the following selective list is given as a guide.

* Medicines
* Safe and supportive observation
* Escorting patients
* Section 117 and related leave
* Discharge and aftercare planning for patients under Section 117
* Patients sexuality
* The assessment and management of clinical risk
* Access to patient records
* Confidentiality
* Nursing patients in isolation or seclusion
* Advance Directive policy
* Guidance for patients who are difficult to engage
* Safe and therapeutic management of violence and aggression
* Use of rapid tranquillisation
* Medical emergency
* Substance misuse by patients
* The Care Programme Approach
* Section 132 – patients’ rights/patients’ charter
* Carer involvement
* Consent for examination or treatment
* Safeguarding vulnerable adults
* Healthcare waste handling
* Security
* Clinical supervision.

The full list of hospital policies can be located in the ward office in the policy file or on the ‘s’ drive. Policies are controlled documents and it is important only the current version of the policy is available. Please do not print or photocopy policies.

NMC Guidance on Clinical Experience for Students

The following information is sourced from the NMC guidance for students of nursing.[[8]](#footnote-8) We ask you act in accordance with this guidance at all times during your practice placement here at The Spinney.

* During your studentship, you will come into close contact with patients…this may be through observing care being given, through helping in providing care and, later, through full participation in providing care. At all times, you should work only within your level of understanding and competence, and always under the appropriate supervision of a registered nurse…providing mentorship
* As a pre-registration student, you are not professionally accountable in the way that you will be after you come to register with the NMC. This means you cannot be called to account for your actions and omissions by the NMC…it is the registered practitioners with whom you are working who are professionally responsible for the consequences of your actions and omissions. This is why you must always work under direct supervision. This does not mean, however, that you can never be called to account by your university or by the law for the consequences of your actions or omissions as a pre-registration student
* You must respect the wishes of patients…they have the right to refuse to allow you, as a student, to participate in caring for them and you should make this right clear to them when they are first given information about the care they will receive from you…their rights as patients…supersede at all times your rights to knowledge and experience
* You should introduce yourself accurately at all times when speaking to patients…in doing so, you should make it quite clear that you are a pre-registration student and not a registered practitioner. In fact, it is a criminal offence for anyone to represent him or herself falsely and deliberately as a registered nurse…
* There may be times when you are in a position where you may not be directly accompanied by your mentor, supervisor or another registered colleague such as emergency situations…as a student, do not participate in any procedure for which you have not been fully prepared or in which you are not adequately supervised. If such a situation arises, discuss the matter as quickly as possible with your mentor or personal tutor
* Patients have the right to know that any private and personal information that is given in confidence will be used only for the purposes for which it was originally provided and that it will not be used for any other reason. If you want to refer in a written assignment to some real-life situation in which you have been involved, do not provide any information that could identify a particular patient…obtain access to patient records only when absolutely necessary for the care being provided. Use of these records must be closely supervised by a registered practitioner and you must follow the local policy on the handling and storage of records. Any written entry you make in a patient’s or clients records must be counter-signed by a registered practitioner
* You will need to be aware of the local procedures for dealing with complaints by patients… or their families, about the treatment or care they are receiving. If patients indicate to you that they are unhappy about their treatment or care, you should report the matter immediately to the person who is supervising your clinical experience or to another appropriate person.[[9]](#footnote-9)

Professional Conduct

During your time here at The Spinney we expect that you conduct yourself in a positive and professional manner at all times extending courtesy to patients, staff and visitors.

We would also ask that you act as a positive role model at all times.

Confidentiality

The confidentiality of The Spinney and its operation will be respected by the student nurse at all times to cover such areas as:

* If a patient discloses any information to you it must be reported to the nurse in charge as soon as reasonably possible
* No information overheard by you, told to you or details of incidents witnessed by you will be repeated to anyone other than those Spinney staff privy to such information
* No aspects of The Spinney or its functions will be discussed with anyone other than those Spinney staff privy to such information/discussion
* Practice placement feedback to the university tutor for the purposes of learning and development is permissible with the proviso such feedback does not breach the confidentiality of patients or staff at The Spinney.

Challenging Practice and Asking Questions

As a student nurse on placement, you may encounter clinical situations in which you may wish to question what is happening.

The Spinney would encourage you to ask questions regarding the care being provided to the patient. We see this as not only an opportunity to articulate the clinical rationale for care and treatment but also to improve the care we provide to the patient.

Challenging practice and critical constructive evaluation of care, underpin professional practice. As a student nurse and future practitioner, these areas should be developed and encouraged as an important aspect of learning and development.

If you feel any aspect of care or treatment provided to the patient is inappropriate or makes you feel uncomfortable, please seek clarification or make your concerns known to your mentor or other staff member at the earliest opportunity.

What is CAREnotes?

CAREnotes has been designed for use in health and social care organisations as a way of electronically integrating care records. It was conceived as a specialist mental health system with an emphasis on multi-disciplinary and multi-agency clinical care.

CAREnotes mirrors the key features of paper case files in electronic form (input screen). This means clinicians and administrators can access the information more quickly and efficiently.

It is based on the documents you use on a daily basis, so you should be able to recognise a form very easily. This means you will be able to access a set of case files and understand them intuitively.

Patient information is held behind-the-scenes (in a database), which means reports and statistical analysis can be done easily.

What Will I See?

There will obviously be some differences to the paper versions but on the whole all the information you would enter or look for on a paper form will be the same in CAREnotes.

Documents appear on screen in A4 format, so that you can easily relate the CAREnotes structure to an equivalent set of paper notes. And if you need to, you can print the forms.

How is the Information Stored?

The documents are grouped within folders and sub-folders, much as the paper case files would be.

So instead of having to go to a filing cabinet, you can simply log on to CAREnotes and review the case documents on a screen instead of on a piece of paper.

The CAREnotes Document Hierarchy

In order to understand the layout of CAREnotes, it is necessary to appreciate how the forms within it relate to each other. Once you have familiarised yourself with this layout you will find it straightforward to navigate around CAREnotes.

Case files consist of forms stored in a hierarchical structure specified by PiC:



|  |  |
| --- | --- |
|  | These are the forms used for referral and admission |
|  | These forms represent the basic administration data for a patient |
|  | These forms are used to record all of the MHA details for a patient |
|  | All of these forms represent the basic care documentation for a patient |
|  | These two forms manage the patient in the ward |

Students within Elysium will need to complete their CareNotes and Information Governance Training before they are able to access patients notes, this can be facilitated via your Mentor / Practice Placement Lead.

Policy for Students of Nursing carrying out Enhanced Observations

Enhanced observations refers to:

* Level 2 intermittent observation
* Level 3 within eyesight
* Level 4 within arms reach.

Enhanced observation of the patient occurs when the patient’s behaviour and/or mental state presents a risk to themselves and/or others i.e. self-harm or physical aggression.

In relation to enhanced observation, please act in accordance with the following guidance at all times whilst on practice placement at The Spinney.

* At no time in the first year of pre-registration training must a student nurse be involved in enhanced observation of patients even under supervision
* Second and third year students may take part in enhanced observation of patients for short periods only when being constantly supervised by the mentor or a first level nurse. The mentor or first level nurse will have named responsibility for the level of observation being undertaken. This means that a student nurse undertaking enhanced observation must never be left unsupervised at any time and that a named registered nurse is ultimately accountable for the enhanced observation of the patient
* The practice of second and third year student nurses undertaking enhanced observation of patients whilst being constantly supervised will only take place as part of a specific action plan appropriate to the student’s level of training and mutually agreed between student and mentor
* Second and third year students may accompany another experienced member of staff (i.e. a healthcare worker) who is undertaking enhanced observation to observe and learn new skills. This means the student nurse observing the experienced member of staff is not left unsupervised at any time and the said staff member remains responsible for the implementation of the enhanced observation as a delegated activity
* For further clarity the following terms referred to above will be understood as meaning: Short periods – maximum 1 hour during a 7 hour shift Constantly supervised - close enough to intervene immediately if/when necessary Accompany – never be left alone with a patient on enhanced observation or relied upon i.e. if a patient requires 2 nurses to implement enhanced observation, the student should not count as one of them Experienced member of staff - an experienced healthcare worker who has undertaken training for the task and is aware of risk factors specific to the patient.[[10]](#footnote-10)

Students acting as Escorts for Patients

Allocation to practice placements as a student nurse is to gain the necessary practical experiences to achieve the required learning outcomes and proficiencies of the pre-registration programme.

As a student nurse, you are not an employee of The Spinney and not therefore considered an essential part of the workforce in relation to the delivery of care to patients. The Spinney has the responsibility to ensure appropriate levels of staff are available at all times to care for patients.

Your exposure to clinical situations must always be guided by your educational needs and not determined by the needs of the service.

What this means in terms of acting as an escort for patients is that:

* At no time must student nurses be utilised as the sole escort for patients who are required to leave the hospital for any form of investigation or treatment or social care activity in the community
* At no time must student nurses be utilised as the sole escort for patients who are accessing any form of grounds pass
* Student nurses may accompany an experienced staff member or registered nurse who acts as the escort for the patient only when it is considered appropriate and a part of the student’s learning needs
* Student nurses must not be utilised as a second escort for the patient who is on a **2:1** pass whether in the hospital grounds or community. Two staff members must always undertake a 2:1 escort. The student may accompany these staff members only when it is considered appropriate and a part of the student’s leaning needs[[11]](#footnote-11)
* Student nurses may escort the patient internally within the confines of the hospital buildings following agreement by the mentor and risk assessment of the patient.

Student responsibilities

* Direct your own learning
* Act professionally maintaining effective communication and give and receive constructive feedback
* Be proactive in seeking out experiences fro your level of practice and competence with the support of your mentor
* Demonstrate a willingness to work as part of a team in the delivery of safe patient care
* Lean to express your need and adopt a questioning, reflective approach to your learning within the multi-disciplinary team
* Use your mentor for guidance and support to enable you to achieve your learning outcomes and satisfactory complete your practice assessments
* Ensure that clinical skills required at each stage in the programme are attempted under the supervision of a skilled practitioner with comments provided by both you and your mentor
* Give and receive constructive feedback
* Reflect on your progress to increase self-awareness, confidence and competence

Points to remember

* Remember you are learning to be a professional nurse and should behave in a professional way towards the learning experience
* You are here to learn how to assess, plan, implement and evaluate care
* Review the learning outcomes and competencies expected at each stage of your specific programme of study
* Review the specific outcomes for each placement before you attend
* Check your attitudes and expectations of the placement
* Note the feedback you have from any previous placement
* Action any areas of your development
* Once you have identified where you need to improve, draw on your strengths
* Make note of your attainment over the weeks and state what you want to achieve at each point

Point to consider during your placement

* Identify the learning opportunities that are available, following discussion with your Mentor
* Identify your own specific learning needs and set goals for the placement
* Revise theory learnt on the programme or module and note its applicability to the practice placement
* Familiarise yourself with the placement profile and the specific skills of each team member
* Identify members of the MDT and how they contribute to the achievement of your learning needs
* Recognise that safety is paramount in clinical practice and seek Mentor supervision for procedures you have not yet undertaken
* Keep a record of your own progress and the development of your confidence and competencies

Support

We work in a very challenging environment and as such we value the need for support and supervision as a means to develop and/or manage difficult or potentially stressful situations. Primarily, your Mentor will provide you with the support & supervision you may need, however, all staff are available to offer you support if needed, so please just ask. In addition, The Spinney provides a free counselling service, which you may be able to access if required. Ask your Mentor about this.

External to the ward setting the Practice Development Nurse is available to offer support and guidance. Remember, if any aspect of patient care or contact makes you feel uncomfortable, worried or concerned please do not hesitate in making your concerns known to staff.

Resource Facility

You are welcome to use the resource facility, which contains a wide selection of books on a range of subjects pertinent to a mental health setting as well as a number of commonly held journals including specialist journals related to forensic healthcare. The resource facility is based at Arbury Court Warrington.

You are also able to access PiC’s Intranet, which contains a large number of up to date key documents and guidelines relating to mental health services, and practice.

TheElysiumIntranet is a valuable resource and well worth investigating for information to support learning. Your mentor will explain how to gain access to theElysiumIntranet.

You are also able to access the Internet via specified computers. Ask your mentor about gaining access to the Internet.

Feedback

To aid continual improvement we value any feedback on your practice placement experience. Feedback can be given via:

* Your Mentor
* Clinical Development Nurse.

You may wish to complete the audit tool for clinical placements in the RCN document, ‘Helping students get the best from their practice placements’ (2004).[[12]](#footnote-12)

This can then be forwarded to the Clinical Development Nurse and used to assist The Spinney develop as a learning environment.

Recruitment

Should you wish, on becoming a registered nurse, to seek employment at The Spinney or at the Elysium hospitals in this region please contact Human Resources on 01942 885300 and ask for recruitment details or visit theElysiumwebsite for information on vacancies across the company at <http://www.elysiumhealthcare.co.uk>

Newly qualified nurses, following induction, go onto a six-month Preceptorship programme supported by an experienced registered nurse. This programme then leads into the Registered Nurse Competency Programme, which provides the staff member with a defined career pathway.

As a preceptor you are also invited to attend The Preceptorship Academy. Further information is available about this on request.

Elysium hospitals offer employment in modern and well-maintained services as well as competitive rates of pay and a range of benefits for the employee.

Finally

Finally, may we again extend a warm welcome and hope your time on placement at The Spinney provides an invaluable and positive learning experience for you.

**Please remember to return your fob and strap to Reception on completion of your final day of practice placement at The Spinney.**

Feedback or comments in regards to the Student Nurse Welcome and Information Pack can be given to:

Maxine Winder: RMN; Practice Development Nurse & Practice Placement Lead; and RCN Learning Rep

Andrew.Godding@elysiumhealthcare.co.uk

Useful Internet Sites

* National Institute for Health and Clinical Excellence <http://nice.org.uk>
* Sainsbury Centre for Mental Health <http://www.scmh.org.uk>
* Mental Health Act Commission <http://www.mhac.org.uk>
* Forensic Nursing Resource Homepage <http://www.fnrh.freeserve.co.uk>
* Nursing Gateway Portal <http://www.intute.ac.uk/healthandlifesciences/nursing/>
* Nursing and Midwifery Council <http://www.nmc-uk.org>
* Star Wards <http://starwards.org.uk>
* Virtual Ward <http://virtualward.org.uk>/
* National Institute for Mental Health in England <http://www.nimhe.csip.org.uk>
* NMC Standards to Support Learning & Assessment in Practice – http:www.coventry.ac.uk/HealthcareMentors/Documents/NMC2008.pdf
* Practice Based Learning – <http://wwwpracticebasedlearning.org>
* RCN – <http://www.rcn.org.uk>
* RCN – Principles of Nursing Practice – <http://www.rcn.org.uk/development/practice/principles>

Useful Texts

**Handbook of Forensic Mental Health** (2008) K Soothill, P Rogers, M Dolan

**Therapeutic Relationships with Offenders: an Introduction to the Psychodynamics of Forensic Mental Health Nursing** (2008) A Aiyeqbusi, J Clark-Moore

**Forensic Mental Health Nursing: Capabilities, Roles and Responsibilities** (2008) National Forensic Nurses’ Research & Development Group

**Code of Practice Mental Health Act 1983** (2008) Department of Health

**Reference Guide to the Mental Health Act** (2008) Department of Health

**Best Practice Guidance Specification for Adult Medium-Secure Services**

(2007) Department of Health <http://www.dh.gov.uk>

**Ethical Issues in Forensic Mental Health Research** (2003) G Adshead, C Brown

**National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments** (2002) Department of Health <http://www.dh.gov.uk>

**Therapeutic Interventions for Forensic Mental Health Nurses** (2002) A Kettles, P Woods, M Collins, M Rae

**Forensic Nursing and Mental Disorder: Clinical practice** (2001) N McClelland, M Humphreys, L Conlon, T Hills

**Forensic Nursing and Multidisciplinary Care of the Mentally Disordered Offender** (1999) D Robinson, A Kettles

**Forensic Mental Health Care: a Case Study Approach** (1999) D Mercer, T Mason, M McKeown, G McCann

Appendices

* Appendix 1 - Role of Security Nurse
* Appendix 2 - Door Entry Information
* Appendix 3 – High risk Items

Appendix 1

Role of Security Nurse

Before handover the foregoing security nurse must jointly handover and check with the oncoming security nurse that:

capbul1a All patients/visitors are accounted for

capbul1a The environment poses no undue risk using the security checklist

capbul1a The security keys are handed over and fixed securely to the key strap

capbul1a Information pertinent to the security of the ward is handed over to the oncoming security nurse

Thereafter the security nurse will ensure:

capbul1a Any security issue, information or concern is immediately communicated to the nurse in charge throughout the course of the shift including any concerns/problems noted on previous shift, action taken or required and by whom

capbul1a Patients are accounted for and where possible visibly sighted on an hourly basis with this being recorded on the security documentation

capbul1a Security relief is handed over with the appropriate information if the security nurse needs to leave the ward area i.e. for breaks etc…

capbul1a Security checklists completed and signed for at designated appointed times (07.30, 13.30, 19.30)

capbul1a A written account of restricted items and whereabouts are made on the patient checklist

capbul1a A record is made of all visitors to the ward

capbul1a Issuing and recording of pendant alarms is current

capbul1a Patients are signed in and out in the ward pass book (must be the security nurse)

capbul1a Handover to oncoming security nurse as per above

Appendix 2

Door Entry System

When entering the building:

capbul1a Go to Reception. Reception Staff will give you a strap and fob and tell you the fob’s unique pin number – attach you strap and fob securely to your belt

capbul1a Memorise your pin number. **DO NOT TELL ANYONE ELSE YOUR PIN**

**capbul1a** At the first airlock door, swipe the keypad, move your fob out of the way, and enter your pin number

capbul1a If you are in a queue to enter the airlock behind someone who has entered their pin, then swipe the keypad with your fob and enter your pin number – do not tailgate you must always swipe and enter pin number on all occasions

capbul1a Inside the airlock ask the reception staff member to give you a **BLICK ALARM** – attach the alarm to your belt

capbul1a Inside the airlock and once the door has closed behind you (listen for the locking sound) swipe the key fob against the keypad to open the internal door. You must still do this if stood behind someone inside the airlock – do not tailgate

capbul1a Once inside the building go to the key cabinet. Swipe key fob and enter your pin number and press # key. It will ask which cabinet you want to open – PRESS 1. The door will open – press the black button aside the key you wish to take release the black button and take the set of keys out of the key cabinet – please ensure you only take keys allocated to ward based staff ranging from **1** through to **88**

capbul1a Ensure you close the key cabinet door

capbul1a **Attach** the set of keys to your strap (which should be attached to your belt) **before moving away**

capbul1a Proceed to ward ensuring all doors you unlock are relocked by you

**NOTE: please ask at Reception for instruction about obtaining keys and Blicks if working on Rivington Ward**

When exiting the building:

capbul1a Go to the key cabinet. Swipe the keypad on the key cabinet with your key fob and enter your pin number

capbul1a Return the keys to the number slot indicated on the key cabinet display panel i.e. key number 2 must be returned to slot number 2

capbul1a Close the key cabinet door

capbul1a Swipe the keypad aside the first airlock door and enter your pin number

capbul1a Once inside the airlock return your **BLICK ALARM** to the reception staff member

capbul1a Swipe the keypad on the external door (you should not need to enter your pin number) and exit the airlock – do not tailgate when exiting buildingAppendix 3

High-risk & controlled items

capbul1a Matches, cigarette lighters, lighter fuel, flints, butane gas

capbul1a Bags of any description including plastic bags

capbul1a Glass in any form, ceramic pottery, scissors, needles, nail files, nail clippers or any sharp implements

capbul1a Vacuum flasks

capbul1a Tools of any description

capbul1a Razors (other than electric razors)

capbul1a Rope, string, cord, flex

capbul1a Alcohol, medicines and drugs (seek advice from the nurse in charge if you are taking medication prescribed by a doctor)

capbul1a Glue, Blu-tac, Sellotape, chewing gum, cling film, aluminium containers, kitchen foil

capbul1a Duracell Batteries

capbul1a Cameras, photographic equipment and Dictaphones – any device with communicative and/or recording ability

capbul1a Aerosol containers, tinned food, metal containers, and drink cans

capbul1a Mobile phones

capbul1a Pornographic materials

capbul1a Firearms, knives, Asps, CS Gas, handcuffs, batons

capbul1a Animals

1. Sainsbury Centre for Mental Health: The Capable Practitioner (2001). [↑](#footnote-ref-1)
2. Source: An NMC guide for students of nursing and midwifery (2009). [↑](#footnote-ref-2)
3. Information sourced from: A Handbook for Mentors and Associate Mentors University of Manchester, University of Salford (2008). These hours do not apply to University of Manchester BNurs (Hons) students – refer to aforementioned handbook for guidance. [↑](#footnote-ref-3)
4. Information sourced from: A Handbook for Mentors and Associate Mentors University of Manchester, University of Salford (2008). [↑](#footnote-ref-4)
5. Adapted from: NMC Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers 2nd ed. (2008). [↑](#footnote-ref-5)
6. Ibid. [↑](#footnote-ref-6)
7. Ibid. [↑](#footnote-ref-7)
8. An NMC guide for students of nursing and midwifery (2005). [↑](#footnote-ref-8)
9. An NMC guide for students of nursing and midwifery (2005). [↑](#footnote-ref-9)
10. Information adapted from: University of Salford Policy for mental health students carrying out close observations/specialling (2009). [↑](#footnote-ref-10)
11. Information adapted from: University of Salford Policy Statement on students acting as escorts for clients/patients (2009). [↑](#footnote-ref-11)
12. Available at [www.rcn.org.uk](http://www.rcn.org.uk) or from the Clinical Development Nurse. [↑](#footnote-ref-12)