North East and North Cumbria

Corporate	ICBP005 Safe and Supportive Observation Policy

Version Number	Date Issued	Review Date
2	January 2023	January 2025

Prepared By:	Clinical Services Manager
Consultation Process:	ICS CHC Task and Finish Group
Formally Approved:	January 2023
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
June 2022	None

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	ICS CHC Task and Finish Group.	First Issue
2	January 2023	Clinical Services Manager	Reviewed by subject matter expert, as part of forward plan. No amendments required at review point

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approved	Executive Committee	January 2023

Contents

1. Introduction

1.1 In Individual groups such as the vulnerable older person, those at risk of extending physical injury, people with acquired brain injury, mental health concerns, learning disabilities and/or those lacking the mental capacity to decide on their own needs, further levels of observations and support may be required to be provided. This document provides a framework to support the decision-making process as to whether additional levels of observation and support are required as part of an individual's care package/plan.

1.2 Supportive observations when in place are there to ensure the safe and sensitive monitoring of the individuals physical and psychological well-being, including their behaviour and mental health. This monitoring should allow staff members to quickly identify changes in the individual's condition and/or well-being and facilitate a rapid and appropriate response to minimise the risks or potential harm to self or others.

1.3 Supportive observations should be set at the least restrictive level and for the least restrictive amount of time within the least restrictive environment. The use of Supportive Observations and its restrictions must be considered, and when implemented it is aligned with guidance provided within the Mental Capacity Act and Deprivations of Liberty Safeguards and Policy.

1.4 Status

This policy is a corporate policy.

1.5 Purpose and Scope

1.5.1 The objective is to provide safe and effective care for all individuals who are assessed as representing some degree of risk to themselves or others. This is achieved through the implementation and on-going evaluation of prescribed, specific, and clear levels of supportive observation.

1.5.2 This document sets out guidance and best practice for the assessment, use, implementation, and review of Supportive Observations. Specifically relating to support packages and plans within nursing care, residential care, complex supported living, or individuals home environments.

1.5.3 The purpose of this policy is to clarify the request and approval process of 1:1

1.5.4 Health & Social Care Professionals; Individual's and their representatives; Care Providers; NHS Foundation Trust Community Mental Health and Learning Disability Teams. It will also apply to all care homes commissioned by the ICB and LA.

2. Definitions

The ICB is responsible for commissioning health services for the population of XXX.

NICE Guidelines (NG) National Institute for Health and Clinical Excellence Guidelines- provides national guidance and advice to improve health and social care.

Mental Capacity Act (MCA) An act designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over

Deprivation of Liberty (DOLS) This applies when the person is under continuous supervision control and is not free to leave lacking capacity to consent to these arrangements

'NHS-funded nursing care' (FNC) is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded nursing care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS continuing healthcare before a decision is reached about the need for NHS-funded nursing care.

Eligibility for funding Eligibility for NHS continuing healthcare is based on an individual's assessed needs. The diagnosis of a particular disease or condition is not in itself a determinant of eligibility for NHS continuing healthcare.

NHS Continuing Healthcare (CHC) is a term used to describe a package of ongoing care, including accommodation if in a care home, arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. CHC is not awarded indefinitely but is subject to regular eligibility reviews.

Joint Funding (JF) If a person is not eligible for NHS Continuing Healthcare, they may potentially receive a joint package of health and social care. This is where an individual's
care or support package is funded by both the NHS and the Local Authority.

Local Resolution Panel The local resolution Panel considers appeals of the multidisciplinary team's decision by the individual or their representative.

Regional Independent Review Panel (IRP) IRP is hosted by NHS England. The Independent Review Panel (IRP) process has been set up to enable individuals and/or their representatives to look at:

- the primary heath need decision by the Integrated Care Board (ICB);
- or the procedure followed by a ICB in reaching a decision about their eligibility for NHS Continuing Healthcare; and to make a recommendation to NHS England in the light of its findings on the above matters.

Section 117 Aftercare Under section 117 of the Mental Health Act 1983 (Section 117), ICBs and LAs have a duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from their mental disorder and ICBs and LAs should have in place local policies detailing their respective responsibilities, including funding arrangements.

Multidisciplinary Team (MDT) A multidisciplinary team is a group of professionals who are members of different disciplines (Therapists, Nurses, Doctors, Social Workers etc.).

Observation Defined as “regarding the Individual attentively, whilst minimising the extent to which they feel they are under surveillance” (Standing Nursing & Midwifery Advisory Committee - SNMAC)

One to One observation (1:1): Attentive continuous observations during a set period each day. For this policy One to One observations shall hitherto be referred to as 1:1.

Level 1 General observation is the minimum acceptable level of observation for all individuals/individuals/Individuals. The location of all individuals/individuals/Individuals should be known to staff, but not all individuals/Individuals need to be kept within sight. At least once a shift a nurse should sit down and talk with individual/everyone to assess their health and wellbeing. This should always be recorded in the notes.

Level 2 Intermittent observations means that the individuals/Individual's locations must be checked (exact times to be specified within the notes). This level is appropriate when individuals/Individuals are potentially, but not immediately at risk.

Level 3 Within eyesight is required when the Individual could, at any time, try to harm themselves or others. The Individual should always be kept within sight, by day and night and any items that could be used to harm self or others should be removed.

Level 4 Within arm’s length Individuals at the highest-level s of risk or harming themselves or others, may need to be nursed in proximity. On rare occasions more than one nurse may be necessary. Issues of privacy, dignity and consideration of the gender and religious belief in allocating staff, and the environmental dangers need to be discussed and incorporated into their care plan.

Restraint Whilst a basic definition of restraint might be “restricting movement” or “restricting liberty”, many nursing interventions may unintentionally restrict movement e.g. plaster cast or a care home locked at night to protect residents and staff from intruders. “Showing restraint; challenging the use of restriction in care homes (Counsel and Care UK 2002)” restraint is defined as “the intentional restriction of a person’s voluntary movement or behaviour” in this context “behaviour” means planned or purposeful actions, rather than unconscious, accidental or reflex actions. An alternative plain English definition is “stopping a person doing something they appear to want to do”.

3. Policy and Procedural Requirements

3.1 Overview of safe and supportive observations in XXX ICB for NHS Continuing Healthcare (CHC) and Complex Care and XXX LA

3.1.1 It will be expected that any individual who requires an increase level of observations would have had a referral to Community Services such as GP, District Nursing Services, Mental Health etc, for support and intervention prior to a request being made. It that way, acute illness (whether physical or mental health) can be explored and treated first, prior to any hospital admission being considered.

3.1.2 If you still require an enhanced level of support to ensure the Health and Social Care needs of the individual are met, then please follow the pathway (appendix 1) by all providers requesting level 3 or level 4 1:1 support for an individual. 1:1 will only be authorised where there is a clearly documented rationale which is evidenced and supported by appropriate risk assessments and/or clinical evidence.

3.1.3 All 1:1 request must be emailed on the Enhanced Observations Request Form (L1) to the individual’s commissioner using the generic email they use for contact which may be a health or LA Case Manager and be accompanied by the 24hr Record Log (L2) and Daily Care Log (L3) {see appendixes 4, 5 & 6}; with the relevant individual's care plans, risk assessments and records, etc. which evidences the need for level 3 or level 4 1:1.

3.1.4 It is acknowledged that some care homes will already have care records which replicate forms L1, L2 & L3. In this instance, the care home records which mirror the precise content of forms L1, L2 & L3 will be accepted eliminating duplication of records.

3.1.5 Depending on the urgency of the request, we acknowledge that it may not be possible for you to immediately provide all the evidence requested on this form (see out of hours 1:1 requests). This will be addressed on a case-by-case basis; however, it is expected that the information requested within this form is provided at your earliest convenience but not later than 72 hours of the service being commissioned, as we appreciate if urgent providers may have to ensure the individual is safe, but this should be the exception and not usual practice. Failure to comply with this may result in the approval of the 1:1/enhanced observation being discontinued after the 72 hours by the commissioner.

3.1.6 SNMAC (1999) Guidance recommends four levels of observation and recommends that these are adopted throughout provision of care to ensure consistent practice (See Definitions):

- General Observations
- Intermittent Observations
- Continual Supportive Observations (within eyesight “line of sight”)
- Close Supportive Observations (within arm’s length)

3.1.7 Set out below are the policy standards to be adopted:

- **General Observations Level 1** this is the minimum acceptable level of observation for all individuals for care commissioned by either NHS or LA. The location of all individual's should be always known to care home staff, but it is acknowledged that they do not need to be kept within sight. At least once every shift a nurse /senior staff member/named carer should sit down and talk with everyone to assess their health and wellbeing revising care/risk plans as appropriate. This must always be recorded in the individual's care notes.

- **Intermittent Supportive Observations Level 2** sometime referred to as “Intentional Care Rounding” a system of delivering supportive care to the most vulnerable people in a supported living/residential/nursing setting. With identified vulnerable people being assessed as requiring an increased level of observation to minimise risk and harm to self and others.

  The aim of this level of supportive observation is to ensure that those who need regular help and support are provided with a routine where help and care is provided. Ensuring that person centred care is delivered as part of the unit’s routine to all vulnerable people all the time. Level 2 Supportive Intermittent Observations provide assurance, prompts, and fundamental care, ensuring early response to change in condition whilst promoting independence and maintaining safety.

To be implemented for:

- Those considered to be potentially, but not immediately, at risk to themselves or others (following appropriate assessments)

- The frequency of observations (rounding's) must be clearly documented in the care plan and reviewed/evaluated daily. Timed interventions are recorded on appropriate assessment, care, and activity charts.

- Continual Supportive Observations, Level 3 (within eye- sight "line of sight") is required where individuals could, at any time, be at increased risk of harming themselves or others, or be at high risk of accidental injury. A continual supportive observation care plan – Level 3 should be developed and activated and a 24-Hour Record Log Form which should be used to record all incidents and the required interventions undertaken by those providing the continual supportive observations.

- Close Supportive Observation Level 4 (within arm's length) Individual's at the highest level of risk or harming themselves or others may need to be cared for in proximity due to the frequency or level of risk. On rare occasions more than one carer may be necessary. Consideration should be given to privacy, dignity, and gender of the person for whom close supportive observation is being provided.

- Staff allocation and environmental dangers need to be discussed and incorporated into the care plan. A close supportive observation care plan - Level 4, should be developed and initiated and a 24hr Record Log Form which should be used to record all incidents and the required interventions undertaken by those providing the close supportive observation.

3.2 Implementation of 1:1 Observations

3.2.1 Upon receipt of the Enhanced Observations Request Form the Case Manager can authorise 1:1 for a maximum of one week and advise the ICB/LA within 24 hours so this can be recorded on the database for invoice purposes. It should be noted that not all 1:1 request will automatically be authorised for one week. The needs of individuals at the time of request will be assessed and a shorter period of less than one week may be authorised as appropriate.

3.2.2 1:1s must be reviewed and documented three times daily (AM, PM, EVE and when needs change) by the provider. The Daily Care Log (L3) must be sent to the appropriate Case Manager when seeking a further extension beyond an initial 1:1 approved date for High-Cost Panel to approve.

3.2.3 In the first instance the ICB/LA will only approve additional funding for level 3 or level 4 1:1 for a maximum of one week only. Any requests for 1:1 exceeding one week will trigger a review to enable the Case Manager to assess the appropriateness of the care package in meeting the individual's needs. This review may be conducted face to face or by telephone but in either case will require forms L1, L2 and L3 to be updated by the provider in advance.

3.2.4 Providers must ensure that care staff who provide1:1 support are rostered in as additional support specifically for the provision of 1:1 however the expectation is that external agency staff whom the individual does not know will not be extra support delivering the 1:1. Therefore, they do not count as part of the core healthcare staff on floor duty for looked after residents. In the case of agency staff then the contractor (ie nursing home) who must ensure (as per CQC standards) the agency has a system in place to assure them that those checks have been done OR that they require agency staff to come with evidence of current NMC registration which is checked online at NMC website and they have evidence of their DBS.

3.2.5 To facilitate payment, copies of 1:1charts, care plans and any other additional validation information must be provided upon request including staff timesheets and daily staff rotas.

3.2.6 Requests from family members/representatives to initiate or continue 1:1 where there is no rationale will not be authorised and invoices will not be paid. Families, however, are at liberty to make private contractual arrangement with the providers for interventions and care outside of the assessed need as indicated within the individual's care plan. It must not, however, include any core services/costs funded under contract by the commissioner.

3.2.7 1:1 observation should only be in place as an interim measure for the least amount of time, after all steps and interventions taken to reduce the risk of harm to the resident and others has failed. This will be reviewed on a regular basis as stated within this policy.

3.3 Out of Hours 1:1 Request

3.3.1 All requests made for 1:1 outside of operational hours (Monday to Friday, 9:00 – 17:00) must follow the 1:1 pathway.

3.3.2 Providers have a statutory duty to ensure individuals' safety balanced by appropriate staffing levels. It is expected that if after following the 1:1 pathway assessment which evidence the need for level 3 or level 4 1:1 observation, outside of working hours, a provider is to implement 1:1 as an interim measure for the wellbeing of its residents.

3.3.3 The onus is on providers to provide commissioners with the **rationale** and **evidence** which supports the need for 1:1 so they can retrospectively approve the 1:1 request on the following working day, facilitating payment.

3.3.4 However, the ICB or LA will **not** approve a 1:1 for which there is no evidenced rational and where the 1:1 pathway has not been followed.

3.4 Implementation of Supportive Observations

3.4.1 The decision to implement supportive observations should only be made following a holistic/risk and multidisciplinary assessment of the Individual's physical and psychological state and mental health together with social and environmental factors at that moment in time based on contextualised needs.

3.4.2 The decision to initiate supportive observation, should be established through assessed need with required level and rational for the level of care and frequency of review/evaluation clearly documented in the individual's notes and on a continual supportive observations care plan and a 24hr Record Log Form, L2 initiated.

3.4.3 All individual's requiring supportive observation must follow the Supportive Observations Pathway. The pathway begins following completion of the holistic/risk and multidisciplinary assessment and continues until their needs/risks can be provided for/mitigated through, alternative interventions or care pathways, other than through provision of supportive observation.

3.4.4 As part of the assessment, the individual's thoughts, feelings and wishes about self – harm, risk of falls or harm to others must be approached using direct and respectful questions. The individual's will also be offered the opportunity to discuss their views formally or informally and/or concerns and have the right to involve someone (carer/relative/advocate) in these discussions should they wish. Whilst the decision to implement supportive observation must be made by the multidisciplinary team, in situations where prompt action is required, the nurse in charge or unit manager can implement a heightened level of observation, ideally in discussion with another registered nurse or on call manager.

3.4.5 If following a holistic/risk assessment by the multidisciplinary team or Nurse in Charge it is concluded that Level 3 or 4 supportive observation is required, and this level of supportive observation cannot, for whatever reason, (e.g. staffing levels/skills and competencies of available staff) be provided at that time, an incident form must be completed immediately.

3.4.6 The Nurse/Unit Manager in-charge must contact the responsible commissioner as soon as possible (within 24 hours) informing them of the decision to provide supportive observation and providing copies of all documentation (Care Plans, Records, Clinical Rationale) to validate the decision and support request for additional care funding. Where observations are implemented due to mental health/behavioural issues, Psychiatric Liaison Services should also be contacted as soon as possible, requesting support/assessment.

3.4.7 Different levels of supportive observation can be implemented for an Individual if they are clearly recorded, and care plan adjusted/amended accordingly. Safe, least restrictive measures should always be considered and implemented. Use of assistive technology, where appropriate should be considered and implemented. Assessment of the need for over-night

supportive observation and what level is required must be clearly documented. As with any level of supportive observation reporting and recording of the observation activity must clearly identify the actions, interventions, and risk to the Individual in receipt of supportive observation, indicating the need for supportive observation at night.

3.4.8 Review of requirement to continue supportive observation (day or night) and what level of observation (1-4) is required must be undertaken daily and documented in the individual's notes. The key worker for the person in receipt of supportive observation, in collaboration with the multidisciplinary team should review at planned intervals, the need to curtail, reduce, maintain, or increase the supportive observation plans. All appropriate documentation to be revised and recorded within the Individual's notes and shared with the commissioners on an agreed basis (Daily/Weekly/Monthly if this is an agreed long-term request only).

3.4.9 The nurse/care manager in charge will allocate staff who have been deemed competent, for carrying out the required level of supportive observation. Identified staff are required to be familiar with the individual's care plan, environment needs and any potential and actual risk. All staff must provide and receive a thorough handover at change of shift, including the current risk factors and level of risk either to the person, others, or environment. The length of time any one member of staff may provide supportive observation to an individual also needs to be specified within the risk assessment/care plan.

3.4.10 The member of staff allocated to carry out supportive observations should spend time building a therapeutic relationship with the individual. Observations should be supportive and therapeutic in nature and call for empathy, engagement, taking notes of the individual's health needs, and a readiness to act and recognise the need for escalation/de-escalation as necessary.

3.4.11 The Care Home / Nurse Manager in charge should ensure the whereabouts and well-being of staff carrying out level 3 and 4 (continual or close supportive observation) is known to him or her during each shift. Individual members of staff should take personal responsibility for informing the Nurse/Manager in charge of any change in their whereabouts, assistive technology may be required

3.4.12 The Care Home / Nurse Manager in charge should also know the whereabouts and well-being of the Individual, and with their approval, or recorded formal authority, their carers/relatives are to be informed of the rational for supportive observation, the level, and procedures

3.4.13 Clear, honest, and open dialogue must take place regarding the reason for increasing the level of supportive observation. This dialogue must be followed up in writing to both the individual and carer/relative (with consent/formal authority) and recorded in the notes.

3.4.14 Supportive observation must be maintained during visits from, relatives, carers, and friends. Different levels of observations can be implemented during visits if thorough risk assessments and discussions have occurred and are documented in the individual's notes and included on the Supportive Observation Care Plans. This documentation must include when the levels of supportive observation are to be increased, reduced, time periods and rational.

3.4.15 Staff must, as far as possible, ensure the privacy, dignity, cultural, religious belief, and gender specific needs of the individual are maintained during supportive observation. However, at times when the level of risk supersedes these issues, this must be clearly explained to the individual and documented on Supportive Observation Care Plans.

3.4.16 All providers must have a Policy for Management of Violence and Aggression (PMVA) and this must always be adhered to where there is a clear threat to harm self or others. PMVA reinforces positive behaviour and least restrictive approach and ensures training and competencies of staff to deliver such interventions and enhanced observations are facilitated, recorded, and reviewed.

3.5 Mental Capacity Act and Deprivation of Liberty Considerations

3.5.1 If an individual is assessed as lacking mental capacity, any act undertaken for, or any decision made on behalf of that person, must be carried out or made in their best interest. The Mental Capacity Act sets out a checklist of factors to be considered when considering best interest decisions. The paperwork included within the Mental Capacity Act must be completed to document these assessments and decisions and appropriate local processes and policy adhered to.

3.5.2 Supportive observations must be set at the least restrictive level for the least amount of time within the least restrictive environment. General observations will be the presumed level of supportive observation required. Justification through assessment will be required to move up (or down) the levels of supportive observation in response to the individual's condition/presentation. It is essential that any change in requirement is communicated effectively, and the situation managed sensitively and effectively.

3.5.3 The Mental Capacity Act places responsibility on organisations to protect an individual’s right to liberty and to undertake certain procedures where they are or need to deprive an individual of their liberty. These procedures are known as Deprivation of Liberty Safeguards (DOLS).

3.5.4 If an organisation, through assessment, deems it necessary to place one, or several restrictions on an individual for their own safety or the safety of others, or the required level of supportive observation requires restrictions to the individual's liberty then Deprivation of Liberty Safeguards may need to be considered

3.5.5 The Deprivation of Liberty Safeguards applies only to those aged 16 and over who lack mental capacity.

3.5.6 In situations where an individual without capacity is supervised, as part of their supportive observation, in the confinement of a room or separated from all other people other than members of staff, it may be interpreted as seclusion/segregation, a clear rationale for seclusion/segregation must be identified and documented in the individuals notes and Care Plans. A Deprivation of Liberty Safeguard must also be considered.

3.6 Mental Health Act Considerations

3.6.1 If, because of mental illness and the symptoms often included in such diagnoses, the individual is believed to be a risk to themselves or others, it may be necessary to enforce treatment and admission to hospital. This must be done in accordance with the Mental Health Act 1983.

3.7 Review of Supportive Observations (all levels)

3.7.1 The level of observations for any individual must be reviewed on an ongoing basis, at a minimum daily, and preferably at the end of each shift by the nurse/manager/carers in charge and be dependent on the individual distinct needs as detailed within the individual's supportive observation care plan, records, and notes.

3.7.2 Details of the individuals responsible for agreement to change level of supportive observation will be agreed and included in the supportive observation care plan, including out of hours process.

3.8 Authorisation and Contract Management

3.8.1 The ICB/LA will provide authorisation for supportive observation only where there is a clearly documented rationale supported by appropriate risk assessments and care plans. Assessments and requests should be individual, time and environment specific. Contracts/Funding agreement will be issued, specific to the assessed level of supportive observation requirement and separate to the core service contract cost.

3.8.2 The ICB/LA will provide funding to cover the additional hours identified within the risk assessment up to a maximum of 20 hours per day. The rationale being that 4 hour care would already be provided and commissioned within the contract for core services.

3.8.3 The NHS/LA operates zero tolerance to abuse, aggression and violence and a Serious Incident Policy (national reporting procedure). All admissions to hospital for any reason, absconding, absent without leave, incidents, injuries to self, others, staff, or property must be reported to the Commissioning Team in writing within 24 hours or 1 working day.

3.8.4 Providers must be cognisant of the CQC Registration and Standards relevant to their registration and the individual unit/environment where care is to be provided

3.8.5 The ICB/LA will not provide payment for any care for which there is no agreed, evidenced rationale and/or where the provider has no written authorisation/contract specifically relating to the supportive observations.

3.8.6 To facilitate payment of invoices, copies of supportive observation charts, care plans, review documents and any other additional validation information detailing clinical need and appropriateness for enhanced levels of observation must be provided to the ICB or LA Commissioning Team upon request, including staff timesheets and daily staff rotas.

4. Monitoring and Review

4.1 The ICB/LAs will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.

4.2 The Audit and Governance Committees will review the effectiveness and implementation of this policy on a biannual basis through the review of the policy work programme.

4.3 This policy will be reviewed by the Audit and Governance Committees every three years or considering any legislative changes.

5. Associated Documentation

- National Framework for NHS Continuing Healthcare (Department of Health 2018)
- Care and Support Guidance (Department of Health 2014) and the Care Act 2014.
- Standing Nursing & Midwifery Advisory Committee (SNMAC) Proactive guidance on the Safe and Supportive observation of Individuals/Individuals at risk (1999)
- Human Rights Act 1998
- Mental Health act 2007
- Mental Capacity Act 2005

6. Staff Training

6.1 Executives of the ICB and LA will proactively raise awareness of the Policy and provide ongoing support to committees and individuals to enable them to discharge their responsibilities.

7. Implementation

7.1 This policy will be available to all Staff for use in relation to the specificfunction of the policy.

7.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

8. Training Implications

8.1 The sponsoring director will ensure that the necessary training or education needs, and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

8.2 The training required to comply with this policy are:

- Mental Health Act Awareness
- Mental Capacity Act Awareness
- Deprivation of Liberty and Court of Protection Awareness

9. Documentation

9.1 Other related policy documents

Care and Support Guidance (Department of Health 2014)

National Framework for NHS Continuing Healthcare (Department of Health 2018)

Standing Nursing & Midwifery Advisory Committee (SNMAC) Proactive guidance on the Safe and Supportive observation of Individuals/Individuals at risk (1999)

9.2 Legislation and statutory requirements

Health and Social Care Act 2012
Human Rights Act 1998
Mental Health act 2007
Mental Capacity Act 2005
The Care Act 2014

9.3 Best practice recommendations

To use the following documentation with the associated policy:

- 1:1 Supportive Observation and Dependency Flowchart
- Supportive Observation Pathway
- Supportive Observation Care Plan (Initial Care Plan)
- Enhanced Observations and 1:1 Request Form (L1)
- 24 Hour Record Log Form (L2)
- Daily Care Log (L3)

10. Monitoring, Review and Archiving

10.1 Monitoring

The ICB will agree with the accountable Executive Director a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

10.2 Review

The ICB will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. **No policy or procedure will remain operational for a period exceeding three years without a review taking place.**

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

10.3 Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

ICB Board	The ICB has the lead responsibility for NHS Continuing Healthcare and Complex Care in the ICB locality, there are also specific requirements for Local Authorities to cooperate and work in partnership with the ICB several key areas.
Local Authority	Local Authority staff have a responsibility to familiarise themselves with this policy and additional guidance for Local Authority staff contained in appendices. Local Authority staff have a responsibility to work in partnership with the ICB. Local Authority Operational staff should consult Integrated
Accountable Officer	The AO must ensure the ICB meets its responsibilities as set out in the National Health Service (Commissioning Board and Clinical Commissioning Groups Standing Rules) Regulations
Executive Nurse	The Executive Nurse leads the Complex Care Team and assumes a consultative and advisory role in the clinical and operational aspects of the team. The Executive Nurse must ensure the ICB meets its responsibilities as set out in the
Local Resolution Panel Chair	The Independent CHC Panel Chair is responsible for ensuring that the local panel decision-making process is equitable and due process is followed as per the National Framework for the NHS Continuing Healthcare 2018. The Chair's responsibilities include ensuring families and carers are given clear information about the panel procedures and decisions are communicated appropriately.
Heads of CHC (Delivery Units) and Case Managers	Have responsibility for supporting CHC staff to identify residents who may need additional observations. They should support staff to review submitted clinical documents to inform appropriate decision making around those people who may require additional care and supervision and signpost for additional support e.g. Dementia Outreach, Falls Clinic, etc. They also have a duty to ensure all staff and providers are aware of and comply with this policy.

Complex Care Team	All members of Complex Care Team have a responsibility to familiarise themselves with the content of the policy ensuring that all requests receive from providers for 1:1 have adhered strictly to the guidelines. Clinical staff should make sure that there is no mismatch with evidence submitted and the request.

Appendix A – Equality Impact Assessment

Equality Impact Assessment
Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Debra Pease
Job Title: Head of All Age Continuing Care
Organisation: NECS

Title of the service/project or policy: Safe and Supportive Observation Policy

Is this a;
Strategy / Policy ☒ **Service Review** ☐ **Project** ☐
Other Click here to enter text.

What are the aim(s) and objectives of the service, project or policy:
This document provides a framework to support the decision-making process as to whether additional levels of observation and support are required as part of an individual's care package/plan.

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☒
- **Other Public Sector Organisations** ☐
- **Voluntary / Community groups / Trade Unions** ☐
- **Others, please specify** Click here to enter text.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☐	☒
Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community	☐	☒

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This is a clinical policy and applies to any individual using our service-it will not be discriminatory and this framework is to ensure equality.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	☐	☐
Please provide the following caveat at the start of any written documentation: **"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"**		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Executive Committee	Approver	July 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to: NECSU.Equality@nhs.net for audit purposes.

Appendix B – Enhanced Observations Request Form.

Enhanced Observations Request Form *Please complete all fields*	
1 Type of Request	
Is this a new referral or a request to renew existing approved enhanced observations? *(Please check one box)*	☐ New referral ☐ Renewal ☐ Amendment
2 Sharing of Information	
Is the client and/or representative aware of the request for enhanced observation? Is an advocate required?	☐Yes ☐No ☐Yes ☐No
3 Client Details	*Clients should be aware personal and sensitive details will only be shared when necessary. Demographics are required to administer requests and supply funding (if approved).*
NHS Number	
Date of Birth	
Current address & telephone number	
Client's GP, surgery address & telephone number	
Does this person have mental capacity regarding this request? Date best interest process completed. Details of any Deprivation of Liberty Safeguards/Court of Protection in place	☐Yes ☐ No Date: _____ Date: _____ ☐Yes ☐ No Date: _____ ☐Yes ☐ No

Have you informed statutory bodies of enhanced observation changes?	Date: _____

How is the patient/service user currently being funded?	☐CHC ☐ LA ☐ Self-Funded ☐ Joint funded ☐ FNC and LA ☐ Section117 ☐ Family, Friend or Carer
What type of placement is it?	☐ Residential ☐ Nursing ☐ Dementia nursing ☐ Challenging behaviour/Specialist unit ☐ Own home with package of care ☐ Supported living
4 Referrer details	
Name: Designation: Address: Telephone: Email:	
5 Client's Diagnosis	
Unmet health needs/risks that the resource will support (Reason for request)	
6 Tried Therapeutic interventions	
Has there been any environmental triggers or change in patient/staffing which could explain a change in patient presentation?	
Has the GP or appropriate Clinician been contacted regarding the change in need?	☐Yes ☐ No Date of contact _____.

Are there any actions from the GP referral? (e.g., Mental Health Services/OT and Falls Team)	☐Yes ☐ No Date of contact _____
Is there an outcome from the above secondary referral?	☐Yes ☐ No If yes, date of referral _____
And has this referral been triaged and actioned? Provide details of services currently involved.	☐Yes ☐ No Date: _____
Which assessments are still pending an outcome?	
Is there a date planned for any outstanding assessments to take place?	☐Yes ☐ No If yes, date of this _____
Has telecare / remote monitoring been considered to alert risk and reduce restrictions before this request?	☐Yes ☐ No If yes, date: _____
Is the 1:1 being requested as part of a safeguarding concern or a DoLs condition?	☐Yes ☐ No If yes, referral source and date of request (please attach for evidence): _____
Is 1:1 being requested as the person is awaiting detention under the Mental Health Act awaiting a Psychiatric bed?	☐Yes ☐ No If yes, date of Psychiatric assessment for recommendation _____
Hospital discharge recommendation for 1:1?	☐Yes ☐ No

What risk is the 1:1 being requested to mitigate? How long is the request for 1:1 for? What is the onward plan following discharge? Please attach relevant evidence	
What support is currently involved (please provide details of this support and advice given if applicable) E.g. Community Health Teams Private care agency Voluntary services Family and friends	
Does the individual have regularly scheduled activity/visits/support? Is the individual cared for in a visible area? Is there a carer/staff member present in the communal areas if the individual accesses this area? Are any other individuals in receipt of 1:1 care? Has sharing this resource been considered? If not, why? Rationale required.	
Is there an immediate risk of harm to self/others? Does the person require admission to Hospital? (for either physical or mental health needs ?)	
8 Outcomes	
If approved, how will the outcomes be measured?	
What is the plan to reduce the 1:1? Please provide this detail and how this is proposed to be implemented.	
9 Proposed providers of enhanced observations	
○ Own staff ○ Care agency (Please identify the agency to be used)	
10 Request Details:	

Anticipated length of time enhanced observations required	
Anticipated skill required to provide observations	○ RMN/RGN ○ Care support worker ○ Senior carers ○ Other (please specify)
11 Cost:	
Number of initial hours of enhanced observations covered by provider	
Anticipated hourly rate for enhanced observations	

Prior to submission, please ensure that the following evidence is included with this referral:

- **48-hour activity log**
- **Enhanced Observation care plan**
- **Current risk assessment**
- **Any referenced professional reports**

Name of referrer:	
Signature of referrer:	
Date submitted:	
<u>Please return this form to</u>: **(Note to practitioner**: Please ensure the provider knows the appropriate Health or social care commissioner for the services in place.)	
Funding approved – yes/no	
Reason(s) for non-approval	
Further action/information required	
Authorising Signature	*Print Name* *Date*

Enhanced Observation Request Form – Cover note

We are pleased to provide you with a copy of the Enhanced Observation Form that has been approved for use. The form has been designed and agreed between Local Authorities and Health Partners across XXXXX and this cover note is intended to give some clarity around the use of the Enhanced Observation form.

The intention of the Enhanced Observation form is to have one set of questions and one form that is completed when requesting 1:1 support/enhanced observations. It will enable our care providers to know what is expected of them and what information is required before making such requests, as well as understand the actions expected prior to a request for additional support.

If you are a Provider:

In the first instance, please follow the contractual guidance in place between yourself as a provider and the NHS and/or Local Authority with regards to 1:1. This will likely involve initially referring to Community Services such as GP, District Nursing Services, Mental Health etc, for support and intervention prior to a request for 1:1 being made. It that way, acute illness (whether physical or mental health) can be explored and treated first, prior to any hospital admission being considered.

If you still require an enhanced level of support to ensure the Health and Social Care needs of the individual are met, then please complete this form and send it to the appropriate Health or social care commissioner for the services in place, along with any relevant documentation in support of this.

Depending on the urgency of the request, we acknowledge that it may not be possible for you to immediately provide all the evidence requested on this form. This will be addressed on a case-by-case basis; however, it is expected that the information requested within this form is provided at your earliest convenience but not later than 72 hours of the service being commissioned. Failure to comply with this may result in the approval of the 1:1/enhanced observation being discontinued after the 72 hours.

If you are a Health or Social Care Practitioner:

Please ensure the provider has a copy of this Cover note, plus the Enhanced Observation Request form and discuss the individual circumstances of the case with the provider. Please ensure the provider know the appropriate Health or social care commissioner for the services in place. Identify the most appropriate service/individual to act as lead commissioner/case manager and ensure the provider is aware of who or where this request should be sent to.

Should the request be urgent, and the evidence is not available for legitimate reasons then the Health/Social Care professional to document rationale for approval and notify the provider that the documented evidence, i.e. '48-hour activity log', 'enhanced observational care plan' and 'any referenced professional reports' are required at their earliest opportunity but no later than 72 hours from the date the 1:1 was commissioned.

Obtain approval from internal line manager for your organisation and liaise with relevant organisations, such as Community teams, Primary Care, Local Authority, CCG, MLCSU, etc if their involvement is required and ensure any Financial Implications of the Enhanced Support are discussed with the individual or their representative. Please note that this cover note does not replace any interagency processes we already have in place. Furthermore, agree on a review date for the service if enhanced support is commissioned.

Appendix C - Guidance for care home providers –

AGENDA ITEM 2

Guidance for care home providers and Durham County Council staff
Service users who exhibit escalating and challenging behaviour in care home placements; requests for funding for one to one care.

Introduction

When a service user's behaviour becomes problematic and difficult to manage, DCC Adult Care or Independent Sector Care Home staff (provider) may consider requests for additional supervision to help prevent untoward incidents. All providers must consider this guidance so that appropriate action can be taken prior to requests for additional supervision. DCC staff must work closely with providers to ensure all alternatives have been considered first.

1. Recording Incidents
   All incidents of aggression towards other vulnerable service users must be reported to SCD to be screened for Adult Protection. All other incidents of aggression (towards staff, visitors etc.) must be recorded by care home staff who will also inform the relevant case worker.
2. Analysis & Triggers
   The Case Worker/Team Manager will review the case with the provider to look at the frequency and severity of incidents to see if incidents are escalating and if any one person is being targeted. The Case Worker will liaise with the other Service User's Case Worker (if being targeted) and arrange appropriate meetings e.g. multi-disciplinary discussions, case conference, formulation or review meetings with all relevant professionals involved.
3. Medical Causes
   Any possible medical cause for changes or escalation in behaviour must be ruled out by GP and where necessary appropriate treatment provided e.g. blood/urine checks.
4. MHSOP Interventions
   Consider referral to or review by MHSOP Care Home Liaison service. If a formulation is in place, MHSOP must consider if this is being effectively implemented by Care Home staff.
5. Behaviour Therapy Team/Assertive Outreach Team
   Consider referrals to other services i.e. Mental Health Services, Behaviour Therapy or Assertive Outreach team following discussions between case worker and provider.
6. Structured Risk Assessments
   Care Home must undertake a structured risk assessment so there is an accurate picture regarding incidents, risks, triggers, frequency etc.

7. Monitoring Incidents
   If a number of incidents have occurred, provider staff must identify; if a pattern exists, triggers identified, times of day a person is more likely to be agitated. Providers must complete ABC charts (antecedent, behaviour, consequences) in full, to identify incidents and share with case worker and relevant professionals.
8. Assistive Technology
   Provider and case worker will explore assistive technologies; e.g. bed sensors, epilepsy sensors, door sensors and pressure mats to help with monitoring, particularly overnight, to prevent incidents or harm occurring.
9. Deflection/Diversionary Strategies e.g. Activities Co-ordinator
   Providers should provide stimulation and diversion for the service user to minimise behaviours - in conjunction with family where appropriate. For users with a learning disability or mental health problem, referral for OTs for environmental or sensory assessments must be considered.
10. Additional Observations by Providers
    A short term plan should be agreed until further assessment can be undertaken e.g. additional observations of 15 to 30 minute intervals as an appropriate temporary measure - particularly during times when the person is known to be particularly agitated.
11. Suggestions by Providers to Reduce Risk.
    Providers may already use diversion/distraction techniques. However, consider if the user could be better managed in a different lounge/unit during the day. Identify any other therapeutic interventions to reduce risks.
12. DCC Staff Will Complete a Separate Risk Management Plan
    It is expected that a RMP will be required when risks are severe/difficult to manage.
13. Consider the Need to Review Placement.
    The placement may need to be reviewed to see if it still meets the needs. An upgrade to nursing, or move to more suitable placement may be needed. The case worker must engage with CCG colleagues/managers regarding funding and complete CHC checklist for consideration of a full CHC assessment. Sometimes a move may be needed urgently. This must be agreed with DCC. Advice from DCC commissioning team must also be considered.
14. Specialist Assessment
    Consider need for specialist assessments such as mental health or mental capacity to identify if the person understands what they are doing and whether criminal culpability should be considered. DOLS referral may also be required.
15. One to One
    All parties must be clear about what one to one is intended to do i.e. physically intervene, divert or restrict movement, take the user out of the environment. It should also be clear when it is needed e.g. AM or PM or other specified time. Arrangements will be time limited and reviewed by DCC and provider at an agreed period.
16. Other options
    Other options must also be considered. Sometimes users might require supervision by one or more members of staff (particularly complex LD).

Alternatively, extra staff time can provide additional oversight to more than one person or a small group of residents who regularly interact with each other in a way that can result in problems for them.

17. <u>All funding must be agreed by the Strategic Manager for the service</u>
    If an Enhanced Payment is agreed by the Strategic Manager, the Social Worker/Care Coordinator should include details using the Notification of Service system. The Finance team will then notify the Commissioning Services Team who will prompt the review as identified in the Action Plan.

Appendix D – Actions to consider for clients who present with escalating challenging behaviour in care home placements

JULY 2016

1. All incidents of aggression toward other vulnerable service users to be reported via SCD as Adult Protection. All other incidents of aggression to be recorded by care home staff and discussed with SW.

2. SW to discuss with LTM and review case history to consider recent history, frequency and severity of incidents. Are the incidents escalating? Is it one person being targeted? Liaise with other person's SW.

3. Any medical cause for change/ escalation in behaviour to be assessed by GP & appropriate treatment provided. Are medications being given as per prescription (esp. analgesia)? Is PRN medication being used effectively?

4. Referral to or review by MHSOP Care Home liaison service. If a formulation is in place, is this being effectively and consistently implemented by care home staff – including any bank/agency staff? Liaise closely with CPN/ MDT.

5. If a number of incidents have occurred, care home staff to be asked to determine if a pattern exists. Can triggers be identified? What times of day is the person more likely to be agitated? ABC Behaviour charts to be completed. Care home to be advised to carefully and consistently document all incidents and share with SW.

6. Could assistive technologies like bed sensors, door sensors, pressure mats help with monitoring particularly overnight?

7. Can the activities co-ordinator provide stimulation for the person to minimise behaviours - perhaps in conjunction with family?

8. Can the care home provide additional observations at say 30 or 15 min intervals as a temporary measure – particularly during times when the person is known to be particularly agitated?

9. Can the care home make any suggestions to reduce risks? What diversion/ distraction techniques are already used? Would the person be better managed in a different lounge/ unit during the day for example?

10. Risk management plan recorded on SSID and copies shared with all relevant parties. Use the above points to ensure all risks/ options are covered and recorded.

11. Consider the need to review placement type. Eg. Does the person need to be upgraded to nursing? Engage with CCG colleagues/ managers. Does an upgrade need to be verbally agreed prior to DST?

12. Can the care home manage with their current staffing levels or does the person need 1:1 supervision? If yes, how many hours per day? Are there any other residents already in the same unit receiving 1:1 – if yes, can we consider a 1:2 arrangements for these adults or do they each need 1:1 in their own right?

13. Can the care home accommodate the required 1:1 hours via extra shifts within its existing staff team? If so, what hourly rate will they charge us? (Should be equal to the rate they pay their staff). If they cannot, they will need to commission hours from whichever agency they usually use when they are short-staffed. Hourly rate needs to be agreed and authorised by DCC Ops manager (via LTM) and CCG manager (if appropriate). The care home must commission the hours with the agency and the care home then invoices DCC/CCG for the hours purchased. DCC/CCG do not commission directly with the agencies. Email confirmation re: authorisation of funding can be provided by LTM/ CCG manager if required by care home prior to commissioning.

14. Agree a set number of days for the 1:1 and ask that the staff member providing the 1:1 to record very carefully their observations during this time as this will be used as part of the ongoing assessment. Be clear with the care home about what we hope to achieve with the 1:1, and agree on an exit strategy for the withdrawal/ reduction of 1:1.

15. See Schedule 7 of the DCC Cares Home Contract:

a. *Enhanced Care Fees should be identified by the Social Worker/Care Coordinator in an Action Plan specifying the timescale over which such additional payments have been agreed and the review arrangements. A copy of the Action Plan will be given to the Provider.*
b. *If an Enhanced Payment is agreed by the Operations Manager, the Social Worker/Care Coordinator should include details on the Notification of Service form (SS192) or Change of Circumstances form (SS193) as appropriate. The Finance team will then notify the Commissioning Services Team who will prompt the review as identified in the Action Plan.*

16. Consider the need for assessment under the MHA

17. Care home can consider invoking notice period to end placement.

Appendix E – Daily Care Logs

Broadcare Number: DOB: Nursing Home:

Date & Time	Current Level of 1:1 (3 or 4)	Describe the resident's condition during 1:1	Level of 1:1 still required	What is the **clinical rationale** for this level of 1:1 post review (if applicable)	Next review Date & Time	Name, job title & signature
Example 24.9.19 20:00	3	Consistently distressed expressed by aggressive and violent behaviours towards staff and residents during periods of 17:00- 20:00	3	Remains aggressive during hours of 17:00 -20:00. Responds positively to 1:1 during this time.	25.09.19 08.00	

1:1s must be reviewed & documented three times daily (am, pm, eve & when needs change). This form must be sent to the CHC team when seeking a further extension beyond the initial 1:1 approval date* *All requests for 1:1 lasting over a two-week period will have a CHC review to determine the accurate change in residents' clinical needs

Appendix F – 24hr Record Log Form

Date: Broadcare Number: DoB:
Nursing Home:

A detailed One to One record log completed within a 24-hour period over must accompany all requests for One to One

Time	Describe Mental State/behaviour/interaction with staff and residents	State Care Intervention Given	Any other comments	Name, job tittle & signature
Example 17:00	Restless and agitated. Attempted to hit another resident during supper	Reassured xxx speaking calmly – taken to the quiet room to finish his meal	Remained with xxx in the quiet room until he finished his supper and took his medications. Played games after meals and listened to music. No further incidents	
08:00				
09:00				
10:00				
11:00				
12:00				
13:00				
14:00				
15:00				
16:00				
17:00				
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