

THERAPEUTIC OBSERVATION AND ENGAGEMENT OF PATIENTS COMPETENCE CHECKLIST

Ward:

Staff Name:

Job Title:

Name of Assessor:

Policy Question	Not Competent	Areas of Development	Competent
Who can initiate increased levels of observations? All members of the MDT, concerned with the safety of the patient or others. The level of observation must be discussed with the nurse in charge and a medical member.			
In addition to risk to others, what other antecedents may be present that would indicate a possible need for increase observations. <ul style="list-style-type: none"> - Physical health – nutrition/hydration - Risk of falls - History of previous suicide attempts, self-harm or attacks on others hallucinations. - Paranoid ideas where the service user believes that other people pose a threat thoughts or ideas that the service user has about harming themselves or others. - Past or current problems with drugs or alcohol - Recent loss, bereavement, job, significant financial loss. - Poor adherence to medication programmes or non-compliance with medication programmes marked changes in behaviour or medication known risk indicators. - Vulnerability from others, e.g exploitation, wondering, confusion, sexual disinhibition. - Incidents of being absent without leave – pending a review by the MDT. - Social events, social stresses, arguments family, friends and carers. - Delivering gender safe care: ensuring patient safety where risk may arise from gender identification 			
What information should be given to patients on increased levels of observations? The service user must be provided with information about why they are supported or cared for using enhanced observation, the aims of observation and how, they will be reviewed and how the patient can contribute towards the care plan. The patient should be informed how dignity and privacy will be maintained e.g. when using toilet or other instances privacy is required.			

<p>What information should be on the Observation Form? (Intermittent, Eyesight and Arms-Length)</p> <ul style="list-style-type: none"> - Patient Name in full. - NHS Number - Named Nurse - Date - Level of observation - Reasons for observation: a brief summary why observations are in place, what risk to the patient from self or others and what need to do to minimise this identified risk. - Care plan and Risk Assessments reflect the need for observation. 			
<p>Where will you find information and instruction on how to administer the increased observations i.e. any specific instructions.</p> <ul style="list-style-type: none"> - Care plans - Observation form - Risk Assessment - Rio Notes 			
<p>How often are increased observations reviewed? Daily: By the nurse in charge and a member of the medical team. Following an incident of significant event that may affect the patient's care or safety.</p>			
<p>What do you do if you are unable to locate a patient during any checks. Report immediately to the Nurse in Charge and continue to search until given additional instruction.</p>			
<p>What do you need to do or know before commencing your observation time?</p> <p>Complete a work based competency observation checklist: substantive staff complete yearly with ward manager/matron.</p> <p>Agency: Complete the work based competency checklist on ward induction once every 6 months with the nurse in charge, ward manager or matron.</p> <p>NHS Professionals: complete the work based competency check list at least once yearly, with the nurse in charge, ward manager or matron.</p> <ul style="list-style-type: none"> • Understand the rationale for the observation level as indicated in the care plan. • Have Knowledge of the policy • Understand the risk indicators to observe for • Know what to do in an emergency or how to get cover if you are the opposite gender and the patient needs privacy to attend to intimate needs • Have access to a personal alarm. • Know not to leave until relieved. 			
<p>What do you need to do before ending allocated observation time?</p> <p>Ensure another member of staff has taken over</p> <p>Advise the patient of the handover</p>			

<p>Ensure that you have documented the vents of the time you were observing the patient</p> <p>Ensure a handover to the incoming staff of key events or ongoing plans</p> <p>Unusual occurrences must be handover to the nurse in charge and a record made in the case notes.</p>			
<p>How often is a patient on intermittent observations expected to be seen</p> <p>Randomly four times within the hour.</p>			
<p>What is continuous observation?</p> <p>Within Eyesight: The staff must have the patient within their sight and be close enough to intervene if required as well as engage with that patient</p> <p>Within Arm's length: not more than arm's length away from the patient</p>			
<p>How to observe a patient whilst they are in the toilet, bathroom or need privacy for intimate needs such as personal care</p> <p>In such instances the patient should be observed a staff of the same gender</p> <p>If of opposite sex the patient should be informed that when they need to use the toilet or need privacy or intimate personal care needs they should request a staff of the same gender or alert the staff</p> <p>If no notice is given by the patient, staff must alert the nurse in charge to get a nurse the of the same gender, staff must not leave the patient but use their alarm to call for support.</p> <p>The door must not be closed and left ajar</p> <p>Staff should maintain verbal contact with the patient.</p> <p>Staff should observe that patients do not take things they will not need when they are in the toilet or may use to self-harm.</p>			
<p>What may need to be considered when the patient on continuous observation is in bed?</p> <p>When patients are in bed, it may be necessary to ask them to keep their head and neck uncovered. This should be assessed on an individual basis. It will be necessary to ensure that the patients' bedroom door is open sufficiently to allow observation. The observing staff member will be required to reduce the disturbance this may cause in terms of noise and attempt to reduce it as much as possible Issues of privacy and dignity will also be considered.</p>			
<p>D.O.N.E, is a framework of assessment that staff can use to observe patients, it must be used in a patient centred manner and flexibly to allow staff to assess the patient and their environment, staff can vary the questions as they observe the patient at different times.</p> <p>Distress – How is the patient feeling? How is their mental state? Are there changes to risk?</p> <p>Observations – How responsive are they? Are they socially isolating themselves?</p>			

<p>Need – Are they hungry or thirsty? Are they comfortable? If relevant - Do they need assistance with toileting or repositioning if impaired mobility? Do they need a little reassurance?</p> <p>Environment - Do they feel safe? Are there environmental risks? Do they want to leave?</p>			
<p>What are the expectations in terms of engagement with the patient on within eyesight or arms length</p> <p>The observation record should include evidence that staff have attempted to engage positively with the patient by enquiring after their wellbeing, offering and/or engaging in activities, conversation etc. A registered Nurse is expected to have spent at least one hour with the patient on close observation per shift.</p>			
<p>What is Caring Vigilantly?</p> <p>This requires staff to be observant, and inquire changes in patient behaviour and mood. Staff will inquire if patients spend more time in, toilet, bath or isolated, patients missing their meals, or activity. Staff will care vigilantly for all patients on the various levels of observations.</p>			
<p>What do you need to check when a patient is sleeping? Respirations (clear raising of chest/abdomen) Breathing sounds</p>			
<p>When is it appropriate to observe a patient through a window? Observation through glass is only acceptable when checking a patient's general whereabouts and the patient can be seen fully and is moving around.</p> <ul style="list-style-type: none"> • Seclusion • When it's unsafe to enter the room. 			
<p>Legal Considerations</p> <p>Staff to be aware how patients detained under MHA (1983), MCA or Informal patients' rights are observed and ensure that restrictive practice is minimised.</p>			
<p>Where will you find a copy of the Policy?</p> <p>On the Trust Intranet.</p>			
<p>What is the length of time that a member of staff can undertake observations?</p> <p>No staff shall be expected to be consecutively involved in this level of observation for a period exceeding 1 hour although this can be for a maximum of 2 hours in exceptional circumstances.</p>			

COMMENTS

WARD MANAGER/ MATRON/ASSESSOR:

SIGNATURE:

STAFF NAME

SIGNATURE

DATE OF COMPLETION.....