Mental Health Services

Policy for Locking Doors on Open Wards

Important Note:

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Any printed copies should therefore be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

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Lead Manager:	**In-Patient Operational Nurse Manager (North West), Clinical Policy Manager and SLWG**
Responsible Director:	**Associate Medical Director Mental Health**
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Replaces previous versions: [if applicable]	**Policy for Locking Doors on an Open Ward** (Ver2 June 2016 – Oct 2019)

Policy for Locking Doors on Open Wards

1.0 Introduction

The Mental Health Locked Door Policy Short Life Working Group have developed this policy and practice guidance to ensure that inpatients receive the highest quality care and most appropriate level of supportive engagement and intervention.
The security and safety of patients within NHS GG&C Mental Health Services shall be achieved by means of sufficient staffing, Interventions, and supervision. Each patient will have an individual risk assessment, a risk management Plan and person-centered care plan stating the exact circumstances under which they may be prevented from leaving the ward. The locking of doors, which is a form of restraint, will always be viewed as a 'last resort' where there is absolutely no alternative to be found.

"In its broadest sense, restraint is taking place when the planned or unplanned, deliberate, or unintentional, actions of care staff prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement. Restraint is defined in relation to the degree of control, consent and intended purpose of the intervention."
Mental Welfare Commission for Scotland (Rights, Risks and Limits to Freedom 2021)

"We think that, as a rule, the use of restraint, without the consent of the individual concerned, should only be considered where that person has a significant degree of diminished capacity to understand the risk that he or she is putting themselves or others in; e.g. stopping a person doing something or restricting access to items which could do harm. In addition, the risk must be of a degree that justifies such a major intervention in that person's life."
Mental Welfare Commission for Scotland (Rights, Risks and Limits to Freedom 2021)

Significant restrictions on the free movement of a patient will only be considered when an individual is assessed as having diminished capacity, and to be at risk to themselves and/or others if unsupervised.
Being in hospital for treatment will involve certain restrictions on an individual's liberty, these will arise due to many factors such as the need to be available at certain times for treatment and the need to provide a safe and secure environment. These measures do not constitute a deprivation of liberty or a significant restriction for the individual.

Types of locked door: If a door must be locked, there are several methods that may be used. Outside doors may have to be locked to outsiders for reasons of safety, e.g., to prevent crime, particularly at night, to ensure privacy and to protect individuals and staff. However, individuals should be assured that all visitors have permission to enter the premises. On the inside of the door there are the options of using double handles, code number pads, slow door' delayed opening and other special electronic devices, so that staff, visitors and, where appropriate, individuals can use the door. An alarmed open door is a reasonable alternative. The service should have a locked door policy which makes clear how individuals able to leave can do so.
Mental Welfare Commission for Scotland (Rights, Risks and Limits to Freedom 2021)

Scope

This policy and practice guidance is applicable to all NHS Greater Glasgow and Clyde inpatient Mental Health Services, ADRS, CAMHs, Specialist Learning Disability inpatient settings and Forensic Regional Services. This policy does not apply to those clinical areas that already have locked doors in use as part of their usual operating procedures, i.e., forensic, services and PICU areas.

Purpose

This policy within Greater Glasgow and Clyde Mental Health Services assures standards and procedures, manages risk, and supports compliance with statutory requirements whenever doors to wards require to be locked.

- Set out aims, principles and standards for locking doors on open wards.
- Confirm roles and responsibilities within the organisation and Multidisciplinary Teams
- Identify other policies and guidance that interface with this Locked Door policy.

Aims

- To promote an initiative-taking, collaborative, formulation-based approach to person centred care and the management of clinical risk.
- Focus on prevention and early identification of deteriorating mental health.
- Improve individual's experience of inpatient care and involvement in their care.
- Ensure that all patients have a dynamic, readily accessible CRAFT and Risk Management plan that informs a Person-Centred Care Plan (PCCP)
- Promote safe, effective and recovery focused practice.

Roles and Responsibilities

The Deputy Medical Director for Mental Health and Addictions and Chief Nurse for Adult Services are responsible for:

- The development, dissemination, and review of this policy.
- Ensuring appropriate training is available and implemented.
- The commissioning of audit and research activity is associated with the impact of the policy.

Heads of Mental Health and Clinical Directors are responsible for ensuring:

- The implementation of all policies and procedures which are in place to maintain the safety of patients, staff, and the public.
- The monitoring and adherence to this policy and any associated mandatory training.
- The identification and commissioning of any specialist training needs for staff.

Clinical Staff working within inpatient wards.

- Being aware of the policy principles and aims of the Locked door policy set out in this document.

- Maintaining their level of competence in relation to identifying and managing clinical situations in line with the locked door requirements for their discipline. This policy does not apply to those clinical areas that already have locked doors in use as part of their usual operating procedures, i.e., forensic, services and PICU areas.

NHS Greater Glasgow and Clyde employs a principle of least restriction which balances a person's right of self-determination with the duty of care towards that person, and which is proportionate to the level of risk to that individual.

This policy has been written with reference to:

- The Mental Health (Care and Treatment) (Scotland)Act 2003
- The Mental Health (Scotland)Act 2015
- The European Convention on Human Rights
- Mental Welfare Commission for Scotland guidance
- Adults with Incapacity (Scotland) Act 2000.

NHS GG&C recognises that there are currently secure entry systems in place within some areas. These systems are to prevent inappropriate access to wards and have not been installed to significantly restrict egress from the ward.

2.0 Balance of Duty

Staff are required to consider the balance between Patients' wishes, their self-determination and the professional and organisational duty of care without putting the Patient at any unnecessary risk. Doors should only be locked after careful consideration of individual patient needs. To enhance the protection of staff and patients in open wards it is necessary to routinely lock doors at night: the hours of operating overnight locking of doors can be determined locally. This does not preclude service users from entering/leaving the ward and information should be available to patients advising them of how to access/egress the ward during these times.

3.0 Information for Other Patients

The rights of other patients who have no significant restrictions in place must also be considered. Patients who are not restricted in this way must be given information and instructions on how to enter and leave the ward/unit. Information pertaining to the locking of doors will be made available on admission to patients and their carers and visitors and proper signage to be displayed when the locked door policy is being implemented if appropriate (Appendix 3). Patients who wish to leave the ward can make that decision, and those not at risk should not have unnecessary barriers placed in their way.

4.0 Freedom of Movement and Detention

Some patients may not fully understand the right to freedom of movement which they continue to enjoy when admitted to hospital on a voluntary basis (Mental Welfare Commission 2010). Patients who are admitted voluntarily must be given written information and advice at the point of admission on the principles and procedures regarding their right to free movement to and from the ward. Patients who meet the criteria for compulsory treatment in hospital will need to be given the full safeguards that are provided by treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003.

If the Responsible Medical Officer (RMO) considers that compulsion is not required at the present time, but remains concerned that the individual could be at risk if they no longer agreed to comply with treatment, the RMO should write a plan of care which instructs an assessment under the Mental Health Act at the point of non-compliance to treatment, or if the individual expressed a wish to leave the ward.

Unless a first level Registered Mental Health Nurse feels that the patient meets the criteria for the use of the Nurse's Power to Detain Pending Medical Examination (Sec 299 Mental Health (Care and Treatment) (Scotland) Act 2003, an informal service user who wishes to leave the ward has the right to do so.

*** Section 20 of the Mental Health (Scotland) Act 2015 amends section 299 of the 2003 act. These changes were introduced to allow greater clarity of the timescales involved and to increase the likelihood of a Mental Health Officer attending.**

The updated code of practice can be found at: www.gov.scot/Resource/0052/00521756.pdf

Any significant restriction on a patient's movement through the locking of doors must be a considered part of that individual's care plan. It will always be based on multidisciplinary discussion, and it will be described in the plan of care, together with the reasons for making the decision, and the arrangements for regular reviews within clearly specified periods of time.

Observation and therapeutic staff/patient relationships are essential in identifying and recognising changes in patient's mood and/or behaviour. Appropriate regular multidisciplinary communication regarding the clinical state of a service user is vital in managing risks. Potential risks and the review thereof should be clearly documented both in the care plan, and in the patient's risk management plan (CRAFT)

Many units have outside space in the form of gardens which offer some degree of restriction with regards to fencing and gates. The primary function of the fencing and gates is to stop the ingress of non-authorised personnel into the ward area rather than to lock the patient in or restrict their movement and it is not an undue restriction. Access to these spaces can still be provided, if safe and practicable to do so, even when the ward is locked.

5.0 Process

Decisions to lock doors out with the times stated in section 2.0 above must be discussed with the Nursing page holder as soon as it is practicable to do so.

The nurse in charge of the clinical area should ensure that all Patients are accounted for before locking the door at any time of day or night.

Doors should be locked for the shortest period required in relation to the prevailing circumstances. The nurse in charge will take the following actions:

1. Determine whether the patient is presenting with a level of risk that requires assessment under the Mental Health (Care and Treatment (Scotland) Act 2003
2. Determine whether it is necessary to use the Nurse's Power to Detain Pending Medical Examination (Sec 299) Mental Health (Care and Treatment (Scotland) Act 2003
3. Other service users should be informed that the door has been locked, and estimation should be provided as to how long this will continue to be required.
4. The Duty Doctor and Hospital Management Team must be informed immediately.
5. The Responsible Medical Officer /on call consultant of any service user who presents such a risk must be informed of the decision to lock doors at the first available opportunity.
6. Notices must be placed on both sides of the entrance door of the ward explaining that the door has been locked, and instructions provided as to how to enter and exit the ward to inform all potential visitors to the ward.
7. The nurse in charge of each individual ward must determine the procedure required to ensure that emergency access and exit can be always maintained.
8. The Nurse in charge must ensure that all staff members in the ward are fully aware of the locked door arrangements, and that they have ready access to keys/swipe cards to be able to always provide access and egress to the ward.
9. A Door locking recording form (Appendix 1) must be completed each time doors are locked.
10. A Datix record should be recorded for each period of locking doors.

6.0 Review

6.1 The decision to lock doors must be kept under regular review by the nurse in charge, at least twice daily, and the doors should be unlocked as soon as it becomes appropriate to do so.

6.2 The review should be conducted by the nurse in charge and recorded in the Door Locking Review Sheet (Appendix 2)

6.4 Where doors must be kept locked, this should be reported to the site coordinator or page holder.

6.5 Information regarding the locking of doors should be discussed at the shift handover and all members of staff made aware of the reasons and decisions made regarding this. This should be recorded in the day/night report for that ward.

6.6 When doors have been re-opened following review, people named in Appendix 2, section 4, must be notified.

7.0 Monitoring and Audit – what form of audit/timescale if any

7.1 The Senior Charge Nurse will be responsible for maintaining a record of all locked door events Door Locking Review Sheet (Appendix 2). This will be held at ward level.

7.2 Door Locking Recording Forms (appendix 1) will be sent to the operational manager for the site monthly.

Locked door events will be discussed at local clinical governance groups on a quarterly basis by the operational manager to identify any trends, Door Locking Recording Form (Appendix 1)

Bibliography.

Human Rights Act 1998, HMSO. 1998

Adults with Incapacity (Scotland) Act 2000. HMSO. Edinburgh, 2000

Mental Health (Care and Treatment) (Scotland) Act 2003.HMSO, 2003 Mental Health (Scotland) Act 2015. HMSO, 2015

Short Term Detention Monitoring Report, Mental Welfare Commission for Scotland 2010.

'Rights, Risks and Limits to Freedom.' Mental Welfare Commission for Scotland. 2013

'Left Behind'. Mental Welfare Commission for Scotland.2012

Appendix 1

Greater Glasgow & Clyde Mental Health Service

Door Locking Recording Form

Date_____ Time_____ Ward _____

Shift Co- coordinator /Nurse in Charge_____

Signature _____

ALL SECTIONS MUST BE COMPLETE

1 **Reason for the door to be locked** (please tick all that apply):

- ☐ To prevent one or more service users from leaving the ward
- ☐ To prevent access to others onto ward

Details (Including Patient's name and CHI number)

2 Clinical Detail (Please specify below)

- ☐ A service user has been detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and is waiting to be assessed.
- ☐ Other – Please specify below.

3 Notification

- ☐ Inform staff.
- ☐ Inform service user whose behaviour has resulted in this action.
- ☐ Inform other service users on the ward that exit/entry is restricted.
- ☐ Inform line manager and operational manger.
- ☐ Inform RMO/nominated deputy (As Agreed with Team)
- ☐ Inform Duty Senior Nurse
- ☐ Datix
- ☐ Named person.

A review of the locked door and actions pertaining to such should be.
Conducted at each handover and recorded on the Door locking review sheet (Appendix 2).

4 Notification when door is re – opened.

- ☐ Inform staff.
- ☐ Inform other service users on the Ward that exit/entry is restricted.
- ☐ Inform line manager.
- ☐ Inform RMO/nominated deputy (as Agreed with Team)
- ☐ Inform Duty Senior Nurse

A review of the locked door and actions pertaining to such should be conducted at each handover and recorded on the attached sheet.

Any Additional information:

Appendix 2

Door Locking Review Sheet

Date_____ Time_____ Ward _____

Reason for Ongoing Action:

Name & Designation _____

Signature _____

Date_____ Time_____ Ward _____

Reason for Ongoing Action:

Name & Designation _____

Signature _____

Date_____ Time_____ Ward _____

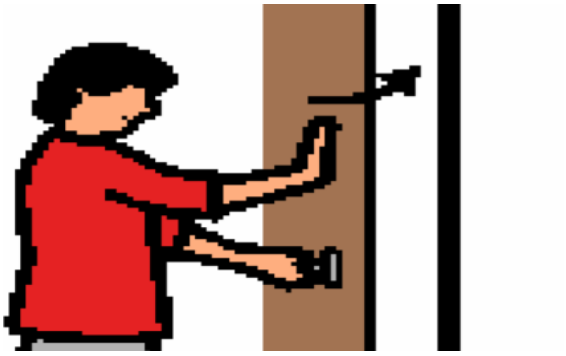
Reason for Ongoing Action:

Name & Designation _____

Signature _____

To be copied as needed

Appendix 3 (Option 1)



This door needs to be kept locked to help the patients, staff and visitors stay safe.

If you want to leave the clinical area, please ask a member of the staff for help.

If you are visiting the clinical are please make sure to

- Go to reception desk/nursing station.
- Ask the receptionist to speak to nurse in charge.

Thank you for your support.

Appendix 3 (Option 2)

This door needs to be kept locked to help patients, staff and visitors stay safe.

If you want to leave the ward, please ask a member of staff for assistance.

If you are visiting the unit, please speak to a member of the nursing team who can assist you exit the ward.