Locked Doors Procedure

1. Purpose

The purpose of this procedure is to provide guidance for staff when making a decision to lock a service users front door. This procedure considers the issues associated with personal security, human rights and mental capacity act.

2. Home Security

Service users may not appreciate the necessity for good home security practice. Staff are required to show this by example and demonstrate it without causing undue alarm. If the property is known to be the target of intruders, discussion needs to take place with the Housing Association in relation to requesting the provision CCTV camera and monitor to ensure the safety of both tenants and staff.

Staff are referred to the Security In The Home Procedure.

3. Mental Capacity

With reference to 'locked doors', where it is not certain whether a service user is able to consent to this action, a capacity assessment will be required to be undertaken. As part of the assessment, evidence of how the service user has been given pertinent information must be gathered in relation to: understanding; retaining; weighing up; and communicating the information relevant to the decision See Mental Capacity Act 2005 Procedure.

Where it is found that a service user lacks the capacity to make an informed decision around the locking of doors, then it is the Team Managers responsibility for ensuring that a best interest meeting is convened which considers the least restrictive practices to keep service user safe (See Mental Capacity Act 2005 Procedure).

Registered Care Homes within Future Directions CIC (i.e. Spennithorne Rd & Hollybank):
Consideration should be given to the Deprivation of Liberty Safeguards (April 2009, see Procedure 20.19 DOLS) and the issue of whether there is a reasonable/unreasonable restriction on the individual's liberty (Appendix B).
4. **Locked Doors**

The main purpose of locking doors in community homes is to protect the service users and staff from unwanted intruders. On occasion, bearing in mind mental capacity issues, it may be necessary to lock the doors to maintain a duty of care in:

- protecting service users who may display behaviours that challenge the service;
- protect the safety of service users who do not have the skills or knowledge to leave the home unless supported by a member of staff.

5. **Locked Doors (Service Users at Risk)**

When supporting service users who may be at risk in community settings, great responsibility is placed with support staff. It may be necessary to lock the main door to the house to prevent service users who have a history of being at risk from traffic, abuse or hazards occurring in everyday life from leaving when not directly supervised. It is the Team Managers responsibility to ensure that **All service users within these identified risks, have the reasons clearly stated within their management guidelines** (as part of the Risk Management Assessment - see Risk Management policy and if she/he is actively seeking to leave the house, they must be offered the appropriate support by staff to enable them to do so. In these instances staff should refer to Section 7.)

**Every house must have completed a Community Services Risk Assessment, Locking House Doors Form (Appendix A).** It is the responsibility of the Team Leader to complete the form (the form must be reviewed at least once every 6 months or sooner if required). It is vital that all stakeholders are given the opportunity to contribute to the assessment process. Network Managers must agree and sign off the assessment, making the appropriate Operations Manager aware of any issues that arise.

Any service users that present with an identified history in relation to Risk and this Locked Door Procedure must have completed Individual Risk Assessment (Risk Management Policy) and each service user will need a support and care plan ensuring best interests and least restrictive practice is taken into account (See Mental Capacity Act 2005 Procedure). Service users may require the services of an Advocate to act on their behalf to ensure best interest and least restrictive practice is taken.

6. **Risk Assessment, Locking House Doors**

**Every house must have completed a Risk Assessment, Locking House Doors Form (Appendix A).** It is the responsibility of the Team Manager to complete the form and this must be reviewed every 6 months or sooner if required. It is vital that all stakeholders are given the opportunity to contribute to the assessment process. Operational Network Managers must agree and sign off the assessment, making the appropriate Operations Manager aware of any issues that arise.

Any Service users that present with an identified history in relation to risk and this Locked Door Procedure must have completed Individual Risk
Assessments (Risk Assessment & Support Planning Policy) and each service user will need a support and care plan ensuring best interests and least restrictive practice is taken into account (See Mental Capacity Act 2005 Policy) Service users may require the services of an advocate to act on their behalf to ensure best interest and least restrictive practice is taken.

The Risk Assessment Locking Doors Form (Appendix A) must be stored in the House Communication File (Red).

Individual risks and plans to mitigate or manage risks must be reviewed in line with review processes as detailed in the Personalisation Procedure.

If a service user attempts to leave the home and this action presents a risk to themselves or others (whether or not they understand these risks) consideration must be given to whether an alternative placement would be more suitable for their needs, including whether compulsory admission under the Mental Health Act is required.

If the risk is evident, then this must be raised by the Operational Network Manager (after consultation with the Operations Manager) and discussed by a Multi Disciplinary Team including the service user and relatives, where appropriate.

7. **Emergencies**

When it is assessed as necessary to lock a door that is normally unlocked the Team Manager/Key Holder must:

- Inform the service user(s) whose behaviour has led to the door being locked of the reason for taking such action.
- Inform the remaining service user(s) of the locked door and the reason for taking such action.
- Inform all staff verbally of the reason for taking such action.
- Inform all staff on duty of delegated person(s) who have possession of keys to the locked door, for use in the event of an emergency.
- Inform service user(s) relatives of the locked door and the reason for taking such action.
- Inform the Commissioners/Care Manager of the locked door and reason(s) for taking such action.
- Arrange in conjunction with the Operational Network Manager and Operations Manager in a Multi Disciplinary Review Meeting with the involvement of all significant stakeholders.
- Inform other service users that they may request to leave and ensure that someone is available to unlock the door when appropriate to do so.
- Inform Operational Network Manager/On Call Manager verbally of this action.
• Record this action using the 24 Hour Report, Service user records (Paper or Electronic) and, if appropriate, the incident reporting system.

• As soon as the risk has passed, the door should be unlocked and at the earliest opportunity the Team Leader/Network Manager must review the risk assessments in place for that service user and the home.

• If the risk continues to prevail, a process of reassessment must be undertaken by the Team Manager and/or Operational Network Manager within 24 hours. If reassessment needs to take place out of hours, these discussions must include the Local and Senior On Call Managers.

• Should the locked door continue to be a requirement then the Team Manager and/or Operational Network Manager (after consultation with the Operations Manager) must arrange a Multi Disciplinary Review to discuss the appropriateness of the placement.

8. Locking of Internal Doors

In some circumstances it may be necessary to lock internal doors, but a service user must never be locked inside any room alone.

Service users must not be deprived of day/night time clothing, possessions or aids to their daily living for the purpose of restricting freedom of movement.

9. Use of Door Alarms

Where there are doors to rooms that activate an alarm (i.e. Detector…. Name other systems etc) to alert support staff that a person is entering or leaving a room, then this must be identified in conjunction with Risk Management Assessment and Support Planning Procedure and Mental Capacity Act 2005 Procedure. The use of door alarms needs to be agreed on a multi-disciplinary level. Agreed use of door alarms needs to be documented within Risk Assessment Locking House Doors – See Appendix A.
Please write clearly, in black ink, initial amendment and do not use tippex

COMMUNITY SERVICES RISK ASSESSMENT
LOCKING HOUSE DOORS

Home Address: ____________________________________________________________

Team Manager: __________________________________________________________

Date: ___________________________________________________________________

LOCATION - Known risks, e.g. busy road, rivers, high crime rate, isolated house

Comments

STAFFING – e.g. do staff work alone

Comments

SERVICE USERS – do service users have known risk assessment already completed regarding locking doors. Where are these stored?

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<th>Name</th>
<th>Yes</th>
<th>No</th>
<th>Comments (including where Stored)</th>
<th>Review Date</th>
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<td>Question</td>
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<td>Does this house have a door alarm(s)?</td>
<td>Yes/No</td>
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<td>When are they activated?</td>
<td>Day/Night/Both</td>
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<td>Which door(s) need to be locked?</td>
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<td>Between what hours are they locked?</td>
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<td>What method is used?</td>
<td>(e.g. key left/removed in/from door, bolt/chain on/off)</td>
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<td>Any additional comments</td>
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NAME OF PERSON COMPLETING

SIGNATURE: ____________________________________________  (Team Manager)

SIGNATURE: ____________________________________________  (Operational Network Manager)

DATE: ___________________________  REVIEW DATE: ___________________________

When completed this form must be stored in the Home Communication File (Red)
CONSIDERATIONS


The Act requires that all service users are presumed to have the capacity to make decisions on their own behalf about all aspects of their life unless proven otherwise. Where there is reason to question an individual’s capacity to make decisions on their own behalf, e.g. where the individual has a learning disability, an assessment of capacity must be undertaken (refer to Mental Capacity Act Procedure C20.13, Section 4).

Deprivation of Liberty Safeguards (April 2009)

The Department of Liberty Safeguards received Royal Assent in July 07 and will amend the Mental Capacity Act 2005. The date of implementation for Deprivation of Liberty Safeguards will be 1st April 2009.

The aim of the Deprivation of Liberty Safeguards is to provide legal protection for those vulnerable people who lack capacity to consent to the arrangements for their care and is deprived of their liberty otherwise than under the Mental Health Act 1983.

It will prevent arbitrary decisions to deprive a person of liberty and to give rights to challenge deprivation of liberty authorisations.

Deprivation of Liberty will be assessed on a case by case basis – there are no set factors that constitute deprivation of liberty. However, factors drawn from case law include:

- The person is not or would not be allowed to leave the facility.
- The person has no, or very limited choice about their life within the Care Home or Hospital.
- The person is prevented from maintaining contact with the world outside the Care Home or Hospital.

The guidance refers to deprivation being defined by degree and intensity rather than the nature or substance of any single restriction. Deprivation relates to ‘complete and effective control over care and movements’.

For any individual who may be being deprived of their liberty, the least restrictive person must be the primary aim.