

Policy for Relatives¹ and Carers staying overnight in adult general wards at Tameside General Hospital².

PURPOSE

To provide a framework for decision making when patients, relatives and/ or carers request the opportunity to stay with a patient in an adult general in-patient ward after the hours of 21:00 hours and before 07:00 hours.

The Tameside and Glossop Integrated Care NHS Foundation Trust requires this Policy framework on the basis that unlike many 'new build' hospitals it does not have a high percentage of single room / ensuite patient accommodation which lends itself more easily to accommodating such requests.

VALUES AND BEHAVIOURS

The Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) believes that Everyone Matters and central to that belief are five core values: Respect, Communication, Safety, Care and Learning.

The Tameside and Glossop Integrated Care NHS Foundation Trust also actively supports John's Campaign and values the opportunity to work with families / relatives and carers to maximise the standards of care provided to all patients living with dementia.

Staff must ensure privacy and respect for all patients is maintained, especially for other patients within the single gender bays.

Staff must ensure that the ability to provide care for the patient central to the request and for the other patients within the bay/ ward area is not compromised as a result of any overnight stay.

On receipt of a request:

- In the first instance, the decision to support an overnight stay will be discussed with the patient and their family / relatives or carers by the Ward Sister or nursing team on the ward.
- Escalation to the Matron (in hours) or the first on call manager (out of hours) will be made as required if escalation is deemed necessary.
- In the event that first level escalation does not resolve a difference of opinion the Divisional Nursing Director or Deputy Director of Nursing should be involved to secure timely resolution³.

PRINCIPLES IN THE INTEREST OF THE INDIVIDUAL PATIENT

1. When patients are recognised to be at the end of life, all requests should be accommodated wherever feasibly possible.
2. When patients have official⁴ carers, requests should be accommodated where possible to support continuity of care for the patient.

In all other cases, the interest of other patients on the ward must take priority to reduce the risk of their interests being compromised. Staff should consider the impact on dignity; a lack of space around the bed and having someone who is not a patient, and might be a different gender in the bay, particularly at night when most people are not used to sharing a sleeping space with so many different people.

In the interest of the patient at end of life or the patient with official carers, e.g. a person with a learning disability or a person detained under the Mental health Act the following framework should be applied:

- a) Review whether a side room can be made available on the current ward or elsewhere in the hospital. If a side room can be provided, advise the patient / family / relatives and carers that whilst it is being allocated to them; a patient with known infection or highly susceptible to infections would take priority and therefore it is not possible to guarantee that the patient could continue to use that facility.
- b) If a side room is not available, consider the gender of the person wishing to stay. If the same gender as patients in the bay can be accommodated this would be acceptable⁵. However, due to space between the beds the person staying can only be provided with an upright chair, blanket and pillow for their comfort. The person staying must be offered drinks but if consuming food they must be requested to leave the bedside in the interest of other patients. Mobile telephones must not be used at the bedside in the interest of other patients, and other patients must be advised that this person is staying at the bedside.
- c) If other patients object, or the person staying is not of the same gender the ward dayroom should be offered. A blanket, pillow and drinks must be provided.

All other patients should be assessed on an individual case basis. Points b) and c) above should guide decision making, along with the agreement there is a benefit to the patient, e.g. significantly reduced agitation when a familiar person is close by and involved in care.

When relatives or carers are staying overnight on the ward the Nurse in Charge of the shift should record their full name and gender in the nursing records and confirm that the following information has been provided:

- In the event of the fire alarm sounding, they need to follow the instructions of the Nurse in Charge.
- In the event that another patient in bay is having personal care delivered and that patient would prefer the relative or carer to step out of the bay we would require them to do so.
- In the event of an emergency within the bay we would need the relative or carer to step out of the bay.
- At no time should the relative or carer eat food in the bay, use a mobile phone or take photographs / record images.
- Conversations with the patient with whom they are staying should be in hushed tones unless the patient is in a side room and the door can be closed; even then there must be consideration to the fact it is night time and other patients should not be disturbed.
- The relative / carer may use the patient toilet and washroom facilities.
- Any movements should be considerate of other patients within the vicinity, e.g. leaving and

re-entering the clinical space.

- The relative / carer would be encouraged to maintain their hand hygiene by means of hand washing and use of the alcohol gel provided in the interest of their own welfare, that of the person they are staying with and other patients within the area.
- At no time should the relative/ carer involve themselves with the care/ treatment of other patients and interactions with other patients in the vicinity must be held in a socially acceptable manner. Any concerns held about other patients should be escalated to the Nurse in Charge of the shift.
- The trust is only able to accommodate one relative/ carer overnight in a bay. Consideration for additional relatives should be made on a case-by-case basis and can only be facilitated in a single patient side room.

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1. Adults over the age of 18 years. The same age restrictions apply to carers.
 2. This policy excludes maternity services, critical care, and children's services. It also excludes Shire Hill and the Stamford Unit each of which have single rooms making exceptional requests easier to manage in the interest of other patients.
 3. Whilst the ICFT will work with patients, families, relatives and carers, it ultimately has the right to refuse a person who is not a patient access to overnight accommodation in a patient / clinical environment.
 4. Paid carers e.g. a package of care
 5. The situation involving transgender adults needs to be carefully managed in the interest of the other patients in the bay.