

Delivering best practice in supportive observation

Mersey Care NHS Foundation Trust

What was the problem?

Increased observation of at-risk service users is common in inpatient psychiatric care, and usually undertaken by nurses. Complex and demanding, it is an intrusive and prolonged restrictive practice. Guidance demands that adult health and social care providers develop a culture where restrictive interventions are a last resort and used for the shortest possible time. Some commentators suggest that increased observation can be counter-therapeutic.

What was the solution?

A senior clinical nurse reviewed the use of 'supportive observation practice' as a project to:

- establish evidence for best practice from the literature
- extract data from patient records detailing use of supportive observations
- identify gaps in data, and if necessary amend data-recording processes
- explore service user and staff experience of supportive observation in inpatient services
- establish monitoring arrangements for extended use of constant observation
- describe the financial impact of supportive observations
- explore effective alternatives and practice
- identify training principles for staff
- monitor patient experience
- recommend any necessary change in practice.

What were the results?

- Guided by the literature review, the trust piloted 'care zoning' to reduce restrictive practices. One ward in the elderly service reported increased staff, service user and carer satisfaction, and fewer falls, in the month after its introduction. A high-secure service (HSS) ward reported that one of its 10 most demanding patients had not required constant observation since it adopted 'care zoning'.
- A few patients accounted for over 50% of spend on increased observations; 54% of constant observation was for threats of or actual harm to self; only 8% was associated with aggression towards others.

- The trust developed and piloted a tool to guide nurses on what they should be observing for and communicating to the team.
- Two HSS patients, who had been on constant observations for several years and accounted for £280,000 of spending, do not currently require constant observation.

What were the learning points?

- Clinical teams need to robustly monitor use of constant observation; extended use can lead to dependence for the service user and the team.
- Service users say the most important feature in making constant observation a positive experience is their ability to talk to the person tasked with it.
- Systemic change can be difficult for some staff, particularly when changing traditional 'risk management' practices.

Find out more

Alison Baker, Senior Clinical Nurse, alison.baker@merseycare.nhs.uk

Contact us

NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

T: 0300 123 2257
E: enquiries@improvement.nhs.uk
W: improvement.nhs.uk

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

This publication can be made available in a number of other formats on request.

© NHS Improvement (September 2016).