**Appendix 5 – Therapeutic Engagement and Observation Competency Assessment Form**

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**Therapeutic Engagement and Observation
Competency Assessment**

**Name:**

**Ward:**

**Reviewed by:**

**Title:**

**Date completed:**

**Bank Staff yes/no**

**If you are completing this competency assessment with bank staff please ensure this document when finished is emailed to,**

**michellethomas@nhs.net** **&** **dpn-tr.SaferStaffing@nhs.net**

**To be uploaded to My Staff File**

**Ward Managers are responsible for ensuring that staff including agency and bank are aware of and have read the Therapeutic Engagement & Observation policy and will arrange for new members of staff to complete observation training.**

The process of therapeutically engaging and observing people with mental health or learning disability safety concerns is a complex one. The primary aim of this intervention is to ensure the persons safety following an appropriate risk assessment. Observation can range from the close supervision of an acutely distressed person to a general awareness of peoples activities in a ward environment. Whilst observation is aimed at supporting people, it can at times lead to a person being prevented from achieving what they want. It can be perceived as custodial, dehumanising and punitive by people.

Effort should be made to ensure that observation is therapeutic in nature, balancing maintaining safety with respect dignity. Where possible, agreement on how observations will be managed should be made in partnership with the individual and their family to ensure a person centred approach is taken.

In implementing this policy, therapeutic engagement and observations are likely to be intensive, infrequent and of short duration.

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| **LOW LEVEL INTERMITTENT OBSERVATION** | The baseline level of observation in a specified mental health setting. The frequency of observation is at least once every 60 minutes. |
| **MEDIUM LEVEL INTERMITTENT OBSERVATION** | Implemented where an inpatient is at risk of any behaviour that constitutes a need for increased engagement but does not represent an immediate risk. The frequency of observation is at a minimum **two**, **four** times and a maximum of **six** times within the hour, at variable times. |
| **HIGH CONTINUOUS OBSERVATION** | Implemented where an inpatient presents an immediate threat of harm to self or others and needs to be kept within eyesight or at arm's length of a designated one-to-one nurse, with immediate access to other members of staff if needed. |
| **MULTI-PROFESSIONAL CONTINOUOUS OBSERVATION** | Implemented when an inpatient is at the highest risk of harming themselves or others and needs to be kept within eyesight of two or three staff members and at arm's length of at least one staff member. |

**Questions**

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| 1. **What do you understand by the term ’therapeutic engagement and observation’ within the context of this policy?**
 |
| Expected answers/responses: |
| * *Regarding the person attentively whilst minimising the extent to which they feel that they are under surveillance*
* *Encouraging engagement, communication, listening and conveying to the person you are there to be supportive throughout the period.*
 |
| Responses - Please record answers/examples given |
|  |
| Assessor’s comments |
|  |
| Competent? | YES/ NO |

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| 1. **Under what circumstances would you consider placing someone under therapeutic engagement observations?**
 |
| Expected answers/responses: |
| * *Outcome of risk assessment indicates formal observations are required*
* *Risk management plan has been discussed with the person and their family and alternatives to observations are deemed inappropriate / not able to manage the person’s safety needs?*
 |
| Responses - Please record answers/examples given |
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| Assessor’s comments |
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| Competent? | YES/ NO |

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| 1. **What Information must be documented when a decision is made to implement or reduce any intensity of observation?**
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| Expected answers/responses: |
| * *A current and accurate risk assessment and management plan*
* *Date and time the therapeutic engagement & observation level was instigated, altered or reviewed*
* *Intensity of observation*
* *Clear, specific instructions and rationale related to the individuals needs in relation to the intensity of observations (e.g. to be within arm’s length at all times, to be observed or not in bathroom/toilet etc.)*
* *Rationale for intensity of observation (e.g. suicide or self-harm risk, risk to others, absconding etc.)*
* *Indicators of risk and signs of deterioration, e.g. content of verbal interactions, nonverbal behaviour/communication, use of objects to self-harm etc., any previous attempts of suicide/self-harm and the methods used \* Clear directions regarding therapeutic approach (i.e. occupational therapy sessions)*
* *The reaction of the person to being nursed on a given intensity of observation and any views expressed.*
 |
| Responses - Please record answers/examples given |
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| Assessor’s comments |
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| Competent? | YES/ NO |

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| 1. **What factors should you consider when changing the level of therapeutic engagement & observation?**
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| Expected answers/responses: |
| * *Current risk factors*
* *Positive risk taking*
* *Impact on team availability if increase of observations is likely*
* *Documented evidence of a risk assessment*
* *Multi-disciplinary team opinions*
* *The persons/carer opinions*
 |
| Responses - Please record answers/examples given |
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| Assessor’s comments |
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| Competent? | YES/ NO |

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| 1. **What does the term ‘therapeutic engagement’ mean?**
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| Expected answers/responses: |
| * *Inspiring hope and optimism with a positive attitude*
* *Supportive interactions with the person on a 1:1 basis*
* *Encouraging*
* *Communication*
* *Active listening*
* *Conveying to the person that they are valued and cared for*
* *Using interpersonal skills to support the person*
 |
| Responses - Please record answers/examples given |
|  |
| Assessor’s comments |
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| Competent? | YES/ NO |

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| 1. **What actions/skills would you be demonstrating whilst undertaking observations?**
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| Expected answers/responses: |
| * *Listening*
* *To be with the person*
* *Communicating with the person*
* *Developing a rapport*
* *Continually assessing risk and re-evaluating the person’s mental state*
* *Trying to engage the person*
* *Maintaining the person’s safety and wellbeing (for* ***High Continuous*** *observation this would be at either arm’s length or within eyesight; intermittent e.g. at variable times throughout the hour as specified in the care plan*
 |
| Responses - Please record answers/examples given |
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| Assessor’s comments |
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| Competent? | YES/ NO |

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| 1. **When undertaking observations of service users on intermittent therapeutic engagement & observations what is the key information you must refer to and consider when planning your observation round?**
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| Expected answers/responses: |
| * *You should have read the person’s therapeutic engagement & observation care plan and be aware of their risk behaviours, early warning signs and what strengths and resources they have during times of crisis that you can support them to utilise*
* *You should have been briefed or will be required to check with the Nurse in Charge to determine if there is an order of priority in which inpatients are seen during your observation round*
* *When undertaking your observation and engagement round observation of inpatients this must be at irregular intervals in a pattern that cannot be predicted by the person across the hour.*
* *The exact time that the inpatient is observed and engaged with on each occasion must be documented on the record sheet*
 |
| Responses - Please record answers/examples given |
|  |
| Assessor’s comments |
|  |
| Competent? | YES/ NO |

1. You have been allocated to complete Low Level TE&O at night when all of the patients are asleep. Please describe how you will ensure that these are completed appropriately?

Expected answers/responses:

* Discussion with the patients when they are admitted how the ward team support the patients safety day & night. What this means, being explicit , staff will enter a patients bedroom to ensure they are safe. Staff will beaware of individuals personal care plans & risk management plans.
* To show an understanding when a patient appears to be asleep/resting, regardless of the time of day that you have a duty of care that you must continue to monitor their mental and physical health noticing changes in body positioning and breathing. If you are unable to observe the patient move or breathe you must ensure that the person is conscious which will require entering the bedroom.
* To show awareness of patient and staff safety at all times.
* Escalate any concerns/ worries to a senior member of staff as soon as possible.

**Competency sign off**

by Mentor or designated Senior Staff member

**Staff/Mentor name:**

**Staff/Mentors signature:**

|  |  |
| --- | --- |
| **Date:** | **If a student, year of training:** |

**Agreed level of therapeutic engagement & observations the student can complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |

*Staff/Student signature and agreement that they have read, understood and completed the competencies required to undertake therapeutic engagement and supportive observation,*

**Signed:**

**Print Name:**

**Date:**

*Ensure copy taken for ward records and stored through the ward manager*