

# Hartington Unit Inpatient Guide

**NHS**  
Derbyshire Healthcare  
NHS Foundation Trust



Based on the Chesterfield Royal Hospital site, the Hartington Unit is the Trust's main inpatient service for Chesterfield and North Derbyshire residents with acute mental health needs. The Hartington Unit consists of three adult (and older adult) acute inpatient wards called Morton Ward, Pleasley Ward and Tansley Ward, an outpatient service, occupational therapy team and a crisis resolution and home treatment service as well as the psychiatric liaison team for the North of Derbyshire.

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# Welcome to the Hartington Unit

## A welcome from the Chief Executive, Mark Powell



Our aim is to keep you safe, help you feel optimistic and hopeful about your health and wellbeing and support you with quality care during your stay with us. This booklet will tell you how we can best meet your needs and what we can offer to make your stay with us as comfortable as possible.

We put you at the centre of all we do to provide a standard of care you would expect for a family or friend. Early on in your admission we will ask you whether we can involve your family and friends, to help us provide the best care. It is important that your family and friends work closely with our staff to help us understand how you are and your signs of wellness and illness.

It is also important that you and your family fully understand your treatment plan and why you are in hospital. I would therefore encourage you to tell us about the goals you wish to achieve, so our care reflects these goals, your diagnosis, your treatment options and our recommended ideas to choose in partnership with our team.

We want to continually learn and improve to make sure you are treated in the way which reflects our values. To help us we provide regular questionnaires and surveys during your stay. We also welcome feedback and comments on whether we have provided the best care possible. You can do this directly through our ward staff or our patient experience team; **Freephone: 0800 0272128** or **email: [dhcft.patientexperience@nhs.net](mailto:dhcft.patientexperience@nhs.net)**

### **Mark Powell**

Chief Executive • Derbyshire Healthcare NHS Foundation Trust

# Your care

Whilst in hospital we want to give you the best care possible and make sure your individual needs are met. As well as this, we need to keep you safe and ensure your stay is pleasant and productive.

## We want you to:

- Be involved in decisions about your care and treatment
- Have relevant professionals involved in your care
- Have an assessment of what your needs are
- Have access to a therapeutic timetable tailored to your needs
- Have a written care plan explaining what is happening
- Be involved in regular reviews of your care
- Have support for your carers/ family if they need it
- Be followed up if you go on leave and after you leave hospital.







## Your assessment

To make sure we know what your needs are and help us work out how we can meet them, we'll begin by talking to you. Sometimes we might need to take tests and complete assessments to ensure your needs are met, we'll always talk to you about these first and include you in any plans.

Information we may need to know about you:

- What's happened to bring you onto the ward
- Your physical and mental health
- Family and relationships and social circumstances
- Your housing and money needs
- What you do during the day, and whether you need any help with day-to-day activities such as shopping or looking after yourself.
- We'll also make sure that if you have any requirements for example because of your religion or spirituality, culture, sexuality, age, gender or disability, that they are taken into account and planned into your care.

## Physical examination

When you are admitted to the ward the doctor will carry out a physical examination. This will normally involve:

- Measuring your height and weight
- Taking your blood pressure
- Asking for a blood sample
- Asking for a urine sample
- Completing an ECG.

If you are unsure or worried about any of the above tests, then please speak to a member of staff on the ward.

You will have regular reviews with the team on the ward to discuss your care throughout your stay with us.

The most important thing about any review is that you have the chance to talk about what's important to you. You can involve a relative, friend, carer or advocate in your review if you would like to.

## Privacy and dignity

You have the right to receive high quality care which is safe, effective and respects both your privacy and dignity. Whilst in our care you can expect to be:

- Shown respect and treated with dignity
- Treated as an individual and offered personalised services
- Supported to maintain the maximum possible level of independence, choice and control
- Listened to and supported in expressing your needs and wants
- Respected in your right to privacy and confidentiality
- Fully involved in planning your care, with family members and carers as care partners
- Able to complain without fear of retribution
- Free from any experience of abuse.

# Your safety and wellbeing

## Belongings

We make every effort to make sure you are kept safe and well whilst on the ward; this means when you arrived some objects may have been removed from you.

On admission you should have been advised by staff not to keep large amounts of money or valuables with you during your stay. Arrangements can be made for us to look after money and valuables for safe keeping. These will be recorded on a property sheet, a copy of which will be given to you. You will be given a money receipt for any money. Any items or money not booked in are the sole responsibility of yourself or your relatives. If you go on any leave whilst with us we recommend that you take all belongings with you.

Certain items may be restricted or prohibited on the ward please see to the right:

## Prohibited items

These items will not be accessible throughout your admission. However, if you do arrive with these items we will assess if appropriate to be securely locked away and returned on discharge, or if they need to be returned to your family and carers to take home with them. These items include:

- All knives, other than cutlery on the unit or if agreed with MDT on an individual basis for religious reasons
- Weapons (actual or replica)
- Alcohol
- Illicit drugs or non-prescription medication
- Wire coat hangers
- Any heavy ornaments
- Glass items including bottles, drinking glasses, photo frames, etc
- Ceramic items
- Plastic carrier bags



- Electricals such as extension leads, Ethernet cables, console controllers, etc
- USB pen drives or other devices that can be used to store electronic data
- Telescopes/Binoculars
- Pornographic material
- Flammable materials and liquids (not including medications).
- Glass items – i.e. glass mirror or perfume
- Weight-lifting equipment (Gym only)
- Cameras
- Perishable foods, particularly dairy produce
- High caffeine drinks (these can be provided on request; however individualised care planning may be required where dependency is a concern)

## Controlled items

Items controlled and issued to / accessed only with the support of staff:

- Metal cans
- Cutlery
- Scissors/cutting equipment
- Sewing equipment
- Wet razors/Electric razors
- Mouthwash with alcohol
- Hair/Beard clippers or trimmers
- Deodorants/aerosols – (doesn't include roll-ons)
- Glues or solvents (for craft/ occupational use only)
- Matches / lighters / Tobacco products / E-cigarettes – to be stored in lockers
- Medical equipment – CPAP machines, TENS machines, BP machines, blood glucose monitors, bandages, (sharps and biohazard disposal issues), etc.
- Aftershave/perfume
- Standard size chargers (phone/Tablet/handheld games console/Bluetooth headphones)
- Musical instruments (and associated equipment)
- CDs/DVDs/Blu Rays.



## Advisory items

Advisory – It is advised that these items are not brought onto the ward. The ward cannot be held responsible for these items being held on the ward.

- Jewellery
- Expensive items such as watches
- Expensive clothing
- Sentimental items
- Large amounts of cash (if brought, it is suggested this is held in the patients' bank and withdrawn as required, i.e. over £20)

This list is not exhaustive, staff will use their discretion when items not on this list are brought onto the unit. Risk and safety will be assessed on a case-by-case basis and discussed with service users.

There may be occasions when returning to the ward that staff may decide to search you and your belongings. This is done because we need to reduce the likelihood of substances or items which could cause harm to you, other patients or staff being brought onto the ward. Body searches will always be conducted respectfully and by someone of the same sex.

## Smoking

We want to help keep you fit and healthy and can support you if you would like to give up smoking. Please ask a member of staff for further information on smoking cessation and nicotine replacement therapy. All smokers are entitled to one initial free disposable vape – equivalent to 20 cigarettes. These are then available to buy, in various flavours, from all patient shops. Please ask a member of staff if you would like more information.

Should you wish to smoke staff will accompany you to an outside smoking area, however staff have the authority to remove any smoking materials for safety reasons.

Alcohol and non-prescribed drugs are strictly forbidden on the ward.

## Observation/engagement

During your stay, you may hear staff and patients talking about observation/engagement levels.

These levels apply both on and off the ward and you will be assessed and placed on one of these levels. There are four levels which are individually care planned to ensure your safety. If you are unsure why you have been placed on the observation/engagement level you are on, please ask a member of staff to explain.

Sometimes you or others may become distressed so we will give more intensive support in those circumstances; this may include de-escalation areas.

## Unacceptable behaviour

The Trust has adopted the national NHS zero tolerance policy and encourages the reporting of any form of harassment, verbal or physical abuse including any unacceptable behaviour by patients, visitors and staff. In extreme circumstances the Trust will pursue prosecution proceedings against any individual concerned.



# Staff in the care process

## Your Named Nurse

When admitted to the ward, you should have been given a Named Nurse. They are responsible for:

- Co-ordinating your care while you're on the ward
- Discussing your care plans with you
- Having regular face to face chats with you, to build up a good relationship
- Ensuring the nursing team is aware of any specific needs you have.

If your Named Nurse is not on duty you can speak to any other member of staff. If you want to change your Named Nurse you can ask for a different one – they won't mind. If you're not sure who your Named Nurse is there is a board displaying this information.

## Your Consultant and other Doctors

You will have a named Consultant in charge of your medical care, but they will have other Doctors to help them, so you may not see your Consultant every time. They will see you regularly and will talk to you about the support and treatment you need. If you don't know who your Consultant is, please ask a member of the nursing staff.

Other professionals who may be involved in your care:

- Psychologist
- Occupational Therapists
- Recreational workers
- Housing support officers
- Physiotherapist
- Social workers
- Community teams / workers.

# Your care plan

The services and treatments you will have whilst on the ward are all written down in a care plan, which explains what they are for, how they work, and who is responsible for each part. You should always be involved in deciding what goes into your care plan, and will always be able to have a copy of it.

## Your care plan might include information on:

- Your mental health
- Your rights
- Your inpatient team
- Your observation/ engagement levels
- Family/ carer involvement
- Spiritual and cultural needs
- Your physical health
- Medications
- Social care needs.

## Admission MDM

Within the first few days (usually 48 working hours) of you arriving in hospital you will have an admission meeting. This may involve a range of professionals including nursing staff, medical staff, community teams you are involved with, pharmacy, occupational therapists, your family / friends / carer / advocate. This initial meeting may be overwhelming, and it is important to remember this is your review and is about your care. You can decide which professionals you do and do not wish to attend alongside your doctor.

In this meeting, we may also begin to discuss planning for home – please see this section below for further detail on what may be covered.



## **Ward rounds/ Multi-disciplinary meetings (MDMs)**

Ward rounds are when your Consultant meets with the nursing team on the ward to discuss your health. You will have the opportunity to see the Consultant and discuss anything or ask any questions. This is an opportunity for all who is involved in your care to meet to discuss your needs and make further plans to benefit your health.

# Your family/carers

If you have family or friends who provide a lot of support for you, there may be some things we can do to help them, like giving them information about services, or putting them in touch with other carers. If they provide a lot of support regularly, they may be entitled to a carers' assessment. The staff on the ward can help with this. Let them know if you think your family or friends need help.

Please approach a member of your care team if you feel your family or friends could benefit from carers support in relation to the care they provide you. Our team will be able to offer you and your family/friends further information on services we provided and that are available to them.

# Planning for home

When you arrive in hospital, you will have your future needs discussed within the multi-disciplinary meetings (MDMs). They will consider the steps needed for when you are ready to leave hospital either on trial home leave or be discharged home. Family, carers, an advocate or someone of your

choice can be involved in your care and will be encouraged to take an active role in these meetings if you consent to this. The ward staff will create a leave/discharge care plan which will include who to contact if you need to talk to someone, and when someone will contact you.



# Crisis Resolution and Home Treatment Team

A role of the Crisis Team is to support early discharge from the inpatient wards, and this may mean you have a member of the Early Discharge Team in your ward review meetings. The Early Discharge Team is a part of the Crisis Team. There are a range of professionals within the Crisis Team such as doctors, nurses, occupational therapists, social workers, psychologists, pharmacists and support workers. Transitioning from the ward to home with the support of the Crisis Team will always be discussed and agreed via your care meeting on the ward, these are often called Multi-Disciplinary Meeting (MDMs). The Early Discharge team can join your MDM to help review your progress within a week of your admission and on a continued basis while you are on the ward.

This means your care, treatment and recovery can continue away from the ward and you

can be back in your home with the support of your friends, family or carers whilst making steps to returning back to your regular routines and daily structures even if you are not fully recovered. In the MDMs there will be ongoing discussion around your mental health, how you're feeling and when both you and the care team agree you're moving towards discharge then leave away from the ward can be planned. This leave will be planned with yourself, your carers/family/friends and any professionals currently supporting you. The Crisis Team can visit you during periods of leave to support your mental health and recovery. And this can continue once you're discharged from the ward and continue in your recovery.

# Support for you

There may be times when you or your relatives have concerns or questions about the care and treatment you are receiving, or you may need some support. The Patient Experience team can help you with this. They will listen confidentially to your concerns and give you information that is relevant by contacting independent, statutory or non-statutory organisations such as Advocacy or the Carers' Association.

The Patient Experience team can also help by sorting out any disagreement or concerns you may have with any NHS service. You can ask a member of staff to contact the team on your behalf, or you can contact the service using the freephone helpline (0800 027 2128).

We also offer an Advocacy service, which can support, represent and inform you, should you need assistance in obtaining your rights or resolving a difficult situation. Advocates

are independent of the Trust and will act on your instructions only. They can help you plan for and attend meetings. The service is confidential. You have the right to access this type of support. An Independent Mental Capacity Advocacy Service (IMCAS) is available for people who struggle to make decisions about their affairs. Please contact ward staff for further information.

Advocacy is about making sure that someone gets their views heard. Most people are able to speak up for themselves, but sometimes we all need some help. An advocate does not tell you what they would do: they help you to decide what you want. Advocates respect your views, work together with you and do not judge your choices. If you need any help knowing which service to contact or any support in contacting them please speak to a member of staff.

## **If you live in the county of Derbyshire**

For help with Advocacy if you live in Derbyshire, contact Cloverleaf Advocacy on 01924 454875 or email [referrals@cloverleaf-advocacy.co.uk](mailto:referrals@cloverleaf-advocacy.co.uk)

## **If you live in the city of Derby**

For help with Advocacy in you live in Derby City contact ONE Advocacy on 01332 228748 or email [referrals@oneadvocacyderby.org](mailto:referrals@oneadvocacyderby.org)

## **Your records**

Details of your medical care will be recorded but we always aim to protect your personal information. Great care is taken to ensure high standards of confidentiality are maintained with all information held.

The Data Protection Act 2018 gives you the right of access to any personal information which the Trust holds about you. If you wish to apply for access to your information, or if you would like more information about your rights under the Act you can contact [dhcft.accesstohealthrecord@nhs.net](mailto:dhcft.accesstohealthrecord@nhs.net)

## **Your feedback**

The Friends and Family Test was created to help the NHS understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give your views after receiving NHS care or treatment.

Find out how you, your family or carer can share feedback at: [derbyshirehealthcareft.nhs.uk/feedback](https://derbyshirehealthcareft.nhs.uk/feedback)

# Your ward

During your stay with us we want you to feel at ease with your surroundings and as comfortable as possible. We hope the facilities and support provided will help you to relax and aid your recovery.

## Keeping in contact

If you don't have access to a mobile phone, a phone is available for both incoming and outgoing calls. It is located in the main area of the ward. Please ask a staff on your ward for the number. Most patients can keep their mobile phones on the ward. We advise that you keep mobiles with you rather than leave them lying around as the Trust cannot be held responsible for lost or mislaid items.

Phone chargers cannot be kept in your possession and will be removed on admission. Please ask one of the nurses to charge your phone for you as needed.

## Ward team

Please see the staff photo board located on your ward for up-to-date information on the ward team members.

## Ward routine

There are some routines you may need to be aware of whilst on the ward which can hopefully help you to feel more settled:

Staff work the following shifts

- **Early** (07.00 – 14.30)
- **Late** (14.00 – 21.30)
- **Night** (21.00 – 07.30)

Sometimes staff may work a Long Day (07.00 – 21.30). Staff will be in "handover" between these shifts – handover involves a verbal discussion to the new oncoming shift staff. These take place for approximately half an hour at 07.00, 14.00 and 21.00.

On the ward medication times are usually at 08.00, 13.00, 18.00 and 22.00 although these can be amended to suit individuals.





## Spiritual needs

Our chaplaincy team provides specialist spiritual, religious and compassionate pastoral support. This support is for service users, their families and/ or carers and our colleagues. Anyone can request chaplaincy support. They support people of all faiths as well as people who do not have a particular religious belief but would just like someone to talk to. They will always listen and take what you say seriously.

We have chaplains and chaplaincy volunteers who represent many denominations, faiths and beliefs. We will always try to find a faith or belief specific chaplain if we can. They are available for confidential one-to-one conversations, alongside on-going spiritual and pastoral care. The service is available 24/7.

They also provide regular opportunities for worship and reflection and have dedicated prayer/quiet spaces across our inpatient sites where spiritual reflection and worship services take place. We safeguard and support the spiritual and

religious lives of all those who are supported by, or work within, Derbyshire Healthcare Foundation Trust.

### What we do:

- Visiting service users on wards and units
- Supporting our colleagues
- Providing communion
- Conducting services
- Personal prayer
- Provision of faith specific literature
- Production of our multi-faith calendar.

We have chapels and multi-faith prayer rooms across our sites available for quiet prayer and reflection. They may be used by our service users, their relatives or carers and our colleagues. If you wish to use a prayer room, please contact us.

If you are staying on one of our wards or units, a chaplain can visit you and listen to your concerns. Please contact the team or ask a member of staff to arrange a visit.

## **Gender needs**

We wish to promote a welcome and inclusive environment and where possible we will accommodate gender/non-gender self-identification preference. This decision would be based on the consideration of the physical, psychological, sexual safety and wellbeing of both the individual and patients already admitted to the ward. For more information please speak to staff or ask for a copy of our "Policy for Community and Inpatient services on the Care and Support of Transgender and Gender Nonconforming Service Users and Staff."

## **Learning Disability and Autism In-reach team**

If you have a diagnosis of learning disabilities and/or Autism you will receive support from the Learning Disability and Autism In-Reach Team. We will support you with any reasonable adjustments that are needed during your admission, creation of an Autism passport if needed, communication

guidelines, design of a safe and well plan to help you when you are discharged, and we will refer you to the community support teams on discharge, including the LD Intensive Support Team, or the Specialist Autism Team as applicable. We will also attend your ward rounds and support ward staff with your treatment plan.

## **Medication**

Whilst on the ward you may be offered medication and it is important that you understand what these are and your rights with these. Patients' choice is important to us and if you wish to discuss this further then please approach a member of staff.



BARBOUR  
INTERNATIONAL



## Food and drink

While you are on the ward, we want to make sure you get the correct food and drink to meet your needs, as this will help to keep you well.

Daily menus are provided, and nurses are available to help you fill them in. Three main meals are provided, and snacks are available in between these times. A variety of hot and cold drinks are available during the day and on request. We also provide special diets to meet physical and cultural needs, please speak to a member of the nursing team for further information. Nutrition is an important part of your recovery, and we will record your weight weekly.

**Breakfast:** 8.00am

**Lunch:** 12.00pm

**Evening meal:** 5.00pm

We make sure the kitchen is available should you wish to make yourself a hot or cold drink. Sometimes the kitchen may be locked for short periods.

If this is the case please ask a member of staff.

## Laundry

When on the ward we ask that you provide your own toiletries.

These include, shower gel or bubble bath, shaving kit (if applicable), shampoo, toothbrush, toothpaste or denture care products, hairbrush or comb. Hospital towels are provided.

We recommend a supply of easily washable day and night clothes.

There is a laundry room available for you to use, however we do ask that you provide your own washing powder.

Please note the Trust cannot be held responsible for lost or mislaid items.

# Services

## Recreational services

We have a Recreation team who are available 7 days a week to work with you supporting goals which are included within your care plan. The recreation team can also help you to make links with community resources. The team have a rolling programme of recreational activities on offer, both on and off the wards. Activities include arts and crafts, pottery, circuit training, walking groups, PAT dogs, gardening and much more! There is also a multi gym that you can use daily with support from fully trained staff.

We encourage our patients to spend time off the wards. The Hub is a space that you can utilise at your leisure. It offers a calm and relaxing environment with access to a pool and table tennis tables. There is also a café where you can purchase hot and cold drinks, sandwiches and snacks, and at a reduced cost we have a selection of essential toiletries such as

shampoo, shower gels, wash powder and sanitary products. The hub also sell disposable vapes in a variety of flavours to support smoking cessation.

The Hub opening times are:

- Monday to Friday  
9am till 7pm
- Saturday and Sunday  
9am till 5pm.

## Gym facility

There is a gym available in the unit for you to use. It contains training equipment including a treadmill, cross trainer, rowing machine, exercise bikes, punch bag, multi-gym and free weights. To access the gym, you will require a medical clearance from the doctor on your ward. The fitness instructor will then assess and induct you into the gym and can also provide you with a personalised exercise plan.

## Visitors

We encourage our patients to have visitors and hope that visits from carers/family will become part of your recovery process. Should you wish to have visitors they are welcome to come onto the ward. Visits can take place in the dining room, or you may be able to leave the ward to go to the Hub or for a short walk; staff will be able to advise you.

Under 18s cannot visit any of the wards. Should you wish to have visitors who are younger than 18, there is a family room within the reception area which can be booked via nursing staff. These visits are always supervised; a member of staff will usually sit outside the family room during the visit.

## Ward visiting times:

### **Monday - Friday:**

4.30pm - 8.30pm

### **Saturday/Sunday and bank holidays:**

2.30pm - 8.30pm

## **Hartington Unit telephone numbers:**

**Reception:** 01246 512563

**Morton ward:** 01246 512550

**Pleasley ward:** 01246 512552

**Tansley ward:** 01246 512547

# Sharing information with carers

**These pages include advice and guidance for carers, family and friends on how information can be shared by Derbyshire Healthcare Foundation Trust.**

## What is a carer?

A carer is someone who, without payment, provides help and support to a friend, neighbour or relative because of frailty, illness or disability. This may include helping with personal care, medication, cooking, shopping, housework or giving emotional support.

If you are caring for a friend or family member, the sharing of information between staff and you as a carer is vital to the care and treatment of your friend or relative.

Providing carers with information about care plans and medication, and advising on managing a crisis, may help carers to deal with difficult situations until other assistance is available.

## Are there issues in sharing information?

Healthcare is a partnership between service users, carers, families and professional care staff. Sometimes there can be difficulties in relation to confidentiality and sharing information. When a service user states that they do not wish information to be shared, this must be respected by professional staff. Carers will be informed of this. Staff will ensure carers receive as much information as possible to help them in their role of caring.

It may be possible to share information with the carer when:

- There is a risk of harm and sharing appropriate information will alleviate this risk
- Where there is another legal authority (ie, an Order of the Court)
- Where the service user is lacking capacity in relation to information sharing decisions and it is considered in the best interests for information to be shared with the carer.

When the clinical team are making a decision in the best interests of the service user, they will consider whether:

- The carer is the person that provides care for the patient
- There is any legal documentation in place to prevent sharing
- Any previous wishes are recorded which would prevent sharing
- There are any safeguarding issues apparent.

As an area of good practice, the professional staff will:

- Discuss with the service user what particular information they wish to withhold, if any
- Explain they are bound by law and professional codes of conduct and have a duty of confidentiality to their patients
- Explain that they have the same duty of confidentiality to the carer in relation to any information the carer wishes to discuss

- Discuss the importance of confidentiality with the carer at an early stage and that views on information sharing are recorded
- Explain what can and cannot be shared and the reasons for this.

## **How can information be shared?**

Issues around confidentiality should not be used as a reason for not listening to the carer or for not discussing fully with service users the need for carers to receive information in continuing to support them. Carers should be given enough information in a way that they can readily understand to help provide care efficiently.

Even when the service user continues to withhold consent, the carer will be given enough knowledge to enable them to provide effective care from an early stage. They will be given the opportunity to discuss any difficulties they are experiencing in their caring role. Carers can discuss this with their relative's Lead Professional.

## General information

The provision of general information about the condition, emotional and practical support of the person being cared for does not breach confidentiality.

Information can include:

- Information about their condition and the behaviour it may cause
- Advice on managing the behaviour, particularly in a crisis situation
- Contact details of the Lead Professional
- Background information on medication and possible side effects
- Information about Care Programme Approach and what it involves, where appropriate
- Contact details for local and national support organisations.

## The Carers' Charter

In line with the Carers' Charter the following approaches are being implemented.

Leaflets on confidentiality and information will be given to service users and carers and discussed at the earliest stage, usually during assessments and then at reviews.

The care staff will help service users to distinguish between sensitive and personal issues which are to remain confidential, and more general information about the condition, which can be shared.

Issues regarding confidentiality will be recorded in the service user's health record so that all staff are aware of any changes in the service user's attitude regarding confidentiality.

The use of advance statements will be encouraged, where appropriate. These allow service users to plan their care when they are well, explaining what they would like to happen if they become unwell.

The care staff will help patients to understand the benefits of sharing appropriate information with their carer.

The Lead Professional will provide carers with the support

and help needed on issues relating to information sharing and confidentiality.

Professionals will involve carers in treatment plans and in major

decisions about the service users as far as they can.

Carers are encouraged to ask questions and care staff should make time to answer them.

## Good Practice Checklist

The following checklist has been designed to assist staff to work closer with carers within the boundaries of current legislation and to help carers understand their rights.

### **Carers are given general factual information, both verbal and written about:**

- The mental health or learning disability diagnosis
- What behaviour is likely to occur and how to manage it
- Medication – benefits and possible side effects
- The Care Programme Approach (CPA), where appropriate
- Local and national Support groups

### **Carers are helped to understand:**

- The present situation
- Any confidentiality restrictions requested by the patient
- The patient's treatment plan and its aims

- Any written care plan, crisis plan or recovery programme
- The role of each professional involved in the patient's care
- How to access help, including out of hours services

### **Carers are offered:**

- The opportunity to see a professional on their own
- The right to their own confidentiality when talking to a professional
- Encouragement to feel a valued member of the care team
- Confidence to voice their views and any concerns they may have
- Emotional and practical support
- Referral for an assessment of their own needs with their own written care plan (ie if the patient has a serious mental illness or learning disability).

**Reference:** Carers and confidentiality May 2010, Royal College of Psychiatry: [rcpsych.ac.uk/about/campaigns/partnersincarecampaign/carersandconfidentiality.aspx](http://rcpsych.ac.uk/about/campaigns/partnersincarecampaign/carersandconfidentiality.aspx)



## The Hartington Unit

Based on the Chesterfield Royal Hospital site, the Hartington Unit is the Trust's main inpatient service for Chesterfield and North Derbyshire residents with acute mental health needs. The Hartington Unit consists of three adult (and older adult) acute inpatient wards called Morton Ward, Pleasley Ward and Tansley Ward.

If you would like this information in a different language or format, including Easy Read or BSL, contact [dhcft.communications@nhs.net](mailto:dhcft.communications@nhs.net)

Ak by ste chceli tieto informácie v inom jazyku alebo vo formáte, kontaktujte spoločnosť [dhcft.communications@nhs.net](mailto:dhcft.communications@nhs.net)

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