Service User Therapeutic Observation and Engagement Policy

PRN-176: Service User Therapeutic Observation and Engagement Policy

CAREHOPES™
A subsidiary of AI Auto Tech Ltd
Company Number: 15556946
Website: www.carehopes.com
Email: admin@carehopes.com

---

1. Policy Statement

CAREHOPES™ is committed to maintaining the safety, dignity, wellbeing, rights, and independence of service users through appropriate therapeutic observation, engagement, monitoring, and support.

CAREHOPES™ recognises that observation is a safeguarding and wellbeing intervention designed to:

- Promote safety
- Reduce risk
- Support emotional wellbeing
- Monitor changing circumstances
- Prevent harm
- Facilitate timely intervention

Observation must always be conducted in a manner that respects:

- Privacy
- Dignity
- Human rights
- Mental capacity
- Choice
- Independence

Observation must never be used as punishment, control, intimidation, surveillance, or unnecessary restriction.

---

2. Purpose

This policy aims to:

- Define therapeutic observation standards.
- Establish Levels 1 to 4 observations.
- Promote safe and consistent practice.
- Support safeguarding.
- Protect employee and service user wellbeing.
- Promote person-centred approaches.
- Clarify the distinction between observation and restraint.
- Ensure employees work within their competence.

---

3. Scope

This policy applies to:

- Companions
- Support workers
- Wellbeing workers
- Healthcare assistants
- Supervisors
- Managers
- Volunteers
- Third-party providers

The policy applies within:

- Client homes
- Community locations
- Supported living environments

- Travel assignments
- Airport companionship services
- Hospitals and clinics where companionship support is provided
- Digital support environments

---

4. Definition of Therapeutic Observation

Therapeutic observation is the purposeful and professional observation of an individual to support:

- Safety
- Wellbeing
- Emotional regulation
- Risk management
- Engagement
- Recovery
- Safeguarding

It involves maintaining awareness of an individual's physical, emotional, behavioural, environmental, and social wellbeing while establishing a positive therapeutic relationship.

---

5. Principles of Therapeutic Observation

Observation must:

- Be person-centred.
- Be proportionate to risk.
- Be respectful.
- Be least restrictive.
- Promote independence.
- Encourage engagement.
- Be supported by documentation.
- Be regularly reviewed.

Observation must not:

- Become surveillance.
- Be used as punishment.
- Replace meaningful engagement.
- Unnecessarily restrict liberty.
- Create dependency.

---

6. Observation Levels

Level 1 Observation – General Observation

Level 1 involves routine awareness and monitoring.

Employees should:

- Maintain general awareness.
- Observe wellbeing.
- Monitor interaction and engagement.
- Note significant changes in condition.
- Encourage independence.

This is the standard level for most companionship services.

Level 2 Observation – Enhanced Observation

Level 2 involves increased monitoring due to identified concerns.

Examples:

- Increased risk of falls.
- Emotional distress.
- Recent illness.
- Vulnerability concerns.
- Emerging safeguarding concerns.

Employees should:

- Increase frequency of observations.

- Engage more regularly.
- Monitor changes in behaviour.
- Escalate concerns promptly.

Level 3 Observation – Within Eyesight

Level 3 requires the individual to remain within eyesight at all times.

Examples:

- Increased vulnerability.
- Moderate risk concerns.
- Behaviour indicating possible self-harm risk.
- Clinical instructions from an appropriate professional.

Employees should:

- Maintain continuous visual contact.
- Promote dignity and privacy wherever possible.
- Continue therapeutic engagement.
- Escalate concerns immediately.

Level 4 Observation – Continuous Observation

Level 4 represents the highest observation level.

The individual remains under continuous observation and may require observation within immediate proximity.

Examples:

- Serious self-harm concerns.
- High-risk behavioural concerns.
- Acute vulnerability.
- Significant safeguarding concerns.

Employees should:

- Follow authorised care or support instructions.

- Maintain observation continuously.
- Prioritise safety.
- Escalate concerns immediately.

---

7. Observation and Mental Capacity

Employees must:

- Presume capacity unless lawfully assessed otherwise.
- Support decision-making.
- Respect individual choices where appropriate.
- Escalate concerns regarding capacity.
- Follow Mental Capacity Act principles.

Employees must not undertake mental capacity assessments unless specifically authorised and trained to do so.

---

8. Observation and Restrictive Practice

CAREHOPES™ adopts a **least restrictive practice** approach.

Employees must never:

- Use physical restraint.
- Use mechanical restraint.
- Use chemical restraint.
- Use seclusion.
- Restrict movement.
- Restrict access to the community.
- Block exits.
- Confiscate mobility equipment.

Except where the employee's role specifically requires such interventions and the employee has been trained, assessed, authorised, and signed off by CAREHOPES™ Academy to undertake those interventions.

Training delivered by another organisation does not automatically authorise the use of restrictive interventions whilst representing CAREHOPES™.

---

9. De-escalation and Reassurance

Where risk is identified, employees should prioritise:

- Active listening
- Reassurance
- Redirection
- Positive communication
- Emotional support
- Time and space
- Conflict resolution techniques
- Person-centred engagement

De-escalation should always be considered before restrictive approaches.

---

10. Recording Observations

Employees must document:

- Observation level used.
- Significant changes.
- Behavioural concerns.
- Safeguarding concerns.
- Actions taken.
- Escalations made.
- Service user responses.

Records must be:

- Objective
- Accurate
- Timely

- Professional

---

11. Safeguarding Considerations

Observation may identify:

- Abuse
- Neglect
- Self-neglect
- Self-harm risk
- Suicidal ideation
- Exploitation
- Domestic abuse
- Deteriorating wellbeing
- Environmental risks

All safeguarding concerns must be escalated immediately.

---

12. Employee Responsibilities

Employees must:

- Follow observation instructions.
- Work within competence.
- Maintain professional boundaries.
- Record concerns accurately.
- Attend required training.
- Escalate concerns promptly.
- Respect dignity and privacy.

Employees must never:

- Diagnose mental health conditions.
- Conduct clinical observations beyond competence.
- Modify observation levels without authorisation where a formal plan exists.

- Ignore escalating concerns.

---

13. Supervisor Responsibilities

Supervisors must:

- Review observation practices.
- Ensure staff competence.
- Monitor documentation quality.
- Support safeguarding decisions.
- Approve observation arrangements where required.
- Escalate significant risks.
- Ensure observation remains proportionate.

---

14. Third-Party Provider Responsibilities

Third-party providers must:

- Follow agreed observation requirements.
- Maintain confidentiality.
- Escalate concerns promptly.
- Work within competence.
- Comply with CAREHOPES™ safeguarding expectations.

---

15. Training Requirements

Employees may be required to complete:

- Therapeutic Observation Training
- Safeguarding Training
- Mental Capacity Awareness
- Suicide Prevention Awareness
- De-escalation Training
- Positive Behaviour Support Awareness

- Conflict Resolution Training

Additional training may be required based on role responsibilities.

---

16. Monitoring and Compliance

CAREHOPES™ will monitor compliance through:

- Supervision
- Appraisals
- Incident reviews
- Safeguarding reviews
- Audits
- Observation record reviews
- Training records

---

17. Breach of Policy

Failure to comply with this policy may result in:

- Additional training
- Corrective action plans
- Performance management
- Formal disciplinary action
- Suspension
- Termination of engagement
- Referral to appropriate authorities where necessary

---

18. Related Policies

- Duty of Care Policy
- Mental Capacity and Deprivation of Liberty Safeguarding Policy
- Suicide Prevention Policy
- Conflict Resolution and De-escalation Policy

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Wellbeing Monitoring Policy
- Risk Assessment Policy
- Falls Prevention Policy

---

19. Policy Review

This policy will be reviewed:

- Annually
- Following major incidents
- Following safeguarding reviews
- Following legislative changes
- Following service development