

What is patient-centred care?

This is compassionate care that is responsive to the needs of the individual, provides comfort, respect, dignity and considers patient choice and preferences. This care includes support for psychological wellbeing, nutrition, personal hygiene, continence, mobilisation and activity scheduling.

Who delivers it?

All skilled nurses in partnership with the wider hospital staff, carers and families.

Issues

It can be perceived as being a mundane task, with little to learn and only for challenging patients.

It requires a range of skills

1. Good communication is key. It is important to make the patient feel welcome, understood and safe. Listen attentively, validate their feeling and provide explanation and reassurance. Finally remember to make sure you have been understood.
2. Promote and maintain dignity and respect for the patient at all times
3. Care should be kind, gentle and compassionate.
4. Liaison with other members of the team, family and carers.
5. Use of ward based resources and activities to occupy and stimulate the patient.

Thank you for your attention to this leaflet.

For further guidance please refer to Royal College of Nursing:
www.rcn.org.uk

Useful contacts for more information;

Clinical site manager:

Whittington switchboard, bleep 3340

Out of hours duty site manager:

as above

ILAT (integrated liaison assessment team):

Whittington switchboard, bleep 1106

Matron for acute care:

Whittington switchboard, bleep 2655

Safeguarding lead:

(0207) 2885632

1:1 nursing/ specialling of patients

Talk to us



Introduction

Being admitted to a medical ward can be a disorientating and distressing experience for some older adults, particularly for those who experience memory problems. Patients who present with confusion can sometimes behave in ways that places themselves or others at risk. These vulnerable patients often have physical health needs and frailty. 1:1 nursing or 'specialling' of these patients can be a useful intervention to manage risk and reduce distress.

The treating team, often in consultation with ILAT will make this decision as part of the care plan. The decision to special is frequently supported by a mental capacity assessment and commonly these patients are found to lack mental capacity for the decision to accept treatment. They may be deprived of their liberty and consequently subject to a Deprivation of Liberty order (DOLS) or order under the Mental Health Act. If this is the case they will not be free to leave the ward and may have other restrictions placed on them that are felt to be in their best interest. For example, requiring personal care that they may resist. Specialling is also frequently carried out for patients at high risk of falls. The nurse in charge should advise you as to your role in this and how to best manage these situations. Actions taken should be proportionate to any risk and carried out in the least restrictive way. Remember you are part of a team and it is important to ask for help or clarification when needed.

The decision to special needs frequent (at least daily) multi-disciplinary review to make sure it is necessary and helpful.

1:1 nursing (specialling) is used to reduce the risk and incidence of harm to the patient. It means keeping the patient within sight at all times of day and night. As well as being a monitoring activity which can be intrusive and restrictive, specialling is also meant to be a therapeutic intervention. It provides a great opportunity to carry out **patient-centred care**. This opportunity is often missed.

How to go about it - Staff

- try to get a good handover from the nurse in charge
- ensure you understand the reason why 1:1 nursing has been implemented
- read the patient's notes particularly of recent days and their admission
- participate in discussions with staff
- talk to family and carers
- liaise with staff and ensure patient attends all appointments and completes necessary tasks
- clarify any breaks and who will provide cover
- clarify documentation and handover.
(Documentation should be detailed and include name and status of 1:1 nurse, time period commenced and ended, description of current mental state – including speech content and behavior, risks and attitude to being observed).

How to go about it - Carers

- talk to the carer and reassure them about what is happening
- note their concerns and handover to nurse in charge
- help them fill in 'This is me' (patient autobiographical document available on all wards)
- find out from them about the patients:
 1. normal routines and try to include these.
For example bedtime, wake time, naps.
 2. how the patient likes to bathe and dress
 3. food preferences
 4. bowel routine
 5. medications (especially painkillers)
 6. mobility needs and help with these
 7. interests and continue these using resources from the ward or family
 8. inappropriate or difficult behaviours and how these are normally managed.

1:1 nursing/ specialling of patients.

How to go about it - Patient

- Talk to the patient and reassure them about what is happening
- assist with personal hygiene needs
- ensure they are wearing hearing aids, glasses, dentures
- help with toileting
- help mobilise
- use resources to maintain activity and provide stimulation
- help make sure patient is active in the daytime and sleeps at night
- help meet cultural and spiritual needs

If you have any difficulties or are unclear of your role ask for help. Specialling can be very satisfying and rewarding and when done well can enormously benefit agitated and confused patients.