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BEHAVIOUR THAT CHALLENGES AND REDUCING PHYSICAL INTERVENTION

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BEHAVIOUR THAT CHALLENGES AND REDUCING PHYSICAL INTERVENTION POLICY & PROCEDURE

POLICY AIMS

The Aim of this Policy is to ensure that that the Nursing Direct as a care provider supports it's Staff including Agency Workers to understand the behaviours of service users that may challenge within practice and how to manage them using de-escalation strategies with dignity and respect and least restrictive option of reducing physical interventions/Restraint with positive behaviour support in line with DOLS.

In view of this aim, Nursing Direct focuses on;

- Supporting its Staff including Agency Workers to understand how and why distressed behaviours or challenging behaviours in certain service users can occur and to include how these behaviours present.
- Describing the management of behaviours reducing physical interventions and only using it as a last resort as well as how to manage behaviours that challenge if they are new for an existing service user.

Alongside the core principles that promote Service User and others safety, the approaches outlined in Positive behaviour support and DOLS, this policy supports the Nursing Direct to meet the regulatory aspects of Key Lines of Enquiry/Quality Statements (New) (KLOE) as outlined by the Care Quality Commission (CQC) when operating it's care practice and deliver its services guaranteeing the service users receive compassionate and high-quality care, in line with industry best standards.

RELEVANT LEGISLATIONS, LAWS, RULES, AND REGULATIONS:

- Autism Act 2009
- Criminal Law Act (1967)
- Criminal Justice Act (2003)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Health and Care Act 2022
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice Mental Health Act 1983
- Mental Health Act 2007
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

1. PURPOSE

1.1 To Provide it's Staff including Agency Workers with the core principles that promote Service User and others safety, by understanding why behaviours that may challenge can occur, and that the use of de-escalation can enable the respect and dignity of Service Users at all times and the use of the least restrictive option with reducing Physical Intervention/ Restraint

1.2 To provide a framework within which adult health and social care services can develop a culture where restrictive interventions are only ever used as a last resort and then only for the shortest possible time.

1.3 To create a culture of positive and proactive care to reduce the need for restrictive interventions and set out mechanisms to ensure accountability to reduce the use of restrictive practices, including effective governance and transparent reporting and monitoring.

1.4 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements: safe, effective, responsive and well led as outlined by the CQC.

2. SCOPE

2.1 The following roles and service users may be affected by this policy:

- All Staff including Agency Workers
- Registered Manager
- Service Users

2.2 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authorities
- NHS ICB/CCG

3. OBJECTIVES

3.1 To allow Staff including Agency Workers to develop an understanding of the needs of Service Users who may display behaviour that may challenge. With greater understanding, Staff including Agency Workers are able to monitor for triggers in behaviour and minimise the risk of escalation and further distress for the Service User.

3.2 Staff including Agency Workers are clear on the requirements within relevant codes of practice and associated policies and procedures to support correct de-escalation, balanced with respect for human rights.

3.3 To Protect people's fundamental human rights and promote person-centred, best interest and therapeutic approaches to support Service Users when they are distressed.

3.4 To Improve the quality of life of those service users who may, in extreme circumstances, require physical intervention to keep them and those supporting them safe.

3.5 To Reduce reliance on restrictive practices by promoting a positive culture and practices that focus on prevention, de-escalation and reflection.

3.6 To Increase understanding of the root causes of behaviour and recognise that many behaviours are the result of distress due to unmet needs.

3.7 To focus on the safest and most dignified use of restrictive interventions (Where required) including physical intervention, in line with the Prevention and Management of Violence and Aggression (PMVA) training.

4. POLICY

4.1 Nursing Direct will have resources and competent Staff including Agency Workers with required knowledge, skills and experience as well as relevant training (including PMVA training) to respond appropriately to behaviours that may challenge as they present. This includes being aware of the environment and how the risk factors and triggers that may escalate those behaviours can be minimised, whilst complying with health and safety and other policies associated with safeguarding of Service Users, Staff including Agency Workers, and others.

4.1.2 Staff including Agency Workers will maintain an open and honest approach towards all Service Users at all times and deliver Care in a consistent and non-judgmental manner.

4.2 **What is Restraint?**
Nursing Direct accepts the Equality and Human Rights Commissions definition of restraint as: 'Restraint' is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently.

Restraint includes chemical, mechanical and physical forms of control, coercion and enforced isolation, which may also be called restrictive interventions.

Nursing Direct are directed by the initiatives of STOMP (Stopping the Overuse of Medications in People with a Learning Disability, Autism, or Both), a national project in the UK that aims to reduce the inappropriate use of psychotropic medications, and STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) guidelines.

Legal Framework
There must be a legal framework governing the use of restraint that complies with the following principles:

1. The legal framework must include a legal power authorising the use of restraint:
   a) In the individual's circumstances
   b) For the intended purpose of the restraint

   The legal power to restrain may be contained in primary or secondary legislation or derived from the common law.

   For this purpose, Section 6 of the Mental Capacity Act 2005 provides Nursing Direct with lawful authority for restraint to be used:

   a) On a person who lacks capacity
   b) Where it is reasonably believed to be necessary and proportionate to protect them from harm

UNLAWFUL RESTRAINT
It is never lawful to use:

- Restrain with intent to torture, humiliate, distress or degrade someone.
- A method of restraining someone that is inherently inhuman or degrading, or which amounts to torture.
- Physical force as a means of punishment
- Restraint that unnecessarily humiliates or otherwise subjects a person to serious ill-treatment or conditions that are inhuman or degrading.

In line with NICE recommendations, Staff including Agency Workers in community settings should not use physical intervention, also known as manual restraint and the use of mechanical restraint.

However, manual restraint may be agreed as part of a multidisciplinary decision and also agreed at Senior Management level in exceptional circumstances. This will be for the least time possible and only for someone who lacks capacity, and this is deemed as a necessary and proportionate. Nursing Direct will embed a positive and proactive approach to care and support for all Service Users to ensure that any discussion regarding physical intervention is agreed as part of a best interest decision.

4.3 Where applicable, designated Staff including Agency Workers may have Positive Behaviour Support training within specific care packages with learning disability and autism which is delivered by the allocated external agency, as well as undertaking physical intervention training such as PMVA which evidences a positive and proactive approach in supporting concerning, stressed or distressed behaviours.

4.4 This policy should only be implemented in services where the use of physical intervention, with Service Users with distressed behaviour, has been agreed by the relevant professional from the multi-disciplinary team.

4.5 The use of physical intervention is subject to a thorough evaluation of the nature, intensity, frequency, and duration of behaviors of concern. This intervention is deemed lawful and appropriate for Service Users only when sanctioned by the relevant professional from the multi-disciplinary team, where clear guidelines are established to determine the instances, conditions, and appropriateness of physical intervention, ensuring a judicious and agreed-upon approach.

4.6 The policy will follow the five principles of the Mental Capacity Act 2005 and any decision made to consider the use of physical intervention will only be made under legal best interest with relevant parties who can represent the views and wishes of the individual Service User, as well as any other healthcare professionals involved in their care.

4.7 Care Plans will focus on avoiding or reducing the need for physical intervention by ensuring that there is a detailed personal history and an up-to-date risk assessment in place for individual Service Users.

4.8 Care Plans will contain details of techniques and strategies, such as diversion, prevention, or consideration of allowing the Service User to have their preference used before any type of physical intervention is considered as an option.

4.9 Before any Staff including Agency Workers use physical intervention, other than short-term restriction of the Service User's freedom of movement or in an unforeseen emergency, they will receive training and be competent. Knowledge and practice will be reviewed on an annual basis

5. PROCEDURE

5.1 Behaviours that challenge and approaches in managing such behaviour

5.1.1 Behaviours that challenge or behaviours of distress can pose a risk to the Service User or others around them. Behaviours that challenge are not a diagnosis, but some people with learning disabilities, autism, dementia and mental health conditions are more likely to display behaviours that are challenging towards themselves, carers, family members and other people. Behaviours that challenge can be displayed by anyone, regardless of any condition or diagnosis.

Some behaviours that may present a challenge are:

- Aggression (verbal or physical)
- Self-harm - headbanging, pulling their own hair out.
- Sexually inappropriate behaviour
- Eating objects that are not fit for human consumption.
- Destructiveness
- Disruptiveness

Nursing Direct acknowledges that no policy or procedure can eliminate behaviours that challenge and there is no 'one size fits all' approach to its management. However, the following procedures are based fully on evidenced-based practice, underpinned by person-centred care planning and recognition that everyone is unique and individual.

Skilled management can often divert or distract from behaviours that may challenge. Staff including Agency Workers can refer to their specific training i.e PMVA to establish techniques to support effective person-centred care.

5.1.2 **Assessment**
Assessment will begin at the enquiry stage when sufficient information will be gathered to alert Nursing Direct about the types of needs the Service User has. At this stage, Nursing Direct must establish any conditions or previous history of behaviours that may present.

Nursing Direct must consider whether;

1. They can meet the needs of the Service User
2. Staff including Agency Workers are competent to meet the Service User's needs whilst promoting independence.

Where there is any doubt, Nursing Direct must not accept the care of the Service User and can support in offering alternative providers.

Upon commencement of the service, a full Care Plan and Risk Assessment must be completed. Triggers for behaviour and methods of dealing with it must be documented in the Care Plan and explained to all Staff including Agency Workers involved in the Service User's Care.

The Service User and their next of kin, family member or other representative should be encouraged to be involved in the Care Plan and Risk Assessment, and an agreement reached on what risks will be acceptable and the interventions that they would and would not wish to be used. This includes what actions will be taken if the Service User exhibits behaviour that challenges which does not respond to the usual interventions. Service Users must be encouraged to regularly review their wishes with Nursing Direct, where possible, and changes must be clearly documented within their Care Plan and other documentation.

5.1.3 **Care and Treatment**
Nursing Direct must:

- Develop individualised Care Plans with Service Users and any other healthcare professionals who may be involved in their Care, that includes an assessment of risk.
- Monitor and record behaviours using the required monitoring forms.
- Provide structured and planned activities following assessment of the Service User's needs.

Any agreed activities and therapies will be implemented within the Care Plan. Activities will be reviewed and adapted according to the changing needs and preferences of Service Users.

The multi-disciplinary team around the service user will be contacted to identify specific plans and strategies for dealing with new or repeated episodes of challenging behaviour from the Service User, where required.

5.1.4 Nursing Direct acknowledges that there may be circumstances where behaviour that challenges present in Service Users sometime after service has commenced. This can often arise when caring for Service Users with dementia, whose condition may have progressed.

Nursing Direct acknowledges that these incidents must be recorded, and a suitable assessment and Care Plan formulated. Nursing Direct will seek advice and support from other professionals where necessary and will ensure that Staff including Agency Workers who are trained and confident attend the Service User.

5.1.5 **Dealing with an Incident**
Staff including Agency Workers must ensure that they are using their competence when dealing with Incidents, as guided by Nursing Direct's person- centred Care Plan, Risk Assessments and specific trainings such as PMVA.

5.1.6 **Restraint**
Staff including Agency Workers must refer to the provisions of this policy in respect of Reducing Physical Intervention Procedure at Nursing Direct for further clarification in this area and ensure that NICE guidance (referred within DOLS) and best practice are followed.

5.1.7 **Post-Incident Action**

- Notify members of the multidisciplinary team, as appropriate
- Involve fellow Staff including Agency Workers in discussions about the cause, learning and future management of the Service User, as per the post- incident review detailed in below,
- Inform their relative/significant other.
- Complete the appropriate incident/accident forms.
- Complete a regulatory notification, where required (i.e. police involvement, harm to a Service User etc.)
- Update associated risk assessments and Care Plans, where required
- Introduce a behaviour assessment form if this is the first episode or update accordingly.

- Ensure that handover communications include the incident to inform all relevant Staff including Agency Workers who support the Service User
- Debrief and support any Staff including Agency Workers involved who may be emotionally affected by the incident.

5.1.8 **Post-Incident Review**

A post-incident review will need to take place as soon as possible and within at least 72 hours of an incident ending. This review will be carried out on the Radar Incident Reporting System, creating a workflow to be completed. Once all workflow tasks have been created, the case can be closed and a full report will be available to download.

A documented record of this must be drawn up, especially in relation to restraint. If a Service User is restrained, this must be discussed and the reasons why this was deemed necessary must be shared.

5.1.9 **Training and Development**

5.1.9.1 For new Staff including Agency Workers, they will be required to complete appropriate training including PMVA (please refer to the Induction and Onboarding Policy and Procedure for further details). Nursing Direct ensures that all Staff including Agency Workers have sufficient and suitable training that enables them to provide bespoke and appropriate care delivery to the individual Service User that they care for. It is essential that all relevant Staff including Agency Workers working with Service Users with behaviour that challenges receive mandatory training in learning disabilities and autism, if applicable and where there is a learning disabilities and autism diagnosis.

The following completed standards will support a greater understanding of how to support Service Users with behaviours that may challenge:

- Work in a person-centred way
- Privacy and dignity
- Awareness of learning disabilities and autism
- Dementia
- Mental Health
- Safeguarding adults and children

Staff including Agency Workers will be guided by the training organised by Nursing Direct, or other external training providers.

5.1.9.2 Nursing Direct will ensure that Staff including Agency Workers receive additional training on an 'as and when required' basis, dependent on the needs of the individual Service Us, dependent on their previous trainings and qualifications.

Staff including Agency Workers are encouraged to gain knowledge by using of resources and current practice in the areas of:

- De-escalation techniques
- Trigger awareness
- Risk assessment and care planning
- Conditions that can cause behaviours that challenge.

Reflection around behaviour that challenges will be discussed (as appropriate) within supervision sessions and via group debriefing team meetings.

5.2 **Positive Behaviour Support**

Positive Behaviour Support (PBS) provides a framework that seeks to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance a person's quality of life. Evidence has shown that PBS-based approaches can enhance quality of life and also reduce behaviours of concern, which in turn can lead to a reduction in the use of restrictive interventions including physical intervention.

Depending on the needs of the Service User, Nursing Direct will work collaboratively with external Agencies that provide appropriate PBS guidance, advice and training. When it is required, when PBS Services are required, Nursing Direct will work together with such agencies when assessing risks and planning care for the Service Users. Should ongoing support be needed for a particular care package, then Nursing Direct will seek support, advice and guidance on a case-by-case basis.

As and when required, Staff including Agency Workers will follow the steps as guided through Care Plans and Risk Assessments that have been developed and reviewed in line with the Positive Behaviour Support Management Plans created by the external PBS agencies.

When supporting Service Users with stressed or distressed behaviours. PBS is commonly used in learning disability and autism services but is also effective in supporting any Service User with stressed or distressed behaviours.

5.2A Human Rights Approach to Physical Intervention and Restrictive Practices

Restrictive practices, including physical intervention, can be characterised as an exercise of power over another individual. In order to ensure this power is never to be abused, comprehensive safeguarding measures must always be in place. It is essential that such safeguards eliminate any risk of discrimination, harassment or victimisation. Nursing Direct must ensure that no Service User is exposed to any restrictive practice because of their age, mental health status, mental capacity, physical impairment, race/ethnicity, religion and belief, gender (including transgender), HIV/AIDS status, sexual orientation, political opinion, socio-economic background, or spent convictions.

5.3 **Capacity and Consent**

Nursing Direct must ensure that they receive the Service User's mental capacity assessment, as consent for the use of any type or method of physical intervention must be gained from Service Users, unless they lack the mental capacity to make the decision.

To summarise:

5.3.1 If a Service User has capacity, does not consent, and there is no risk of harm to other people, then physical intervention is not acceptable and could result as civil or criminal assault.

5.3.2 If a Service User lacks capacity, Nursing Direct must follow the MCA guidance to apply decisions that are being made on a Service User's behalf. This will only be agreed as part of a wider multidisciplinary approach in community settings.

5.3.3 For Service Users who lack capacity in relation to their behaviour and physical intervention, Nursing Direct must have a copy of the Deprivation of Liberty Safeguards that has been agreed by the relevant professional.

5.4 **Planned Physical Intervention**

Staff including Agency Workers will be familiar with the definition of physical intervention and the types of physical intervention. Only Staff including Agency Workers who have had approved, accredited training will be involved in any type of physical intervention.

They will also be clear that, in accordance with the Mental Capacity Act 2005, when considering using any form of physical intervention with a Service User who lacks capacity, the following two conditions must both be met:

- The Staff including Agency Worker taking action must reasonably believe that physical intervention is necessary to prevent harm to the person who lacks capacity or any other person, and
- The amount and type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.

A multidisciplinary approach has been taken and a Deprivation of Liberty is in place to implement this restriction

The following must be assessed by the relevant professional:

- The Service User's behaviour
- The Service User's underlying condition and treatment
- The Service User's mental capacity in relation to making decisions about their behaviour which is leading Staff including Agency Workers to consider using physical intervention. This is to include completion of the Mental Capacity Assessment records and a best interest meeting.
- The communication needs of the Service User
- The impact of the use of the type of restraint on the Service User

It is unlawful to physically restrain a Service User in a way that deprives them of their liberty unless the procedures set out in the Mental Capacity Act (MCA) 2005 Policy and Procedure and the Deprivation of Liberty Safeguards (DoLS) Policy and Procedure at Nursing Direct are followed, unless they are at immediate risk of harm to themselves or to others.

The relevant professional will ensure that they have considered all other options to ensure the Service User's safety and wellbeing, and this is the last resort.

5.5 **The Safe and Ethical Use of Physical Intervention**

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.
- There could be a real possibility of harm to the Service User or to Staff including Agency Workers, the public or others if no action is taken.
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm.
- Any action taken to restrict a Service User's freedom of movement must be the least restrictive option that will meet the need.
- Any restriction should be imposed for no longer than absolutely necessary.
- What is done to people, why and with what consequences must be subject to audit and monitoring, and must be open and transparent
- Restrictive interventions should only ever be used as a last resort.

When confronted with acute behavioural disturbance, or highly stressed or distressed behaviours, the choice of restrictive intervention must always represent the least restrictive option to meet the immediate need.

It should always be informed by the Service User's preference (if known), any particular risks associated with their general health and an assessment of the immediate environment. Individual risk factors which suggest a person is at increased risk of physical and/or emotional trauma must be taken into account when applying physical intervention.

Staff including Agency Workers must follow the approved techniques as stipulated by an accredited training provider, in line with The Restraint Reduction Network Training Standards.

For training services to be certified, they must be delivered by:

- An approved training organisation
- An approved senior trainer or within an approved affiliate provider organisation, and
- Be an approved curriculum.

5.6 **Post-Incident Debrief**

Nursing Direct must ensure that where appropriate, lessons are learned when incidents occur where restrictive interventions, including physical intervention, have had to be used. Nursing Direct carry out a post-incident analysis which is recorded on our database - Radar Incident Recording System.

Individual Staff including Agency Workers may also require a separate review due to sustaining injuries, psychological distress or anxiety around the incident following Nursing Direct's internal process for Welfare Checks which are also recorded on the Radar System.

Whilst Staff including Agency Workers should attend the group de-brief meeting, Staff including Agency Workers should also be encouraged to submit an individual analysis to raise any specific concerns that may not be appropriate to do so in a group forum.

In addition, all Service Users who have been involved in the incident should be encouraged to reflect with Staff including Agency Workers, where possible. This includes the Service User who was involved in the physical intervention, as well as any family members, witnesses or others.

The aims of post-incident reviews are to:

- Evaluate the physical and emotional impact on all individuals involved (including any witnesses)
- Identify if there is a need, and if so, provide support for any trauma that might have resulted.
- Help Staff including Agency Workers and Service Users to identify what led to the incident and what could have been done differently.
- Determine whether alternatives, including less restrictive interventions, were considered.
- Determine whether service barriers or constraints make it difficult to avoid the same course of action in future.
- Where appropriate, avoid a similar incident happening on another occasion.

Service Users with cognitive and/or communication impairments may need to be helped to engage in this process; for example, by the use of simplified language or visual imagery. Other people may not be able to be involved due to the nature of their impairment.

If the Service User wishes to raise a formal concern or complaint they should be reminded how to access the local complaints procedure of Nursing Direct (refer the Complaints and Compliments policy and procedure of Nursing Direct).

Staff including Agency Workers or Service Users who have sustained injuries or have been subjected to a serious assault should be supported and consideration should be given to involve the Police.

All post-incident reviews should be analysed by Nursing Direct, which should form part of the overall governance and oversight of restrictive practices in the service and within Nursing Direct.

5.7 **Notifications**
Due notifications will be made to the CQC in accordance with its notification expectations, where required.

Local Authorities, CCG's, safeguarding teams and any other commissioners will also be duly notified where any concerns are raised regarding the inappropriate use of physical intervention that affects a Service User's safety and wellbeing or has been used without authorisation.

The next of kin, family members and any other representative on behalf of the Service User may also be required to be informed according to individual Care Plans.

5.8 **Recording and Reporting**
Nursing Direct will monitor and maintain a register of all incidents of physical intervention. This register will be used to review practice and allow for the opportunity to reduce and eliminate the need. This will also be reviewed as part of overall governance and quality assurance at Nursing Direct.

Nursing Direct will oversee and ensure that any Service User having any form of physical intervention or restrictive practice in place has the necessary procedures and authorisation as detailed within this policy. Following any occasion where a restrictive intervention is used, whether planned or unplanned, a full record should be made. This should be recorded as soon as practicable (and always within 24 hours of the incident).

The record should detail:

- The names of the Staff including Agency Workers and people involved.
- The reason for using the specific type of restrictive intervention (rather than an alternative less restrictive strategy)
- The type of intervention employed.
- The date and the duration of the intervention
- Whether the Service User or anyone else experienced injury or distress (a body map should also detail any injuries)
- What action was taken

5.9 **Injuries Sustained Through the Use of Physical Intervention**
Any injuries or suspected injuries should be dealt with as soon as it is practical and safe to do so.

The Staff including Agency Workers managing the incident must check the wellbeing of the Service User as well as the Staff including Agency Workers involved after the incident and whether they may have any injuries. All injuries must be recorded as part of the post-incident debrief and reporting and a body map should be completed.

5.10 **Good Governance and Corporate Accountability**
Nursing Direct will ensure that robust governance oversight, monitoring and regular review are in place where Service Users who are exposed to restrictive interventions have access to high quality support plans that are designed, implemented and reviewed, and that restrictive interventions are undertaken lawfully. Nursing Direct will ensure that its effective governance frameworks are founded on transparency and accountability.

Details of how the Senior Management level (or equivalent) authorisation and approval of any restrictive interventions used and monitored in practice will be available.

Nursing Direct will ensure that there is delegated Clinical Lead or equivalent who takes a lead responsibility for the review of restrictive intervention and reduction approach. Service Users and families will be informed of who this is.

The delegated Clinical Leads who manage the Care Plan, Risk Assessment and review the use of restrictive interventions within the service provision will also undertake appropriate training in the use of physical interventions to ensure they are fully aware of the techniques their Staff including Agency Workers are being trained in.

6. DEFINITIONS & ABBREVIATIONS

6.1 **Staff including Agency Workers**

6.1.1 **Staff**
Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 **Agency Workers**
Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 **Nursing Direct**
Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 **Nursdoc Limited**
As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 **CQC (Care Quality Commission)**
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 **NICE Guidelines**
NICE guidelines are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings. Their guidelines help health and social care professionals to prevent ill health, promote and protect good health, improve the quality of care and services and adapt and provide health and social care services.

6.6 **Consent**
Consent is a Service User's agreement for an Staff including Agency Worker or health professional to provide Care. Service Users may indicate implied consent non-verbally (e.g. by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the Service User must be competent to take the particular decision, have received sufficient information to take it and not be acting under duress.

6.7 **Stressed and Distressed behaviours**
Stress is a state of mental or emotional strain or tension resulting from an adverse or demanding circumstance. Distress is a state of extreme anxiety, sorrow or pain.

6.8 **Behaviour that Challenges**
'Severely challenging behaviour refers to culturally abnormal behaviour(s) of such an intensity, frequency or duration, that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to seriously limit use of or result in the person being denied access to ordinary community facilities.' (Emerson, 1995).

Behaviours that could be described as challenging include physical or verbal aggression, self-injury, property destruction, non-compliance and anti-social nuisance behaviour. The definition of any given behaviour as challenging is subjective and relative. Therefore, it is always necessary to precisely describe the behaviour that is being labelled as challenging in terms of its effects on the person, on their lifestyle and on other people.

6.9 **Interventions**
A proactive, recovery-focused approach aimed at preventing the likelihood of challenging behaviour occurring. The minimum level of interventions must be used, and Service Users supported in developing their own positive coping and risk management skills.

6.10 **De-escalation**
This involves the use of techniques and methods to reduce a person's actual or potential agitation and aggression, that can resolve a potentially violent or aggressive situation, through the purposeful use of communication and therapeutic intervention skills.

6.11 **Prevention and Management of Violence and Aggression (PMVA)**
Prevention and Management of Violence and Aggression, also referred to as PMVA, is focused on equipping Staff including Agency Workers with the necessary skills to identify, prevent, and manage aggressive or violent behaviour in the workplace. This includes both verbal and physical aggression.

6.12 **Mechanical Restraint**
Any restrictive device (e.g. seatbelt, lap belt, bed rails, or physical confinement) used to restrict a person's free movement, most commonly used in emergency situations.

6.13 **Breakaway Techniques**
Physical skills to help separate or break away from an aggressor in a safe manner that does not involve the use of restraint - (The National Institute for Clinical Excellence, 2015)

6.14 **Mental Capacity**
Having mental capacity means that a person is able to make their own decisions.

6.15 **The Mental Capacity Act 2005 (MCA)**
The Mental Capacity Act 2005 is designed to cover situations whereby someone is unable to make decisions because of an impairment of, or a disturbance in, the functioning of their mind or brain. The Act says that if a person is unable to make a particular decision there will be a decision-making process completed on their behalf (Best Interests Decision), which is necessary to prevent harm and proportionate to how likely that harm is to happen and how serious it would be.

6.16 **Deprivation of Liberty Safeguards (DoLS)**
The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a Service User who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

There is a specific set of interventions which are deliberate acts (that could be seen to restrict a Service User's movement, liberty, or freedom to act independently) placed on a person to take immediate control of a dangerous situation (where there is the risk of harm to the person or others if no action is taken) and end or reduce the danger to the person or others.

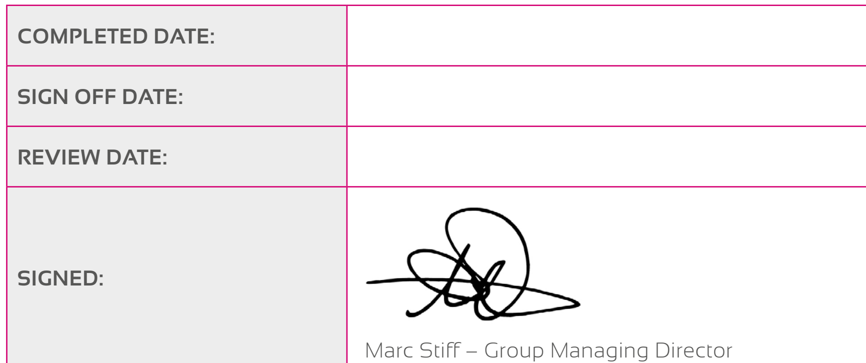
OUTSTANDING PRACTICE

To be 'outstanding' in both the policy areas of reducing physical intervention and managing behaviour that challenges, Nursing Direct can demonstrate evidence that:

- There are no blanket restrictions related to the service, and each Service User's Care Plan reflects involvement, goal planning, and a person-centred approach to individual needs, preferences, and wishes.
- Nursing Direct is open and transparent in the area of physical intervention, learning from individuals and their relatives or friends about how it can be avoided.
- There are no recent unexpected incidents of physical intervention, despite Service Users having a history of presenting behaviours that previously led to such interventions.
- A culture of positive and proactive care and support is embedded into Nursing Direct, evidenced in policies, procedures, training, attitudes of Staff including Agency Workers, governance oversight, and Service User outcomes.
- Governance data shows a decrease in any unexpected incidents of physical intervention as a result of the culture and ethos.
- Service Users and their representatives are extremely satisfied with the way care and support are provided by Nursing Direct.
- All relevant Staff including Agency Workers are fully aware of the issues surrounding physical intervention and behaviour that challenges, understanding the implications.
- Care Plans for behaviour that challenges include Service User wishes regarding interventions in the event of an incident, where possible.
- A guide describing support methods available to Staff including Agency Workers affected by incidents of behaviour that challenges is available to all.
- Unexpected incidents of behaviour that challenges reduce over time due to innovative, creative, and person-centred approaches.
- Service Users express satisfaction with how Nursing Direct supports them and understands their behaviours.
- Nursing Direct is recognised as a centre of excellence and provides training to others in managing behaviour that challenges.
- Stakeholders report extreme satisfaction with the way Nursing Direct manages both reducing physical intervention and behaviour that challenges.

FORMS LINKED TO THIS POLICY

- Incident and Accident Reporting Form
- ABC Behaviour Charts
- Body Map
- Physical Intervention Flow Chart
- Radar System (Incident Reporting Software)
- PMVA Guidance
- Debrief Form
- Service User Debrief



COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	Marc Stiff – Group Managing Director