NursingDirect

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BEHAVIOURS THAT CHALLENGE AND REDUCING PHYSICAL INTERVENTION

BEHAVIOURS THAT CHALLENGE AND REDUCING PHYSICAL INTERVENTION POLICY & PROCEDURE

POLICY AIMS

The aim of this policy is to ensure that Nursing Direct, as a care provider supports its staff including Agency Workers, including Agency Workers, in understanding and managing the behaviours of service users that may present challenges. This includes using de-escalation strategies to maintain dignity and respect while minimising the need for physical intervention or restraint. The approach aligns with industry best practices, governance frameworks, and guidance from professional bodies, emphasising positive behaviour support, human rights, and the least restrictive measures. It also ensures compliance with the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards (DoLS), and other relevant legislation and regulations.

In line with this aim, Nursing Direct focuses on:

- Supporting its staff including Agency Workers, including Agency Workers, in understanding how and why distressed behaviours or behaviours that challenge may occur in certain service users. This includes recognising how these behaviours present and their impact, particularly when a service user's reactions may be perceived as challenging or concerning.
- Providing guidance on managing service users with a history of behaviours that challenge, as well as addressing newly emerging behaviours that challenge in existing service users. This is done using the least restrictive options, with physical intervention used only as a last resort.

Alongside core principles that prioritise the safety of service users and others, the approaches outlined in this policy support Nursing Direct in meeting the regulatory requirements within the Key Lines of Enquiry (KLOE) and Quality Statements set by the Care Quality Commission (CQC).

By adhering to these standards in its care practices and service delivery, Nursing Direct ensures that service users receive compassionate, high-quality care in line with industry best practices. In addition to meeting service users' needs, this policy aims to support them in a personalised way that enhances their quality of life. For the purpose of this policy, 'a behaviour' refers to any action or reaction of a service user that others may perceive as challenging or concerning.

RELEVANT LEGISLATIONS, LAWS, RULES, AND REGULATIONS:

- Autism Act 2009
- Criminal Law Act (1967)
- Criminal Justice Act (2003)
- Data Protection Act 2018
- UK GDPR
- Equality Act 2010
- Health and Care Act 2022
- Health and Safety at Work etc. Act 1974
- 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
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Safeguarding Vulnerable Groups Act 2006
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

1. PURPOSE

1.1 To ensure that the diverse needs of service users are fully assessed, understood, and supported, as unmet needs can often lead to frustration or distress, potentially resulting in behaviours that challenge. Behaviours that challenge refer to any actions or reactions that others may find concerning. This approach aims to identify and address unmet needs, reducing distressing events and ensuring that all support gaps are effectively filled.

1.2 To provide staff including Agency Workers, including Agency Workers, with the core principles that promote service user and individual safety by understanding why a service user presents with challenging, concerning, stressed, or distressed behaviours or reactions.

1.3 To ensure that service users are supported in a personalised way with various de-escalation strategies, with physical interventions used only as a last resort. This approach prioritises their choices, respect, and dignity, ultimately enhancing their quality of life.

1.4 To foster a culture of positive and proactive care that minimises the need for restrictive interventions while establishing clear accountability mechanisms to reduce the use of restraint and physical interventions. This approach emphasises de-escalation strategies, prioritising least restrictive practices, and ensuring that restraint is used only as a last resort. Accountability is reinforced through effective governance, transparent reporting, and continuous monitoring to support best practices.

1.5 To support collaboration with health and social care services in developing a framework that ensures restrictive practices, including restraint and physical interventions, are only ever used as a last resort and for the shortest possible time.

1.6 To ensure that all staff including Agency Workers, including Agency Workers, receive appropriate and up-to-date training to work effectively with service users who present behaviours that challenge.

1.7 To demonstrate that all staff including Agency Workers are aware of Positive Behaviour Support (PBS) Care Plans in place and that PBS Specialist Training will be attended by all staff including Agency Workers, including Agency Workers involved in the package. Ongoing feedback, monitoring, and review of the effectiveness of such Care Plans will be ensured.

1.8 To ensure Nursing Direct meets the Key Lines of Enquiry/Quality Statements as outlined by the Care Quality Commission (CQC): safe, effective, caring, responsive, and well-led.

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 enable Service Users to lead fulfilling and socially inclusive lives regardless of the concerns posed by their behaviour.

3.2 To allow Staff including Agency Workers, including Agency Workers, to develop an understanding of the needs of Service Users who may display challenging behaviour.

3.3 To increase awareness of the root causes and triggers of such behaviours, recognising that they often stem from distress due to unmet needs, and to carefully assess and monitor these triggers to minimise and manage the risks of escalation and further distress for Service Users.

3.4 To acknowledge that positive risk-taking is essential for their personal growth and development while reducing the likelihood of incidents relating to behaviours that challenge.

3.5 To ensure Staff including Agency Workers, including Agency Workers, are thorough in their knowledge of relevant codes of practice, policies, and procedures, supporting Service Users with appropriate de-escalation approaches while maintaining respect, dignity, and human rights.

3.6 To protect the fundamental human rights of Service Users and promote person-centred care, ensuring their best interests are considered through therapeutic approaches when they face distressing situations.

3.7 To ensure that Staff including Agency Workers, including Agency Workers, develop the knowledge and skills necessary to respond positively to escalated or challenging behaviour, fostering a positive culture that prioritises prevention, de-escalation, and reflection while reducing reliance on restrictive practices.

3.8 To improve the quality of life for those who may, in extreme circumstances, require restrictive practices, including restraint and physical interventions, to keep themselves and those supporting them safe.

3.9 To ensure that any restrictive practice used within Nursing Direct is carried out within a clearly defined legal framework, is proportionate to the level of risk, is the least restrictive option, and is used only for the minimum necessary duration.

3.10 To focus on the safest and most dignified use of restrictive interventions, including physical intervention, only when absolutely necessary and in line with the Prevention and Management of Violence and Aggression (PMVA) training.

3.11 To outline the governance responsibilities of Nursing Direct in ensuring the provision of appropriate information, support, and training that enable staff including Agency Workers to identify key areas of unmet needs in service users that may contribute to behaviours that challenge. To ensure that all relevant Staff including Agency Workers receive appropriate training, education, and support in Positive Behaviour Support (PBS) when required, in line with the Positive Behaviour Support policy of Nursing Direct.

4. POLICY

4.1 Nursing Direct will follow the guidance from the Department of Health, 'Positive and Proactive Care: reducing the need for restrictive interventions (2014)'which aims to reduce the use of restrictive interventions in health and social care settings. This framework emphasises person-centred care and identifies key actions to enhance the quality of life for individuals, therefore minimising the need for restrictive practices.

This applies to services that work with Service Users who present with a behaviour, as well as services for Service Users who are elderly, confused, who may become agitated and may be living with dementia.

4.2 Nursing Direct will have resources and knowledgeable, competent staff including Agency Workers available to respond appropriately to behaviours that challenge, as they present. This includes being aware of the environment and how this can minimise triggers that may escalate those behaviours, whilst complying with health and safety and other policies associated with safeguarding Service Users, staff including Agency Workers and other individuals.

4.3 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-judgemental manner

4.4 Individual care and support plans will detail the specific techniques approved for individual Service Users following comprehensive risk assessment taking place.

4.5 **What is Restraint?**
Nursing Direct accepts the Equality and Human Rights Commission's 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".

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

- The legal framework must include a legal power authorising the use of restraint:
- In the individual's circumstances
- 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 lawful authority for restraint to be used:

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

4.7 **Unlawful Restraint**
It is never lawful to use:

- Restraint 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

Nursing Direct recognises and acknowledges the importance of understanding the individual Service User's perspective and the potential emotional and psychological impact of restraint on them. Staff including Agency Workers will be trained to recognise these effects and to use restraint only when absolutely necessary

4.8 **What is Restrictive Practice?**
Restrictive practices are a wide range of activities that stop Service Users from doing things that they want to do or that encourage them to do things that they do not want to do. This term covers a wide range of activities that restrict people and includes: Physical intervention/ restraint, Chemical restraint, Environmental restraint, Mechanical restraint, Seclusion or enforced isolation, Long-term segregation, and Coercion

Nursing Direct will ensure the availability of resources and competent staff including Agency Workers, including Agency Workers, with the necessary knowledge, skills, and training (including PMVA training) to appropriately respond to behaviours that may challenge. Staff including Agency Workers will be aware of the environment and proactively identify and minimise risk factors and triggers that could escalate such behaviours while complying with health and safety regulations and safeguarding policies for Service Users, staff including Agency Workers, and visitors

Staff including Agency Workers, including Agency Workers, will maintain an open, honest, and dignified approach towards all Service Users and their behaviours at all times, ensuring that care is delivered in a consistent and non-judgemental manner.

4.9 **NICE Guidelines**

4.9.1 NICE Guidelines highlight that physical intervention used to forcibly confine a person (also known as manual restraint and the use of mechanical restraint), whether physical or chemical, should not be used in services. 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, where this is deemed necessary and proportionate

4.9.2 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

4.9.3 Nursing Direct will continuously review and update practices regarding manual restraint to ensure adherence to the latest NICE guidelines. Regular audits and training updates will be conducted to maintain compliance

4.10 Where applicable, designated staff including Agency Workers, must possess the necessary understanding, skills, and competencies, such as Prevention and Management of Violence and Aggression (PMVA) training, to effectively support specific care packages involving behaviours that challenge associated with learning disabilities, autism, Dementia, or mental health conditions

4.11 **Care Planning**

4.11.1 This policy will follow the five principles of the Mental Capacity Act 2005, and any decision made to consider the use of restraint 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

4.11.2 This policy should ONLY be implemented in services where the use of restrictive practices, restraint or physical intervention has been agreed at senior management level to support individual Service Users. Restrictive practices, restraint, or physical intervention should only be used when an approved, accredited trainer has delivered the training

4.11.3 Nursing Direct will ensure that Service Users have appropriate Care Plans in place. This is to ensure that in the event of restrictive practices being identified as needed, the Care Plan contains all the relevant information required that makes the restrictive practice lawful by following recognised procedures

4.11.4 Care Plans will detail why some Service Users are particularly vulnerable to violations of their human rights. This will include protected characteristics such as age, capacity, or discrimination related to their protected characteristics as defined by the Equality Act 2010

5. PROCEDURE

5.1 The lead for this policy and procedure covering restrictive practice including physical intervention and behaviours that challenge at Nursing Direct is the Registered Manager. It is the responsibility of the Registered Manager to ensure that this policy remains up to date and in line with practices carried out at Nursing Direct

5.2 The Registered Manager has overall responsibility but may delegate some specific responsibilities to suitable others. Delegated responsibilities must be clearly documented, and the assignee must acknowledge and accept the delegation

5.3 **Behaviours that Challenge**

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

5.3.2 Some behaviours that may be presented include aggression, which can be verbal or physical, as well as self-harm, such as head banging or pulling out one's own hair. Sexually inappropriate behaviour may also occur, including undressing in public, fondling genitals, or touching someone inappropriately. Some individuals may exhibit pica, a behaviour involving the consumption of objects that are not fit for human consumption. Other behaviours can include destructiveness, disruptiveness, or repetitive actions, such as asking the same question or performing the same activity repeatedly. Restlessness, pacing up and down, walking with purpose, and fidgeting are also common. Additionally, individuals may experience night-time waking and sleep disturbances, as well as faecal smearing

5.3.3 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 every individual is unique

5.3.4 Where emotional needs cannot be met, skilled staff including Agency Workers can often divert or distract from behaviour presented by individual Service Users. Staff including Agency Workers can refer to the PBS (Positive Behaviour Support) informed care plan to understand why a Service User may present with a behaviour and to establish techniques to support effective person-centred care planning

5.3.5 Nursing Direct acknowledges that there may be circumstances where a behaviour presents in Service Users sometime after a service has commenced. This can often arise when providing Care for Service Users with dementia, whose condition may have progressed

5.3.6 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 to provide Care to the Service User

5.4 **Human Rights**

5.4.1 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

5.4.2 Nursing Direct accepts that under human rights legislation, basic rights and freedom belong to every individual without exception

5.4.3 The policy at Nursing Direct is based on a set core of principles sometimes known as FREDA:

- **F** – Fairness
- **R** – Respect
- **E** – Equality
- **D** – Dignity
- **A** – Autonomy

These principles are designed to protect individual Service Users' freedoms and empower them to control how they choose to live their own lives, to take part effectively in decisions made about them which impact upon their rights, and to receive a fair and equal service

5.4.4 The use of all restrictive practices including restraint or physical intervention must be in line with the principles described in the Human Rights Framework for Restraint produced by the Equality and Human Rights Commission

5.4.5 All acts of restrictive practice must be lawful, proportionate and the least restrictive option available

5.4.6 It is never lawful to use restrictive practices including restraint or physical intervention to humiliate, degrade or punish a Service User

5.4.7 The best way to avoid restrictive practices is to work preventatively and meet needs before a crisis arises. However, there may be rare occasions when it is necessary to use restrictive practices to prevent harm to a Service User or others

5.5 **Assessment**

5.5.1 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 condition or previous history of behaviours that may present. Nursing Direct acknowledges that there may be circumstances where behaviours that challenge present in Service Users sometime after a service has commenced. This can often arise when caring for Service Users with dementia or any other medical condition, whose condition may have progressed

5.5.2 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 their independence

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

5.5.4 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 behaviours that challenge 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

5.6 **Care Planning**

5.6.1 The use of physical intervention must be included within the care support plan of the Service User and undergo a thorough risk assessment evaluating the nature, intensity, frequency, and duration of the behaviours of concern. It may only be used if approved by a relevant professional from the multi-disciplinary team. This intervention is considered lawful and appropriate for Service Users only when sanctioned by the relevant professional, with clear guidelines established to define its use, conditions, and appropriateness, ensuring a well-judged and agreed-upon approach

5.6.2 Nursing Direct will take all necessary steps to ensure that Care Plans for their care packages prioritise the care service delivery, avoiding or reducing the need for physical intervention. This will be achieved by maintaining a detailed personal history, comprehensive needs assessments, and up-to-date risk assessments for each Service User. The goal is to address all identified needs effectively, preventing gaps that could lead to challenging behaviours

5.6.3 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

5.6.4 Care Plans will focus on avoiding or reducing restrictive practices, ensuring that there is a detailed personal history and an up-to-date risk assessment in place for individual Service Users

5.6.5 Care Plans and risk assessments will be reviewed and updated in line with Nursing Direct policies and procedures or immediately following any incident or accident. This ensures that they remain relevant and effective in meeting the needs of the Service User

5.6.6 Nursing Direct will have a process in place for the monitoring and review of care plans and risk assessments

5.6.7 Before any staff including Agency Workers, including Agency Workers, use restrictive practices, including restraint/physical intervention (other than short-term restriction of the Service User's freedom of movement, or in an unforeseen emergency), they will receive appropriate levels of training in line with the Service User's needs, staff including Agency Workers, including Agency Worker roles and responsibilities, and will be assessed as competent to carry out any required techniques. Knowledge and practice will be reviewed on an annual basis or sooner based on assessment.

5.6.8 Care Plans and risk assessments will detail where Service Users have past trauma, communication barriers, or other differences and, as a result, find certain restrictive practices distressing, challenging, and harmful. They will clearly identify any support required to avoid, reduce, and alleviate these processes

5.6.9 Staff including Agency Workers, including Agency Workers, are responsible for following Care Plans and any concerns must be discussed with Nursing Direct management

5.7 **Capacity and Consent**
In accordance with the Mental Capacity Act 2005, Nursing Direct must obtain the Service User's mental capacity assessment. Consent for any form of physical intervention must be gained from Service User unless they lack the mental capacity to make an informed decision.

To summarise:

- Restrictive practice can only be carried out with the consent of the Service User
- 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.
- If a Service User does not give consent but a restrictive practice is considered necessary to safely manage a situation, minimise the risk, or meet the Service User's needs, then a multidisciplinary discussion must take place in order to discuss and agree alternative strategies
- Where there are concerns over a Service User's capacity to consent to a restrictive practice, then an assessment of the Service User's capacity in relation to that specific issue must be undertaken. A 'best interest' meeting may need to be held in line with the Mental Capacity Act (MCA) 2005 Policy and Procedures
- For Service Users who lack capacity in relation to their behaviour and restrictive practices including restraint/physical intervention, Nursing Direct Healthcare Limited must have a 'Deprivation of Liberty' agreed which is deemed necessary and proportionate to carry out this level of restriction in specific circumstances

Staff including Agency Workers must be aware of the 5 principles of the Mental Capacity Act.

5.8 **Advocacy**
Where there are significant concerns about a Service User's capacity, an independent mental capacity advocate (IMCA) will be involved to ensure that the Service User's rights and best interests are represented

5.9 **Person-centred Practice**
Nursing Direct supports the culture of person-centred practice, recognising this as the key to reducing restrictive practice. Nursing Direct remains fully committed to the reduction of any restrictive practice. All Service Users will receive detailed care plans and risk assessments in order to meet individual Service Users' needs aimed at improving their quality of life and removing the need to implement any restrictive practice. Care plans will be developed and reviewed in co-production with Service Users, their families, advocates, or legal representatives to ensure they reflect the individual Service User's preferences, needs, and aspirations

5.10 **Before Using Restrictive Practices including Restraint/Physical intervention**

5.10.1 Staff including Agency Workers must be familiar with the definitions of restrictive practices including restraint/physical intervention. They will also be clear that, in accordance with the Mental Capacity Act 2005, when considering using any form of restraint with a Service User who lacks capacity, the following two conditions must both be met:

1. The staff including Agency Worker taking action must reasonably believe that restraint is necessary to prevent harm to the person who lacks capacity, and
2. The amount and type of restrictive practices including restraint/physical intervention used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm. The following must be assessed:

    - 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 restrictive practices including restraint/physical intervention. This is to include completion of the mental capacity assessment records
    - The communication needs of the Service User
    - The impact of the use of the type of restrictive practices including restraint/physical intervention on the Service User

5.10.2 It is unlawful to 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 policies and procedures at Nursing Direct Healthcare Limited are followed

5.10.3 Staff including Agency Workers will ensure that they have considered all other options to ensure the Service User's safety and wellbeing, and this is the last resort. Staff including Agency Workers can refer to the Restraint/Physical Intervention Flow Chart included at the end of this document which provides a guide to decision making

5.10.4 When a decision has been made, a risk assessment will be completed, and a Care Plan will be produced. A separate risk assessment for the use of bed rails can be found in Use of Bed Rails Policy and Procedure

5.10.5 Staff including Agency Workers must refer to the Positive Behaviour Support Including Challenging Behaviour Policy and Procedure at Nursing Direct to understand how to support Service Users

5.10.6 Staff including Agency Workers should always ask the following questions:

5.10.6.1 Is it lawful? – If not, stop it or change it
5.10.6.2 Is it necessary? – If not, stop it or change it
5.10.6.3 Is it proportionate? – If not, is there a less restrictive way of doing it?

5.11 **Care Planning and Service Delivery**

5.11.1 To help protect the interests of Service Users with whom restrictive practices including restraint/physical interventions are used, it is good practice to involve the Service User, and wherever possible, family members, advocates and other relevant legal representatives (e.g. the attorney or deputy for a person who lacks capacity) in planning, monitoring and reviewing how and when they are used. This includes ensuring all reasonable adjustments and that documentation is in a format the Service User understands. If a Service User is not involved, this should be fully documented and justified

5.11.2 Nursing Direct must always develop individualised Care Plans which include clear evidence of health and social needs assessment and must be created with input from the Service User, their careers, relatives, advocates, and any other healthcare professionals who may be involved in their Care.

This should identify and include;

- The context in which the Service User's behaviours occur
- Clear, primary, preventative strategies which focus on improvement of quality of life and ensuring that needs are met
- Secondary preventative strategies which aim to ensure that early signs of anxiety and agitation are recognised and responded to
- Tertiary strategies which may include details of planned restrictive interventions to be used in the safest possible manner, and which should only be used as an absolute last resort

5.11.3 If the Service User is able to be involved in their Care Plan, it is important to capture their views on what support they require when they are displaying challenging, concerning, stressed or distressed behaviours

5.11.4 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

5.11.5 Nursing Direct must make arrangements to monitor and record behaviours using the required monitoring forms and provide structured and planned guidance for activities following assessment of the Service User's needs

5.11.6 Where any restrictive practices have been identified and documented, Nursing Direct will be responsible for ensuring an appropriate reduction plan is in place. Plans are reviewed within governance systems at Nursing Direct and using a lesson learned process

5.11.7 The multi-disciplinary team around the service user will be contacted to identify specific plans and discuss strategies relating to new or repeated episodes of behaviours that challenge, where required

5.12 **Risk Assessment and Management**
The assessment of risk is a key process in the identification of hazards and factors that lead to or contribute to challenging, concerning, stressed and distressed behaviours. The risk assessment will assist in the identification of preventative measures to reduce the risk and impact of potential behaviours

5.13 **Effective Communication**
There is a strong link between communication difficulties and behaviours that might be of risk or that can have a significant impact. The greater the communication difficulty, the greater the likelihood that the Service User will show a behaviour

5.14 **Reassurance, Support and Attention**
Some Service Users may find it difficult to get someone's attention, and this can show in their behaviour. It is really important that the following is considered:

- Is communication supported at the right level?
- Has every effort been made to give the Service User the tools and resources to express what they need?
- If the communication is complex, does the Service User need to be referred to a speech and language therapist for some extra help?

The more a Service User is able to meet their own needs through communicating, the less they will need to rely on behaviour, therefore it is important to plan and have a structure in place

5.15 **Best Practice Using Active Listening**
Active listening is a key skill in effective communication, particularly when working with Service Users who may have communication difficulties. Active listening involves fully concentrating, understanding, responding, and remembering what the Service User is communicating

5.16 **Person-Centred Active Support**
If a Service User is engaged in meaningful things, has interests, has good social relationships, and develops the skills to help them get what they need, they are less likely to engage in behaviours that make life difficult for them and others. Active support provides a good basis for enhancing a Service User's quality of life by increasing opportunities for engagement and spending time with others in the community.

5.17 **Creating High-Quality Care and Support**

5.17.1 To ensure that Nursing Direct and those supporting the Service User operate from a best practice person-centred foundation to enable a high quality of life for all concerned. This includes mitigating risk factors for the development and maintenance of a behaviour and creating high-quality and supportive environments. The likelihood and impact of a behaviour is likely to be reduced in environments that meet a Service User's social, physical, and mental health needs, and that successfully facilitate engagement, communication and choice making

5.17.2 The below best practice standards should be in place;

1. Ensure Nursing Direct is Values Led - The key focus of Care is enablement:

- Show dignity, respect, warmth, empathy, and compassion in all interactions
- Treat every Service User as a person and provide support that is tailored to meet their need
- Arrange and support participation in community activities and events
- Search out and support the development of relationships
- Arrange and support participation in activities of everyday life
- Arrange and support meaningful choice
- Arrange and support opportunities for learning and development
- Help and support behaviour and daily interactions that make the Service User look and feel good
- Minimise any restriction of activities or movement; and use positive handling strategies when needed in emergency situations
- Ensure staff including Agency Workers at Nursing Direct Healthcare Limited know the Service User

2. Build a Good Rapport

- Building rapport, or connection, has real impact. A Service User may be less likely to show a behaviour, when they are being supported by someone with whom they have a good rapport – they might be more willing to engage and interact

5.18 **Dealing with an Incident**

5.18.1 Nursing Direct acknowledges that there could be incidents where escalated behaviour or triggers may cause. Dealing with such incidents needs to be carefully managed. They must be recorded as outlined with suitable steps and interventions taken by the staff including Agency Workers as per the requirements outlined in Risk assessment and Care Plans that are in place

5.18.2 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 to deal with such events/ incidents as per Nursing Direct requirement

5.18.3 Staff including Agency Workers must ensure that they are using their competence when dealing with Incidents, as guided by Nursing Direct's guidance and specific trainings such as PMVA (Prevention and Management of Violence and Aggression)

5.19 **De-Escalation, Disengagement and Breakaway Techniques**

5.19.1 In line with NICE recommendations, staff including Agency Workers should not use restrictive practices including restraint/physical interventions. However, in some circumstances, they may be agreed as part of a multidisciplinary decision and also agreed at senior management level in exceptional circumstances

5.19.2 If such decisions are taken, then those should be included clearly within the individual care plans and risk assessments of the service users who have history or presented behaviours that are challenged

5.19.3 Staff including Agency Workers have a legal right to defend themselves and a professional duty to protect others from harm. Hence De-escalation, disengagement and breakaway techniques are suggested for community settings (NICE, 2015)

5.19.4 This training i.e.: PMVA must be delivered through an accredited training provider by Nursing Direct. The training must focus on an awareness of the physical environment, strategies to keep safe, and reduce the likelihood of assault or harm. Further information on how to recognise and manage escalating behaviours appropriately at the earliest opportunity, how to minimise the risk of assault, and how to call for help in an emergency should also be included

5.19.5 Section 3 of the Criminal Law Act (1967) allows all citizens the right to use force that is reasonable in a threatening situation. However, this must be proportionate to the perceived threat. In situations of high risk, staff including Agency Workers must remove themselves from the situation and, if there is immediate risk to life, contact the Police

5.19.6 Strategies to de-escalate and how to disengage safely should be included in the support plan. De-escalation techniques include verbal de-escalation, active listening, offering choices, and creating a calm environment. Staff including Agency Workers will receive specialised training in these techniques to ensure they can effectively manage and diffuse potentially challenging situations

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

5.20.1 Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation

5.20.2 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

5.20.3 The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm

5.20.4 Any action taken to restrict a Service User's freedom of movement must be the least restrictive option that will meet the need

5.20.5 Any restriction should be imposed for no longer than absolutely necessary

5.20.6 What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent

5.20.7 Restrictive interventions should only ever be used as a last resort

5.20.8 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

5.20.9 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 restrictive practices including restraint/physical interventions

5.20.10 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

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

- An approved training organisation
- An approved senior trainer or within an approved affiliate provider organisation and should be an approved curriculum

5.21 **Unplanned use of Restraint/Physical Intervention**

5.21.1 In line with NICE recommendations, staff including Agency Workers must not use manual restraint / physical intervention. In situations of medium risk, staff including Agency Workers must consider using de-escalation techniques or where trained to do so in high-risk areas, the breakaway technique)

5.21.2 Restraint/physical intervention must NOT be used unless this has been agreed as part of a wider multidisciplinary decision involving external professionals

5.21.3 In situations of high risk, staff including Agency Workers must remove themselves from the situation and, if there is immediate risk to life, contact the Police. Unplanned restraint/physical intervention, where staff including Agency Workers have not been trained in approved techniques, must not be used

5.21.4 In exceptional circumstances, if an unplanned and documented form of restraint/physical intervention has been used, the following information must be recorded:

- Why restraint/physical intervention took place
- What happened, when and who was involved
- How long the restraint/physical intervention lasted
- What form of restraint/physical intervention was used
- If there was any impact on the wellbeing of the Service User
- If vital signs were taken (as recommended)
- The relevant people have been informed

5.21.5 If there are any incidents of unplanned restraint/physical intervention, staff including Agency Workers must complete the appropriate incident or accident form and follow the incident and accident reporting policies at Nursing Direct

5.21.6 Nursing Direct must ensure that an investigation takes place immediately after the event and the local safeguarding team and the CQC are notified where required to do so

5.22 **Planned use of Restraint/Physical Intervention**

5.22.1 Staff including Agency Workers will be familiar with the definition of restraint/physical intervention and the types of restraint/physical intervention.

5.22.2 Only staff including Agency Workers who have had approved, accredited training will be involved in any type of restraint/physical intervention.

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

- The Care Worker taking action must reasonably believe that restraint/physical intervention is necessary to prevent harm to the person who lacks capacity
- The amount and type of restraint/physical intervention used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm, and
- A multidisciplinary approach has been taken, and a 'Deprivation of Liberty' is in place to include this restriction practice

5.22.4 The following must be assessed:

- 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 restraint / 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/physical intervention on the Service User

5.22.5 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 policies and procedures at Nursing Direct Healthcare Limited are followed. Assessing staff including Agency Workers will ensure that they have considered all other options to ensure the Service User's safety and wellbeing and this is the last resort. Staff including Agency Workers can refer to the Physical Intervention Flow Chart included in the Forms section of this policy which provides a guide to decision making

5.23 **Physical Health Monitoring after Restraint/Physical Intervention**
Service Users who have had restraint/physical intervention must have their observations monitored after the incident

This will include: Respiratory rate, Oxygen saturations, Temperature, Systolic blood pressure, Pulse rate, Level of consciousness

This should be clearly documented in the Care Plan and if there are any concerns, medical help must be called for.

5.24 **Injuries Sustained Through the Use of Physical Intervention**

5.24.1 Any injuries or suspected injuries should be dealt with as soon as it is practical and safe to do so.

5.24.2 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.

5.24.3 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.

5.25 **Post-Incident Action**
Following an incident, staff including Agency Workers must:

- 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/ Next of Kin/ Local Authority or CQC as appropriate.
- Complete the appropriate incident/accident forms.
- Complete a regulatory notification to CQC, where required (i.e. police involvement, Abuse/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 ensure staff including Agency Workers complete the existing forms accordingly
- Debrief and support any Staff including Agency Workers involved who may be emotionally affected by the incident.

5.26 **Post-Incident Review**

5.26.1 A post-incident review with staff including Agency Workers must take place as soon as possible and no later than one week after an incident ending. If possible, someone not directly involved in the incident will lead the review.

5.26.2 A documented record of this will be drawn up on the Radar Reporting System, especially in relation to any restrictive or physical interventions used.

If a Service User is restrained, this must be reviewed and the reasons why this was considered necessary must be shared during the review.

Any lessons learned must be discussed with staff including Agency Workers and include any relevant multidisciplinary professionals, when required.

5.27 **Post-Incident Debrief**

5.27.1 Nursing Direct must ensure that, where appropriate, lessons are learned when incidents occur where restrictive interventions, including restraint/physical intervention, have had to be used. Nursing Direct should carry out a post-incident analysis with all staff including Agency Workers as soon as possible after the incident. All incidents will be recorded on our Radar Reporting System.

5.27.2 The Registered Manager will oversee and ensure that for any Service User having any form of restraint/physical intervention or restrictive practice, that the necessary procedures and authorisation, as detailed within this policy, are in place.

5.27.3 Following any occasion where restrictive practices are 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 practices used (rather than an alternative less restrictive strategy)
- The type of restrictive practice that has been used
- The date and the duration of the restrictive practice
- Whether the Service User or anyone else experienced injury or distress (a body map should also detail any injuries)
- What action was taken

5.27.4 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 Reporting System.

5.27.5 Whilst staff including Agency Workers should attend the group de-brief meeting, they 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.

5.27.6 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.

5.27.7 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.

5.27.8 If the Service User wishes to raise a formal concern or complaint, they should be reminded how to access the Complaints and Compliments Policy and Procedure.

5.27.9 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.

5.28 **Recording and Reporting**

5.28.1 Nursing Direct will monitor and maintain a register of all incidents of restraint/ 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.

5.28.2 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

5.29 **Notifications**

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

5.29.2 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. Where applicable, CQC notifications may also be required.

5.29.3 The next of kin, family members, commissioners, legal representatives, health professionals and any other representative involved in the Service User's Care may also be required to be informed according to individual Care Plans. Where appropriate to do so, Nursing Direct will adhere to the duty of candour reporting requirements.

5.30 **Reducing Restrictive Interventions including Restraint and Physical Intervention**

5.30.1 Staff including Agency Workers, including Agency Workers, must adhere to this policy's provisions on reducing physical intervention and follow any additional guidance set by Nursing Direct for further clarification. They must also ensure compliance with NICE guidance (as referenced within DoLS) and best practices.

In some circumstances, and in line with the Mental Capacity Act, Service Users may be subject to restrictive practices including restraint and physical Interventions. Restrictive interventions must never be used to punish or be used for the purpose of inflicting pain, suffering or humiliation. They must always be proportionate to the risk of harm and the seriousness of that risk and restrictive intervention must represent the least restrictive means by which to meet a Service User's need.

5.30.2 Restrictive practices should only be used following training by an accredited trainer

5.30.3 Nursing Direct will actively work towards reducing the use of restrictive intervention in line with current legislation and best practice guidance. The Care Quality Commission (CQC) has emphasised that restrictive practices should only be used to prevent serious harm, must be the least restrictive option, applied for the shortest possible time, and carried out with the correct authorisations. Any incident involving restrictive practice should be followed by therapeutic support for the individual and a detailed review of their care plan to focus on de-escalation and prevention of future incidents (as per https://www.local.gov.uk/publications/reducing-restrictive-practice)

5.30.4 Restrictive intervention reduction programmes are continuously reviewed within the Multi-Disciplinary Team (MDT) meetings. As a minimum, there must be evidence of at least an annual full evidence-based review of control measures leading to revision and update of corporate action plans. All restrictive intervention reduction programmes and evidence of associated reviews must be made available for inspection for the regulators

5.30.5 There must be assurance mechanisms in place which routinely examine the quality of training provided to staff including Agency Workers about positive behavioural support, de-escalation, and the use of restrictive interventions. Nursing Direct will utilise technology and data analytics to monitor the use of restrictive practices. This will help identify patterns and trends, enabling targeted interventions to reduce reliance on such practices

5.30.6 Any Service User with a behaviour support plan advocating the use of restrictive interventions should have clear, proactive strategies including details of primary and secondary preventative strategies (refer to the Positive Behaviour Support Including Challenging Behaviour Policy and Procedure)

5.30.7 There will be arrangements for staff including Agency Workers with differing degrees of specialism and seniority to maintain the competence associated with their role (i.e. the competencies required to deliver an effective behaviour support plan are qualitatively and quantitatively different than those required by a specialist practitioner who undertakes complex assessments and devises behaviour support plans)

5.30.8 Nursing Direct Healthcare Limited will acknowledge and seek to minimise the risks associated with any restrictive interventions taught to staff including Agency Workers

5.30.9 Services must maintain accurate information that allows them to readily identify which Service Users have behaviour support plans that include the use of restrictive interventions as tertiary strategies. Reviews of the quality of design and application of all positive behaviour support plans will be included in the internal audit of Nursing Direct and will inform organisational increased behaviour support planning and restrictive intervention reduction strategies

5.30.10 Nursing Direct may publish a public, annually updated, accessible report on their increased behaviour support planning and restrictive intervention reduction, which outlines the training strategy, techniques used (how often) and reasons why, whether any significant injuries resulted, and details of ongoing strategies for bringing about reductions in the use of restrictive interventions

5.31 **Audit and Monitoring**

5.31.1 The Registered Manager will monitor and maintain a register of restraint/physical Intervention used in Nursing Direct. This register will be used to review practice and allow for the opportunity to reduce and eliminate the need

5.31.2 The Registered Manager will oversee and ensure that any Service User having any form of restraint or restrictive practice in place has the necessary procedures followed as detailed within this policy

5.31.3 Nursing Direct is responsible for ensuring the effectiveness of the quality of behaviour support. This must include:

- Observations, or reviewing records of staff including Agency Workers activity demonstrating active support
- Reviewing the support for Service Users to learn new skills, particularly those which could increase communication and enhance a Service User's quality of life
- Assessing staff including Agency Workers understanding of how to prevent negative behaviour, including making changes to the environment, a focus on skills development and individually designed support
- Monitoring effective use of reactive strategies, including distraction, change to the environment and de- escalation minimum use of restrictive interventions
- Appropriate debriefing after any incident
- Discussions with staff including Agency Workers to assess their understanding of PBS and its impact, and to check they receive appropriate supervision with opportunities to reflect on practice
- Reviewing records of audits, monitoring, staff including Agency Workers including Agency Worker training and supervision

5.31.4 Nursing Direct will monitor and maintain a register of restraint/physical Intervention used in Nursing Direct. This register will be used to review practice and allow for the opportunity to reduce and eliminate the need

5.31.5 The Registered Manager will oversee and ensure that any Service User subject to restraint or restrictive practices has all necessary procedures followed as outlined in this policy

5.32 **Good Governance and Corporate Accountability**

5.32.1 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 care and support plans support plans that are designed, implemented and reviewed by staff including Agency Workers with the necessary skills, and that restrictive interventions are undertaken lawfully. Nursing Direct will ensure that its effective governance frameworks are founded on transparency and accountability

5.32.2 The delegated individuals who manage the Care Plan, Risk Assessment and oversee the use of restrictive interventions in each package of care should undertake appropriate training in the use of restraint/physical interventions to ensure they are fully aware of the techniques their staff including Agency Workers are being trained in

5.32.3 Nursing Direct will ensure staff including Agency Workers will have access to ongoing professional development opportunities and the latest research and best practices in the field. This ensures that our practices remain aligned to up-to-date guidance and best practice. In addition, training should be in place which supports individual needs such as autism, brain injury and mental health conditions

5.32.4 Any training in restraint/physical intervention must only be delivered after all relevant staff including Agency Workers have completed an appropriate level of immediate life support training (including required refresher training). This should be in accordance with the guidelines of the UK Resuscitation Council for immediate life support

5.33 **Learning and Development**

5.33.1 The Restraint Reduction Network Training Standards apply to all training that has a restrictive intervention component. These standards will ensure that training is directly related and proportional to the needs of individual Service Users and that training is delivered by competent, experienced, accredited training provider or in-house trainer who can evidence knowledge and skills that go beyond the application of physical restraint or other restrictive interventions

5.33.2 Nursing Direct will ensure staff including Agency Workers will have access to ongoing professional development opportunities and the latest research and best practices in the field. This ensures that our practices remain aligned to up-to-date guidance and best practice

5.33.3 Training should be in place which supports individual needs such as autism, brain injury and mental health conditions. Any training in restraint/physical intervention must only be delivered after all relevant staff including Agency Workers have completed an appropriate level of immediate life support training (including required refresher training). This should be in accordance with the guidelines of the UK Resuscitation Council for immediate life support

5.33.4 Staff including Agency Workers, including Agency Workers, are required to complete the Safer Recruitment Assessment as part of Nursing Direct's Induction and Onboarding process, and must meet the minimum standards outlined in Nursing Direct's training matrix

5.33.5 It is essential that all relevant Staff including Agency Workers working with Service Users with behaviours that challenge receive mandatory training in learning disabilities, autism, Dementia and Mental Health. 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, Dignity and Human Rights
- Awareness on Learning Disabilities and Autism
- Awareness on Dementia
- Awareness on Mental Health
- Awareness on Safeguarding Adults and Children

5.33.6 Staff including Agency Workers, including Agency Workers, will receive guidance through training organised by Nursing Direct in collaboration with external training providers or alternatively, directly through external training providers

5.33.7 Nursing Direct ensures that all staff including Agency Workers, including Agency Workers, receive comprehensive and relevant training to deliver bespoke and appropriate care delivery to each individual Service User. Additionally, Nursing Direct will provide further training on an as-needed basis, tailored to the specific needs of each Service User

5.33.8 Nursing Direct also consider the benefits of additional training which supports a holistic approach to supporting Service Users with challenging, concerning, stressed and distressed behaviours

5.33.9 Staff including Agency Workers are encouraged to gain knowledge on PMVA 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 escalated behaviours that challenge

This includes the support to gain a basic understanding of why behaviours happen

Skilled management with appropriate interventions 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

5.33.10 Reflection around behaviours that challenge will be discussed (as appropriate) within supervision and/or appraisal sessions, or via group debriefing and/or team meetings

6. DEFINITIONS & ABBREVIATIONS

6.1 **Staff including Agency Workers**

6.1.1 **Staff including Agency Workers**
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 a Staff including Agency Workers 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 **Behaviours that challenge**
'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 **Restrictive Practice**
Restrictive practices are defined as: 'Making someone do something they don't want to do or stopping someone doing something they want to do.' (Skills for Care and Skills for Health, 2014, p. 9)

Restricting practice risks a breach of the following human rights:

- The right to freedom from torture, inhuman and degrading treatment
- The right to liberty and security
- The right to respect for private and family life, home and correspondence

Examples of restrictive practice include:

- Use of blanket rules (routine locking of doors, observation levels, use of seclusion, restraining an aggressive Service User, sedation with medication)

6.13 **Restrictive Interventions**
This is a specific set of interventions. They 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:

1. 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
2. End or significantly reduce the danger to the person or others

Examples could include:

- Physical interventions and restraint (including mechanical restraint)
- Seclusion
- Rapid tranquilisation
- Personal and other searches
- Enhanced supervision
- Withholding of information or equipment
- Blanket restrictions

6.14 **Restraint**
'The use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm.' (Mental Capacity Act 2005)

Any restrictive intervention must be justified both ethically and legally. It must only be:

Imposed if necessary to prevent serious harm
The least restrictive option
Approved using the correct authorisations
Deprivation of liberty is a form of restraint, and it means to prevent someone from exercising their rights and freedoms

6.15 **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.

6.16 **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)

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

6.18 **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.

6.19 **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.

6.20 **Seclusion**
Seclusion refers to the supervised confinement and isolation of a Service User, away from other Service Users, in an area from which the Service User is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others (Mental Health Act 1983 Code of Practice 2015, 26.103)

6.21 **Behavioural Expression of Emotional Need**
These are behaviours that are outside of the 'social norm' that are communicating an emotion, possibly in the absence of verbal expression, and may be difficult for the person to resolve or is difficult for others to understand.

- Examples of Emotional Need: Comfort, Belonging, Safety, Identity, Occupation, Sexual
- Examples Of Behavioural Expression: Agitation, Aggression (verbal or physical), Pacing, Withdrawal, Public display of sexual expression

OUTSTANDING PRACTICE

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

- There is 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 behaviours that challenge, understanding the implications.
- Care Plans for behaviours that challenge 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 behaviours that challenge is available to all.
- Unexpected incidents of behaviours that challenge 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 behaviours that challenge.
- Stakeholders report extreme satisfaction with the way Nursing Direct manages both reducing physical intervention and behaviours that challenge.

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:	29/05/2025
SIGN OFF DATE:	29/05/2025
REVIEW DATE:	29/05/2026
SIGNED:	 Marc Stiff – Group Managing Director

FLOW CHART TO GUIDE DECISION MAKING

Is the person behaving in a way that threatens or causes harm to themselves, others or property

↓

Yes

↓

Are there environmental/communication factors which may be causing the behaviour?

↓ No

↓ Yes → Adapt/Modify environmental factors and use de-escalation techniques where possible

↓

Are there any psychological, physiological, pharmacological or pathological reasons for the behaviour?

↓ No

↓ Yes → Address underlying causes - consider need for GP review, CMHT referral etc.

↓

Does the service user have the mental capacity in relation to their decision to behave in this way?

↓ No

↔ Is a DoLS application or other legal action required?

↓ Yes

↓

Is restraint in the service user's best interests?

↓ No

↓ Yes

DO NOT USE RESTRAINT

DO NOT USE RESTRAINT AND CONSIDER OTHER MEASURES TO DEAL WITH THE BEHAVIOUR

ENSURE THE FOLLOWING:

MCA & BI decision process is recorded
Relevant parties invloved in decision making
Risk Assessment is complete
Care Plan and clear guidelines in place
Decision is subject to ongoing review and evaluation
Clear evidence is available that this is the least restrictive option and only used for the minimum time