

<b>REFERENCE NUMBER OF DOCUMENT:</b>	11.2.335.05
<b>COMMITTEE IDENTIFICATION:</b>	Galago Directors
<b>SECRETARIAT:</b>	MS
<b>DOCUMENT TYPE:</b>	External Policy
<b>DOCUMENT LANGUAGE:</b>	E
<b>THIS POLICY IS FOR:</b>	Staff including Agency Workers (temporary workers), Commissioners and Service Users

## POSITIVE BEHAVIOUR SUPPORT INCLUDING CHALLENGING BEHAVIOUR

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# POSITIVE BEHAVIOUR SUPPORT INCLUDING CHALLENGING BEHAVIOUR POLICY

## 1. PURPOSE

### 1.1 MEETING REGULATION 9: PERSON-CENTRED CARE

This policy emphasises the importance of delivering person-centred care, ensuring that all services are tailored to the individual needs, preferences, and values of each Service User. This approach promotes dignity, respect, and independence, enhancing the overall quality of life for Service Users.

### 1.2 MEETING REGULATION 10: DIGNITY AND RESPECT

This policy ensures that all Service Users are treated with dignity and respect at all times, promoting a culture of kindness and compassion. Staff including Agency Workers are trained to recognise and uphold the intrinsic value of each individual, promoting an environment where Service Users feel valued and respected.

### 1.3 MEETING REGULATION 11: NEED FOR CONSENT

This policy ensures that valid consent is obtained from Service Users for all aspects of their care, support and treatment, in accordance with legal and ethical standards, including the Mental Capacity Act 2005. Informed consent procedures are in place to ensure that Service Users understand and agree to their Care Plans, respecting their autonomy and rights. This policy also ensures that when Service Users lack the capacity to consent, decisions are made in their best interests, following the guidelines set out by the Mental Capacity Act.

### 1.4 MEETING REGULATION 12: SAFE CARE AND TREATMENT

This policy is designed to ensure that all care, support and treatment provided is safe, effective, and in line with best practices and regulatory standards. Risk assessments, staff training, and continuous monitoring are implemented to maintain the highest levels of safety and quality in care and support delivery.

### 1.5 MEETING REGULATION 17: GOOD GOVERNANCE

This policy ensures the implementation of strong governance practices, including continuous quality improvement, risk management, and compliance with all regulatory requirements. Effective leadership and accountability structures are in place to support high standards of care/support and service delivery.

### 1.6 MEETING REGULATION 18: STAFFING

This policy ensures that staffing levels and competencies are sufficient to meet the needs of Service Users, providing high-quality care and support. Ongoing training, professional development, and performance evaluations are conducted to maintain a skilled and capable workforce.

1.7 To ensure that a range of complex needs are fully assessed in order to understand why Service Users present with stressed, distressed behaviours or reactions. As well as meeting the Service User's needs, the policy also aims to ensure that they are supported in a personalised way that enhances their quality of life.

1.8 This policy will refer to 'a behaviour' of a Service User. In this policy we mean any behaviour or reaction of a Service User that other people may consider to be challenging or concerning.

1.9 To demonstrate that all staff, including Agency Workers, are aware of Positive Behaviour Support (PBS) Care Plans which are in place, the need for Care Plans to be developed if required and the ongoing review of the effectiveness of such Care Plans.

1.10 To ensure that Service Users are aware of what to expect in the promotion and development of Positive Behaviour Support (PBS) Care Plans within Nursing Direct.

1.11 To ensure that all staff, including Agency Workers, receive appropriate training and support to meet the needs of Service Users, including PBS and its implementation. This also includes where required the Oliver McGowan training.

1.12 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the CQC (Care Quality Commission).

- To meet the legal requirements of the regulated activities that {Nursing Direct Healthcare Limited} is registered to provide:
  - Autism Act 2009
  - The Care Act 2014
  - Equality Act 2010
  - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
  - 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
  - Safeguarding Vulnerable Groups Act 2006
  - Data Protection Act 2018
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
  - UK GDPR
  - Data (Use and Access) Act 2025

## 2. SCOPE

2.1 The following roles may be affected by this policy:

- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority

## 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 enable staff including Agency Workers to gain an understanding of the needs of a Service User's behaviours. With greater understanding, staff including Agency Workers can identify potential triggers, provide effective support and reduce the risk of escalation and further distress.

3.3 To take a positive and proactive approach to the management of behaviour based on the principles of Positive Behavioural Support (PBS).

3.4 To carefully assess and sensitively manage presenting and potential risks whilst also acknowledging that positive risk taking is essential to the personal growth and development of Service Users.

3.5 To ensure staff including Agency Workers develop knowledge and skills that enable them to act positively to behaviour, reducing the likelihood of increased behaviour incidents.

3.6 To outline the governance responsibilities of Nursing Direct in ensuring the appropriate information, support and training is provided to enable staff including Agency Workers to identify key areas of need which, if left unmet, may give rise to behaviour in Service Users.

3.7 Service Users and prospective Service Users will be aware of the standard and practices of PBS at 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). This states that services that support Service Users whose needs and histories mean they are likely to present with behaviours that challenge, should use recovery-based approaches and delivery of care in accordance with the principles of positive behavioural support.

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 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 visitors.

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.

4.3 Positive Behaviour Support (PBS) is a person-centred framework for providing long-term support to people with a learning disability, and/ or autism, including those with dementia and mental health conditions, who have or may be at risk of developing behaviours. It is a blend of person-centred values and behavioural science and uses evidence to inform decision making.

Behaviours usually happen for a reason and may be the person's only way of communicating an unmet need. PBS helps us to understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life, and reduce the likelihood that the behaviour will happen.

All Staff including Agency Workers at Nursing Direct recognise that these behaviours often have multiple causative factors.

### 4.4 PBS COMPETENCE FRAMEWORK

The UK PBS competence framework provides a detailed framework of the things you need to know and need to do when delivering best practice PBS to Service Users.

The objectives are:

- Service Users will benefit from high-quality, evidence-based support delivered by competent professionals working as part of a multidisciplinary team
- Staff including Agency Workers will benefit from professional development and occupational standards
- Nursing Direct will be able to employ Staff including Agency Workers with a greater degree of certainty about competence and quality
- Commissioners of services at Nursing Direct will have a greater understanding of the nature of PBS in practice
- Practice-based research will contribute to the growing evidence base of PBS

#### 4.5 **KEY COMPONENTS OF PBS**

*(SOURCE: POSITIVE BEHAVIOURAL SUPPORT (PBS) IN THE UK: A STATE OF THE NATION REPORT, 2022)*

##### **Rights and Values: A focus on rights and good lives**

- Person-centred foundation
- Constructional approaches and self-determination
- Partnership working and support for key people
- Elimination of aversive, restrictive and abusive practices

##### **Theory and Evidence Base: Ways to understand behaviour, needs, and experience**

- A biopsychosocial model of behaviours that challenge
- Behavioural approaches to learning, experience and interaction
- Multi-professional and cross-disciplinary approaches

##### **Process and strategy: A systematic approach to high quality support**

- Evidence-informed decisions
- High-quality care and support environments
- Bespoke assessment
- Multi-component, personalised support plans
- Implementation, monitoring, and evaluation

4.6 This policy details the steps to be taken to assess, plan, implement and support to evaluate Service Users' PBS Care Plans where required.

4.7 PBS puts the Service User first and helps staff including Agency Workers at Nursing Direct understand and address the underlying needs that leads to individual Service User behaviours. The focus is on better supporting the Service User through improving their quality of life.

4.8 PBS is proactive, meaning it focuses on getting the environment right for the individual, rather than just responding to the presenting behaviour.

4.9 PBS does not use force and at no point will the Service User be punished for displaying behaviours.

4.10 To support and meet the needs of Service Users, Nursing Direct will ensure that all relevant staff. Including Agency Workers, receive coaching and competency support to understand and implement individual PBS plans including observation, guided practice, and supervision to confirm competence and any local or service specific training (including Oliver McGowan) in line with Nursing Direct's training plan.

#### 4.11 **POLICY ACCESSIBILITY**

Nursing Direct will make this policy available in accessible formats on request and will make reasonable adjustments to meet individual information and communication needs. This may include, where appropriate, audio, large print, translation, and easy-read formats.

## 5. **PROCEDURE**

5.1 The lead for this policy and procedure covering Positive Behaviour Support at Nursing Direct is the Registered Manager.

It is the responsibility of this lead to ensure this policy remains up to date and in line with practices carried out at Nursing Direct.

#### 5.2 **SAFEGUARDING AND RISK MANAGEMENT**

##### **Purpose**

The Registered Manager manages how risks are identified, assessed, and reviewed to ensure the safety, wellbeing, and rights of Service Users supported under Positive Behaviour Support (PBS). It ensures compliance with safeguarding duties and promotes a proactive approach to risk management.

##### **Identifying Risks**

Risks are identified through a range of ongoing and structured processes, including:

- Initial and ongoing Service User assessments (including behavioural, environmental, and health assessments)
- Service User PBS assessments and functional behaviour analysis
- Service User risk assessments and behaviour support plans
- Incident reports, near-miss reporting, and safeguarding concerns
- Feedback, complaints, and concerns raised by Service Users, families, staff, or professionals
- Multi-disciplinary reviews and professional input

All identified risks are documented, reviewed, and communicated appropriately.

### **Managing and Reducing Risks**

Risks are managed using a proactive and least restrictive approach, in line with PBS principles. This includes:

- Developing and implementing person-centred Service User PBS plans that focus on prevention, skill development, and positive strategies
- Implementing control measures identified through risk assessments
- Ensuring staff including Agency Workers are trained and competent to follow PBS plans and safeguarding procedures
- Using restrictive practices only as a last resort, in line with legislation and Nursing Direct policy
- Regularly reviewing risk management strategies to ensure they remain effective and proportionate

### **Safeguarding**

Any concern relating to abuse, neglect, or harm is managed in accordance with the Safeguarding Adults Policy and Procedure and the Safeguarding Children and Child Protection Policy and Procedure at Nursing Direct. This includes:

- Immediate action to protect the Service User from harm
- Reporting safeguarding concerns promptly to the appropriate internal lead and external authorities where required
- Maintaining accurate records of safeguarding concerns, actions taken, and outcomes
- Ensuring Service Users are supported and listened to throughout the safeguarding process

All staff, including Agency Workers, are required to follow safeguarding procedures and raise concerns without delay.

### **Complaints and Concerns**

Complaints, concerns, and feedback are recognised as an important part of risk identification and quality improvement. All complaints are managed in line with the Complaints, Suggestions and Compliments Policy and Procedure of Nursing Direct, which ensures that:

- Complaints can be raised safely and without fear of reprisal
- Concerns are investigated promptly, fairly, and transparently
- Outcomes and learning are used to improve practice and reduce future risks
- Complainants are informed of the outcome and their right to escalate concerns

### **Responsibility**

All staff, including Agency Workers, are responsible for identifying and reporting risks and safeguarding concerns. The Registered Manager is responsible for ensuring appropriate risk management systems are in place and that safeguarding and complaints procedures are followed.

- 5.3 A behaviour can pose a risk to the Service User or others around them. These behaviours are not a diagnosis, but some people living 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.

Some behaviours that may be presented are:

- Aggression (verbal or physical)
- Self-harm (head banging, pulling their own hair out)
- Sexually inappropriate behaviour
  - Undressing in public
  - Fondling genitals
  - Touching someone inappropriately
- Pica (eating objects that are not fit for human consumption)
- Destructiveness
- Disruptiveness
- Asking the same question or doing the same activity over and over again
- Restlessness
  - Pacing up and down
  - Walking with purpose
  - Fidgeting
- Night-time waking and sleep disturbance
- Faecal smearing

Nursing Direct acknowledges that no policy or procedure can eliminate a behaviour 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 the recognition that everyone is unique and individual.

Where emotional need cannot be met, skilled management can often divert or distract from behaviour presented by individual Service Users. Staff including Agency Workers can refer to the 'Stop and Pause' document (in the Forms section of this policy) to understand why a Service User may present with a behaviour and to establish techniques to support effective person-centred care planning.

- 5.4 Nursing Direct acknowledges that there may be circumstances where a behaviour presents in Service Users sometime after service has commenced. This can often arise when providing Care 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 to provide Care to the Service User.

## 5.5 ASSESSMENT OF BEHAVIOURS

Positive Behaviour Support (PBS) provides a values-based framework for the needs and risk assessment of developing an understanding of a Service User's behaviour and to assist with the planning of effective support.

Staff including Agency Workers will support the completion of Positive Behaviour Support (PBS) by providing relevant information and required data to inform these assessments.

Staff including Agency Workers must ensure they understand that assessments of Service Users need to include consideration of the following;

- Their abilities and needs (in particular, their expressive communication and receptive communication)
- Any physical or mental health problems and the effect of medication, including side effects
- Any learning disabilities (including the severity of the learning disability and the presence of autism or other behaviours associated with a learning disability and/or autism)
- Types of dementia
- Response to any previous interventions for a behaviour
- The impact of the behaviour on the Service User's quality of life and that of their family members or carers; independent living skills and educational or occupational abilities; social and interpersonal history, including relationships with family members, carers, Staff including Agency Workers (or other people with a learning disability or dementia such as those the Service User lives with)
- Aspects of the Service User's culture that could be relevant to their behaviour
- Their life history, including any history of trauma or abuse
- Recent life events and changes to routine
- The Service User's sensory profile, preferences and needs
- The physical environment, including heat, light, noise, and smell
- The home environment, including the range of activities available, how it engages people and promotes choice, and how well structured it is

The functional assessment will consider the Service User's:

- History
- Physical health (including pain assessment)
- Mental health
- Communication and social skills
- The broader social environment
- What happens immediately before the behaviour starts (antecedents) and what happens as a result of it (consequences)

All staff including Agency Workers must recognise that challenging, concerning, stressed and distressed behaviours often have multiple causative factors. The functional assessment should also consider:

- A clear description of the behaviour (including classes or sequences of a behaviour that occur together)
- Identification of the events, times, and situations that predict when the behaviour will and will not occur across the Service User's full range of typical daily routines and environment
- Identification of the consequences that maintain the behaviour (that is, the purposes or functions that the behaviour appears to serve for the Service User)
- The development of one or more summary statements or hypotheses that describe the relationship between personal and environmental triggers, the behaviour, and its reinforcers
- The collection of direct observational data that supports the summary statements

Assessments should include a baseline measure of current behaviour, its frequency and intensity, and repeated measurements in order to evaluate change.

Assessment should be a dynamic process and repeat assessments should always follow any change in presentation of a Service User's behaviour.

Assessment of more complex behaviours should always be multidisciplinary, and whenever possible, involve the Service User.

## 5.6 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.

## 5.7 POSITIVE BEHAVIOUR INFORMED CARE PLANS

This focuses on providing a detailed and personalised description of how best to support each Service User with a behaviour including those with developmental disabilities, including prompts to guide the behaviour of those supporting them, strategies to redesign their environment and therefore reduce potential behaviours, and a plan to develop their skills and appropriate behaviour; to deliver support in a way that is consistent with the Behavioural Support Plan (BSP).

Best Practice Standards should include:

- Staff including Agency Workers at Nursing Direct understand the rationale of a Positive Behaviour Support Informed Care Plan and its uses, and are able to implement it
- An overview of a Service User's skills and needs; Staff including Agency Workers contribute to the assessment process as part of a multidisciplinary team
- Following a model that explains the functions of a Service User's behaviour and how those are maintained, by identifying the environmental variables associated with the presenting behaviour for the Service User
- Implementing multi-element evidenced-based support strategies based on the overview and model by:
  - Staff including Agency Workers identifying antecedent strategies, and demonstrating they are understood and followed
  - Staff, including Agency Workers, understanding teaching strategies and protocols within the Service User's PBS
  - Staff including Agency Workers teaching and supporting, or increasing development of a new skill/communication based on the PBS
  - Staff, including Agency Workers increasing a Service User's engagement levels via strategies outlined
  - Demonstrating implementation of strategies related to the Service User's plan, such as changes to the physical environment, supporting health needs
  - Offering choice and promoting independence
- Implementing a least restrictive crisis management strategy in response to incidents of behaviour that are not preventable, which aims to minimise escalation and reduce the risk of harm to the Service User and others, by:
  - Identifying early warning signs that challenging, concerning, stressed and distressed behaviours may occur
  - Remaining calm and implementing the crisis plan quickly
  - Having detailed records that are kept and used to learn from incidents and reviewing the BSP
  - Following the completed behaviour support plan
  - Monitoring and feedback regarding the delivery of the BSP
  - Evaluating the effectiveness of the BSP
  - The BSP as a live document

#### **Primary Preventative Strategies:**

Designed to enhance the Service User's quality of life, meet key needs associated with the behaviour(s), avoid necessary exposure to the behaviour, develop the Service User's skills and competencies to cope better with any exposure to predictor

#### **Secondary Preventative Strategies:**

Implemented in response to early indicators of mounting anxiety and agitation. These aim to prevent further escalation, not to teach the Service User. Strategies typically involve approaches such as providing extra attention and assistance, injecting humour, prompting engagement in relaxing activities, distraction and diverting to preferred activities

#### **Reactive Strategies:**

Record the agreed, planned strategies to be used in response to an acute crisis. They may include the continued use of de-escalation approaches, evacuating the area and, in exceptional circumstances, physical intervention and/or the administration of 'as required' medication. In the case of physical interventions and the use of 'as required' medication, this must be agreed as part of a wider multidisciplinary decision and be in line with the Mental Capacity Act (2005)

PBS plans will often make reference to additional Health Promotion Care Plans or Health Action Plans for some mental health conditions or physical conditions; particularly where there is pain, which may influence challenging, concerning, stressed and distressed behaviours. In this case, actions which aim to meet health needs may be important primary preventative strategies. Additionally, all Service Users may have additional Care Plans which detail what is important to them and all meaningful activities. Person-centred goals and preferences will be taken into full account within the PBS Care Plan.

### **5.8 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.

The reasons for this may be:

**Understanding** – the ability to understand what they hear and see.

- If a Service User does not understand what they are being asked to do, it could incorrectly be assumed they have understood, so when they do not do what they are asked, it could be assumed they are being difficult
- If the Service User does not understand what is happening, they may be frightened, anxious or confused, which can lead to a behaviour
- A Service User may find it difficult to make transitions and this can be even more difficult if they do not know what is happening
- Communication and visual aids must be at the right level (for example, a symbol timetable is only helpful if the Service User understands symbols)
- Understanding is a hidden disability. It can be overestimated what people can understand and if sentences are used that are too long and complicated

Check if the Service User has understood:

- By monitoring their expression – the ability to express what they want/feel/think
- The Service User might have words, but the more anxious they are, the harder it is to make themselves understood
- If the Service User does not have words, then they may try to find other ways of letting others know what they want
- If the Service User is unable to have their needs met, they may become frustrated, possibly leading to a behaviour, or they may give up and become passive and withdrawn

### **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.

Please also refer to the Accessible Information Standard (AIS) Policy and Procedure.

### **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. Staff at Nursing Direct Healthcare Limited should use the following examples of best practices using active listening:

#### **Show That You Are Listening:**

- Non-verbal Cues: Use eye contact, nodding, and open body posture to show that you are engaged and paying attention
- Verbal Acknowledgements: Use phrases like "I see," "Go on," or "I understand" to encourage the Service User to continue speaking

#### **Reflecting and Paraphrasing:**

- Reflect Back: Repeat or paraphrase what the Service User has said to show understanding. For example, "It sounds like you are feeling upset because you don't understand what's happening. Is that right?"
- Clarification: Ask clarifying questions to ensure you have understood correctly. For example, "When you say you feel lost, do you mean you're unsure about what to do next?"

#### **Empathise:**

- Acknowledge Feelings: Recognise and validate the Service User's emotions. For example, "I can see that this is very frustrating for you."
- Use Empathetic Statements: Use statements that show you understand their feelings. For example, "It must be really hard to feel confused and not know what's going on."

#### **Summarise**

- Provide a Summary: Summarise what the Service User has said to ensure understanding and show that you have been listening. For example, "So, you're feeling anxious because you don't know what's going to happen next, and you would like some more information about your afternoon activities."

#### **Avoid Interrupting:**

- Give Space to Speak: Allow the Service User to express themselves fully without interrupting them. This shows respect and patience, which can help reduce anxiety and frustration
- Wait for Natural Pauses: Use natural pauses in the conversation to ask questions or provide responses

#### **Ask Open-Ended Questions:**

- Encourage Dialogue: Use questions that require more than a yes or no answer to encourage the Service User to express themselves more fully. For example, "Can you tell me more about what makes you feel anxious?"
- Explore Feelings and Thoughts: Ask questions that help explore their feelings and thoughts. For example, "What do you think would help you feel more comfortable?"

#### **Use Silence Effectively:**

- Allow Time to Think: Give the Service User time to think and process their thoughts before responding. Silence can be a powerful tool to give them space to gather their thoughts
- Be Patient: Show patience and understanding that some Service Users may need more time to express themselves

#### **Respond Appropriately:**

- Tailor Your Responses: Ensure your responses are appropriate to the Service User's needs and communication style. Be mindful of your tone, language, and body language
- Provide Reassurance: Offer reassurance and support, especially if the Service User is expressing concerns or fears. For example, "I'm here to help you, and we will figure this out together."

By incorporating these active listening practices alongside Care Plans, staff at Nursing Direct Healthcare Limited can improve communication with Service Users, better understand their needs and concerns, and provide more effective and empathetic support.

## **5.9 PERSON-CENTRED ACTIVE SUPPORT**

If Service Users are engaged in meaningful things, have interests, have good social relationships, and develop 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.

There is no expectation that a Service User will become more skilled or independent as a result of active support. However, active support is a lifestyle – not an 'active treatment' or skills teaching programme.

Active support from Nursing Direct will follow these key components:

- The Service User will be offered opportunities to take part in everyday activities that are meaningful to them. This may be work, leisure or education. Identifying activities that are meaningful to them supports personal routines but can also be responsive and spontaneous
- All staff, including Agency Workers, will work closely with the Service User to ensure success and take account of their personal preferences which will link to their person-centred plan or the Service User's own goals
- Staff including Agency Workers will monitor, record and report on levels of engagement within the Service User's Care Plan
- Staff including Agency Workers will review any behaviour incidents to ensure that lessons are learned and that any alternatives to any restrictive practices are sought

#### 5.10 CREATING HIGH-QUALITY CARE AND SUPPORT

To ensure that Nursing Direct and those supporting the Service User operate from a 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.

The following best practice standards should be in place:

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 know the Service User

#### **Building a Good Rapport**

Building rapport, or connection, has real impact. Service Users often respond more to some Staff including Agency Workers than others. The Service User may show this by smiling, laughing, and communicating more when they are with them.

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.

#### **Staff including Agency Workers should:**

- Find out what they have in common (whether it is activities you enjoy or things they like to eat)
- Pay attention to how they communicate so that they are not asking too much of the person or being too bossy
- Notice and comment when the Service User says or does things – show interest
- Make sure the Service User is included in decisions and conversations
- Listen to the subtle ways they say what they want or do not want (even if it is just by turning their head away)
- Try to understand what those subtle signs mean. Be patient and allow time for the Service User to get their message across. Once Staff including Agency Workers understand what the person means, let them know it is understood ("Oh, you want a biscuit!")
- Be responsive – try to provide what the Service User is asking for, even if it is in small amounts
- Build trust. Do not offer things that cannot be delivered. Be true to your word
- Consider how to give the Service User bad news, and prepare to do this sensitively, clearly, and kindly
- Identify and describe how the Service User expresses enjoyment and displeasure in activities
- Directly support the Service User to access things that are important to them (preferences) and balance this with the things that are required for them to have a good quality of life
- Support the Service User across a range of activities and contexts
- Reflect on relationship with the Service User

#### **Match Support with the Service User's Capabilities, Goals and Outcomes that are Important to them:**

- Collect information about a Service User's strengths, needs, preferences, hopes, dreams and desires
- Help schedule the implementation of personally important goals
- Help measure progress towards personally important goals

#### **Establish Clear Roles and Effective Teamwork at Nursing Direct Healthcare Limited:**

- Demonstrate appropriate levels of support to the Service User, rather than doing too much for them, or not engaging with them
- Demonstrate the difference between Care and providing personalised and active support
- Key workers are allocated for Service Users
- Provide peer support to colleagues
- Actively participate in teamwork; attend and participate in team meetings and supervision
- Reflect on own actions and feelings, and how these impact on the actions and feelings of others
- Seek support from the Registered Manager, supervisor/peers when needed
- Declare any personal and/or professional relationships that will or might impact on the job role or organisation's functioning
- Attend to own physical, psychological, and emotional wellbeing

**Support Communication By:**

- Effectively communicating and supporting the use of core communication systems (e.g. non-verbal, verbal, gestural, pictorial/textual) in all interactions
- Using appropriate communication with different Service Users depending on needs
- Actively supporting, developing, and changing communication systems for each Service User
- Contributing to the development of a detailed description of how best to communicate with the Service User
- Demonstrating appropriate communication methods at team meetings, and daily interactions with Service Users and colleagues at Nursing Direct Healthcare Limited

**Support Choice:**

- Provide experiences that enable the Service User to be able to make an informed choice in respect of activities
- Present opportunities for the Service User to make meaningful choices
- Teach choosing skills

**Support Physical and Mental Health:**

- Implement individual health Care Plans
- Support Service Users to maintain physical health and wellbeing (cleaning teeth, healthy eating, exercise)
- Support access to health care systems, e.g. visiting GP
- Identify and interpret a Service User's physical and emotional state from non-verbal behaviours (i.e. facial expression, body movements, other behaviour)
- Correctly administer medication according to the agreed protocol
- Ask the Registered Manager for support/advice when needed
- Articulate what the Service User might feel and think in response to the strategies that are being implemented

**Support Relationships with Family, Friends, and the Wider Community:**

- Actively engage with professionals and family and friends
- Actively support friendships and relationships with others
- Communicate effectively with the Service User's circle of support, supporting them to maintain key relationships, facilitating contact, visits for example and keeping family members and friends informed
- Use formal and informal ways of sharing information
- Seek advice from the circle of support regarding best interest decisions

**Support Safe, Consistent and Predictable Environment:**

- Use strategies to help the Service Users predict, understand, and control their environment (e.g. visual timetable or social stories)
- Identify and avoid, if possible, aspects of the environment that may be a risk factor for a behaviour
- Implement interventions designed to help the Service User cope with challenging environments
- Develop personal activity schedules with routinely occurring activities as anchors and a menu of other activities for choice and responsive flexibility

**Support Appropriate Levels of Participation in Meaningful Activity:**

- Identify activities a Service User likes and create opportunities to make them a part of daily life
- Help the Service User do something they like for most of the time
- Help the Service User do things they do not like, but that are essential
- Introduce new activities so the Service User has more activities to choose from
- Support the Service User to develop skills in order to do things as independently as possible
- View complex activities as a series of simpler activities arranged in a sequence of steps that a Service User is able to do with help; adapt the level of help for each step so they can join in as much as possible
- Supply extra motivation and reward for low or non-preferred activities
- Schedule the day so the Service User has at least one activity available at all times, (most often more than one), and the support required to perform the activity
- Intersperse low-preference and high-demand activities with low-demand, high-preference activities
- Keep track of what Service Users do to make sure it is often enough, of good quality, spread out in time, and has enough variety and interest

**Knowing and Understanding Relevant Legislation:**

- Identify and apply key points from relevant legislation
- Participate in assessing mental capacity of the Service User in everyday Care giving and interactions

**A Commitment to Behavioural Skills Training:**

- Participate in training programmes identified for all Staff including Agency Workers at Nursing Direct Healthcare Limited
- Participate in specific training in the implementation of interventions or support that have been identified within a Behaviour Support Plan

**5.11 REDUCING RESTRICTIVE INTERVENTIONS**

PBS aims to reduce the need for restrictive interventions. In some small circumstances, and in line with the Mental Capacity Act, some 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.

Nursing Direct will ensure that all Staff including Agency Workers have an understanding of PBS to reduce the need for restrictive interventions which can increase a Service User's behaviours.

Restrictive practices, restraint/physical intervention should only be used when an approved, accredited trainer has delivered the training.

Before any Staff 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 roles and responsibilities and will be assessed as competent to carry out any prescribed techniques.

This policy does not cover restrictive practices including restraint and physical intervention. Please read in conjunction the Restrictive Practices including Restraint and Physical Interventions Policy and Procedure at Nursing Direct Healthcare Limited.

#### 5.12 **POST-INCIDENT ACTION**

Following an incident, Staff including Agency Workers must:

- Notify the GP and other members of the multidisciplinary team if appropriate
- Involve fellow Care Workers in discussions about the cause, learning and future management for the Service User, as per the post-incident review
- Inform their relatives or significant other
- Complete the appropriate incident or accident forms
- Complete a regulatory notification, where required (for example police involvement or harm to a Service User)
- Update associated risk assessments and Care Plans
- Complete a detailed ABC form
- Ensure that handover communications include the incident to inform all relevant Care Workers who support the Service User
- Debrief and support any Service Users and Staff including Agency Workers involved who may be emotionally affected by the incident

#### 5.13 **POST-INCIDENT REVIEW**

A post-incident review with Staff including Agency Workers must take place as soon as possible and within at least 72 hours of an incident ending. If possible, someone not directly involved in the incident will lead the review. The review will cover:

- What happened during the incident
- Any trigger factors
- Each Staff including Agency Workers role in the incident
- Their feelings at the time of the incident, at the review and how they may feel in the near future
- What can be done to address their concern

A documented record of this must be drawn up, especially in relation to any restrictive or physical interventions used.

If a Service User is restrained, this must be discussed and the reasons why this was considered necessary must be shared during the review. Any lessons learned must be discussed with the team and include any relevant multidisciplinary professionals.

#### 5.14 **GOVERNANCE AND CORPORATE RESPONSIBILITY**

Nursing Direct will ensure that robust governance, monitoring, and regular reviews are in place where Service Users who are exposed to restrictive interventions have access to high-quality behaviour support plans, designed, implemented, and reviewed by staff including Agency Workers with the necessary skills, and that restrictive interventions are carried out lawfully. Nursing Direct will ensure that its effective governance frameworks are based on transparency and accountability.

Nursing Direct will ensure that there is an identified director or equivalent who takes a lead responsibility for restrictive intervention reduction programmes and that PBS is embedded into the organisation.

#### 5.15 **LEARNING AND DEVELOPMENT**

##### **Positive Behaviour Support**

All key staff including Agency Workers will receive relevant Positive Behaviour Support training, where required and service user specific, which will include:

- Why do behaviours happen?
- 10 things you can do for someone displaying challenging, concerning stressed and distressed behaviours
- Active support
- How to communicate effectively
- Building a good rapport
- The impact of the environment
- Good physical health

All PBS training will be delivered by an accredited training provider.

- **Oliver McGowan Training**

The Health and Care Act 2022 introduced a requirement that regulated service providers supporting Service Users with LD/Autism must ensure their staff including Agency Workers receive training on learning disability and autism which is appropriate to the person's role.

- **Mandatory Training**

All Nursing Direct staff, including Agency Workers, will complete learning disability and autism training that meets the standards in the Code

- **Role-appropriate, including Oliver McGowan**  
This training will match each staff including Agency Worker's role, from awareness to advanced care and support
- **Positive Behaviour Support**  
Nursing Direct will use training to promote person-centred care, reduce restrictive practices, and support dignity, choice, and independence
- **Compliance**  
Nursing Direct will maintain records of training, and will ensure staff including Agency Workers apply learning in practice

### **Additional Training**

Any additional training will be delivered in line with specific risks or Service User needs. This may include restrictive interventions.

The Registered Manager will also consider the benefits of additional training which supports a holistic approach to supporting Service Users with challenging, concerning, stressed and distressed behaviours. This may include:

- All About Ourselves and Our Lives: Valuing people with learning disabilities and autism
- Good Communication: Communicating well with people who have learning disabilities and autism
- Growing Older: Providing care for people with learning disabilities who are ageing or at the end of life
- Healthy Sex and Relationships: Supporting people with learning disabilities and autism to have sex and relationships
- Staying Healthy and Well: Supporting good health and wellbeing for people with learning disabilities and autism
- Valuing Autistic People: Valuing difference
- Dementia
- Mental Health conditions
- Brain Injury

Additional information is available in the Further Reading section of this policy.

### **5.16 Monitoring and Audit**

The Registered Manager is responsible for ensuring the ongoing effectiveness, quality, and safety of Positive Behaviour Support (PBS) practice. Monitoring and audit arrangements are designed to ensure that behaviour support is person-centred, preventative, and aligned with safeguarding and risk management requirements.

#### **Monitoring activities include:**

- Ensuring that the Service Users PBS plans and risk assessments have been reviewed regularly, to ensure strategies remain effective, proportionate, and responsive to any changes in risk
- 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
- Ensuring appropriate debriefing takes place following any incident, including reflective discussions with staff including Agency Workers and support for Service Users, to identify learning and reduce future risk
- Audits of Service Users records, including behaviour support documentation, incident reports, safeguarding records, training, supervision, and competency assessments
- 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
- Staff including Agency Worker feedback, complaints, and concerns, which are used as a source of learning and quality improvement in line with the Complaints, Suggestions and Compliments Policy and Procedure

Where monitoring identifies increased risks, ineffective strategies, or emerging safeguarding concerns, Nursing Direct will communicate the PBS team for PBS plans, risk assessments, and control measures to be reviewed and updated promptly. Learning from audits, incidents, complaints, and safeguarding outcomes is used to improve practice and strengthen risk management arrangements.

### **5.17 CARE AND SUPPORT AT NURSING DIRECT**

Nursing Direct provide care and support to Service User's with a range of needs in a person-centred, safe, and lawful way.

All staff, including Agency Workers, must follow the guidance within this policy and the Service User's Care Plan, ensuring that assessed needs, reasonable adjustments and individual preferences are met.

- Every Service User is treated equally and with dignity and respect
- Care and support are tailored to individual needs, preferences and desired outcomes
- Staff including Agency Workers follow legal, regulatory, and professional guidance at all times
- Person-centred approaches are used to promote independence, choice, and wellbeing

To support this approach, staff including Agency Workers will also follow the policies and procedures below where applicable:

- Person-Centred Care and Supporting Planning
- Safeguarding Adults
- Raising Concerns, Freedom to Speak Up and Whistleblowing
- Mental Capacity Act (MCA) 2005
- Deprivation Of Liberty in Community Settings

- Consent to Care, Support and Treatment
- Equality, Diversity and Human Rights
- Overarching Medicines Management
- Positive Behaviour Support Including Challenging Behaviour
- Restrictive Practices Including Restraint and Physical Interventions
- Sex, Sexuality and Relationships

This list is not exhaustive and there will be additional policies and procedures in place to support specific Service User needs. Staff including Agency Workers must seek clarification from Nursing Direct, if there is any uncertainty.

Staff including Agency Workers supporting any specialist area of need will receive appropriate induction and training to meet the needs of Service User's as outlined in the Training Policy and Procedure at Nursing Direct Healthcare Limited.

## 6. DEFINITIONS

### 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 POSITIVE BEHAVIOUR SUPPORT

An understanding of the behaviour of a Service User. It is based on an assessment of the social and physical environment, and the broader context in which the behaviour happens, includes the views of the Service User and everyone involved, and uses this understanding to develop support that improves the quality of life for the Service User and others who are involved with them

### 6.6 ASSESSMENT

The collection and analysis of data relating to the behaviour concerned includes what happened before, during and after the behaviour. Intensity and duration must also be taken into consideration

### 6.7 POSITIVE BEHAVIOUR SUPPORT (PBS) CARE PLANS

Must include strategies to reduce the Service User's unwanted behaviours, and enhance their quality of life, their safety, the safety of others and their wellbeing

### 6.8 PRIMARY STRATEGIES

Used to reduce the likelihood of the behaviour happening, for example, managing or avoiding "triggers". Primary strategies also provide opportunities for new experiences and acquiring new skills

### 6.9 SECONDARY STRATEGIES

Used if or when the primary strategies do not work, and there is an escalation of the behaviour – the use of calming approaches, changing the environment or diversion techniques

### 6.10 REACTIVE STRATEGIES

Planned, rigorous interventions that are in place in response to an incident; they aim to take control of the situation and minimise risk

### 6.11 REVIEWS

Must include the support being provided, to ensure that it is effective and reflects current and/or changing needs

### 6.12 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

## KEY FACTS – PROFESSIONALS

To be 'outstanding' in this policy area you could provide evidence that:

- Care Plans that support concerning, stressed and distressed behaviours show a proactive approach and follow the principles of PBS. These always involve the Service User
- Staff including Agency Worker will record when the support of other health and/or social care professionals have been involved in the assessment, planning and review of a PBS Care Plan
- Records showing the frequency, intensity and duration of complex behaviour must be kept, and evaluated against the strategies included in the Service User's Care Plan
- There is evidence of active support with a focus on engagement, meaningful activities and occupational roles, if appropriate Staff training records will include training, education and support in the development and use of PBS
- PBS Care Plans focus on the communication needs of the Service User
- There is evidence that a good rapport is built between staff, including Agency Workers and Service Users, which reflects individual needs, preferences and wishes

<b>COMPLETED DATE:</b>	26.02.2026
<b>SIGN OFF DATE:</b>	26.02.2026
<b>REVIEW DATE:</b>	26.02.2027
<b>SIGNED:</b>	 Marc Stiff – Group Managing Director