



Managing Challenging Behaviour

Policy and Procedure

Notice to employees using a paper copy of this policy
The company Policies folder on the shared drive holds the most recent version of this document and all employees must ensure that they are using the most recent guidance.

Document Control

Document Name	Managing Challenging Behaviour
Author	Karen Hodgkinson
Purpose	Policy and procedure to support and guide staff who work with clients or are faced with challenging behaviour at work.
Compliant with CQC Regulation	10, 11, 12, &13
Approval Date	03.07.2019
Publication Date	03.07.2019
Review Date	June 2022
Distribution	All staff

Version Control

Version	Date	Amended by	Comments
V1.0	19.06.2019	Karen Hodgkinson	New document implemented
V2.0	26.06.2019	Karen Hodgkinson	Reviewed, Standard document and version control implemented

Contents

Subject	Page Number
Introduction	4
Scope	4
Purpose	4
Legal Considerations	4
Definition	4
Common characteristic	5
Types of behaviours	5
Triggers/antecedents	5
Person Centred Planning	6
Managing Behaviours	6
Procedure	6
Training	7

Introduction

Challenging Behaviour is any behaviour that challenges the service provided by Libertatem Healthcare Group.

For the purposes of this policy challenging behaviour is taken to mean acts of violence and/or aggression towards staff or service users. All Libertatem Healthcare staff and service users have a right to be treated with respect and Libertatem Healthcare Group will not tolerate violence.

Libertatem Healthcare Group will take all necessary steps to ensure that staff and service users are safe while providing our services. This includes responding to critical incidents, managing challenging behaviour and putting in to place policies, procedures and practices that ensure that such incidents are eliminated or minimised.

Libertatem Healthcare Group will also record and review all incidents of such nature to ensure that its response is appropriate and in line with legal requirements and best practice.

No policy or procedure can eliminate behaviours that challenge services. There cannot be a "one size fits all" prescriptive approach – each individual has needs that are particular to them alone and may present challenges that require to be managed in ways unique to them. However, a policy can help to provide a framework for the management of such behaviours and assist in the delivery of appropriately personalised support arrangements.

Scope

The scope of this guidance is improving the safety and experience of:

- Our clients, many of whom may be vulnerable due to underlying medical conditions, who may commit harm to themselves and or to others
- Staff who deliver essential treatment and care, after care and are involved in the ongoing rehabilitation of our clients

Purpose

Libertatem Healthcare Group recognises that there are a relatively small proportion of people who use our services, who demonstrate behaviours which are seen as challenging and can be difficult to manage for staff. Very often staff are managing such behaviours effectively despite the problems they experience in doing so.

Libertatem Healthcare Group recognises that the likelihood of experiencing violence and aggression at work is a genuine concern for some staff.

Challenging Behaviour by members of staff may be misconduct or gross misconduct and will be covered by the Libertatem Healthcare Group Disciplinary and Grievance policy. Keeping people safe, both staff and individuals we support, is the top priority in this policy.

Legal Considerations

The following applies when preventing and managing challenging behaviour:

- Common Law
- Equality Act 2010
- Human Rights Act 1988 and the European Convention on Human Rights
- The Mental Health Act 2007 (as amends the Mental Health Act 1983)
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (under the MCA 2005)

Definition

For the purposes of this policy, challenging behaviour is defined as any non-verbal, verbal or physical behaviour exhibited by a person which makes it difficult to deliver good care safely. This could include violent behaviour, or behaviour which has the

purpose or effect of either violating another person’s dignity, or making them feel intimidated, abused, threatened, degraded, humiliated, offended, vulnerable or helpless.

Common characteristics

A frequent characteristic of individuals who manifest such behaviour is that they often have some degree of cognitive impairment, either chronic (e.g. Acquired brain injury, dementia, or learning disability) or acute (e.g. delirium).

Types of behaviour

It describes any deliberate or non-deliberate behaviour that is non-verbal, verbal or physical in nature, as outlined in the table below.

Non Verbal	Verbal	Physical
<ul style="list-style-type: none"> • Wandering • Agitation • Pacing • Following • Intimidating facial expressions • Intimidating body posture • Cornering/invading personal space • Staring • Spitting • Striking furniture/objects • Interference with equipment of property 	<ul style="list-style-type: none"> • Shouting • Swearing • Crying • Screaming • Repetitive statements/questions • Personal comments/questions • Racist/sexist/offensive speech • Bizarre/psychotic content/not based on known reality 	<ul style="list-style-type: none"> • Scratching • Grabbing • Biting • Hitting • Punching • Slapping • Kicking • Pushing/shoving/knocking into someone • Throwing objects • Lashing out • Inappropriate touching • Undressing • Self-harm • Absconding • Removal of catheters/dressings /incontinence pads • Non-compliance/resistive (e.g. refusing medications/ food/ fluids)

Behaviours may escalate up from non-verbal, to verbal and physical actions, however there is no continuum of behaviour and where someone is sufficiently affected, their behaviour may instantly result in a physical action.

Triggers/antecedents

Triggers/antecedents can be environmental, situational or physical factors that when combined with an individual who poses a risk the result can be challenging behaviour. These factors will vary depending on the individual, but they may include the environment or setting, individuals, interventions, activities, objects, thoughts, feelings, emotions, pain or discomfort.

Observing, identifying and documenting potential triggers can be the first part of a proactive strategy for minimising stressful or distressing situations. This is because, once identified, many triggers/antecedents can be avoided or changed.

Person Centred Planning

Developing particular responses for challenging behaviour is vital. All individuals we support must have an individual care/support plan. If there are any known behaviours that present a significant risk to the person or to others, there should be specific plans worked out as part of the care/support plan for that person. A Risk assessment is about assessing the likelihood and consequence of challenging behaviour and identifying and implementing appropriate measures to avoid, mitigate or control the risks. Risk Assessment will help identify the ways in which the person can be supported and managed to minimise any difficulties identified. Where it is appropriate to do so, specialist advice should be sought from a specialist training provider, Case Manager or neuropsychologist etc. to ensure any interventions are appropriate to the needs of the individual.

Managing Behaviours

When considering how to deal with behaviours that challenge services the following principles are important:-

- Think about the individual and their whole life, not just the behaviour that is causing difficulties;
- Take time, don't jump to conclusions, don't make assumptions, don't judge the behaviour from your own personal situation or perspective;
- Assess the situation fully;
- Liaise with the wider multidisciplinary team
- Encourage the individual to make informed choices – don't limit the choices available, but don't overload the person with choices either;
- Be firm but flexible in your responses;
- Be consistent don't change your approach from incident to incident, from day to day or between different members of the staff team. Any changes in approach should be discussed, planned and recorded;
- Continually monitor the situation;
- Re-evaluate and amend your responses, Care Plan and Risk Assessment in light of new information and experiences.

Procedure

During an incident:

- All staff have a responsibility to ensure their own health and safety. If a member of staff does not feel able to control or de-escalate a violent situation then they should not attempt to do so. Better to withdraw and call for assistance than to get involved and not be able to get assistance.
- If possible, remove self from the situation. Property can be rebuilt!
- All staff have a responsibility to pass on information or concerns regarding the potential for violent incidents to occur. Such information must be taken into account when deciding how to deal with any person who is displaying violent or aggressive behaviour.
- Contact the office to inform them of arising situation if it is safe to do so.
- Contact 999 if immediate risk to self or service user is present.

Immediately following the incident:

- Any member of staff who has been involved in an incident should inform the office if in working hours or the manager on call via the on call service if outside of office hours.

Classification of Incident:

The Manager will determine whether the event is to be treated as low level, moderate or serious.

Low Level – single incident of challenging behaviour which has the purpose or effect of making the recipient feel intimidated, abused, threatened, degraded, humiliated, offended, vulnerable or helpless.

Moderate Level – repeated, persistent or sustained behaviour which has the purpose or effect of making the recipient feel intimidated, abused, threatened, degraded, humiliated, offended, vulnerable or helpless; threatening body language or behaviour, damage to property.

Serious Level – direct threats, physical aggression, assault, serious damage to property.

Actions:

The Libertatem Healthcare Group incident form must be completed as soon as possible after the event, or in identified clients where risks have already been identified, the associated client specific ABC form must be completed.

Low Level Incidents – Informal discussion, or no action, may be appropriate.

Moderate Level Incidents – Formal discussion, involvement of service users and/or staff involved in incident.

Serious Level Incidents –

- a) The Manager will notify the Registered Manager as soon as possible.
- b) If a crime has been committed such as assault or criminal damage, Libertatem Healthcare Group will report that to the police.
- c) Care Quality Commission notification form will be completed by the Registered Manager or nominated individual.
- d) The assigned investigating Manager will complete investigation and will discuss outcome/ findings with the registered manager and the service users case manager.
- e) Changes and updates if required will be undertaken to the care and support plan.

Debriefing

Debriefing should be undertaken by the Manager or clinical lead for the client as soon as possible after the incident. The support of other staff is crucial in the management of an incident and coping with the stresses involved. The development of skills and awareness in this area needs to be enhanced in supervision, team meetings and training.

Debriefing may include:

- How staff feel now.
- How they might feel in a few days.
- A discussion about what can be done to support the member of staff.
- A discussion about what can be done to support the other person(s) involved in the incident.

Training

All staff will undertake generic mandatory training and will be provided with bespoke training for individual service users in relation to the behavioural needs as identified in their care and support assessment. This additional training may include de-escalation techniques and breakaway training.