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| **Title of Policy:** | **Challenging Behaviour and Restraint** |
| **Section:** | **Health and Safety** |

**Purpose**

This policy provides essential advice and guidance for employees in order that they may understand many of the surrounding issues as to why and how aggressive behaviour arises.

It outlines the proper procedures to be followed when an employee is faced with having to deal with a Client whose behaviour is both challenging and potentially dangerous, with the primary purpose of achieving a positive outcome for both parties.

**Statement**

The employees of the Company provide services to Clients in their own homes, often on a 1:1 basis. On occasion, an employee may face a situation where the Client’s behaviour may be seen as challenging, to some degree, and it is essential that the response to such a situation is appropriate, measured, proportionate and safe. The purpose of this policy statement is to provide detailed guidance so as to ensure the safety of both the Carer and the Client. A key essential is that staff employed by the Company only use restraint if they have been trained to use it and it is applied only when it is safe and necessary to do so. Where a Client has a known history of challenging behaviour then controls will be considered, which may include ensuring that two people attend each Client visit.

**Procedure and Guidance**

**Definition of Challenging Behaviour**

‘Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.’

**Source:**

*Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists, (2007), Challenging behaviour – a unified approach.*

**Knowing and understanding the Client – being prepared – the risk assessment**

The Company operates a robust assessment process prior to the preparation of a Personal Care Plan, and the delivery of care. This assessment process asks questions such as:

* The most important things in my life are
* The things that worry me most are
* My Goals in Life
* My Likes
* My Dislikes
* You will know I am happy when
* You will know I am becoming unwell, or need more support when
* Things that make me angry and upset include
* Allergies/Phobias
* These are things I like to do myself
* I would like to improve my independence in the following areas
* Communication – Describe any problems you have with getting people to understand you

Information coming from the Client, in addition to information which may be available regarding previous instances where behaviour has been an issue, will help paint a picture which enables the Company’s Carers to be alert to possible triggers.

**Understanding challenging behaviour**

Challenging behaviour used to be called ‘problem behaviour’, ‘difficult behaviour’ or ‘socially unacceptable behaviour’. It means that behaviours are a challenge to professionals, teachers, carers and parents. A person with challenging behaviour is not necessarily a ‘problem’ to be fixed and is not doing something ‘wrong’ but it is usually a sign that something isn’t working. It shows that there is some unfulfilled need or a problem with communication.

Challenging behaviour can be:

**Self-injurious:** Head-banging, scratching, pulling, eye poking, picking, grinding teeth, eating things that aren't food.

**Aggressive:** Biting and scratching, hitting, pinching, grabbing, hair pulling, throwing objects, verbal abuse, screaming, spitting.

**Stereotyped:** Repetitive movements, rocking, repetitive speech and repetitive manipulation of objects.

**Non-person directed:** Damage to property, hyperactivity, stealing, inappropriate sexualised behaviour, destruction of clothing, incontinence, lack of awareness of danger, withdrawal.

**Disability and challenging behaviour**

Challenging behaviour is more likely if a person is disabled. A mix of impairments, environment and interpersonal relationships make it more likely that a disabled person may develop a behaviour to meet their needs. For example, someone with autism may learn that hitting people takes them out of their personal space. Remember, each behaviour has a function for the person displaying it.

**Mental health, challenging behaviour and disability**

People with learning difficulties may have the same mental health and emotional difficulties that others do. But they may be less well equipped to deal with them. It can be difficult to deal with anxiety if you do not have the words to describe what you are experiencing. It can be difficult to cope with depression if you do not have the social support to help you.

Sometimes challenging behaviour can be a sign of a wider problem with someone’s mental health. Refusal to eat may be a sign that the person is feeling down, or aggressive behaviour could be a sign of high anxiety. It’s important to see the problem from the perspective of the person showing the behaviour.

The Company believes that a person-centred approach is the best way to deal with behaviour issues amongst its Clients, with best results likely to come from:

1. The initial assessment of the Client’s needs and wishes; and
2. An individual Care Plan which addresses any known behavioural issues, describes triggers, and helps Carers understand how possible problems can be avoided, and how the Client wishes them to be handled when/if they occur.

All challenging behaviour situations will be handled in accordance with the rights of individuals to be cared for with respect and in a safe and dignified manner. In most instances it is not expected that challenging behaviour will represent physical danger to any employees of the Company. However, all employees must be alert to the possible dangers, however slight.

The Company has prepared, published and made available to all employees its policy on dealing with violence and aggression. It contains guidance, such as:

**Dealing with abuse or violent conduct**

Carers are required to:

1. Deal with all incidents of verbal abuse by reminding the Client of the need to adopt reasonable behaviours at all times
2. Inform abusive Clients that **every incident is reported,** and repeat offences may result in care services being withheld, possibly on a permanent basis
3. Ensure their own safety by **leaving the premises immediately** if violent conduct occurs or is threatened. **The safety of the Carer is paramount.**
4. Report all instances via the Company’s incident reporting procedure.

In all cases of violent conduct, the Carer must immediately contact the Senior Manager who will consider:

1. What action needs to be taken in respect of the Client; and
2. What support needs to be given to the Carer.

In some cases, such as physical assault, the police will need to be contacted.

Every incident will be investigated in order to establish:

1. If the incident could have been avoided
2. If so how?
3. What changes, if any, need to be made in respect of the Client’s care regime
4. Whether care services can, under the circumstances, continue.

Where possible, the Carer should establish what has triggered the adverse behaviour and what, in the Client’s view, could or should have been done which might have avoided the incident entirely. Where a sensible avoidance strategy is available, then this will be entered into the Client’s Plan of Care.

The Company’s policy on **lone working** states:

**Working alone in the Home**

Prior to the first visit, Carers should review any comments regarding health and safety issues relating to the Client’s home which have been made as a result of the initial risk assessment and incorporated into the Client’s Plan of Care. If the Client has been given prior advice on removing a hazard, (or implementing a control measure) then this must be checked before the start of care.

**Dynamic risk assessment**

A dynamic risk assessment can be defined as a continuous process of identifying hazards and the risk of them causing harm and taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. The dynamic risk assessment involves staff:

* being alert to warning signs of possible danger
* carrying out a ‘10-second risk assessment’; if staff feel there is a risk of harm to themselves, they should leave immediately
* placing themselves in a position to make a good escape, i.e., where possible, being the closest to an exit
* being aware of all entrances and exits
* being aware of the positioning of items, including those belonging to the Carer (scissors, etc.), that could be used as a weapon
* making a judgement as to the best possible course of action – for example, whether to continue working or withdraw
* ensuring that when they enter a confined area or room, they can operate the door lock in case they need to make an emergency exit
* avoiding walking in front of a Client, and not positioning themselves in a corner or in a situation where it may be difficult to escape
* remaining calm and focused during an incident in order to make rational judgements
* being aware of their body language (as well as that of the Client), as there is a risk of exacerbating the situation

**Restraint**

**The likelihood of any of the Company’s Carers having to exercise physical restraint of a Client is extremely low,** as Carer’s are advised to leave the premises without delay if threatened physically. In addition, if there is a known likelihood of challenging behaviour occurring which might be violent or aggressive in nature, then this, and steps to be taken in how to deal with it, will be recorded on the Personal Plan of Care, and **only suitably experienced and trained** employees assigned to such a Client.

**The Company’s rules regarding the use of physical restraint**

* **It is a last resort** and may only be used when a Client’s behaviour poses a threat of imminent, serious physical harm to self and/or others
* It must be applied with the minimal force necessary to achieve the objective, and in the safest way
* It must never be applied by someone who has not been trained in how to achieve a restraint in a safe manner
* It must be stopped if the Client shows any sign of distress being caused by the restraint
* It must be stopped immediately the threat of harm has been removed
* It must be reported
* It must be recorded, with details including:
  + The names of all persons involved
  + Date and time of the restraint
  + Description of what happened
  + Why restraint was necessary,
  + What other options were considered
  + A description of the restraint used
  + How it ended
  + Information about any injuries, how and to whom, and any medical attention received.
  + What may have been learned from the incident
  + Recommendations as to future care needs and solutions.

**Staff Training and Support**

The Company will ensure that all lone workers employed are adequately trained in dealing with situations which may arise within the general context of lone working, including:

1. Dealing with Violence and Aggression
2. Challenging behaviour and the use of restraint
3. Staying safe as a Lone Worker

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| **KLOE References for this Policy** | **Regulations directly linked to this Policy** | **Regulation(s) relevant to this Policy** |
| **Caring**  **Effective**  **Responsive**  **Safe** | **Regulation 9: Person-centred care**  **Regulation 10: Dignity and respect**  **Regulation 12: Safe care and treatment**  **Regulation 13: Safeguarding service users from abuse and improper treatment** |  |

**Policy Reviewed on Date of Implementation by the Following Company Officer:**

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| **Full name:** |
|  |
| James McAlpine |
|  |
| **Job Title:** |
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| Homecare Director |
|  |
| **Signature:** |
|  |
| J. McAlpine |