



INSPIRATION

LIFESTYLE SERVICES

# *Statement of Purpose*



*Ceiriosen Bren*

*Plwmp*

*Llandysul*

*Ceredigion*

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INVESTORS  
IN PEOPLE | Gold

## Statement of Purpose

<b>Registered Provider</b>	<b>Inspiration Lifestyle Services Ltd</b> <b>Hafan Dawel</b> <b>Cilcennin</b> <b>Lampeter</b> <b>Ceredigion</b> <b>SA48 8RF</b>  <b>Tel: 01570471459</b>  <b>Company Registration Number 6669070</b>
<b>Responsible Individual</b>	<b>Mrs Ann Bateman</b> <b>Ty'r Drindod</b> <b>Alltynap Road</b> <b>Johnstown</b> <b>Carmarthen</b> <b>SA31 3NE</b>  <b>Tel: 01267 223722</b>  <a href="mailto:annbateman@inspirationls.org">annbateman@inspirationls.org</a>
<b>Registered Manager (Awaiting Formal Registration)</b>	<b>Ms Gillian Donald</b> <b>Ceiriosen Bren</b> <b>Plwmp</b> <b>Llandysul</b> <b>Ceredigion</b> <b>SA44 6HS</b>  <b>Tel: 01239 654485</b>  <a href="mailto:gilliandonald@inspirationls.org">gilliandonald@inspirationls.org</a>

## **Details of Registered Provider**

### **Inspiration Lifestyle Services Ltd**

Inspiration Lifestyle Services (ILS) are registered with CSSIW to provide residential support and personal care to adults who have a learning disability, including those with co-existing mental health problems, autistic spectrum disorders and behaviours that challenge. We do not exclude individuals who have a history or risk of offending behaviours. Our specialist residential service can provide care for challenging adults who experience difficulties in finding placements. ILS is an expanding company which has been operational since June 2009 in new purpose built properties.

We deliver the highest quality support to individuals in domestic type properties for a “home from home” experience. Our services benefit from the skills, knowledge and experience of a committed and enthusiastic management team who between them have expert knowledge and experience in working with adults with learning disabilities, autism, mental health problems and offending behaviour patterns.

## **Our Management Team**

### **Responsible Individual Ann Bateman**

Ann has a background of having worked in the health and social care sector for over 30 years. Ann retired from her work in the public sector in October 2010 where she held the position of Head of Inspection at Healthcare Inspectorate Wales (HIW). Ann’s career experience has been spent almost entirely working in the field of mental health and learning disabilities in a senior management capacity mainly in terms of quality assurance and performance management.

Ann is a qualified teacher and also holds an MSc in healthcare management. She has extensive experience in improving standards of care, ensuring continuous improvement and effectively managing change. Ann’s most recent portfolio during the six years she worked at HIW involved being the all Wales inspection lead on mental health in both the public and independent sectors.

### **Registered Manager Gillian Donald**

The manager at Ceiriosen Bren is Gillian Donald. Gillian started working for ILS in 2014 after relocating from Scotland to Wales. Gillian’s first role at ILS was as a support worker following which she was soon promoted to the position of team leader. Gillian was then appointed as deputy manager in August 2016 and following this she worked in an acting manager’s role before being appointed to the permanent position of Manager in February 2017.

Prior to moving to Wales Gillian worked for 15 years at a housing association supporting adults with learning and physical disabilities as well as undertaking 'bank' work in care. Gillian enjoyed her work in care and as a result applied for a full time position and progressed to assistant manager after having gained a HNC in Social Care. Gillian then gained the Registered Managers Award SVQ level 4 which equates to the QCF level 5 in Wales.

Gillian's approach to supporting people is based on unconditional positive regard, treating people with respect and encouraging personal development. Gillian believes her greatest reward is watching service users and staff grow and develop their skills and achieve their goals.

Gillian is currently registered with the Care Council for Wales and is awaiting her formal registration as manager with CSSIW.

In support of Gillian there is also an experienced Deputy Manager at Ceiriosen Bren as well as two Team Leaders.

We have a regular team of support workers who offer a diverse background of skills and experience. The majority of these staff members hold NVQ level 3 in Health & Social Care and the few that do not are currently working towards attaining the qualification.

In addition to this we have a team sessional and bank support workers who are experienced in providing care and support to individuals who have learning disabilities with co-existing mental health problems and behaviours that challenge.

### **Specialist Support Services**

The main purpose of providing specialist support is to provide training for staff including direct mentoring and coaching where appropriate. This supports staff to develop the necessary skills, knowledge and confidence to work effectively to meet the needs of all service users living at our services. The provision of training has proven to have a positive impact on staff and the individual they support and can reduce incidents of challenging behavior and / or breakdown in placement.

The specialist support we provide consists of:

**Autism Advice** – Our autism lead is Kim Bromley. Kim has been working in social care for thirteen years and has spent most of this time working closely with young people with autistic spectrum conditions (ASC). Kim joined ILS in 2011 and since then she has achieved her Level 5 in Management in Health and Social Care as well as successfully completing a foundation degree course in ASC to compliment her experience. Kim provides training and works across all services providing specialist advice for the effective management of individuals as and when this is needed.

**Specialist Learning Disability Advice** – Specialist advice about learning disability is provided by Anne Phillips. Anne is a qualified RNMH and has 34 years experience of working in learning disabilities services. Anne is responsible for the provision of specialist learning disabilities advice to all company services, including delivery of in-house training around the subjects of learning disabilities and epilepsy. She brings a positive attitude to learning disabilities and supports the importance of ordinary patterns of living for all service users.

**Behavioural Management Expertise** - Our Positive Behaviour Management instructors provide comprehensive training for all staff which is followed up with an annual refresher. They also provide both an advisory or emergency intervention role which allows them to work hands on alongside the care team, where challenges are being experienced. Our behaviour advisors work with the care team in a consultative way to establish reactive management plans which focus on the identification of triggers and de-escalating strategies.

**Psychology** – ILS are currently reviewing the need and seeking to recruit “spot purchase” access for psychological assessment and advice re support strategies. ILS will also use Clinical Psychologists to undertake individual pieces of direct work with service users as required in the absence of community psychology.

Anyone joining our team receives a high level of training and development with particular attention being paid to training in autism, mental health, and behaviours that challenge.

As a company we initially achieved Investors in People (IIP) Accreditation in August 2010 which has been maintained since then. In April 2015 we were however successful in attaining Gold IIP accreditation.

The numbers and skill mix of staff on duty day or night are determined by the service users assessed needs.

For further details relating to the structure of the Company please refer to Organisational Structure chart at Appendix 1.

### **What we do:**

The Home provides personal and social support and care for service users from the age of 18 up to 64 years of age regardless of sex, race and beliefs. We are registered with the CSSIW to provide residential support and personal care to adults who have a learning disability, including those with co-existing mental health problems, autistic spectrum disorders and behaviours that challenge; we do not exclude individuals who have a history or risk of offending behaviours.

The Home provides 24-hour social and personal care and support by a team of committed and appropriately trained support workers. 24 hour residential care and support services are provided for 4 adults with learning disabilities who by means of comprehensive assessment and choice have agreed that their needs can be best met in a residential setting like Ceiriosen Bren.

Ceiriosen Bren aims to provide long term placements, however we recognise that people with learning disabilities may not want to live in residential care for the rest of their life. We aim to support people to develop their skills to make choices about the life they wish to live.

At Ceiriosen Bren:

- Every person is viewed and treated as an individual.
- We work within robust and agreed care plans to meet individual needs and manage individual risks
- We provide continuous monitoring of behaviours including: sleep, mood, states of arousal etc including use of recognised and agreed assessment and monitoring tools
- We provide feedback as required to care managers, placing authorities, service users and families as appropriate
- We advocate on behalf of service users or liaise with independent advocacy services as appropriate
- We provide a health promotion and health facilitation role
- We have the skills and attitudes to effectively manage and support individuals whose behaviours can challenge.
- We offer proactive safe and effective methods of crisis and behaviour management when required working with the British Institute for Learning Disabilities physical intervention accreditation scheme.
- We consult all service users living at the home on a regular basis via service user / house meetings and surveys about all issues that affect the operation of the home
- Managers at Ceiriosen Bren have a sound working knowledge of all relevant legislation and attend regular training and updates in relation to such issues.
- We support service users to have swift access to health services when needed
- We deliver services that are person centered, evidence based, sensitive to individual need and promote independence and dignity.
- All staff are committed to working towards the principles and practices of total communication and 'sign along'

The home manager and or an appropriately trained and nominated deputy carries out a comprehensive assessment prior to any admission to Ceiriosen Bren. All needs assessments are in compliance with standard 2.3 of the National Minimum Standards

and detailed in ILS admissions policy document. Emergency admissions may occasionally occur at Ceiriosen Bren however these are sensitively managed to minimise any impact this could have on the service users living at the house

### **How we do it:**

The team at Ceiriosen Bren continuously work towards supporting service users as individuals and encouraging them to achieve their personal goals and aspirations. The team supports service users to take part in education, training and employment opportunities if or when appropriate to do so. We provide opportunities and support choices made by service users to become part of and participate in the local and wider community. With a diverse team of support staff there will always be opportunities and access to a range of leisure activities, educational facilities and work opportunities where achievable, chosen by service users and appropriate to their needs, and capabilities. To date some of the opportunities offered are:

- Mountain biking
- Quad biking
- Swimming
- Canoeing
- Rock climbing
- Mountain walking
- Access to local pubs
- Access to carpentry workshops
- Day trips
- Social evenings
- Local Cinema and theatre
- Access to Open College Network Programme – Independent Living Skills at Coleg Ceredigion locally in Cardigan.
- Voluntary work at the local animal sanctuary
- Access to Gateway clubs in Cardigan and Aberystwyth
- Access to groups offering support and advice eg Mind Aberystwyth
- Birthday parties and special occasion celebrations
- Supported access to water and light therapy
- Support to access short breaks and holidays

This is not an exhaustive list and the activity programmes provided by ILS are specifically designed around supporting individual need and identify and achieve opportunities, choice and success in life.

## **Housekeeping Matters:**

The responsibility for complying with the Fire Safety Order 2005 rests with the responsible person in Ceiriosen Bren. An annual risk assessment will be completed which will focus on the safety in the care home of services users, staff and visitors. The manager will ensure the undertaking of any of the preventative and protective measures required by the Fire Safety Order 2005. All employees will be informed by way of mandatory training of any identified risk and the measures taken to prevent fire. Ceiriosen Bren has been fitted with fire protection services that are fit for their purpose and have been properly installed and will be annually maintained by a third party certification and contract scheme. Using a third party is the most effective means of providing the fullest possible assurances to our services users, staff and visitors. An emergency policy is in place for Ceiriosen Bren this is easily accessible to everyone in the reception area of the house.

Arrangements can be made for service users to visit local places of worship with support staff, family and friends. Contacts with local places of worship in the local area will be made and officials will be welcome at Ceiriosen Bren by arrangement with service users and staff.

Contact with service users and significant others will be maintained by an open visiting policy. Access to telephone, email and fax facilities, and assistance, as requested from members of staff to assist in the confidential reading and/or writing of letters is always available. Any specialist equipment to aid or promote communication will be made available for individual service users as identified by the comprehensive pre-admission assessment. Visitors are requested to take note of the no smoking policy at Ceiriosen Bren and are also requested to sign the visitor's book on entering and leaving the property so that a full record of visitors can be maintained in line with national minimum standards and fire regulations.

The front door is accessible and open between the hours of 8am and 10pm (6pm October – March due to darker evenings), with all service users having a key to the front door for ease of access..

The Home has a complaints procedure, in written and easy read format; a Welsh version is also available upon request. Any member of staff will be able to assist service user and their family if they have cause to make a complaint or comment using this procedure.

All service users' plans are evaluated and updated regularly in and in consultation with the service user, their family and/or representative as appropriate.

## **The Premises / Services:**

Three of the four bedrooms at Ceiriosen Bren have built in wardrobe facilities, with two bedrooms having ensuite shower rooms on the first floor.

On the ground floor we have a spacious disabled access double bedroom with an ensuite wet room shower facility. All bedrooms exceed the national minimum sizes set down by legislation.

The reception hall provides adequate circulation space, with a solid oak staircase to the first floor and access to all ground floor communal areas. The lounge area is 5.1m x 5m and leads out to the spacious conservatory, which provides natural light and direct access to the enclosed rear garden.

The kitchen/dining room is 7.5m x 5m with a range of quality solid oak units, granite worktops and granite flooring, with a large family oak dining table.

Our games room is 3.6m x 3.5m providing a range of computer and electronic games as well as a Wii console.

All light switches, electrical sockets and doorways meet the required standards for disabled access.

A qualified nutritionist and complimentary therapist who specialises in reflexology, massage and Indian head massage can be contracted by individual service users on a one-to-one basis. Therapists are qualified and practise under their own insurances.

## **People:**

Every service user at Ceiriosen Bren is encouraged to be an individual and is treated as a person and not as "one of a group". Service user bedrooms are their own personal space, and this will be respected by all other service users and staff within the house subject to individual person centred plans for care and support.

All service users are encouraged and supported to present themselves in a way that makes them feel good about themselves. Everyone in the house will be given the opportunity to learn and grow and make informed choices about their lives.

## **The Company:**

ILS recognises its responsibilities to ensure that the care home is conducted with due regard to the sex, sexual orientation, religious persuasion, racial origin, and cultural and linguistic background and any disability of service users and as a company we actively promote equality and diversity of service users and staff.

The management approach within Ceiriosen Bren creates an open, positive and inclusive atmosphere with a clear sense of leadership which staff and service users understand.

All service users can expect:

- To be at the centre of the service
- To receive absolute respect
- To feel part of an inclusive culture
- To appreciate that they are living in their own home
- To live in the highest standard of accommodation
- To have every opportunity for community integration
- To be supported by well trained and committed staff
- To be reassured by ILS commitment towards service development in pursuit of best practice

**Please refer to:**

- (a) ILS policy on behaviour management and the use of physical intervention.
- (b) ILS policy on the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards Policy.

\*\*In addition to this methods of control that may be used at Ceiriosen Bren would be based on individual risk assessment, care plans in agreement with care teams, the service user and family as appropriate and in response to a condition of a Community Treatment Order under the Mental Health Act

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## **Mental Capacity Act**

### **(Please read in conjunction with SOVA policy and guidelines)**

The Mental Capacity Act applies to everyone working in health and social care and is involved in the care, treatment or support of people who might lack capacity to make their own decisions or to consent to the treatment or care that is proposed. Staff working at ILS will always work within the guidelines of the Mental Capacity Act 2005 and its Code of Practice, a copy of which is available in the team office.

The Mental Capacity Act puts the person who lacks capacity at the heart of decision making and places a strong emphasis on supporting and enabling individuals to make their own decisions involving them as far as possible in the decision-making process. The Mental Capacity Act has been developed to bring together existing legal requirements and provide consistency in decision making of people who lack the capacity to make a decision.

The Mental Capacity Care Act Code of Practice (available in the team room) explains fully how the Mental Capacity Act works on a day-to-day basis. As staff at ILS may work in a paid capacity with people who may lack mental capacity, and will be deemed to be vulnerable adults, staff will have a duty of regard to the code. Basic information relating to the code and the Act will be provided during the staff induction.

### **What is Mental Capacity?**

Within the context of the Act it means the ability to make a decision. A person's capacity to make a decision can be affected by a range of factors such as a learning disability, mental illness, stroke or dementia. A person's capacity may vary over time according to the type of decision to be made. Physical conditions, such as an intimidating or unfamiliar environment, can also affect capacity, as can trauma, loss and health problems.

### **Five core principles of the Mental Capacity Act** (Mental Capacity Act, Section 1, Code of Practice chapter 2)

The following core principles must be followed in any assessment of or a decision about a service user capacity. Staff will need to keep an accurate record of all assessments and decisions they have made and this will always be kept in the services users' profile.

1. A person **MUST** be assumed to have capacity unless it is established that they lack capacity. See section 6 of the service users care profile.
2. A person is not to be treated as unable to make a decision unless all practicable (doable) steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision

4. An act done, or a decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made in their best interest
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

\*\*\*\*Please remember it can not be assumed that because someone has a diagnosis of a learning disability that they automatically lack capacity.

### **What is lack of capacity? (Mental Capacity Act Section 2 Code of Practice Chapter 4)**

A person lacks capacity if they are unable to make a particular decision because of impairment or disturbance of mind or brain, whether temporary or permanent, at the time the decision needs to be made.

Under the Mental Capacity Act 2005 the following factors have to be considered when assessing if someone has capacity to make a decision:

- whether they are able to understand the information
- whether they are able to retain the information related to the decision to be made
- whether they are able to use or weigh that information as part of the process of making a decision
- whether they are able to communicate that decision, by any means including blinking an eye or squeezing a hand.

### **Acting in peoples best interests**

The Mental Capacity Act 2005 does not define best interests but identifies a range of factors that need to be considered when determining the best interest of an individual who have been assessed as lacking capacity to make a particular decision or consent to acts of care or treatment.

### **Acts in relation to personal care may include:**

- Assistance with physical care e.g. washing, dressing, toileting, changing a catheter/colostomy bag
- Help with eating and drinking
- Restricting access to cigarettes
- Shopping
- Paying bills

### **Acts connected to healthcare and treatment may include:**

- Administering medication
- Diabetes injections
- Medical and dental treatments
- Nursing care (provided by visiting NHS professionals)

## **Legal tests and other legislation**

Where a legal decision needs to be made, staff must be fully aware of those decisions, which are covered by common law or other legislation. Staff at Inspiration Lifestyle Services **WILL NOT** act in the interest of service users in relation to:

- making a will
- making financial gifts
- entering into litigation
- entering into contracts
- entering into marriage

Other professionals will need to be involved in administering these tests of capacity under common law e.g. registrars will decide if someone has the capacity to understand marriage vows.

## **Excluded decisions**

Other decisions excluded from the Mental Capacity Act include:

- consent to sexual relations
- consent to divorce or dissolution of a civil partnership
- consent to a child being placed for adoption
- voting

\*\*\*Other people can never make these decisions on behalf of another person, regardless of the person's capacity to make these decisions themselves.

## **Limitations on restraint**

**(Mental Capacity Act Section 5 & 6 Code of Practice 6 11-16.9, this must also be read in conjunction with company policy on restraint)**

In circumstances where restraint needs to be used, staff restraining a person who lacks capacity will be protected from liability (criminal charges) if certain conditions are met

- If restraint is used staff must reasonably believe the person lacks the capacity to consent to the act in question, that it needs to be done in their best interest and that restraint is necessary to protect the person from harm.
- It must also be a proportionate or reasonable response to the likelihood of the person suffering harm and the seriousness of that harm.
- Restraint can include physical restraint, restricting the person's freedom of movement and verbal warnings.

**Restraint may also be used under common law in circumstances where there is a risk that the person lacking capacity may harm someone else.**

**Staff who are found to willfully ignore the guidelines of the Mental Capacity Act 2005 could become subject to disciplinary proceedings for gross misconduct.**

## **REFERRAL AND ADMISSIONS POLICY**

### **INTRODUCTION**

The purpose of this policy is to ensure that Inspiration Lifestyle Services Limited effectively allocates available placements to service users whose needs match the eligibility criteria, which is documented for each ILS facility within their Statement of Purpose Document.

This policy is also intended to clarify referral/admission arrangements for the benefit of referring agencies, potential service users and ILS staff.

### **ROUTINE REFERRALS**

All referrals for permanent accommodation shall be made through the Regional Commissioning arrangements in Place for South East Wales and South West Wales and be circulated through an expression of interest (pen picture) in the first instance.

All written referrals should include:

- Personal details/profile
- Health status
- Mobility
- Communication skills
- Behavioural difficulties
- Any specific risk factors

This information will enable us to make an initial decision about the appropriateness of the pen picture and the most relevant placement available within ILS at the time.

### **EMERGENCY / SHORT TERM REFERRALS**

All new referrals for short-term / emergency care shall be made to either the Care Services Manager or the Managing Director for ILS or a nominated deputy in their absence.

All short-term care / emergency referrals should be accompanied by a comprehensive Unified assessment and or community treatment plan.

Managers will respond to informal enquiries from potential referrers, service users or carers by providing general information about the ILS facility and explaining the formal route for referrals.

Service user guides and links to the company website can be given to any interested person on request.

ILS welcomes informal visits from referrers, potential service users and their carers / family members.

The Care Services Manager or Managing Director or a nominated deputy in their absence from the ILS specialist support team will be responsible making an initial decision on the appropriateness of each referral.

## **ASSESSMENT**

Following initial confirmation of the appropriateness of the referral, the Care Services Manager, Managing Director or a nominated deputy from the ILS specialist support team together with the Service Manager of the facility will carry out a comprehensive assessment of the service user's needs. An assessment will fully involve the prospective service user, their current carers and family.

Assessments will normally involve the manager visiting the prospective service user's home and / or day care facility and prospective service users will be encouraged to visit the placement and meet with other service users and staff.

### **Assessments will include the following:**

- Personal Profile
- Medication Profile
- Risk Assessment Checklist
- Service Users Key Information Sheet and Additional assessments will be carried out according to identified need / Risk

On the basis of assessment a decision whether to offer a place will be made as soon as practicable and communicated to the service user/referring agency in writing. Reasons for not offering a place will be given and the service user/referring agency will have the opportunity to appeal against any such decision to the Managing Director

**Appeals should be made, initially in writing, within 28 days of having been notified of the assessment outcome.**

## **ROUTINE ADMISSION PROCEDURE**

The ILS Admission Procedure has three principle objectives:

- a) To enable the service user to adjust to their new home / service as quickly as possible with a minimum of stress.
- b) To minimise the impact of a new service user on the existing members of the Homes' / service`s established community.
- c) To develop a Support Plan which will enable the service user to meet their identified needs and effectively manage risks as identified.

*Once a decision has been reached on the appropriateness of a referral any placement offer will be subject to written agreement on funding.*

Arrangements to meet any day care needs will normally be agreed before the offer of a place is confirmed.

Once agreement on funding has been secured the Manager will agree an admission date and a programme for a phased introduction to the facility if appropriate to the individual. An introductory programme will usually include an afternoon visit and an overnight stay, however we understand that transition into a new service may need to be tailored to meet the specific needs of each individual service user and this can be discussed post assessment.

The service user and/or their representative will be issued with an Agreement detailing the main terms and conditions. This will include a list of the standard equipment that ILS can be expected to provide.

Once the admission date is confirmed, details of the funding arrangements should go to the Finance Department at central office where the placement contract will be held on file.

For all service users with a planned admission to an ILS facility the following details will be collated and recorded prior to admission or within 24 hours of admission:

- Inventory – full list of service user’s possessions including clothing, finance and other property.
- Personal Profile
- Significant risks and a Risk Assessment
- Support Plans
- Mobility Profile
- ILS Health Checklist
- Communication support plan
- Details of service user’s property
- Emergency contact details
- Weight
- Diet

For an Emergency / short term admission The following will be collated and documented during the first 2 weeks following admission to an ILS service:

- ILS Health Checklist
- Personal Profile (initial summary)
- Communication Passport (initial summary)
- Health, Safety and Well-being Plan (initial summary)
- Interim 24hour/weekly support plan

## Behaviour Management Policy

### Introduction

The management and staff at Inspiration Lifestyle Services (ILS) understand that people with a learning disability, mental health disorder and complex needs have particular need for support and assistance with learning skills and unlearning potentially problematic behaviours. There are many particular methods that exist to manage behaviours at varying levels.

Management and staff recognise that there is no one method that should be prescribed for any one problem. Only following a robust assessment and discussion with the service user and other professionals involved in the unified assessment will a behaviour management plan be built in to the service user's individual support plan with the assistance and support of Positive Behaviour Intervention Services / Positive Behaviour Management instructors.

Staff will be shown how to accurately record incidents using current incident forms which include Antecedent, Behaviour and Consequences for difficult to manage/anti social behaviours. The aim of these records is to identify any potential triggers to behaviour, accurately record the presenting behaviour and record any consequence arising from the behaviour.

There are a number of recognised procedures, which will normally be considered for a behaviour management plan within an ILS residential service. Any identified management strategy would be clearly and concisely documented in a specific support plan:

### Positive Behaviour Support

Research has shown that the use of positive behaviour management can result in:

- Lower rates of restraint used
- Lower rates of emergency medication used
- Reduced injuries to staff and service users
- Increased staff confidence and knowledge
  
- **Principles of Positive Behaviour Support**
  - Values led
  - Based on a functional analysis of behaviour
  - Emphasis on ecological and antecedent intervention
  - Proactive
  - Reduction in challenging behaviour
  - Focus on quality of life gains

- Long-term focus
- Avoids use of punitive responses
- **Assessing Risk and the 13 step Positive Behaviour Management Plan**
- Specify the behaviours of concern
- Specify who might be at risk and how
- Identify the conditions under which the probability of the behaviour occurring is increased
- Specify what primary preventative measures should be employed
- Describe the early behavioural indicators that the person may be losing self control
- Specify what secondary preventative strategies' should be employed
- Specify what physical interventions may need to be employed
- Record any unmanaged risks
- Specify post-incident procedures for users and support staff

## **Actions / Responses to Behaviour**

### **Changing Surroundings/Environment e.g.:**

- It may be possible to lessen the behaviour by altering the service user circumstances to make it less likely to happen.
- Use of low stimulus / less crowded areas
- Moving away from communal areas to use quieter areas of the house/garden
- Closing curtains / reducing light to a certain area of the house
- Noise levels

### **Positive reinforcement**

This is defined as anything which, when it follows a specific behaviour, increases the likelihood of that behaviour occurring again.

Therefore a preliminary to most positive reinforcement programmes is the search for and identification of whatever is likely to have that effect for an individual service user.

The search for positive reinforcers should be wide-ranging, taking in to account:

- Sensory stimulation, lights, sounds, music, tastes, smell, preferred activities, and favourite foods.
- Social reinforcers – attention, approval, praise, are all-powerful reinforcers for some service users but may be ineffective for others

Whatever is finally selected, it is crucial that it is of great interest to the service user and can be shown to increase a behaviour that it regularly follows.

## **Differential Reinforcement**

Another way of diminishing a challenging or anti-social behaviour is to build up other behaviours, by deliberately reinforcing them, to compete with the target behaviour, making it almost impossible for the service user to engage in both behaviours at once.

For example a female who frequently poked her eyes with her fingers, damaging her sight, was provided with a piece of apparatus which produced sounds and noises that she loved when she pressed its switches with her fingers. Whilst she pressed the switches she could hear the sounds and was not able to poke her eyes at the same time.

## **Time out from positive reinforcement**

Time out from reinforcement is an option if the problem behaviour happens when the service user is already in the reinforcing situation e.g. enjoying music, eating favourite foods etc. If the behaviour occurs, the reinforcement is temporarily suspended for a specified period of time (10mins /30mins etc).

## **Functional Communication Training**

Sometimes a challenging behaviour appears to function in people with learning disabilities as a way of “asking” for something. In such cases effective management would be to teach the person to use a word or a picture to ask appropriately for what they want.

**\*\*Staff working with ILS must always be aware that in supporting our service users we must consider their rights and choices.**

Any behaviour management programme must be the direct result of a comprehensive assessment and agreed with the service user who has capacity, or in the best interest of a service user who lacks capacity. Any behaviour management programme would be clearly documented in the service user support plans.

**No behaviour management techniques will be implemented unless it is recorded in the individual service user plan.**

Staff will remember that all service users are individuals and the implementation of a behaviour management plan for one service user must not intentionally impact on the lifestyle of other service users living in the house.

# Physical Intervention

## Definition of physical intervention

*“Direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual”.*

A number of terms are used to describe action to prevent serious harm. These terms include “restraint”, “care and control” and “crisis intervention”. Many of these terms particularly “restraint”, can have negative connotations for individuals. Therefore for these reasons and in line with the Welsh Assembly Government and the BILD publications within ILS we will use the term “physical intervention” to describe direct physical safeguarding action.

## Possible alternative strategies

### Verbal de-escalation techniques

De-escalation is the existence of a set of verbal and non-verbal skills which if used selectively and appropriately may reduce the level of an aggressor’s hostility and the associated risks of assault/damage by calming anger and lowering the arousal state.

#### Staff must always:

- Be aware of the pitch, tone, volume and pace of your voice
- Express empathy
- Apologise when appropriate
- Communication should be two way – remember to listen

#### Non-verbal de-escalation techniques:

- Allow sufficient space
- Adopt a side-on stance
- Intermittent eye contact
- Be aware of effects the “fight or flight” response may have on your own body language

Any use of de-escalation skills must always be accurately documented in the service user’s daily diary.

Physical intervention is only to be used to prevent serious harm and is consistent with the promotion of an individual’s welfare.

The application of resistive physical intervention must always be an option of last resort.

### **What is harmful behaviour?**

Examples of harmful behaviour and the need to use this approach include:

- Significant destruction of property,
- Violence directed towards others
- Violence that arises from panic, distress or confusion
- Self-directed violence or self-injury

### **When would we use physical intervention?**

- To take immediate control of a dangerous situation/ harmful behaviour
- To end or reduce significantly the danger to the service user or others.

### **What not to do**

- Never under any circumstances, will a service user have physical intervention applied when they are face down on the floor.
- Under no circumstances will physical intervention be threatened or used as a disciplinary sanction with service users.
- Use physical intervention before trying all other interventions
- Use physical intervention if there are insufficient numbers to do so safely
- Use physical intervention if a service user is in possession of a weapon (call police)
- Never use restrictive physical intervention without the appropriate training – which is the BILD physical intervention accreditation scheme.

### **Duty of care**

Always act in the best interests of the service users & their identified care and support needs.

Never allow an act or omission on your part be detrimental to the care and support of a service user

Always act within your competence and decline to take on something if you do not believe that you can safely expedite it.

Integral to any physical intervention is the duty of care that is exercised by a social care worker towards an individual. When dealing with a situation that requires protective action, duty of care does not imply that the needs of one individual automatically override the safety needs of others (including staff members) potentially placed at risk.

Threatening or reckless behaviour needs to be managed to minimise harm to everyone. Any action that involves the restriction of choice and movement must be balanced with our duty of care and proportionate to the level of risk presented. In the event of applying any restrictive physical intervention the following must be adhered to:

- The action must always be reasonable in the circumstances
- Use the minimum force necessary to prevent harm or injury to the service user
- Only be used for as long as is absolutely necessary
- Always be sensitive to gender and race issues
- Use of any resistive physical intervention would always be recorded in the service user's 13 point PBMP, on a PBM reactive strategy record form and an incident form.
- Any use of physical intervention where this is not an agreed approach to manage the individual as laid down in the care management plan, would be reported on a Regulation 38 document with a copy sent to CSSIW, the Care Manager and the host authority. This would automatically trigger a review by the Care Service Manager of the support plans in place in conjunction with PBM lead in-house.
- Any use of physical intervention would always be reported to the manager or senior person on call.
- Post incident a de-briefing session with the service user if they have capacity, this session will be formally recorded on a post incident de-briefing form. At this de-briefing the service user will have an opportunity, be given information, support and if required assistance to make a complaint in line with the company complaints policy. Service users will be given information, support and assistance if required to contact an advocate.

The staff duty of care extends to ensuring that a service user is monitored and cared for throughout any incident. Autonomy balanced with their age and understanding is returned to them as soon as is safe to do so.

### **Employer's duty of care**

Duty of care also extends to the employer's responsibilities in meeting health and safety requirement Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a duty to ensure the health, safety and welfare of their staff. Where they may be at risk this must be assessed, documented and staff provided with adequate information and training.

- Staff working at ILS will normally in the first twelve weeks receive adequate and appropriate training in physical intervention, provided by a qualified trainer. Training will be updated in line with recommendations of the trainer.
- Staff working with ILS will only use physical intervention techniques and methods in which they have received training and in which they have demonstrated competence in use and application.

- Staff working with ILS will have access to supervision and support and be given the opportunity to attend a de-briefing session post any incident requiring the use of physical intervention. This session will be formerly recorded on a post incident de-briefing form, which can act as a checklist to ensure that post-incident procedures are adhered to. This will be co ordinated by the Registered Manager and PBM instructors.
- Each incident of physical intervention (PBM form) will be audited on a monthly basis by the service manager and quarterly by the PBM trainers. The audit will serve to monitor all incidents to check whether there is a regular pattern in the use of a particular intervention technique emerging.
- Continued use of any intervention techniques will be subject to review with other professional involved in the service user's support and personal plan.