Positive and Proactive Care - Setting standards for care plans and auditing in a secure hospital setting

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Service Context

- This audit was completed in an independent hospital
- We provide care predominantly for service users (SU's) who attract a diagnosis of autism spectrum disorder and/or a learning disability.
- The hospital comprises four wards;
  - two are designated low secure
  - two are medium secure.

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Policy Context

The Serious Case Review (Flynn, 2012)

Transforming Care (DH, 2012a)

Winterbourne View Concordat (DH, 2012b)

Positive and Proactive Care, (DH, 2014)

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Audit Aims

The aims of this project were to:

1. Develop a set of standards for care, based upon the guidance set out in Positive and Proactive Care (DH, 2014).
2. Audit the care plans and documents available on the hospital's electronic care record system against the 13 standards that were developed.
3. Recommend any actions that may improve clinical practice and ensure that care is being delivered to a high quality standard in the least restrictive methods possible.

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Methodology

Setting

- ***Specialist ASD/ LD secure forensic hospital***

Inpatients

- 60 patients in the hospital
- 59/60 detained under a section of the MHA
  - 47.93% Section 3
  - 20.68 % Section 37
  - 18.97 % Section 37/41
  - 6.09 % Section 47
  - One patient was detained under the Criminal Procedure (Insanity) Act with Restrictions [which has similar restrictions to a Section 37/41]

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Development of standards (1)

- A set of 13 standards were developed based upon *Positive and Proactive Care (2014)*.
- The standards were developed by operationalising the key recommendations contained in *Positive and Proactive Care* that were most relevant to the service being provided in the hospital.
- These standards centred on ensuring that care plan documents contained evidence of:
  - ✓ Individualised care plans;
  - ✓ Interventions being guided by formulation;
  - ✓ Positive behavioural support;
  - ✓ The safe and ethical use of all forms of restrictive interventions; and
  - ✓ Post-incident reviews and learning.

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Table 1: Overview of standards used.

Standard	*Brief description of standard*	*Relevant paragraph from* Positive and Proactive Care *guidance*
1	Person-centred plan	27 – 32; 34; 38; 39
2	Multi-disciplinary formulation	32 – 34
3	There are clear aims for the admission	5; 29; 30
4	Interventions are driven by formulation	34; 36
5	Behaviour Support Plan in place and includes Primary, Secondary and Tertiary strategies	32; 33; 34, 36; 43
6	Least restrictive practices used	58; 64; 69; 70; 75; 96
7	Patient collaboration with care plans	25; 36; 42; 53; 58; 62; 108; 113; 116; 118
8	Complies with MCA and MHA	23; 24; 25; 57; 59; 80; 89; 93 - 104
9	Post-incident reviews	46 – 53
10	Learning from incidents	46 – 53; 112
11	Accessible data, for example, graphs	111; 112; 117; 118
12	Plan around use of physical restraint	35; 54; 61; 64; 65; 106; 108; 115
13	Discharge care plan	5; 29; 30

Audit Process

Patients electronic records (RiO) assessed and reviewed by two Psychologists

Consensus was reached about the level of detail required to determine how each standard scored and whether the care plan contained enough detail

Reliability check was completed by an independent Psychologist who randomly re-audited some care plans

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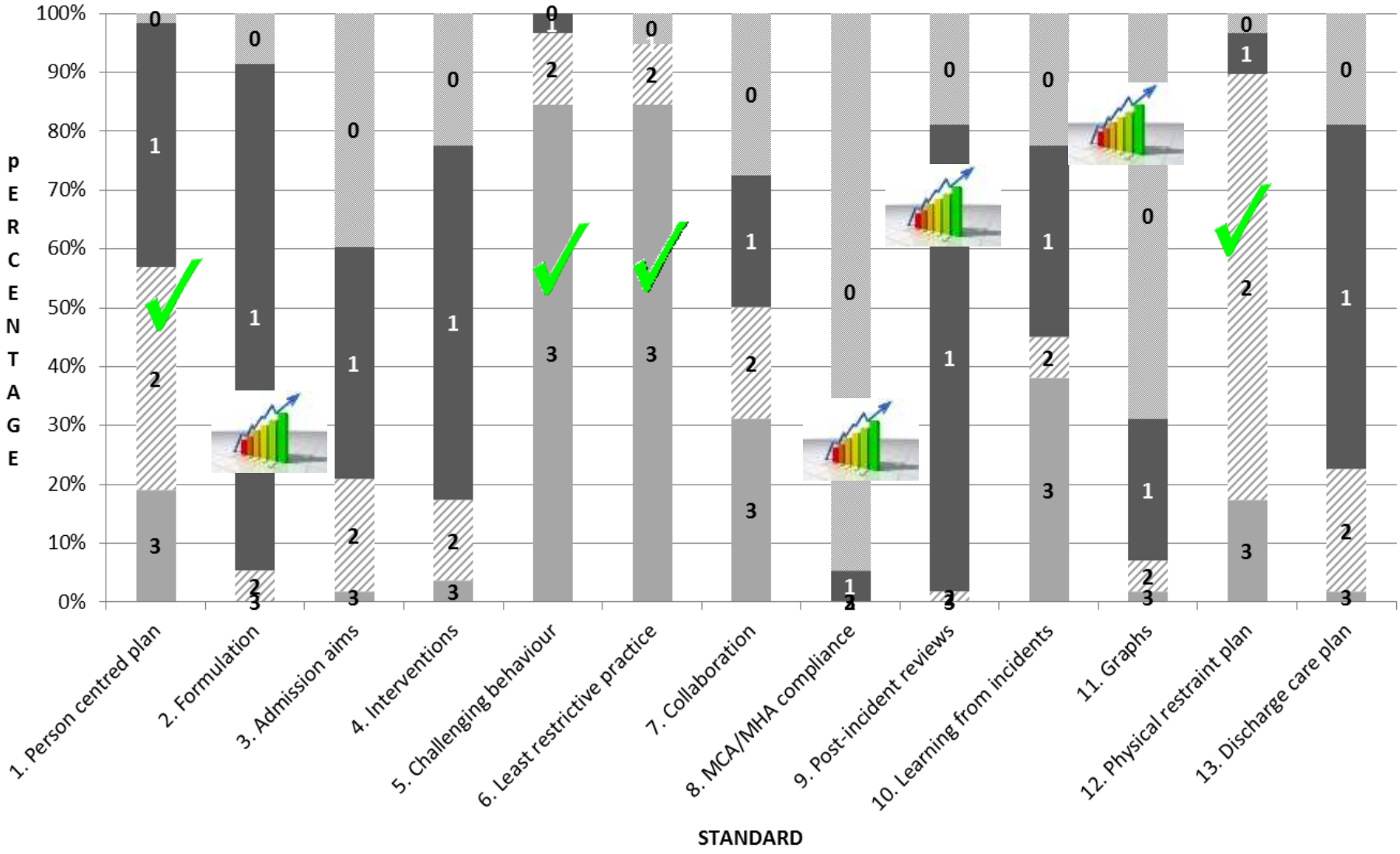
Audit Process (2)

By checking the available information for each inpatient on the hospital electronic care record system, each standard was rated as:

- **Not Met/No evidence (0)** – The standard has not been met in any form or there is no evidence provided.
- **Some Evidence (1)** – There is mention of the standard, however, there is not sufficient evidence to suggest that it has been met either partially or fully.
- **Almost Met (2)** – There is detailed information regarding the standard, however, not enough evidence to suggest that it has been fully met.
- **Fully Met (3)** – The standard has been fully met.

Results (1)


PERCENTAGE
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1. Person centred plan
2. Formulation
3. Admission aims
4. Interventions
5. Challenging behaviour
6. Least restrictive practice
7. Collaboration
8. MCA/MHA compliance
9. Post-incident reviews
10. Learning from incidents
11. Graphs
12. Physical restraint plan
13. Discharge care plan
STANDARD

Areas for improvement

1. Few restrictive intervention care plans explicitly reflected key principles from the **Mental Capacity Act** and **Mental Health Act** [standard 8].
2. Limited evidence that **Post-incident reviews** were held for both staff and patients. [standard 9].
3. Limited evidence of PBS care plans which derived through a **collaborative formulation** aimed at reducing restrictive interventions [standard 2].
4. The specific **aims of admission** were not easily identified upon RIO [standard 3].
5. Limited **individualised outcome data** was available that provided evidence of the effectiveness of our interventions [standard 11].

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Areas of good Practice

Inpatients had strong restrictive intervention care plans.

1. **Contextual**
2. Focussed on improvements in **QoL**
3. De-escalation and planned restrictive practices carried out **safely** and as a **last resort**
4. '**necessary**', '**proportionate**' and '**least restrictive**'
5. Plans were fluid '**working documents**'
6. Patients **voice**
7. Risk scenarios
8. Reflected strong **ethical** principles (dignity and human rights)
9. **Physical** and **emotional health** information / physical limitations.

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What did we learn

1. Overall there needs to be greater collaboration with patients
2. Improvements in post incident reviews and dissemination of ‘lessons learnt’ [at all levels] is essential
3. Improvements in holistic MDT formulations and PBS plans are required
4. Improved discharge care planning [from point of admission]

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Improving Patient Experiences

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Understanding restrictive practices – a patients perspective

Department of Health

- The Department of Health wrote a paper to help staff understand how to support people whose behaviour is very difficult.

- Service users at St Andrews have met to talk about The Department of Health's paper.
- These service users have experience of being restrained.
- Through a focus group discussion, our service users have contributed to there own local paper about restrictive practices.

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NOTTINGHAMSHIRE

How should we support people in St Andrews Whose behaviour is very difficult?

This is an Easy read guide that has been developed in the Nottinghamshire service by service users with support from Psychology, Speech and Language Therapy and nursing staff.

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NOTTINGHAMSHIRE

Our aim is to share the service users views about:

- What it feels like when staff have to use restrictive interventions such as restraint and seclusion

- How we can avoid using restrictive interventions where possible

- How we can use restrictive interventions safely

- How can we learn from each time a restrictive intervention has been used

When staff read this paper, we hope that they will have a better idea about how it feels for service users. We hope that staff will think about these things when they are supporting people whose behaviour is sometimes very difficult.

Restrictive Practices: A patients view

Staff need to support people when they do something risky. Risky behaviours are things like:

Hurting others

Hurting Self

Running away

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Restrictive Practices: A patients view

- If you do something risky staff might need to stop you or make you do something you do not want to do at the time.
- This is called a **restrictive intervention.**

- Sometimes staff have to do this to keep you or other people safe.
- Restrictive intervention should be a last resort.
- We want to avoid restrictive interventions happening whenever possible.

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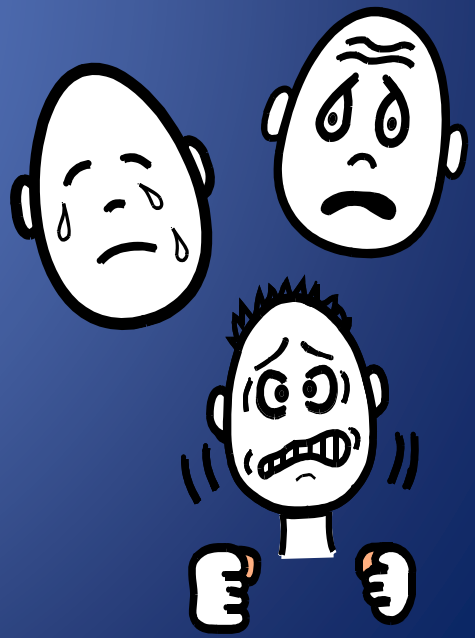
How does it feel when staff have to use Restrictive Interventions?

In our focus group service users talked about how it makes them feel when staff have to use restrictive interventions. Service users talked about things like:

“Being restrained make me feel useless”

“Being restrained takes my respect away”

“Having a PRN injection is horrible and scary”



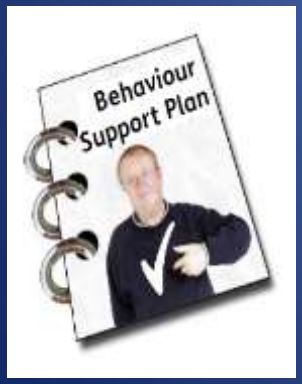
Reducing restrictive interventions: Patient priorities

In the focus group service users talked about what restrictive interventions they want to reduce. Service users talked about:

- Seclusion
- PRN medication
- Being restrained face down

How can we avoid using restrictive interventions?

''Have a support plan that I have helped to make''



"Talk to me if you can see that I am getting cross."
"When you are talking to me use a calm voice."

"Don't tell me what to do."
"Help me to make safe decisions."
"Help me to remember my strategies."

"It is important that staff know me and my warning signs."

"Train staff about how to calm the situation and talk to people when they are upset."

How can we learn from each time a restrictive intervention has been used?

After using a restrictive intervention it is important that the staff talk to the service user about:

- What it felt like for them
- Do they need any help or support
- Why they got angry or upset
- Anything that could have been better
- How to stop it happening again

Just some of our initiatives

Safewards

mapa®
a CPI specialised offering

Service user involvement

Meaningful Conversation

KEEP CALM AND REFLECT

pbs
positive behaviour support

RAID TRAINING

Thank you for listening

Any Questions?

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References

- Department of Health (2012) *Transforming care: A national response to Winterbourne View Hospital: Department of Health Review Final Report.*
- Department of Health (2012) DH Winterbourne View Review Concordat: Programme of Action: *Department of Health Review Final Report.* Skills for Health and Skills for Care (2014)
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- Social Care, Local Government and Care Partnership Directorate, Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions.*
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