

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 in Notts comprises four wards;
 - two are designated low secure
 - two are medium secure.

Policy Context



The Serious Case Review (Flynn, 2012)



Transforming Care (DH, 2012a)



Winterbourne View Concordat (DH, 2012b)



Audit Aims

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.
4. To re-audit a year later to evaluate progress following our efforts to act on recommendations.

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]

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.

Table 1: Overview of standards used.

<i>Standard</i>	<i>Brief description of standard</i>	<i>Relevant paragraph from Positive and Proactive Care guidance</i>
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

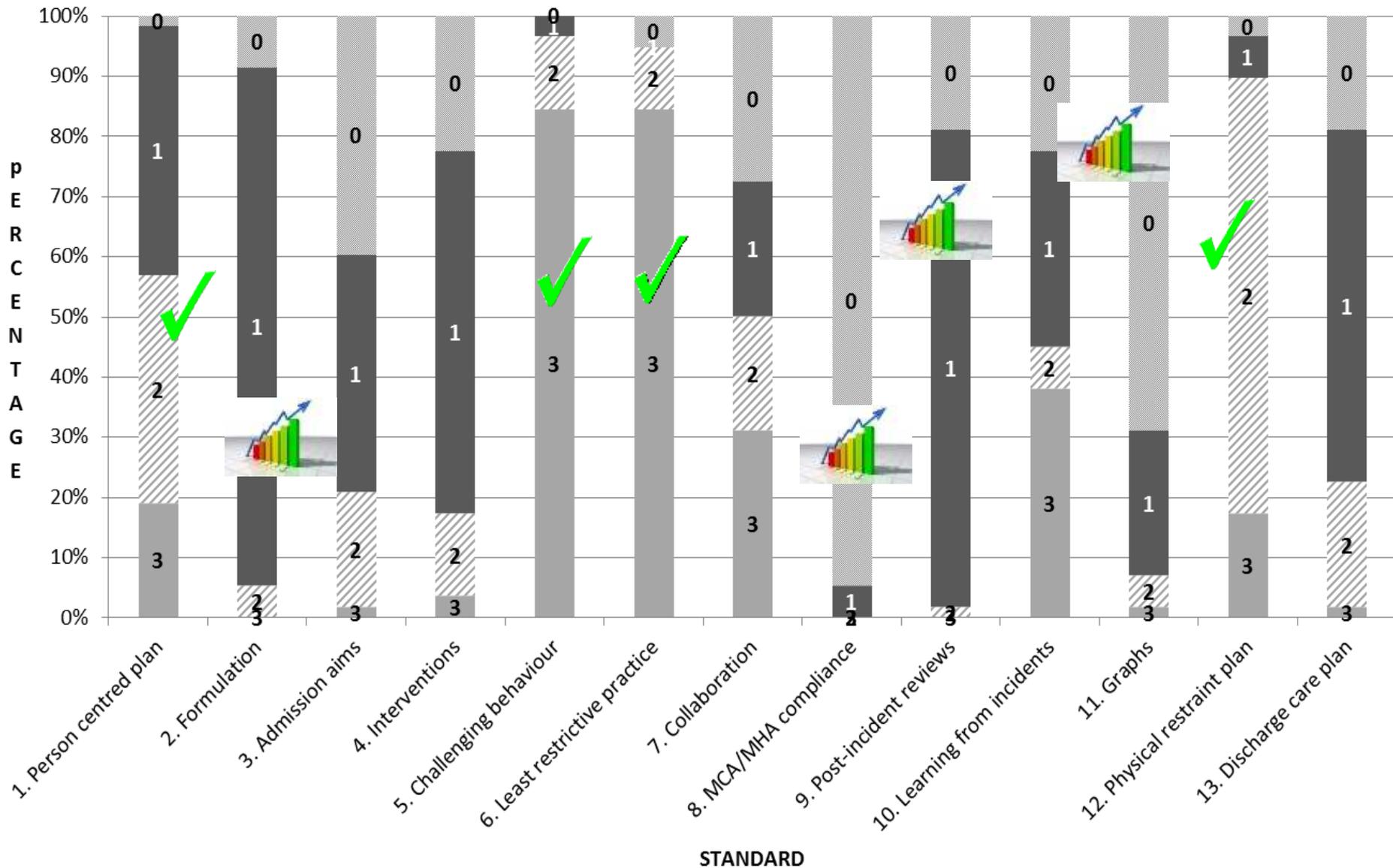
Reliability check was completed by an independent Psychologist who randomly re-audited some care plans

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 2015(1)



Areas of good Practice 2015

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.

Areas for improvement 2015

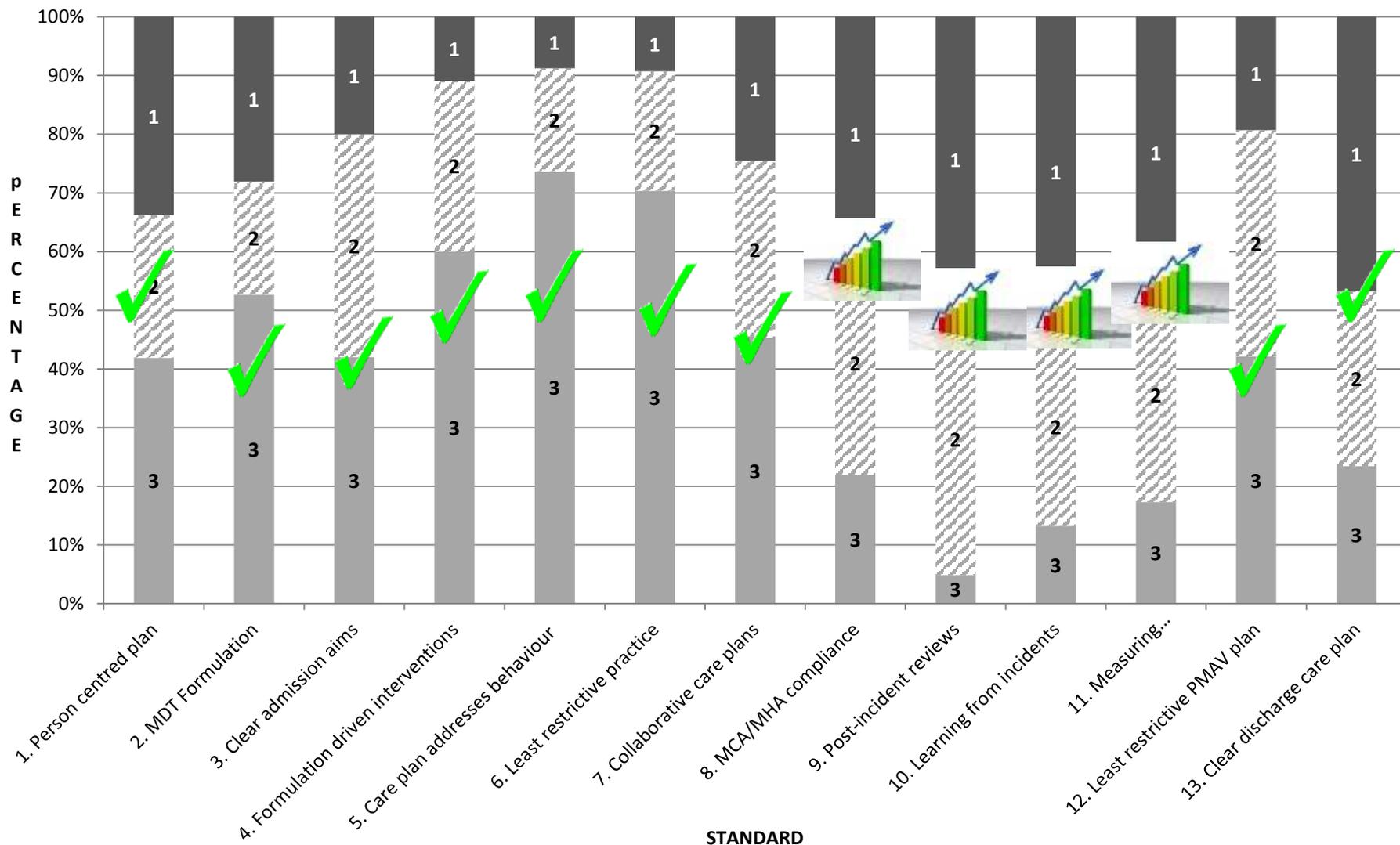
1. Few restrictive intervention care plans explicitly reflected key principles from the Mental Capacity Act and Mental Health Act [standard 8].
2. Limited evidence that Post-incident reviews were held for both staff and patients. [standard 9].
3. Limited evidence of PBS care plans which derived through 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].

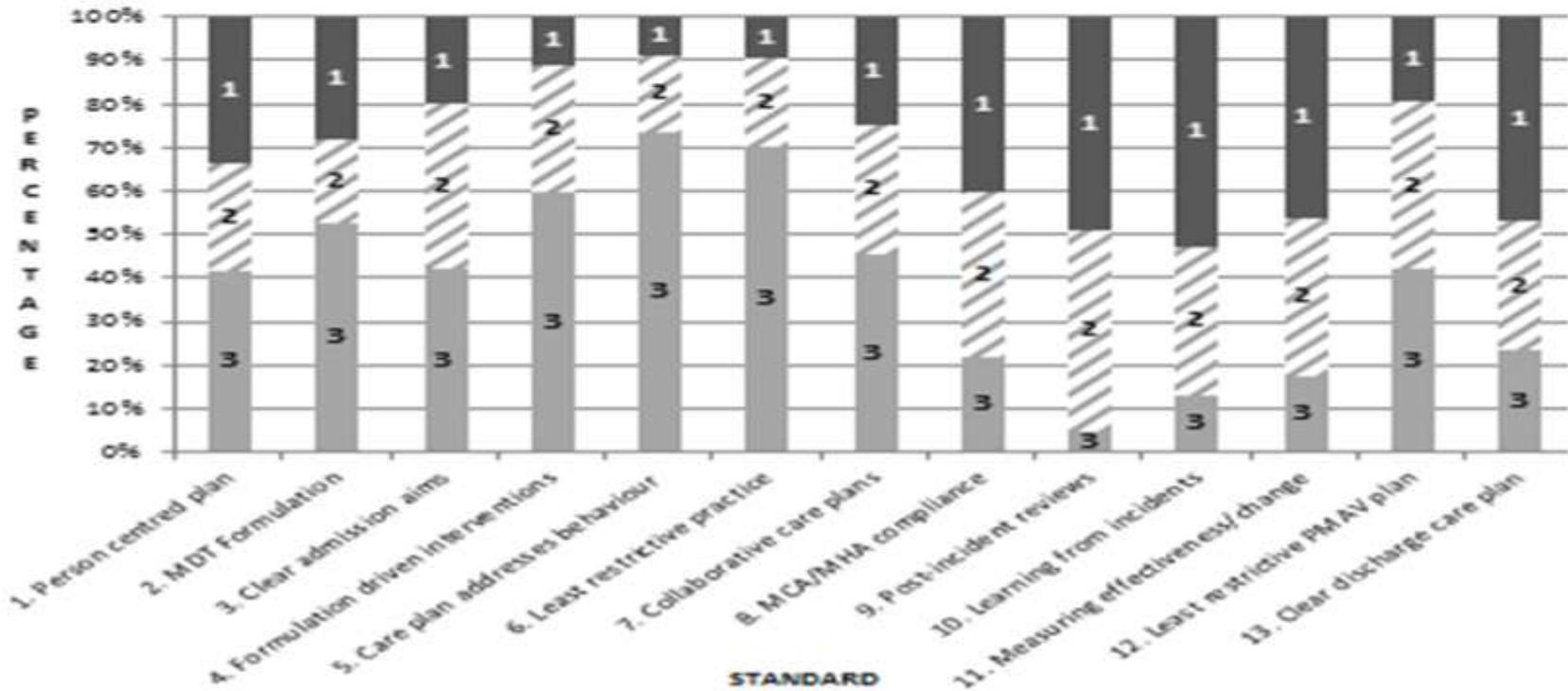
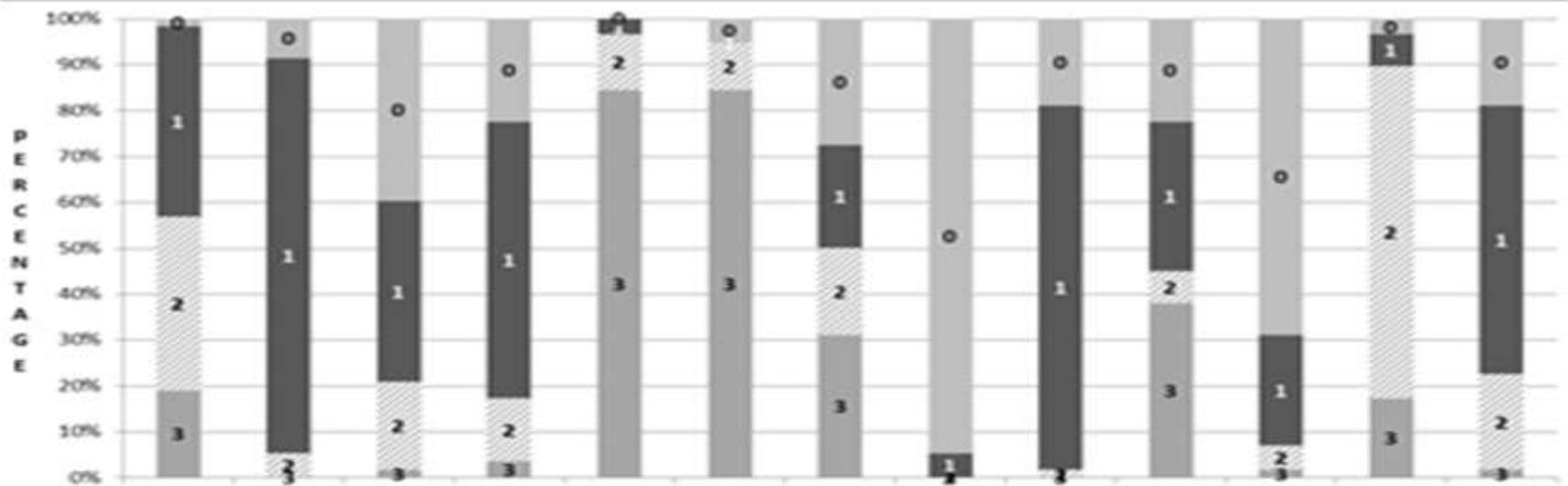
Recommendations of 2015 Audit

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]

Results 2016 Re-Audit

Figure 2: Level of achievement of each standard





STANDARD

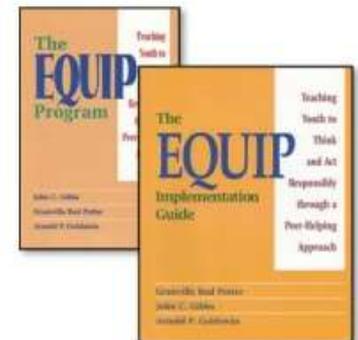
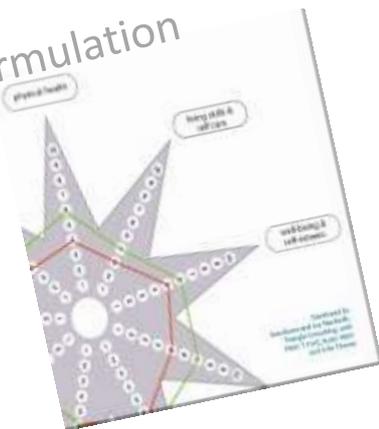
Implementing the Recommendations: Just some of our initiatives



Service user involvement



Formulation



Areas of good practice



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.

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.”

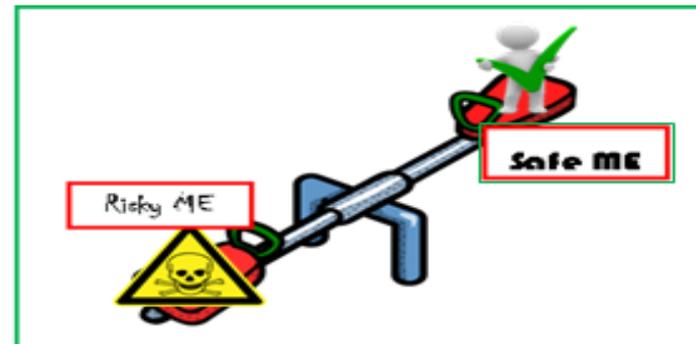
Collaborative risk assessment and patient versions

HCR-20

My Risk Assessment

Because you live in a secure hospital we have to do a risk assessment.

Risks are things that can make you commit crimes. We can learn what your risks are by talking about your behaviour. Together your risks make up **Risky ME**



As well as risks, you have skills that keep you **safe**. Together your skills make **Safe ME**.

Historical: The 10 things from your past		
Risks	Is it risky for you?	What makes this risky for you
Violence 		
Other crime 		
Friends and family 		
Jobs 		
Drugs 		
Mental health 		
Personality 		
Trauma 		
Violent drinking 		
Treatment 		

Clinical: The 5 things that can be risky now		
Risks	Is it risky for you?	What makes this risky for you
Know yourself? 		
Thinking about violence 		
Mental health 		
Reacting to things		
Is treatment working? 		
Any others?		

Risk: The 5 things that can be risky in the future		
Risks	Is it risky for you?	What makes this risky for you
Your plans 		
Where you will live 		
Who can help you? 		
Treatment 		
Stress 		
Any others?		

Being **Safe ME** on the ward

What might you do?		
What could happen if you do this?	To you	To other people
What triggers you?		
What are your warning signs? Risky ME taking over		
What do you need to do? Put Safe ME in charge		
What do we need to do?		

Improved Care Plans

My Needs Assessment, Care and Treatment Plan



Team Notes in Black and patient comments in Blue new comments in Red
First completed

Name:

Date of care plan:

What got me into trouble?

Where did I learn to do this?

What makes me want to do this?

What do I get out of? How come it still happens?

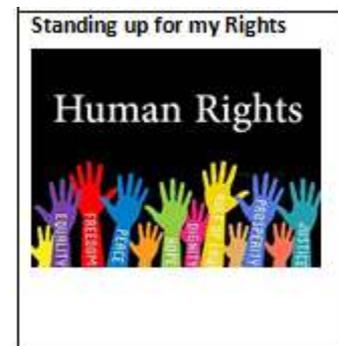
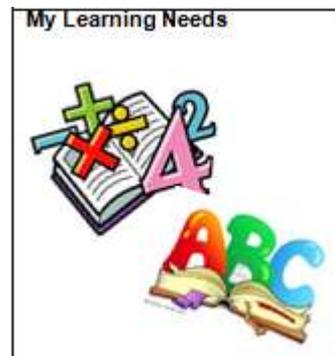
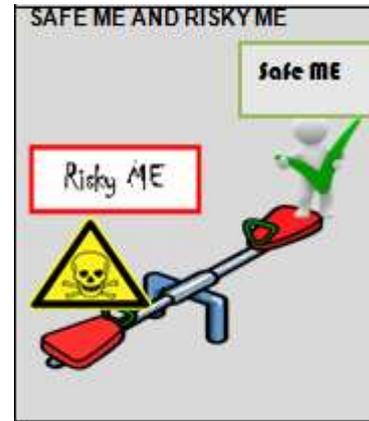
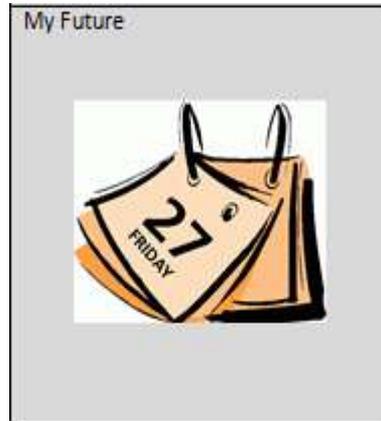
What keeps me safe?

Safe ME


Risky ME

A flowchart diagram within a larger box. It features four horizontal boxes on the left, each with a question. The top box is red, the second is yellow, the third is orange, and the bottom is a darker orange. To the right of these boxes is a vertical green bar containing the text "What keeps me safe?", "Safe ME", a 3D character holding a green checkmark, and "Risky ME". Blue arrows point from the green bar to each of the four boxes. Additionally, blue arrows point from the bottom of each box down to the next box below it. A long blue arrow on the far left points from the bottom of the bottom box back up to the top of the top box, creating a feedback loop.

My Needs Assessment, Care and Treatment Plan



Avoid 'Mis-Fortune' Exercise

Our Debrief Tool in action

Thank you for listening

Any Questions?

References

- Department of Health (2012) *Transforming care: A national response to Winterbourne View Hospital: Department of Health Review Final Report.*
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- A Positive and Proactive Workforce. A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health
- Social Care, Local Government and Care Partnership Directorate, Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions.*
- National Collaborating Centre for Mental Health (UK. (2015). Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges.