

HIQA OUTCOME 007

HEALTH SAFETY AND RISK MANAGEMENT

MANAGEMENT OF BEHAVIOURS THAT CHALLENGE POLICY

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MOOREHAVEN CENTRE

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MANAGEMENT OF BEHAVIOURS THAT CHALLENGE POLICY

OBJECTIVE:

To ensure that controls are in place for the Management of Behaviours that Challenge within the MooreHaven Centre i.e. service user/service user, service user/staff.

RESPONSIBILITY:

The review of this Policy document lies with the management team. The day to day implementation of this policy rests with all members of staff.

POLICY DETAILS:

1. All staff receive training in MAPA, 'Management of Aggression and Potential Aggression; a non-violent crisis intervention programme. This is to equip staff with the knowledge and skills required to deal with service users with behaviours that challenge. The aim is to give the staff member confidence in dealing with situations that are challenging. Behaviours that challenge can be a service user losing their temper, acting out verbally, shouting and swearing, using bad language directed at the staff member or another service user. It could also include physical acting out, pushing objects, kicking furniture. In general, physical acting out against a staff member is not a feature of the population of service users in MooreHaven. Therefore, physical restraint of service users is not required and is not included as part of the training. This is subject to ongoing review.
2. In the event of a service user / resident reaching the stage that they become verbally challenging i.e. shouting and swearing at the staff member or at another service user, the staff member needs to stay in control, using a firm and directive tone of voice, while acknowledging the particular dilemma for the service user / resident. It can happen, at times, that a person can flare up, from being a reasonable person to being unreasonable and challenging very quickly. In this case anxiety levels will have risen and the person will have lost their capacity to reason. Awareness of the individual and their environment and their past history of similar outbursts is very important in gaining an understanding of what is happening for the person. They need huge reassurance to support them to calm them, to bring them down.

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Behaviour support plans can be used to ensure a consistency of approach by all staff dealing with the individual. The line manager will go through the behaviour plan with the staff if one is in place. The primary goal is to reassure the individual they are safe and being cared for, to de-escalate the situation before the person becomes challenging.

3. Should a service user reach the stage of verbally acting out to an extent that their behaviour is a cause of rising concern with the staff member or the individual's peers, the staff member should direct the person to leave the room, to take time out. Should this option fail, the staff member should direct all the other service users, residents to leave the room, to give time out to the person in question. Once this period of time out has elapsed and the person has regained their calmness, further discussion may be held on the issue to see if a compromise solution can be reached.
4. An ABC, antecedent, behaviour and consequence form is completed by the staff member and a copy is kept on the person's file. This is discussed with the line manager and appropriate measures are taken and documented in a risk assessment. The measures will be part of a behaviour support plan should there be one in place for the individual. It is important for all staff to have a consistency of approach, to take the appropriate steps in dealing with the person's behaviour.
5. An incident report is completed if the episode of acting out warrants one. An incident is defined as something which happens and is serious in terms of the health and safety of the person, him or herself, the other service users and the staff member. Should the verbal outburst lead to a physical outburst i.e. kicking furniture, throwing objects etc., an incident report is required. Should the verbal outburst be down to the temperament of the individual which has been well documented, then it does not warrant an incident report every time. A record of the outburst is kept in the house diary for the day in the residential home. In the day service, the episode is dealt with by the staff member at the time and it is communicated verbally to their line manager on the day of the occurrence. They will decide the appropriate recording of the episode and the steps to be taken to provide for any future occurrences.
6. A debrief is held with the individual once they have calmed down and they are able to talk about the episode. The debrief should be held with the line manager, the staff member and the individual. The debrief is documented and may be used in updating the risk assessment, should one exist, with the steps to be taken to provide for future occurrences.

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7. Management and staff agree on action to be taken in the short, medium and long term. This may involve:
 - a. Contacting parents/ guardians/ advocates
 - b. Making contact with and seeking the intervention of multi-disciplinary professional supports. A referral may be made to a psychologist and to a psychiatrist for their advice. An emergency meeting may be sought for the individual already under a psychiatrist.
 - c. Ongoing monitoring of the individual through team and PCP meetings.
 - d. A risk assessment form is completed and the risk is ranked accordingly. Mitigating steps and measures are put in place.
8. Ongoing refresher training in MAPA will be provided and put in place appropriate measures to monitor the risk.
9. A behaviour support plan may be drawn up by a psychologist and monitored ongoing through reviews. (note: the Centre is supported by the Brothers of Charity Psychologist Service with one session per month)
10. It is the policy of the MooreHaven Centre that no physical contact is made between staff and service users.
11. Where necessary, take the resident to their GP for a full medical examination in case there is an underlying medical condition. In the case of a person in the day service, consultation is held with the family re making a referral to their own GP, accompanied by the family member.
12. If there is any mention of self harm, follow the advice given by the psychiatrist. Should it be the first time self harm is mentioned, the GP or out of hours CareDoc is informed and advice sought.
13. Guidelines re: Behaviour in the Day service is attached as an appendix.

Reviewed: 18th September 2017

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Appendix 1

Guidelines for behaviour in the day service

Should there be a total disregard for the general rule of respect and dignity for everyone in the Centre, the following guidelines will apply:

Persistent disregard for the rules will lead to the following steps being taken:

Step 1

If your behaviour comes to our attention you will be spoken to by your key worker

Step 2

If you have to be spoken to again you will be spoken to by your key worker and training co-ordinator and/or day and residential manager

Step 3

If you have to be spoken to again your family will be informed and invited in to deal with the issue.

Step 4

If you have to be spoken to again you will be issued with a final warning that could lead to suspension from the Centre.

Step 5

Suspension from the Centre

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Should the behaviour fall into gross misconduct, the Centre reserves the right to suspend you for a period of time without having to adhere to the above steps i.e. the Centre can go directly to Step 5.

Gross misconduct is defined as a serious breach of the code of conduct that has implications for the wider service user population within the Centre, i.e. inappropriate sexual behaviour, theft, physical assault etc.