

Norfolk Safeguarding Adults Board

# Guidance for care homes:

*Moving away from a ‘medication-first’ approach to challenging behaviour”.*

FINAL

12 May 2020

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## Introduction

Norfolk Safeguarding Adults Board (NSAB) published a Safeguarding Adult Review (SAR) in January 2020, which related to the support of two people with dementia in a care home. [Read the report \(SAR F&G\) on the NSAB website.](#)

There were a range of recommendations made to reflect the learning from the SAR. One of these, number 11, recommended “*Moving away from a ‘medication-first’ approach to challenging behaviour*”.

Specifically, that care providers should use detailed daily notes and good incident recording to develop **comprehensive, personalised management** plans; these should then be *robustly* followed by staff who have the appropriate skills in dementia / learning disability / mental health care (Recommendation 13). Positive behavioural support (PBS) is most well-known in learning disability (LD) services, but the principles apply across the board.

The SAR recognised that, **while training for care staff in Mental Capacity Act (MCA), dementia etc. is already a legal / contractual requirement**, it can be a challenge to assess how effective this is in practice, and to embed positive behavioural approaches when general pressures or specific crises arising in care settings can drive a more reactive response. This can then increase those behaviours which challenge others, increasing risk of harm to themselves, others and the care staff.

This document aims to offer some practical support to all care staff, to assist the development and implementation of strategies that minimize harmful incidents, encourage acceptance of necessary care, reduce risk to staff and others, and, most importantly, improve the lived experience of the person themselves.

## **Points to support in managing behaviour that challenges others**

- **Have a really good history / background of the person**

Involve the person, family, friends – if they have been a resident for a long time, which staff know them best? What things did they really enjoy, or really dislike in the past, that might affect how they respond to things now? What routines did they have in the past that they might be trying to follow now? Really try and see the world from their side, how is their dementia changing how they see, think or feel about the things happening around and to them? Same for someone who has a learning disability, know what is meaningful to them.

- **Remember the basics – is there infection / pain / constipation, is the person frustrated / tired / over-stimulated by something?**

Basic care, ensuring someone has enough to drink each day, has eaten enough food, has taken the medication they are prescribed, has moved their bowels. If the person is unable to express what they are feeling or what they want because of cognitive / communication impairment, it is more likely they will try physical methods, which can include lashing out at others. Remember that most aggressive behaviours are driven to a large extent by fear, distress and/or confusion in the person presenting them.

- **Boredom**

This is often a key factor – there are links to a range of activity suggestion below; we all like to feel we are doing ‘something’, to have purpose to our day / time. Conditions like dementia or LD don’t change this, but it makes it harder for the person to say what they want to do, or think they are doing, or to initiate meaningful activity.

- **What sort of behaviour?**

For example, the person is walking purposefully, and may believe they are going to a particular place, even though that may not in reality, be possible; are they seeking something or somebody? Are they wanting to exercise? Do they like being busy, looking for occupation? Do they need reassurance / comfort?

- **Record with respect in daily notes**  
Describing the day to day care, support and social activity for a person in care should be impossible in one sentence; really think about the person, not just the tasks you have performed.
- **If an incident / event happens, record it fully – remember, detail / facts**  
Complete this *as soon as possible* so you don't forget the detail, don't end your shift without writing a clear account; this will also help others on the next shifts
- **Use ABC charts wherever possible:**
  - **A** is for Antecedent (“what happened *before*?”) – this helps to identify triggers: could be about mood or what they were doing, immediately before, or perhaps something had happened earlier in the day.
  - **B** is for Behaviour (“what exactly happened at the time?”) - who was there, who else was affected, what did staff do to support the person?
  - **C** is for Consequence (“what happened next”) – what action was taken to follow up? How were they a little while later?
- **Use these notes to analyse what happened**  
Think about what may have been behind the behavior: are there any patterns, less obvious triggers? All behaviour has a ‘trigger’ - something that sets off a reaction. We can assume it's ‘them’ but often it can be us trying to get them to do something, someone or something else in their environment, perhaps something they see but we can't.
- Then use all this to **assess risk** – e.g. risk of harm, what type of harm, likelihood (how frequent is it happening?), impact on the person / staff / others. Record any identified risks in the person's notes. This includes anything that might lead to the person coming to harm or causing harm to others. What might go wrong? What actions can you take to reduce the risk of something going wrong?
- **Consider MCA**  
Potential for Deprivation of Liberty Safeguards (DoLS, soon to be replaced by Liberty Protection Safeguards). Just because the local authority (LA) has a backlog, you have still made the application, and anything urgent will be given

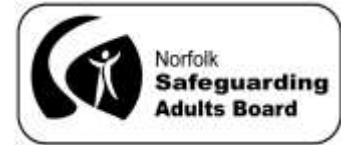
priority. Does the person have a deputy or Lasting Power of Attorney? What measures are you having to take – e.g. 1:1 is a very restrictive measure.

- **Management Plan** - Work out a plan how to support the person in this specific area. This may change / adapt as you get more information; set it out clearly, and make sure all staff (and family members where relevant) are fully aware of any plans or changes. How can you let everyone know?
- **Report**  
Keep family members, key health and social care workers, Care Quality Commission, the LA safeguarding services informed. Do include any other incidents involving staff or 'minor' events for context when reporting a safeguarding issue to statutory agencies.
- **Take action**  
If you can understand why the behavior may be present, you can target your action better. Distraction / diversion / meaningful activity / involve family members or friends / check meds are being taken / prompt fluids / regular pain relief / 1:1 (but consider this may make it worse, and is a very restrictive measure) / regular checks (but be clear what these are to achieve).
- **Record and Review**  
Record actions taken, and regularly review if your plan is working. Continue the process of logging and analysing any further incidents, or reflect if your plan is working; encourage positive feedback to everyone if this is the case, and see if any more restrictive measures can be relaxed.

### **What if risks of harm to themselves or others is increasing are increasing?**

**Involve others** – for example:

- Speak with GP for support or onward referral – should a Mental Health Act assessment be considered?
- Refer to DIST / IOPS for mental health support (**Norfolk & Suffolk Foundation Trust 24hr Helpline 0808 196 3494**)
- Contact GP or the local authority to refer for NHS Continuing Healthcare checklist if the person is demonstrating very persistent high risk behaviour putting them or others at risk (after any physical cause ruled out and medication / behaviour plans have not improved the situation)
- Refer to the local authority for a review of the placement



- Speak to your local contact from NCC / Integrated Care Board quality team

## Further suggestions available online

There is a huge amount of information available on the Internet, these are just a few suggestions:

Department of Health Guidelines around PBS:

[gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions](https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions)

More detailed information about PBS here:

[pbsacademy.org.uk/pbs-competence-framework/](https://pbsacademy.org.uk/pbs-competence-framework/)

This practical guide has been created by Northern Health and Social Care Trust, and has several handy links:

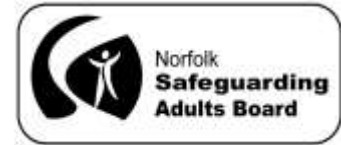
[careknowledge.com/curated/2020/apr/supporting-carers-and-care-staff-to-understand-and-respond-to-changes-in-behaviour-in-people-with-dementia-during-the-covid-19-pandemic](https://careknowledge.com/curated/2020/apr/supporting-carers-and-care-staff-to-understand-and-respond-to-changes-in-behaviour-in-people-with-dementia-during-the-covid-19-pandemic)

This is a link to a range of activities you might want to consider or adapt:

[scie.org.uk/dementia/living-with-dementia/keeping-active/activity-resources.asp](https://scie.org.uk/dementia/living-with-dementia/keeping-active/activity-resources.asp)

Another link, this one is to conversation cards:

[aliveactivities.org/alive/en/resources/conversation-cards-for-dementia/](https://aliveactivities.org/alive/en/resources/conversation-cards-for-dementia/)



## **Useful Contacts:**

Norfolk & Suffolk Care Support (a not-for-profit company created by care providers for care providers) [norfolkandsuffolkcaresupport.co.uk/](http://norfolkandsuffolkcaresupport.co.uk/)

Norfolk County Council 0344 800 8020

Norfolk & Suffolk Foundation Trust 24hr Helpline 0808 196 3494