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Eileen McEneaney

Executive Director of Nursing Northern Health & Social Care Trust

Co-Chair Strengthening the Commitment Regional Collaborative

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The Collaborative

How are you connected?

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The Strategic Professional Agenda

How are you connected?

- Future Nurse Future Midwife
- The Code
- Enabling Professionalism
- Escalating concerns
- Professional Assurance

Eileen McEneaney

Housekeeping

Eileen McEneaney

Thank you

Barry Davey / Robin Stewart

South Eastern Health & Social Care Trust

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The Nursing Process.

Theory into Practice

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Introduction

- Barry Davey and Robin Stewart
- Area of Practice Residential Children's
- Role Acting Manager and Key-Worker

Background

- Residential accommodation for children with Learning Disability within Social Care.
- I was asked to act up as Manager, Robin working as a Nurse
- *Background to risk assessment / challenging behaviour*
  - Manager off on long term sick
  - Staff Team struggling, high levels of injury and sickness.
  - Family removed young person from placement as lost confidence.
  - Trust legal advise clearly stating Trust needed to meet assessed need, i.e. provide residential placement.
  - Major changes in operational procedures required including significant increase in staffing levels, under close scrutiny RQIA.

Risk Assessment Process

– ***What went well***

- Functional assessment, incident review process, introduction of MDT oversight
  (and decision making), sensory/pain assessment
- Baseline comprehensive assessments .

– ***What did not go so well***

- Unrealistic planning process i.e. the time required to employ required number of staff and to get them trained to appropriate level.

Learning from Incidents

- ***Issues for RNLD / the team***

- Team working, clearly identified care plan, realistic goals, communication (within team, MDT and Family), incident review process.

- Developing appropriate care plans based on assessment, positive risk management.
- Advocating for young person

- Impact on other children (RQIA), positive risk taking.

Intervention

- ***Interventions used***
  - Sensory diet, appropriate use of mechanical aids, management/reduction of restrictive interactions, management of food intake, elimination needs of quality of life/engagement.
  - Use of physical interventions to manage SIB.

- ***What went well***
  - Building up confidence for staff team.
  - Confidence for family, leading to better quality of life for y/p.

Outcomes

- Able to provide safe effective care for children at assessed need.
- Staff team's skills developed so their confidence increased.
- Families confidence in service developed.
- Reduction of restrictive practices.

- **Learning**

  - APIE, recording, MDT working/risk management, working through complex plans with families.

Key Message Relating to Nursing Care

We have an important voice, use it.

What we would like help with

- Managing team dynamics
- People being stuck
- Finding the correct assessment tools
  - Outcomes Based Resource Pack (RNLD)

Ailish McMeel

Belfast Health & Social Care Trust

Case Presentation
JOHN

Ailish McMeel

RNLD SP

03/04/2019

Introduction

John who was referred to

CNLD & Behaviour Practitioner for incontinence & behaviour assessment

Background

- John is a spritely 73 year old man who loves music of the Big Bands, is a fabulous artist and has a special talent of being able to read upside down.
- John loves to talk and enjoys a smoke.
- He lives in residential accommodation and attends day opportunity 5 days per week using taxi transport.

Background contd.

- John has been experiencing periods of incontinence from Sept '18 to date - but only in the taxi and day service.
- All physical & mental health assessments show no cause for concern.
- Historical behaviour – "tumbling" significant risk behaviour, not occurred in 2 years.

Risk Assessment Process

- CNLD and Behaviour Practitioner joint initial assessments

  no current nursing intervention required

- Behavioural assessments show

  no consistent function of the behaviour
  no cycle of behaviour
  no pattern of behaviour

Risk assessment contd.

- Brief Behavioural Assessment Tool
  - highest score for self stimulatory
- Guernsey Community Participation & Leisure assessment
  - scores below 10 but busy doing all in range
- Observation & Formulation
  - ***"I want to go to the toilet on my own"***

Learning from incidents

- Debate the nursing v behaviour input
- Risk assessment - second hand information not direct observation.
- No direct observation of behaviour in any setting.
- The historical significant risk behaviour has now retuned. John is injuring himself.
- The incontinence is now observed in accommodation service.

Intervention

- Nursing Intervention
  - Review continence
- Behavioural Intervention
  - PBS guidance for staff
- What went well
  - listening to the person
- What did not go so well
  - return of significant risk behaviour

Outcomes

- What were the outcomes for the person, their carer and staff?

  - increased behaviour
  - return of old significate risk behaviour
  - possible service breakdown

Learning

- What was the learning?
  - now at reflection stage
  - we need to review
- What are the key messages relating to nursing care.
  - collaborative working
  - forced into position to prevent placement breakdown

What we would like help with

- How do we change behaviour when the behaviour is not observed and the services are hostile towards each other?
- New ideas & suggestions Please
- Any similar experiences

Lorraine Feeney

Western Health & Social Care Trust

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LORRAINE FEENEY
ACTING WARD SISTER
LAKEVIEW HOSPITAL
WESTERN HEALTH AND SOCIAL CARE TRUST

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THE USE OF A RED FLAG FLOWCHART IN SUPPORTING PEOPLE WHO ARE EXPERIENCING BEHAVIOURAL DISTRESS

Background

- John is a 23 year old man who has a severe learning disability and has autistic traits though no formal diagnosis of autism.
- John has a visual schedule to provide structure and routine to his day
- John admitted to Lakeview Hospital for assessment and treatment to provide support and interventions to reduce episodes of behaviour that challenges.

Background

- Behaviour that challenged presented as physical aggression towards others which placed John and his carers safety at risk
- Since admission John continued with physical aggression towards staff
- John expressed that he wanted to go home and didn't want to stay in hospital.

Practice guideline

National Institute for Health and Care Excellence (NICE) (2015) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11)

Issues

- Staff reported morale was low
- Increase in level of absence relating to work-related injury and stress
- Staff reported that visual schedule was not the right intervention for the patient
- Patient finding it difficult to re-engage with visual schedule but wants to re-engage saying ‘I don’t get bored’ and ‘I know what I am doing’

Challenges

- Staff concerns
- Multidisciplinary working
- Use of bank and agency staff
- Environment
- Time

Drivers

- Red flag flowchart
- Education
- Support and supervision
- Talking to patient to find out why he was finding it difficult to re-engage and support needed

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Red Flag flowchart - Management of behaviour that challenges

Patient who presents with behaviour that challenges

↓

Assessment of behaviour that challenges by (MDT) doctor, nurse, social worker / psychological therapies team

↓

If not responding to current support plan / behaviour plan

↓

Review by nurse in charge who assesses:
- If current support plan / interventions have been fully implemented
- If current staff resources on ward are unable to manage patients' behaviour (impacting on the patient and other patient care / safety)
- If staff safety is at risk

↓

No change in patient's behaviour that challenges

↓

Review by nurse in charge, psychological therapies staff if available and oncall doctor / Consultant Psychiatrist if available who will
- Update treatment and care plan
- Increase in level of staffing secondary to observation level

↓

No change in patient's behaviour that challenges

↓

Update Lead Nurse or oncall manager if out of hours

↓

Multi-disciplinary review (minimum doctor, nurse in charge and specialist behavioural practitioner, care manager keyworker / social worker)
Update plan of support and intervention
Agree review period

↓

Review by MDT
Update Treatment / Care Plan

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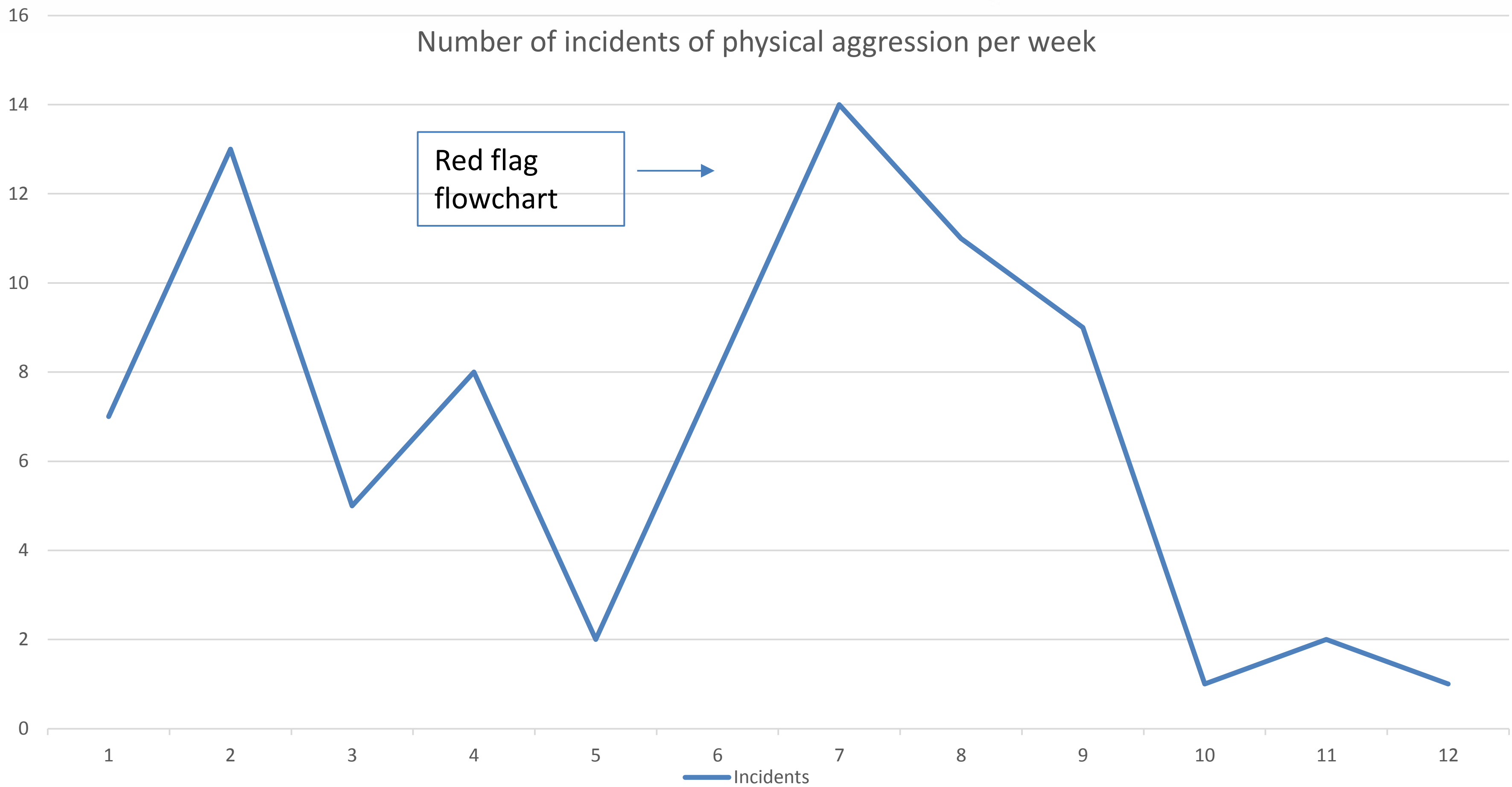

Outcomes

- Reduction of patient’s length of stay
- Reduction of incidents
- Staff morale raised
- Levels of absence reduced
- Increase in multidisciplinary working
- Project Initiative Document – Service Improvement Project

Lessons learnt

- Reflection on the challenges I faced and overcome to achieve the outcomes.
- Involvement of the multidisciplinary team through the use of the red flag flowchart has demonstrated in this case study to have had a contributing factor to reduction in John experiencing behavioural distress.

Lessons learnt

- Red flag flowchart had been implemented for crisis situations however it has developed into a pro-active system to prevent a crisis situation.

Lessons learnt

- What are the key messages relating to nursing care??

Nursing team working together and working in collaboration with the multidisciplinary team to improve the quality of care for this patient and patients in the future.

What we would like help with

- Opportunity to provide a few questions for the workshop participants regarding the assessment and management of the situation you have presented today

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Rosemary Wray

Northern Health & Social Care Trust

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Managing Risk within Supported Living Environment

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Resettlement Cases

Introduction

- Name — Rosemary Wray
- Area of Practice — Adults with Learning Disability
- Role — Service Manager Supported Living

M Case History

- 38 year old woman who had spent 18 years in long stay hospital.
- Moderate Learning Disability and Personality Disorder.
- Significant episodes of self harm and of violence towards others.

D Case History

- 42year old man who had spent 14 years in long stay hospital.
- Mild Learning Disability
- Dependency on Drugs and Alcohol
- Extensive forensic history with convictions for very serious offences

Risk Assessment Process

Assessment tools used

- Care and Support Plan
- Pugh Risk Assessment and Management Plan
- Risk Management in Direct Care Settings
- Community Risk Assessment (CRA)

Managing Risk

- Person Centred
- Holistic
- Within a Multi Disciplinary Framework
- Positive Risk Management Approach

M's Life now

- Living a very independent fulfilled life
- Greater choice and control over her life
- Limited episodes of self harm
- No episodes of violence towards others

WHY

- Well trained staff
- Extensive network of support
- Consistent approach
- Positive risk taking

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D,s life now

- Placement broke down
- Remains heavily dependant on alcohol
- Community team continue to try and support D

WHY

- Environment
- Dependency on alcohol was so great
- All the risk assessment and management plans in place just didn't work for him
- D struggled to manage the freedom afforded to him

Learning from incidents

- Need for consistency
- Risk of harm to service user, self and others and how these are best managed
- Need for specific training and support for staff
- Need for ongoing assessment and reviewing of cases

Intervention

- Positive behaviour planning
- DBT/ CBT
- Verbal and non verbal interactions
- Specialist counselling
- Mindfulness
- Positive support planning

Outcomes for M

- Living a very independent life in a beautiful apartment on the North coast
- Working towards paid employment
- Developed friendships within her local community
- Good strong family relationships
- Staff are very confident, positive and proud

Outcomes for D

- D decided to leave the supported living service living alone
- Family totally disengaged with D
- Drinking heavily

- Staff felt they failed D
- Reality is that sometimes things just don't work out

Learning

- Absolute need for consistency
- Assessments must be holistic
- Person centred
- Support and training for staff

Key Message for Nursing

Nursing is crucial to holistic and positive Risk Management

- Support staff rely on your help
- Essential in helping manage physical and mental illness
- Promote opportunities to enable people live independent fulfilled lives

Lisa Harris

Western Health & Social Care Trust

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Risk Assessment Children's Learning Disability

Introduction

- Lisa Harris
- Children's Disability Team
- Community Nurse Learning Disability

- Ronan McLaughlin
- Children's Short Break Cottage
- Staff Nurse / Shift Leader

Background

- * Sarah (pseudo name) is a 16 year old young lady with a diagnosis of severe learning disability, Autism Spectrum Disorder, Sensory Processing difficulties, Type 1 (insulin dependent) Diabetes and mainly non-verbal communication.
- She also has numerous physical health symptoms: constipation, dental pain, puberty/menstruation, UTI's, thrush etc.

Background

- Sarah presents with behaviours that challenge in the form of self-injurious behaviour and aggression towards others
- She lives with her parents and older siblings (one of whom has a diagnosis of learning disability and ASD) on a family farm

Risk Assessment Process

- Holistic Nursing Assessment – ongoing
- FACE - **F**unctional **A**nalysis of **C**are **E**nvironments
  FACE risk assessment identified main risks for this child
  Risk Matrix completed
  FACE management plan for identified risk areas
- Functional analysis – part of Behaviour Support Plan

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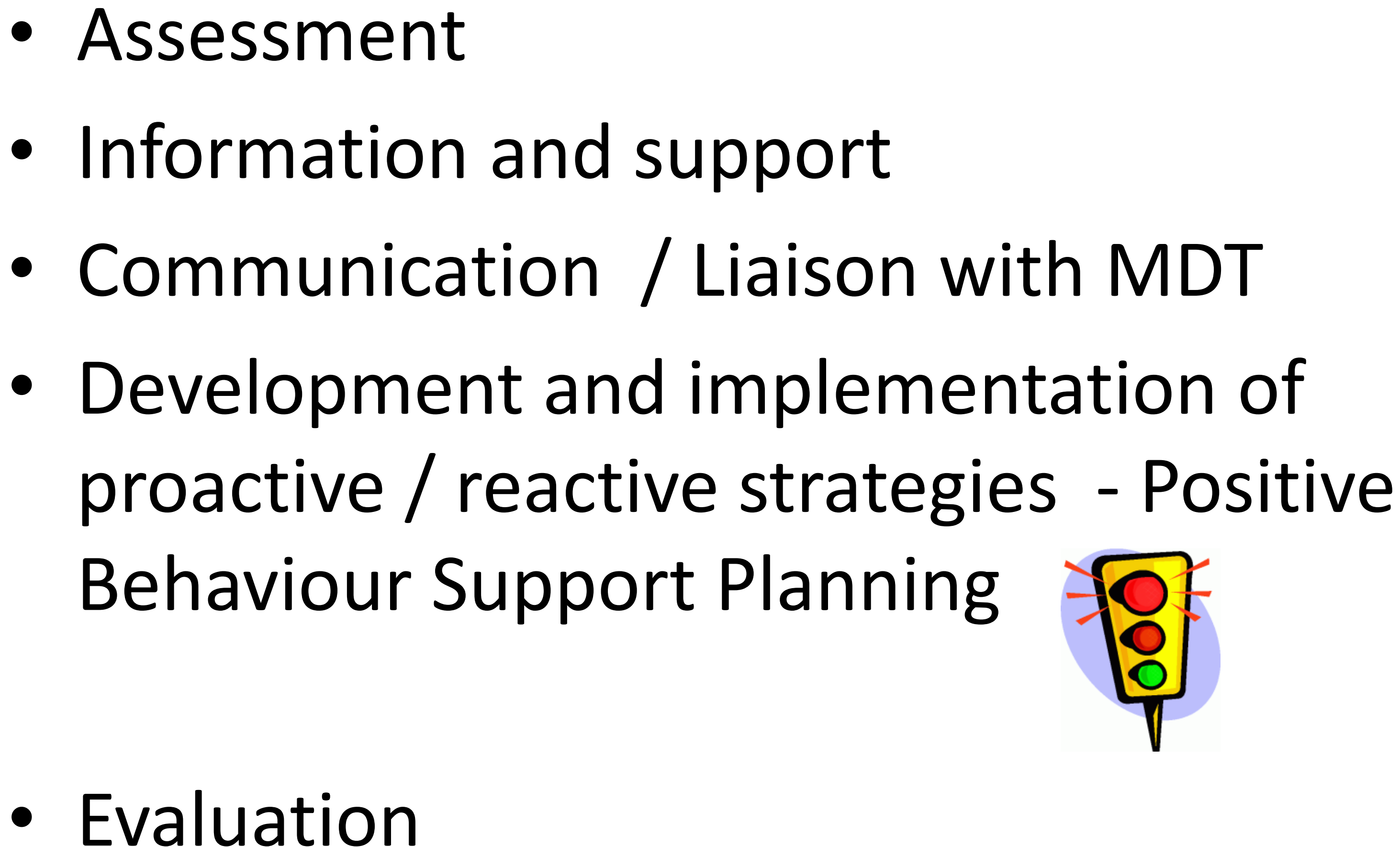
CNLD / RNLD Intervention

- Assessment
- Information and support
- Communication / Liaison with MDT
- Development and implementation of proactive / reactive strategies - Positive Behaviour Support Planning



- Evaluation

Learning from incidents

- Management of physical symptoms
- Families expectations - strategies, procedures & protocols
- Ensuring rights of child were paramount
- Staff

  Staff morale

  Physical injury to staff

  Psychological impact to staff

Intervention

- Interventions used
  - Holistic Nursing Assessment
  - Occupational Therapy / Sensory Assessment
  - Communication strategies
  - Functional analysis
  - Positive Behaviour Support Plan
  - Individual Crisis Management Plan
  - Staff Training

Intervention What went well

- Improved knowledge of Sarah's physical well-being and the overall effect this has on her behaviour
- Sharing of information
- When recommended strategies were implemented in all settings this reduced incidences of aggression – in general

Intervention – what did not go so well

- If Sarah's physical health deteriorated for any reason there was a noted increase in self-injurious behaviour and aggression towards others
- Cyclical factors - physical, sensory & emotional
- Difficulties in staff training
- Governance relating to TCI
- TCI is not always an effective tool

Outcomes - Sarah

- Less self-injurious behaviour and aggression directed towards others
- Improved quality of life
- Improved knowledge of Sarah's physical triggers
- Improved communication strategies
- Comprehensive sensory regime
- Structuring of activities & programmes for all environments

Outcomes – Carer & Staff

- Carers provided with knowledge and tools to best meet Sarah's needs
- Staff increased knowledge of triggers, communication, sensory needs and proactive / reactive strategies
- Minimised risk of injury to staff
- Improved staff morale
- Post crisis interviews

Key messages – for nursing care

- Holistic assessment
- Rule out physical cause as a trigger for aggression / violence
- Effective communication in every environment
- Staff training
- Staff support post incident