

**AUDIT OF
CHALLENGING BEHAVIOURS
AND
RESTRICTIVE PHYSICAL
INTERVENTIONS
PRE AND POST
SECURICARE INTERNATIONAL TRAINING**

SUMMARY OF FINDINGS

Provided BY:

Hospital A

(PART OF A NATIONAL SOCIAL & MENTAL HEALTHCARE PROVIDER)

TRAINING IMPACT AUDIT: Compiled 2009

Hospital 'A' Audit: Incident Analysis

This Incident Audit includes information for the five months prior to the introduction of *Securicare* International for the therapeutic management of violence and aggression within organization 'X'. To enable direct comparison this audit also includes information for the five months post *Securicare* International.

This audit has concentrated on the application of *Securicare* within Hospital 'A' only. A similar audit is due to be undertaken for the Residential Sector.

Prior to the introduction of *Securicare* all staff within organization 'X' were trained by another provider

All information has been obtained from the central database of incident and physical intervention forms held at organisational headquarters.

The calendar months analysed in this audit are April to August 2008, (pre *Securicare*), and September to January 2009 (post *Securicare*).

Each incident has been broken down to give as much information as possible. As a result various issues have been analysed, particularly those that had raised concerns prior to the introduction of *Securicare*, and indeed were part of the reason organization 'X' looked to change their provider.

Included in this analysis are:

- Total incidents within the time span as noted above
- Specific types of incidents
- Total RPI utilised as a result of incidents
- Total RPI utilised per informal and detained Service User
- Total PRN medication per incidents
- Injuries to staff per incident
- Location of incidents
- Incidents per patient

Total Incidents/Specific Behaviours:

According to incident reports analysed there has been a marked decrease in all areas, with suicidal ideation; threats and intimidation; substance misuse; use of weapons falling to nil.

There has been a marked drop in physical aggression and property damage post *Securicare*.

According to incidents reported and recorded, there has been no increase in any behaviour (apart from a slight increase in sexually inappropriate behaviour) displayed in hospital 'A' following the introduction of *Securicare*.

The emphasis within the *Securicare* programme on managing conflict, which includes understanding the cause and effect of challenging behaviour on self and others, alongside equipping staff with effective and appropriate de-escalation skills for the client group within hospital 'A', may have assisted with these positive outcomes.

Incidents Per Patient:

For the overwhelming majority of patients there has been a decrease in incidents. However, there has been an increase in reported incidents for specific patients who continue to reside within the Hospital.

For example 4 incidents were recorded/reported pre *Securicare* for patient AB who current resides within hospital 'A'. Post *Securicare* incidents increased to 12. The intervention trainers were asked to implement an individualised management plan/strategy for this patient not only due to the increase in frequency, intensity and duration of incidents, but also due to staff injuries sustained. This was completed and implemented post incident analysis, alongside bespoke training for unit staff. The effects of this will therefore be analysed at a future date.

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Patient SC has also had a marked increase in incidents. The intervention trainers will implement an individualised strategy and supply bespoke training to staff on request.

Incidents Per Unit:

Results are variable in this area due to units being closed and/or reopened over the time period analysed and patients being transferred between units.

Physical Interventions per unit:

Actual restrictive physical interventions applied per unit are variable due again to the reopening and/or closing of units, patient transfers across units and occupancy.

It is clear that physical intervention is used as a last resort when figures are compared to the number of incidents, with other strategies primarily being used.

Location Of Incidents:

There has been a drop in incidents in all locations post *Securicare* training.

Incidents And Patient Status:

There has been a large decrease in incidents for detained patients post *Securicare*, though there has not been a corresponding decrease in physical intervention. There has been a large drop in incidents post *Securicare* for informal patients though restrictive physical intervention figures have risen.

This may be in part due to staff being more aware of the legal and ethical issues of physical intervention with a resultant increase in confidence regarding their abilities.

PRN Usage/Staff Injuries:

There has been a minimal increase in PRN usage.

There has been a decrease in staff injuries.

Occupancy:

There has been limited variability in the occupancy figures for units at hospital 'A'. However, this does not reflect any differentials to incidents and/or RPI caused by specific patients changing their base units through transfer and/or being discharged.

C3 was open in April 2008 with 4 patients in residence when there were 8 incidents and 1 RPI. Throughout the rest of the time span analysed there have been no patients on C3 according to the occupancy figures given to the intervention trainers.

C2 had variable occupancy both pre and post *Securicare*, though numbers were low overall. There was an increase in both incidents and RPI post *Securicare*.

C1 has had fairly constant patient numbers pre and post *Securicare*, apart from January 2009 when it dropped to 2. There has been a large decrease in reported incidents and a corresponding fall in RPI post *Securicare*.

AG has had a large drop in occupancy post *Securicare*. However, there was an increase in incidents and RPI. This was mainly due to one specific patient admitted post *Securicare*.

E1 had constant occupancy throughout the time span analysed with a decrease in both incidents and RPI post *Securicare*.

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E2 had constant occupancy with incidents reported and RPI remaining constant both pre and post *Securicare*.

E3 has had high occupancy throughout the time span analysed with a drop in incidents post *Securicare* but a slight increase in RPI, primarily due to patient AB as already discussed (see 'Incidents Per Patient').

E4 was not occupied pre *Securicare* with low occupancy post *Securicare* and limited incidents/RPI.

E5 has had fairly constant occupancy with a decrease in both incidents and RPI post *Securicare*.

Staff Training:

It was hoped that all staff who required *Securicare* training would have now completed the same. However, due to various issues i.e. non-attendance when allocated, non-allocation due to lack of resources and subsequent cancellation of courses, 100% staff training has not been possible.

Conclusion and Action Plan:

The incident analysis/audit completed clearly shows an improvement at hospital 'A' regarding the therapeutic management of violence and aggression. There have been clear reductions in all areas analysed.

It would be expected that with the introduction of a new programme there would initially be an increase in incidents, with staff having to learn new techniques and skills. However, this does not appear to be the case. This may be due to the fact that the new techniques are more straightforward, relying on simple body mechanics rather than complicated movements and manoeuvres. Alongside staff being taught physical skills they are also trained to be more proactive, rather than purely reactive. This has enabled staff to increase and improve their skills in managing conflict. The programme has also been modified for the specific client group within hospital 'A'.

A staff audit was also undertaken with those initially trained which demonstrated an increase in confidence compared to previous training.

It is unfortunate that not all staff have been fully trained in the new techniques as of this date. All new staff are now trained in *Securicare* during their initial induction week, and this is not an issue. The staff currently requiring training are those already in post, with some having been so for some time.

As stated in the introduction, however, it should be remembered that there is some concern that this audit may not be a true and accurate picture due to non-collation of some incident forms. It should be pointed out that the trainers were only able to work with those records available on the central database at the time they were requested.

A further incident analysis/audit will be completed at the end of June.

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