

# Adult Social Care and Health Directorate

## Physical Intervention Policy and Practice Guidance

### Adults with Learning Disability In-House Provision

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# POLICY

## 1. Introduction

- 1.1. The Department of Health (DoH) issued in 2002 'Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder', jointly with the Department for Education and Skills.
- 1.2. The DoH issued further guidance in 2014 'Positive and Proactive Care: reducing the need for restrictive interventions provides a framework and guiding principles around any implementation of a restrictive intervention'.
- 1.3. The Care Quality Commission (CQC), responsible for the inspection of registered residential care and domiciliary care agencies, considers the implementation of the DoH 2002 and 2014 Guidance when inspections are undertaken.
- 1.4. Physical intervention will be used either as part of a care and support plan or as an emergency response to an unpredictable incident that places the individual or others at immediate risk of injury and where the individual has not responded to other strategies to defuse the situation.

## 2. Scope

This policy and guidance applies to all staff employed in adult learning disability services, In-house Provision that have received the relevant training, irrespective of whether they are delivering a registered service. All staff are required to be open and honest in relation to harmful incidents. All staff have a duty to act assertively and proactively challenge the practice of others where they are concerned that this may be placing an adult(s) at risk of harm, they should follow the KCC Whistle Blowing Policy and Procedures if required.

## 3. Glossary

This policy uses the following terms:

ASB	Adult Short Breaks
ASCH	Adult Social Care and Health
CQC	Care Quality Commission
CS	Community Service
DoLS	Deprivation of liberty safeguards
KCC	Kent County Council
MCA	Mental Capacity Act

## 4. Context

4.1. The Mental Capacity Act 2005 includes certain provisions regarding the personal care, healthcare or treatment of people who lack capacity to consent. These provisions include the use of physical intervention. However, the Act will only support actions if:

- they are in the connection with the care/support or treatment of someone believed to
- lack mental capacity to make specific decisions for him/herself;
- there is a reasonable belief that the individual lacks capacity and the action is in their best interests
- the action is something the person could have consented to if they had capacity.

4.2. [Team Teach](#) is an accredited, award-winning provider of positive behaviour management training, equipping individuals and teams in a variety of settings to deal with challenging situations and behaviours in ways that lead to desirable outcomes and positive relationships at work or in daily life. All staff are required to be Team Teach trained before using any form of physical intervention.

4.3 The Care Act 2014 places a general duty on the Local Authority to promote an individual's wellbeing when exercising its functions under the Act. Wellbeing is defined as:

- (a) personal dignity (including treatment of the individual with respect);
- (b) physical and mental health and emotional well-being;
- (c) protection from abuse and neglect;
- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- (e) participation in work, education, training or recreation;
- (f) social and economic well-being;
- (g) domestic, family and personal relationships

4.4 Health and Social care Act, Regulated activities 2008.

4.5 The Health and Safety at Work etc. Act 1974 places a firm responsibility on the Service Provider to ensure that the safety of those people who use the service, Staff and other people is protected.

4.6 The principles of Adult Safeguarding should be reflected in any engagement with individuals using the service. Staff must act in accordance with the principles and provisions of the **Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway**. The six key principles that underpin all adult safeguarding are:

1. **Empowerment** - Personalisation and the presumption of person-led decisions and informed consent.
2. **Prevention** - It is better to take action before harm occurs.
3. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

4. **Protection** -Support and representation for those in greatest need.
5. **Partnership**- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting **neglect and abuse**.
6. **Accountability** -Accountability and transparency in delivering safeguarding

# Practice Guidance

## 1. Physical Intervention

- 1.1. Physical intervention refers to the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by a person being supported.
- 1.2. Physical intervention involves the application of the minimum degree of force needed to prevent injury or serious damage to property.
- 1.3. Physical intervention differs from manual guidance or physical prompting in so far as it implies the use of force against resistance. The main difference between 'holding' and 'physical intervention' is the manner of the intervention and the degree of force applied.

## 2. Purpose and Aim of Physical Intervention

- 2.1. The purpose of physical intervention is to manage a situation where a person has control or is following a known and documented pattern of behaviour which results in that person becoming challenging, and their behaviour is likely to result in injury or, in some circumstances, damage.
- 2.2. The aim of physical intervention is to help the individual concerned regain self-control with as little loss of dignity as possible.

## 3. Use of Physical intervention

- 3.1. In many circumstances, physical interventions will be used reactively, to prevent injury or to avoid serious damage to a person or property, however they can be used pro-actively, to support someone away from a situation which is known to cause a potential behaviour of concern escalation
- 3.2. Occasionally, if considered to be in the best interests of the person, a physical intervention can be used as part of a tailored approach, if it is felt that having this in place would be less restrictive and/or harmful to the person.
- 3.3. For example, the best way of helping a person to tolerate others without becoming aggressive might be for a member of staff to 'shadow' the person and to adjust the level of physical intervention employed according to the person's behaviour.

- 3.4. Use of physical intervention may form part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places.

#### **4. Physical Intervention Methods**

- 4.1. Only approved techniques taught to staff on training provided in line with the British Institute of Learning Disabilities (BILD) guidelines are permissible. (For further information, visit: [BILD](#)).
- 4.2. Only those members of staff who have completed the training satisfactorily are able to use physical methods of intervention.

#### **5. Training**

- 5.1. Staff working in the adult short breaks or community services are required to have appropriate certificated Team Teach training before undertaking any form of physical intervention.
- 5.2. The requisite training requires staff to successfully complete an initial 12-hour level two training course, and thereafter update training every two years.
- 5.3. The training will be delivered to staff by an accredited trained trainer who will complete annual refresher training delivered by Team Teach.
- 5.4. It is good practice for Team Teach methods to be discussed regularly with staff during team meetings and supervisions and these can form part of informal learning/refreshers for staff.
- 5.5. Staff new to the service will complete as part of their induction, The Kent Academy Positive Behaviour Support e-learning available on Delta.

#### **6. Care and Support planning and Risk Assessment**

- 6.1. With clear knowledge of an individual, staff should be able to anticipate triggers for behaviours and either avoid them or learn how to manage them.
- 6.2. Individuals accessing an in-house service will be provided with a Care and Support Plan or Pathway plan from their Social Care team which will include any agreed positive behavioural support and relevant risk assessments.
- 6.3. The Care and Support plan, Risk Assessments and Positive Handling Plan must be robust with the detail required to ensure that staff have the information

necessary to support the individual safely and effectively, accordingly these plans must be up to date and accessible to staff involved in the care and support of the individual. Plans shall be reviewed at least annually by the Social Care team and as the needs of the individual change.

- 6.4. Where physical intervention is to be used as part of a broader support strategy to overcome challenging behaviour, it needs to be demonstrated within the plan that if physical interventions were not used, the challenging behaviours would severely limit the person's life experiences as a result.
- 6.5. In-house services are responsible for completing the "About me" document for every individual who uses the service. The document shall contain in detail the care and support the individual will receive from the service. The document will be reviewed before each stay in an ASB service and in other in-house services it will be reviewed at regular intervals.
- 6.6. Risk Assessments will clearly identify risks of injury the individual poses to themselves and others and will include any known triggers to challenging behaviours. The risk assessment will be person centred following a positive risk approach. A written record of the risk assessment will be accessible to staff involved with the care and support of the person and will be included in any review of the Care and Support Plan and Positive Handling Plan.

## **7. Recording and Monitoring**

- 7.1. The service must hold a record of any physical interventions used. Following use of physical intervention, the staff member involved will complete a physical intervention record within 24 hours. The manager of the service is required to review and sign off the record within 48 hours.
- 7.2. The Physical Intervention record will include:
  - the date and time of incident
  - location of incident
  - names of staff involved
  - name of the person who required physical intervention to be used
  - details of the situation leading to the use of physical intervention
  - details as to why the physical intervention was necessary
  - whether the situation was resolved or not
  - view of the person involved (if able to be sought)
  - any injuries sustained as a result of the physical intervention
  - manager's comments and signature
  - any witness statement signed by the witness
  - signature of the staff member completing the incident report



- 7.3. A Physical Intervention record will be completed by the service and a copy of the form will be emailed to the placing social work team and where appropriate parents and/or carers will be notified of the incident by the social work team.
- 7.4. The provision service manager is responsible for ensuring any reported physical intervention is recorded on the central log for the service to assist with reviewing patterns at a service level.
- 7.5. Depending on the nature of the physical intervention, staff and managers will determine whether additional incident forms need completing, such as an accident/incident form (HS157 or HS160).
- 7.6. The manager of the service must complete a timely review the individual's 'About me' document, risk assessment and PBS plan with a view to avoiding where possible a reoccurrence or future similar incident. The review shall include consideration of any points of learning arising from the incident and record any resulting changes to be made to the information held or to the agreed approach or strategy to be used.
- 7.7. The manager shall also consider the appropriateness of the physical intervention used, and whether staff need any additional support or training.
- 7.8. Team meetings should be used to discuss instances of physical intervention to ensure a consistent approach is communicated to teams.
- 7.9. The manager shall consider whether CQC require informing of the physical intervention by checking [CQC notification finder](#).

## **8. Safeguarding**

Any use of physical intervention not in accordance with this policy or considered by the manager to be inappropriate will be referred to the appropriate team via a KASAF form. An investigation will be carried out at service level and in accordance with the Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway

## **9. Inappropriate use of physical intervention**

Any staff member found to use a physical intervention not in accordance with this policy or considered to be inappropriate will be subject to sanctions.

## **10. Monitoring – of the document**

This policy and practice guidance shall be reviewed annually by the service managers for ASB and CS. The results of this review will be reported to senior

management and any updates advised and confirmed with ASCH Policy and Quality Assurance Team.

# Appendix 1

## Physical intervention record

For the recording of any physical interventions used within Adult Short Break units and Community Services

Day:	Date:	Time:
Name of Individual:	DOB:	Age
Staff (user) name:	Any witnesses' names (including other Individuals)	
Time of incident:	Duration of intervention:	Location of intervention:
Details of situation leading to physical intervention:		
Specific details of intervention used and why it was necessary:		
Was the physical intervention effective? Yes / No		
Could the situation have been dealt with differently? Yes / No		
What was done beforehand to resolve the situation?		
Views of the Individual if they can be obtained, if not, why not?		
Were any injuries sustained as a result of the physical intervention? (if so complete HS157)		
<b>Actions for Manager</b> <i>Within 48 hours, unit / hub manager to speak to the staff member involved to talk through events and quality assure record as being accurate</i> <i>Where possible efforts should be made to speak to the Individual as well</i>		
Date this took place:		
Managers signature:		
<b>Summary of managers discussion with staff and Individual and any follow up actions required:</b>		
Staff members signature:	Date:	
Managers signature:	Date:	
Date social worker notified:	Date:	