

OA Reablement Service	OA Day Care	OA Residential Care	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
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## M2

# MANAGEMENT AND PREVENTION OF SERVICE USER/RESIDENT VIOLENCE AND AGGRESSION

Agreed and reviewed at SMT: Dated

### POLICY

To ensure all employees are aware of their roles and responsibilities and respond appropriately and effectively to incidents of Service User violence and aggression.

### VALUE STATEMENT

The safe, ethical and legal prevention, management and resolution of Service User/Resident violence or aggression is an integral feature of the work undertaken by Cumbria Care DMH and OA Services; at all times throughout this process the following values will be adhered to by the Organisation and its representatives:

- The fundamental principle of Cumbria Care is to meet its Duty of Care to Service Users/Residents, Staff and others by protecting them from physical or emotional harm.
- Cumbria Care DMH and OA services will develop and implement relevant Policy and Procedures which adhere to the requirements and recommendations of the Department of Health Guidance for Restrictive Physical Interventions RPI (2002) and other relevant legislation or guidelines and the 2017 Draft NICE standards.
- The prevention, management and resolution of challenging behaviour which includes violence or aggression will be undertaken within a multi-agency framework, making appropriate and effective use of the knowledge and expertise of other stakeholders and agencies.
- The prevention, management and resolution of challenging behaviour which includes violence or aggression will be undertaken through the development and implementation of a continuum of strategies which aim to prevent or diffuse challenging situations and within which RPI will always be the last resort and in the best interest of the Service User/Resident.
- Cumbria Care's procedure for the prevention and management of violent and aggressive behaviour aims to provide a range of tools which will enable staff to respond to these behaviours in a manner which is physically safe, ethically correct and legally defensible.

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### DEFINITION

1. The term RPI 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 Service User/Resident (in this document the term 'RPI' will refer to techniques that are commonly known as breakaway or restraint and as taught to CCC Employees on the Team Teach Accredited Training Programme).
2. The term RPI differs from manual guidance or physical prompting in so far as it implies the use of force *against resistance*.
3. Physical intervention involves the application of a minimum degree of force and restriction necessary to prevent injury to the person or others – under exceptional circumstances this may include serious damage to property.

### SCOPE

1. This Policy & Procedure is applicable to all Cumbria Care Older Adults, Disability & Mental Health Services that support Individuals whose behaviour may sometimes present challenges (including violence or aggression) to services.
2. The good practice guidance it contains should be read in conjunction with national and local guidance relating to the understanding, prevention, and management of violence or aggression.
3. During the development of this Policy and Procedure reference has been made to the following Legislation and good practice information:
  - Dept of Health guidance for RPI -DOH 2002
  - Health & Safety at Work Act (1974)
  - Manual Handling Operation Regulations (MHOR) – 1992 (Amended 1998)
  - Human Rights Act – 2000
  - Mental Capacity Act – 2005
  - Deprivation of Liberty Safeguards (DOLS) – April 2009

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- Mental Health Act – 2007
- Pan Lancashire and Cumbria Multi-Agency Adult Safeguarding Procedures.
- BILD Code of Practice for Trainers in the use of Physical Interventions – BILD 2006
- Physical Interventions – A policy Framework – BILD 2008
- Team Teach – Holistic Training Approach to Behaviour Supports and Interventions
- Mansell Report – Services for People with Learning Disabilities & Challenging Behaviour & Mental Health – 2007
- CQC – Essential Standard 7, Sections F, G & H
- Draft 2017 NICE Quality Standards for violence and aggression

### ABREVIATIONS

- PCCP – Person Centred Care Plan
- IPHP - Individual Positive Handling Plan
- RPI – Restrictive Physical Intervention
- SIR – Serious Incident Record

### PROCEDURE

#### Responding to Violent or Aggressive Behaviour

1. Cumbria Care Employees will at times be required to implement planned and unplanned or emergency responses to Service User/Resident violence or aggression.
2. Within the scope of the procedure these responses are defined as:
3. **Planned Responses** - the use of pre-approved strategies and techniques which are based upon a risk assessment and recorded on the Individual Positive Handling Plan (IPHP), located within the Person Centred Care Plan (PCCP).

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4. **Unplanned / Emergency Responses** - the use of behaviour management techniques and strategies which may include the use of force in response to unforeseen events.
5. The actions taken by Employees in either situation must be physically safe, ethically correct and legally defensible. Consequently any RPI must employ the minimum reasonable force to prevent injury or avert serious damage to property.
6. As a general rule the use of RPIs should only be used when other strategies (which do not employ force) have been tried and found to be unsuccessful or, in an emergency, when the risks of not employing a RPI are outweighed by the risks of using force.

**Guidance notes regarding appropriate responses to violent or aggressive behaviour can be found within Cumbria Care Policy & Procedure M2, Managing Service User/Resident Violence and Aggression, Appendices 1 and 2.**

### Training

1. All Staff (including Managers, Supervisors, Senior Support and Support Workers) who deliver or supervise support to Service Users/Residents who exhibit violent or aggressive behaviour should attend the two day Team Teach Basic Training Programme. This is an accredited course which is facilitated by appropriately trained and qualified Cumbria County Council employees.
2. To maintain their accredited status employees must attend a one day Team Teach refresher course every 18 to 24 months. Staff who fail to attend within this timescale will be required to re-attend the 2 day Basic, or the 1 day Foundation course.
3. Staff who have not attended this course (or who have not attended a refresher course within the required timescale) must not be involved in the planned use of RPIs and should not be deployed to work with Service Users/Residents for whom there is a current IPHP Appendix 3 which requires the use of RPIs.
4. Staff who are unable to complete / participate in some or all of the physical aspects of the training programme can attend, and following assessment will receive accreditation for the components which they have successfully completed.
5. Staff may only implement the specific RPI Techniques for which they have been trained and accredited.

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6. Team Teach training courses are scheduled throughout the year, however short notice, Service User/Resident specific training can be arranged via the CCC Learning and Development Team. Staff who attend this type of training must go on to complete the appropriate Team Teach Course within a maximum of 60 working days.

### **Planned Responses to Violence and Aggression**

1. The term Positive Handling describes the holistic approach to a range of risk reduction strategies which include non verbal, verbal and where reasonable and absolutely necessary, RPIs as prescribed by the Team Teach behaviour support and intervention training programme.
2. The planning process in relation to the management of violence and aggression must be progressed as follows:
  - Identify the Behaviour – This is most effectively done through observation, but may also include reference to other documents including the PCCP, Accident / Incident forms, ABC Recordings or other similar documents. Additional information may be derived from discussion with other stakeholders. Triggers and early warning signs to violence and / or aggressive behaviours identified must be added to the PCCP.
  - Risk Assessment - The Health and Safety at Work Regulations 1999 place a duty on managers to make and record a suitable and sufficient assessment of the risks to health and safety to which employees and others may be exposed.
3. The completion of a Risk Assessment in relation to the behaviour/s exhibited and to be managed must therefore be an integral part of the planned response to violence or aggression.
4. The Risk Assessment should also be used to identify the wider range of actions and strategies which will be required to effectively support the Service User/Resident who is exhibiting the violent or aggressive behaviour.

**A copy of the Risk Assessment must be accessible to all persons supporting the individual and should be correctly filed within the PCCP.**

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### Individual Physical Handling Plan (IPHP) appendix 3

1. This document is used to record in detail the specific behaviours to be managed (as identified within the Risk Assessment), and the proactive and reactive strategies (both physical and non-physical) to be implemented by Staff prior to, during and after incidents of violence and aggression.
2. The IPHP should be used to record all violence and aggression behaviour management strategies regardless of whether the use of RPIs is required.
3. Where RPI (Break Away & Restraint) are to be specified within the IPHP additional information and guidance (including short video clips) is available via the Team Teach website, which can be accessed by all employees upon successful completion of the Team Teach training programme.

**A copy of the IPHP must be accessible to all persons supporting the individual and should be filed correctly within the PCCP.**

### Multi-Agency Planning and Agreement

1. The Department of Health Guidance for RPIs (2002) requires that, "Planned Physical Intervention strategies should be agreed in advance by a multidisciplinary team working in consultation with the Service User/Resident, his or her carers or advocates..."
2. In order to comply with the above and to achieve best practice all IPHP should where possible, be developed in consultation with, and must be agreed, by the following:
  - The Service User/Resident (the Service User/Resident's ability, i.e. Mental Capacity, to consent, to the use of the RPI and related management strategies should be recorded on the IPHP).
  - The Service User/Resident's Next of Kin or Advocate (where the individual does not have capacity).
  - The Social Worker or Care Manager.
  - Community Nursing Representative (if allocated).
  - Advocate (if appropriate).

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- The County Manager for Cumbria Care only where the use of RPI is specified within the IPHP.
3. Additionally the views or comments of the Service User/Resident, their Parent/Family Representative, Carer or Advocate and the County Manager for Cumbria Care regarding the use of RPI or the content of the IPHP must be recorded in the relevant section of the document.
  4. Where there is no involvement of, access to, or agreement by, any of the identified stakeholders this must be recorded within the IPHP.

### **Service User/Resident Consent**

1. As part of the development of the IPHP, Service User/Resident consent should be sought, recorded and reviewed on a regular basis.
2. The Service User/Resident's ability to give informed consent needs to be assessed using guidance outlined within the Mental Capacity Act 2005 and with reference to Cumbria Care M1 Mental Capacity Act policy and appendices. **See links below:**  
<http://www.cumbria.gov.uk/elibrary/Content/Internet/327/7041/7042/42503135836.pdf?timestamp=4290694437>
3. Where a Service User/Resident lacks the capacity to consent the multi-agency team need to discuss whether the RPI would be in the person's best interest, although it is acknowledged and must be recorded that following the act of consultation, not all parties may agree with the decision.
4. If a Service User/Resident lacks consent an independent advocate may be appointed. All such discussions should be clearly recorded.
5. Where a Service User/Resident has the capacity to consent but refuses to agree to the planned use of physical interventions Duty of Care principles will usually apply, however discussions must occur within the Multi-Agency Team where this is anticipated.

**Additional advice and guidance regarding the application of the Mental Capacity Act within Cumbria can be found here:**

<http://www.cumbriapartnership.nhs.uk/uploads/Policies/MHA/Multi-Agency%20Mental%20Capacity%20Act%20POL-001-005-019.pdf>

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### **POST INCIDENT ACTIONS**

#### **Physical Health Check / First Aid**

Ensure all persons involved in a violent or aggressive incident are immediately provided with a health check. First Aid should be administered and/or other necessary health/medical treatment arranged.

#### **Emotional Wellbeing Check / Debriefing**

1. Ensure all persons involved in an incident of violence or aggression have the opportunity to participate in an Emotional Health Check / Debriefing session. This should be completed as soon as is possible / appropriate after the incident occurring.
  
2. On occasion incidents of challenging behaviour (including violence or aggression) will occur within community settings and may be observed by or be directed towards members of the public, in such circumstances it may not be possible or appropriate for Cumbria Care Staff to effectively debrief those persons affected at the time of the incident. In such circumstances Staff should provide those affected with the name and contact details of the Service Manager or Supervisor.

**Further advice and guidance is available within Cumbria Care Policy & Procedure A11 - ACCIDENTS & INCIDENTS**

#### **MAKING PEOPLE SAFE**

The Manager or Supervisor must make an assessment of the immediate and ongoing risk to all persons affected by this or further possible incidents of violence and aggression. They should then take steps to maximise the immediate / short term safety of identified people whilst necessary long term planning is undertaken.

#### **RECORDING**

Following any episode of violent or aggressive behaviour the following records must be completed and circulated or filed appropriately:

#### **ACCIDENT / INCIDENT FORM**

1. The Accident / Incident Form should be completed for all incidents of aggression or violence.
  
2. In addition to recording accidents or injuries the Accident / Incident Form should also be used to record incidents, circumstances or behaviours which are classified as a near miss event.
  
3. The Accident / Incident Form should be completed for all persons affected, including CCC Employees, Non-CCC Employees, Service

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User/Residents, Visitors to CCC Premises, Members of the Public or any Other Person affected by the work being undertaken by Employees of CCC.

4. The Accident / Incident Form must be completed by a Supervisor or Manager; it should not be completed by the affected person.
5. Where an episode of violence or aggression has affected a number of separate individuals it may be necessary to complete a separate Accident / Incident Form for each person.
6. Non-CCC employees injured whilst at work should be included in the completion of the Accident / Incident Form. The person should be instructed to inform their employer of the injury / incident. The Supervisor or Manager should forward a copy of the Accident / Incident Form to the employer.
7. Accident / Incident Forms in relation to Violence or Aggression should be filed and forwarded in the usual way.

**Further advice and guidance is available within Cumbria Care Policy & Procedure A11 - ACCIDENTS & INCIDENTS and Cumbria County Council Safety Procedure Number 6 - REPORTING AND INVESTIGATION OF ACCIDENTS, INCIDENTS, OCCUPATIONAL ILL HEALTH AND DANGEROUS OCCURRENCES.**

### Accident Book

1. Entries into the workplace Accident Book are only to be made for Cumbria County Council Employees who were at work at the time that the accident, injury or incident occurred.
2. It is the responsibility of the Employee or someone acting on their behalf to complete the details required in the Accident Book.
3. The Accident Book should be used to record the same type of information as is captured on the Accident / Incident Form.
4. Non-CCC employees injured whilst at work should not make an entry within the workplace Accident Book.
5. Accident Records in relation to Violence or Aggression should be filed and forwarded in the usual way.

**Further advice and guidance is available within Cumbria Care Policy & Procedure A11 - ACCIDENTS & INCIDENTS and Cumbria County Council Safety Procedure Number 6 - REPORTING AND INVESTIGATION OF ACCIDENTS, INCIDENTS, OCCUPATIONAL ILL HEALTH AND DANGEROUS OCCURRENCES.**

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### **Debriefing Records**

1. All persons directly involved in, or affected by, an incident of violence or aggression (including the assailant or instigator of the incident) should be offered the opportunity to participate in a Wellbeing Check / Debriefing.
2. For Employees, Members of the Public or Others this should be undertaken by the Manager or the Supervisor.
3. For Service Users/Residents this should be undertaken by the Link Worker or other appropriate person, with whom the individual has an effective therapeutic relationship.
4. The Debriefing Record appropriate to the stakeholder group (Employee, SU/Resident or M.O.P/Other) should be used to record details of the Debriefing Session.

**See Cumbria Care Policy & Procedure A11, Accidents & Incidents, Appendices 1a, 1b & 1c.**

5. Completed Debriefing Records must be filed as follows:
  - Employee – Staff Personnel File, Section 9, General Correspondence.
  - SU/Resident – Residential Care, SU File, Section 4, Accident Incident Forms.
  - SU/Resident – Supported Living, SU File, Section 4, Accident Incident Forms.
  - SU – DMH AND OA SERVICES Day Care, SU File, Section F, Accidents and Incidents.
  - M.O.P / Other – Within a separate confidential file.

**File storage and administration should comply with the requirements of Cumbria Care Policy and Procedure A13, Administration.**

### **SIR(Serious Incident Record) appendix 4**

1. A SIR must be completed by the Manager or Supervisor after any incident of violence or aggression within which the use of RPI has occurred or an injury has been sustained by any person involved. This document must be completed as quickly as is practicable and within a maximum of 24 hours of the incident.

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2. A copy of the SIR should be attached to the relevant Accident / Incident Forms and circulated accordingly.
3. Additionally a copy of the Accident / Incident Forms and SIR should be forwarded by email to CCDMH AND OA SERVICES Ops Manager and County Manager.
4. A copy of the SIR should be held on the assailant / perpetrator's Service User/Resident File as follows:
  - SU/Resident – Residential Care, SU File, Section 4, Accident Incident Forms.
  - SU/Resident – Supported Living, SU File, Section 4, Accident Incident Forms.
  - SU – DMH AND OA SERVICES Day Care, SU File, Section B, Individual Support Documents.

### **PCCP – Contact / Information Sheet**

1. A brief entry regarding the incident should be made within the PCCP Contact/Information sheet. Significant detail is not required as other comprehensive records (Accident / Incident Forms, SIR etc) will be available elsewhere.
2. Details of other stakeholders with whom information about the incident has been shared and the format in which the information was forwarded must be recorded. This is particularly important where information sharing has been completed by telephone or face to face discussion and no other written record exists to support this.

### **Safeguarding**

If the incident of Violence or Aggression is raised as a Safeguarding Alert the Reporting Possible Safeguarding Issues log must be completed. This should be completed at the time that the Safeguarding Alert is submitted.

**See Cumbria Care Policy & Procedure S14, Safeguarding, Appendix 1.**

### **Other**

Dependant upon the nature of the violent or aggressive incident, the particular care plan requirements of any person involved or the notification requirements specified within the IPHP, there may be a range of other recording documents which will require completion after the incident.

These might include:

- ABC Records.
- Body Maps – **See Cumbria Care Policy & Procedure B2.**
- Home to Service Communication Books.

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Remember – All recording should be clear, concise and fact or evidence based only.

### **NOTIFICATIONS**

1. Effective, appropriate information sharing regarding the management of Service User/Resident violence and aggression is essential. Following an episode of violence and aggression notifications as specified within the IPHP should be submitted to the appropriate Stakeholders in the agreed format.
2. This may include some or all of the following:

#### **Parent, Family or NOK**

1. The type of incident and reporting format must be agreed and documented within the IPHP. Agreement of this is particularly important where the Service User/Resident does not live with their Parent or Family Member.
2. Remember – notification of Parents or Family Members of other Service User/Residents affected by the violent or aggressive incident is essential.

#### **Police**

1. You must contact the Police if a crime has been committed during an incident of violence or aggression, most commonly this would be as a result of an assault or injury to someone but could also arise from damage to property or some other type of offence.
2. The Police may already be part of a multi agency group supporting an individual who demonstrates violence and aggression, in these circumstances the type of incident and reporting format should be recorded within the IPHP.

#### **Social Worker, Community Nurse**

Once again the type of incident and reporting format must be recorded within the IPHP.

#### **Safeguarding Team**

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1. Incidents of violence or aggression towards Service User/Residents require that a safeguarding alert is raised. This should be done via the local Adult Social Care Office or in an emergency (evenings and weekends) the Urgent Care Team.

**For additional information regarding reporting and responding to adult safeguarding concerns outside of office hours see Cumbria Care Policy & Procedure S14, Safeguarding, Appendix 2.**

2. Contact telephone numbers for the local Adult Social Care Offices and the Urgent Care Team are available via the CCC Intranet:

<http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/default.asp>

3. If you wish to seek additional advice or guidance regarding a Safeguarding issue you should contact the Safeguarding Adults Team on 01539 713398.

**Comprehensive advice and guidance regarding Safeguarding Policy and Procedure can be found within the Pan Lancashire and Cumbria Multi-Agency Adult Safeguarding Procedures. This is available via the CCC Intranet:**

<http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/multiagency.asp>

### **Care Quality Commission**

1. In line with the requirements of the Health & Social Care Act 2008 specified incidents or occurrences which take place within Care Quality Commission Registered Services (i.e. Residential Care Homes, Supported Living Services) must be reported to the Care Quality Commission by way of a Statutory Notification.
2. More comprehensive information is available via the CQC website, including the types of incident or occurrence which necessitate a Statutory Notification, the documentation to be used and the reporting format. The CQC Website can be found here:

<http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers>

**Additional information regarding CQC Statutory Notifications is available with Cumbria Care Policy & Procedure C16, Care Quality Commission Reporting.**

### **Service and Senior Managers**

1. Senior Managers should be notified of incidents of violence and aggression as follows:

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- **Service Manager** should be notified of all incidents of violence and aggression by way of the Accident / Incident Forms and other associated recording documents.
  - **Operations Manager** should be notified of any incident of violence and aggression which is referred to Safeguarding or when a SIR has been completed. **See M2, Recording, Serious Incident Record.**
  - **County Manager** should be notified when a SIR has been completed.
2. Notifications to the Operations and County Manager should be supported by the appropriate documentation and submitted by email.

**See M2, Recording, Serious Incident Record.**

### REVIEW

Ensuring that documentation regarding the management of Service User/Resident violence and aggression remains current and relevant is essential to achieving safe and effective outcomes for all stakeholders. Consequently documentation must be reviewed as follows:

### Risk Assessment

The Risk Assessment (M2, Planned Responses to Violence & Aggression, Risk Assessment) must be reviewed and amended as follows:

- In response to changing Service User/Resident Need / Behaviour.
- In response to Post-Incident Learning identified within the SIR or Debriefing Records.
- In response to Stakeholder comment or feedback.
- At a maximum interval of 6 months.

### Individual Positive Handling Plan (PCCP)

As specified for the Risk Assessment as above.

### Serious Incident Records (SIR)

1. Upon completion each SIR must be reviewed by the Service, Operations and County Manager and comment/feedback recorded within the relevant section of the form. A copy of the IPHP should also be forwarded with the above.

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- The content of all Serious Incident Records should be considered within ongoing PCCP and other relevant multi-agency review processes.

### **CC Policy & Procedure M2, The Management of Service User/Resident Violence & Aggression**

Cumbria Care's Policy and Procedure regarding the management of Service User/Resident Violence and Aggression will be reviewed as follows:

- Review and necessary update will be undertaken annually.
- The review will be completed by members of the Cumbria Care Team Teach Training Group.
- Final approval of any Policy and Procedure updates will be made by the Cumbria Care Senior Management Team.

### **Unplanned / Emergency Responses to Violence and Aggression**

- Emergency use of physical interventions may be required when Service User/Residents behave in ways that have not been previously observed, or identified within the Risk Assessment or the IPHP.
- Injuries to staff and to Service User/Residents are more likely to occur when RPIs are employed to manage unforeseen events.
- Staff should be aware that, in an emergency, the use of physical interventions can be justified if it is reasonable to use it to prevent injury, or in exceptional circumstances, serious damage to property that may lead to significant harm.
- Even in an emergency, the degree of force and restriction used must be reasonable and should be commensurate with the desired outcome of achieving rapid and safe control of a dangerous situation.
- It is likely that following any incident of Service User/Resident violence or aggression and certainly after the emergency use of a RPI a multi-agency review must occur.
- The planned response to Service User/Resident Violence and Aggression Process must be commenced / followed after any unexpected incident of violence or aggression. A SIR must be completed when RPI is used.

### **ADDITIONAL INFORMATION:**

#### **MENTAL CAPACITY ACT**

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OA Reablement Service	OA Day Care	OA Residential Care	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓

## **M2**

1. Department of Health and BILD good practice guidelines indicate that Service User/Resident consent to the use of RPIs should be sought as part of the multi-agency planning process. The process to determine capacity and the paperwork to record capacity assessment is outlined in Cumbria Care policy M1 Mental Capacity Act.
2. In circumstances where strategies are implemented to protect the Service User/Resident coming to immediate harm, to protect others or property, or to stop an offence being committed and Service User/Resident consent has not been achieved Duty of Care principles will usually apply.
3. Within other situations for example in the management of Self Harm or where RPI is used to facilitate some type of care or health treatment Service User/Resident consent or multi-agency best interest agreement must be in place before any action is initiated.

### **DEPRIVATION OF LIBERTY**

1. DoLS does not authorise treatment and care (i.e. the implementation of behaviour management strategies including the use of RPI) but the deprivation of liberty of the person while they are receiving that treatment and care.
2. Consequently, a DoLS would only be required if the person in receipt of care was under continuous supervision and control and not free to leave. It might also be that the use of RPI for long periods of time and very frequently could amount to a deprivation of liberty and would require authorisation by a Court.

### **MAPPA & MARE**

1. MAPPA stands for Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public.
2. MARE stands for Multi-Agency Risk Evaluation and forms part of the MAPPA pathway.
3. On occasion Cumbria Care Services will support Service Users/Residents whose behaviour and associated risk falls within the remit of MAPPA.

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