



Cheshire Care Services Physical Intervention Policy

Introduction

1:1 This policy has been prepared on 11/11/14. The policy will be reviewed on 11/11/16. The policy has been developed in response to the following statutory guidance: Mental Capacity Act, Deprivation of Liberty Safeguards.

The policy should be read in conjunction with Mental Capacity Act Policy, Safeguarding Vulnerable Adults Policy and Positive Behavioural Support Policy.

1:2 The policy has been prepared for the support of all staff who work with service users at Cheshire Care Services to explain the companies arrangements for the care and support of service users presenting with behaviours that may challenge.

1:3 Cheshire Care Services is committed to ensuring the physical safety of service users, staff and member of the public there may be occasions when it is lawful and necessary for Cheshire care services staff, who often work with service users that present with violent and aggressive behaviour, to use physical intervention skills to protect themselves and others from imminent danger. Therefore it is essential that such interventions be in accordance with best practice.

1:4 Physical intervention is the co-ordinated use of specific techniques in order to manage violent and aggressive behaviour in service users who are at risk of causing injury or harm to themselves or others. Physical intervention should only be used in a crisis it should never be used as part of a therapeutic programme of care. Physical intervention should only be used by staff who have attended and been deemed competent at approved MAPA accredited training. Staff must ensure that they are always in date with their competency.

Purpose

2:1 It is the management of Cheshire Care Services is duty to ensure that there is a clear written risk assessment, proof of appropriate staff training and the existence of an individual service user's support plan for staff to follow.

2:2 Implementations of this policy will help address important outcomes for service users – choice, rights, independence and conclusion with Cheshire Care Services goal:

- a. To reduce the need for physical intervention and the use of restraint in particular;
- b. To reduce risk when such interventions are necessary through effective training guidance and supervision

2:3 The safety of staff during physical interventions is of equal importance to the best interests of the service users and both take priority over the care of property which can be replaced.

2:4 The policy emphasises recognition, prevention and de-escalation strategies as the first line in the management of violence.

2:5 The policy specifies that physical intervention must only be used as **A LAST RESORT** when other interventions have failed. They are used within the best interest of the service user and everything possible must be done to prevent injury and maintain the service user's sense of dignity.

2:6 It may be appropriate to consider offering the service user prescribed PRN medication, if appropriate. (The policy on safe handling or medication must be adhered to)

2:7 Physical intervention incidents will be monitored through the Cheshire Care Services incident reporting procedure.

They key principles (Service Users):

- a. Are treated fairly and with courtesy and respect
- b. Can lead an independent life and are enabled to do so
- c. Are helped to make choices and involved in decisions which affect their lives, consistent with their interests, culture and wellbeing.
- d. Are entitled to the protection of the law
- e. Must have their rights upheld regardless of their ethnic origin, gender, sexual orientation, impairment, disability or age.
- f. Are encouraged to develop a proper awareness of their rights and responsibilities and to respect the rights of others.

2:8 This policy considers physical intervention in the context of risk assessment, it emphasises recognition, prevention and de-escalation strategies, whilst supporting policy and Department of Health and BILD guidance.

2:9 Any physical intervention MUST employ the minimum level of force, for the least amount of time needed. It CANNOT be used solely to force compliance with staff instructions, unless refusal to comply would lead to safety being seriously compromised and probable injury. It is a criminal offence to use physical force or to act in a way that leads to another person to apprehend the use of force (for example by raising a fist or issuing a verbal threat), unless the circumstances give rise to a justification for the use of force. The use of any degree of force is unlawful if the particular circumstances do not warrant such use. Therefore physical force could not be justified in a situation that clearly could be resolved without force. Only a court can decide after the event, whether or not the degree of physical force used was "reasonable" in the circumstances. The use of excessive force – constitutes assault and is subject to criminal prosecution.

3:0 It is a criminal offence to lock anyone in a room without a court order – except in an emergency when the use of a locked room as a temporary measure while seeking assistance would provide legal justification.

Definitions

Physical Intervention – Physical intervention is the co-ordinated use of specific patient holding techniques, carried out by a minimum recommended number of staff dependent on the technique applied in order to manage violent and aggressive behaviour in service users who are at risk of causing injury or harm to themselves, other patients or staff.

Breakaway – Is a physical technique used by an individual to limit injury and/or to escape from someone who is attempting to physically assault a member of staff.

Violence – is defined by the Health and Safety Executive (HSE) as "any incident in which a person is abused, threatened or assaulted in circumstances related to their work".

Physical Assault – is defined by NHS Protect as "The intentional application of force against the person of another with lawful justification resulting in physical injury or personal discomfort"

Non-Physical Assault – Is defined by the NHS Protect as "The use of words or inappropriate behaviour causing distress and/or constituting harassment"

Restrictive Physical Intervention – describes a use of force to limit the movement and freedom of an individual and can involve bodily contact, mechanical devices or changes to a person's environment. Such interventions can be:

Highly Restrictive, e.g. severely limit the movement and freedom of an individual
Low Level Restrictive e.g. limit or contain the movement and freedom of an individual who is less resistant with low levels of force.

Non-Restrictive Physical Intervention – allows a greater degree of freedom where the individual can move away from the physical intervention if they wish to. This would include prompting and guiding an individual to assist them walking, also defensive interventions such as disengagement for protecting oneself or others from assault.

Adult – service users aged 18 to 65

Vulnerable Adult – is a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. The term 'community care services' includes all social and health care services provided in any setting or context.

Containment – the action of keeping something harmful under control (English Oxford Dictionary). This is the physical restraint which prevent the service user leaving, harming themselves (or others), or causing serious damage to property (Royal College Of Nursing)

Management Responsibilities

The management team at Cheshire Care Services are responsible for:

- a. Ensuring staff have access to and comply with this policy to prevent self-harm and harm to others.
- b. Ensuring that staffing levels are appropriate to the risk identified through assessment.
- c. Ensuring regular evaluation of the implementation and effectiveness of this policy.
- d. Providing appropriate and timely feedback to Cheshire Care Services staff involved in any incident involving physical intervention.
- e. Reviewing each incident of physical intervention order to learn lessons and improve practice.
- f. Ensuring that staff are given training appropriate to the assessed needs of the work area and the role that the staff have within the work area.
- g. Ensuring that a debrief is carried out as soon as possible following any incident involving physical intervention both with staff and the service users involved (within 48 hours)

Staff Responsibilities

All staff employed by Cheshire Care Services, who are required to carry out intervention techniques are responsible for:

- a. Ensuring they familiarise themselves with their role and responsibly in relation to the implementation of the identified level of physical intervention that may be required.
- b. Identifying the need for any change to this policy document as a result of becoming aware of changes in practice and advising their manager accordingly.
- c. Identifying training needs in respect of this policy document and informing their manager.
- d. Attending the identified level of training, accept advice and engage in regular supervision when provided.
- e. Ensuring that the use of any physical intervention is clearly documented within the service user's care plans and appropriate monitoring forms.
- f. Ensuring that, anytime that physical intervention is used (where hands are placed on a service user) it is clearly and comprehensively reported on a Cheshire Care Services physical intervention incident form and in the service users daily records giving the rationale for the restraint.
- g. Providing reports as requested as part of an incident investigation.
- h. Taking appropriate and proportionate action
- i. To inform their Manager if there is a reason why they are not capable of undertaking physical intervention techniques (e.g. physical health or pregnancy). This must then be assessed and appropriate precautions implemented. This may include temporary or permanent redeployment from any work areas assessed as high risk.

Physical Intervention Instructors

Physical intervention instructors will develop the training based on best available evidence, contemporary practice and consistent with MAPA directives and guidance. All instructors will attend and annual update training in order to ensure that they keep up to date with best practice and legislative requirements.

Risk Assessments

All service users under the care of Cheshire Care Services must be risk assessed upon commencement of their care package. This must include assessment with regard to the service user's potential for aggressive and violent behaviour. Advance directives must also be discussed with patients if the need arises on managing aggression and preference on restraint.

Aggressive or violent behaviour is not always predictable although certain factors can indicate an increased risk and must be considered when completing a risk assessment, such as:

- ❖ History of aggressive/violent behaviour
- ❖ History of substance or alcohol abuse
- ❖ Carers reporting previous anger or violent behaviour
- ❖ Previous expression of intent to harm others
- ❖ Previous dangerous and impulsive acts
- ❖ Denial of established previous dangerous and impulsive acts
- ❖ Severity of previous acts
- ❖ Evidence of recent severe stress
- ❖ Known personal trigger and situational factors
- ❖ Previous use of weapons
- ❖ Verbal threat of violence

Clinical variables should also be taken into account when assessing risk:

- ❖ Misuse of substances and/or alcohol
- ❖ Drug effects (disinhibition, akathisia)
- ❖ Active symptoms of schizophrenia or mania in particular:
 - a. Delusions or hallucinations focused on a particular person
 - b. Command hallucinations
 - c. Pre-occupation with violent fantasy
 - d. Delusions of control (especially with a violent theme)
- ❖ Poor collaboration with suggested treatments
- ❖ Antisocial, explosive or impulsivity personality traits or disorder
- ❖ Organic dysfunction
- ❖ Brain injury

Situational variables should be taken into account when assessing the risk of aggressive or violent behaviour, including the following features:

- ❖ Extent of social support
- ❖ Immediate availability of a potential weapon
- ❖ Relationship to the potential victim (e.g. difficulties in the relationship are known)
- ❖ Access to potential victim
- ❖ Limit setting (e.g. staff member setting parameters for activities, choices, etc)

The risk assessment process will include a structured and sensitive interview with the service user and where appropriate, carers, relatives or advocates.

Any physical condition that may increase the risk of collapse or injury during physical intervention must be clearly documented in risk assessment and care plan, and communicated; this may include:

- ❖ Problems with cardio pulmonary function
- ❖ Muscle and joint impairment (e.g. arthritis)
- ❖ Asthma
- ❖ Heart disease
- ❖ Obesity
- ❖ Pregnancy
- ❖ Substance misuse
- ❖ Downs syndrome
- ❖ Learning disability
- ❖ Exposure to CS spray/gas
- ❖ Physical frailty

If it is foreseeable that the service user may need physical intervention, the risk assessment must show that the risk of employing the intervention is lower than the risk of not doing so.

The components of risk are dynamic and may change according to circumstance, the risk assessment must be reviewed after each episode of violent or aggressive behaviour.

Care Planning

It is an essential first step in care planning to understand the reason behind the service user's behaviour. The service user's needs and social history must be assessed in order to establish what sort of therapeutic behaviour management might help them.

All service users must be fully involved in their care. Listening to the service user's views and taking them seriously is not regarded as an important factor in managing aggressive and violent behaviour. This will clearly state what intervention they would and would not wish to receive.

Clear and effective communication is essential when developing a care plan. It is of even greater importance if the service user has a hearing, visual or cognitive impairment, or whose first language is not English. When necessary, staff must access interpreters or staff with other specific communication skills, such as Speech and Language Therapists. All available resources should be utilised to ensure effective collaboration between service users, carers/advocates and staff.

Care plans will describe the specific techniques that have been discussed with and agreed by the service user, and/or the carer/advocate and the multi-disciplinary team and should include:

- ❖ Strategies that prevent behaviours and precipitate violence and aggression
- ❖ Strategies for de-escalation and recovery
- ❖ Explicit explanation as to what circumstances physical intervention may be used.

Consent must be obtained from the service user, capacity to make the decision should be decided undertaking a MCA assessment and a best interests decision made (following best interests procedure) if the service user does not have capacity.

Any physical condition must be taken into account when formulating the support strategies that are to be utilised.

A copy of the care plan must be given to the service user, if this is not appropriate, its content must be communicated to them by whatever means necessary in order to aid their understanding. In instances where a service user has cognitive impairment, care plans should be discussed and agreed with the service user's relatives/advocate. This will ensure that the service user or the relative/advocate are aware of how aggressive or violent incidents will be managed by the care team.

Cheshire Care Services acknowledges that there may be occasions when unplanned or emergency physical intervention may be necessary when a service user acts in an unexpected way. In such circumstances, staff retain their duty or care to the service user and any response must be proportionate to the circumstances. Staff must use the minimum of force necessary to prevent injury and maintain safety. It must be consistent with the approved training they have received.

Prevention

It is important that staff recognise the early stages of a service user's sequence of behaviour that is likely to develop into violence or aggression; at this stage it may be possible to diffuse a potentially violent situation using de-escalation techniques.

De-escalation Techniques

These are techniques to reduce the level and intensity of a difficult situation. De-escalation means making a risk assessment of the situation and using both verbal and non-verbal communication skills in combination to reduce problems.

Non-Restrictive Intervention

Cheshire Care Services endorses the use of bespoke training for all areas where restraint takes place. Training will include clarity with regard to individual staff roles and responsibilities.

Staff who have not been trained in formal physical intervention techniques are entitled and, indeed may have a duty of care to use non-restrictive and least forceful physical intervention to the best of their ability when their safety or the safety of the service user or others is in jeopardy. All members of the multi-disciplinary team regardless if they are trained in physical intervention should offer assistance to staff e.g. making sure that the area is clear of other people, reassurance to service users if they find the situation stressful, making sure that the area remains safe.

Restrictive Physical Interventions

Before physical intervention techniques are implemented, it must be ascertained as far as possible, whether or not the individual is in possession of anything that could be used as a weapon. If there is any doubt, police assistance should be considered and efforts should be made to make the environment as safe as possible.

People using the service in the immediate vicinity must be supervised throughout an incident. If there are staff on duty who are not required for the incident, they should remain with service users who are not involved in the incident.

Once physical interventions have been initiated, the team involved has a duty of care to the individual and must ensure the restraint is discontinued as soon as the situation is considered to be safe.

The purpose of physical intervention is to take control of a dangerous situation and secondly to limit the service user's freedom for no longer than is necessary to end or reduce significantly the threat to self or others. Physical intervention must only be used when all other less intrusive methods have been explored and are considered not suitable or have failed.

The Human Rights Act 1998 sets out important principles regarding the protection of individuals from abuse by state organisations or people working for those organisations. It is a criminal offence to use physical force or threaten to use force unless the circumstances give rise to a 'lawful excuse' or justification for the use of force.

Adults who may be at risk can be justifiably restrained in some cases following circumstances:

- ❖ Displaying behaviour that is putting themselves at risk of harm
- ❖ Displaying behaviour that is putting others at risk of harm
- ❖ Requiring treatment by a legal order (e.g. mental health act)
- ❖ Requiring urgent lifesaving treatment
- ❖ Needing to be maintained in secure settings

The Mental Health Act 1983 Code Of Practice (2008) chapter 15 states "any physical intervention must be:

- ❖ Reasonable, justifiable and proportionate to the risk posed by the service user
- ❖ Used for only as long as it is absolutely necessary
- ❖ Involve a recognised technique that does not depend on the deliberate application of pain
- ❖ Carried out by those who have received appropriate training in the use of restraint techniques.

The Mental Capacity Act (2005) identifies two conditions which must be satisfied in order for protection for liability for restraint to be available:

- ❖ You must reasonably believe that it is necessary to undertake an action which involves restraint in order to prevent harm to the person lacking capacity
- ❖ Any restraint must be proportionate response in terms of both the likelihood and seriousness of the harm, using excessive restraint could leave the practitioner open to a range of civil and criminal penalties.

Any situation that requires the use of a physical intervention constitutes a medical emergency and must be treated as such. Staff taking part in any physical intervention must be:

- ❖ Able to recognise conditions of physical and respiratory distress
- ❖ Aware of how to summon assistance and secure medical and ambulance support
- ❖ Aware of and monitoring physical/changes during intervention

If the individual shows signs of:

- ❖ Difficulty breathing
- ❖ Physical distress
- ❖ Vomiting
- ❖ Seizures
- ❖ Change of colour
- ❖ Hyperventilation

The intervention must be stopped immediately and medical help sought.

In all instances where a physical intervention takes place, there must be one team member who is responsible for leading the team through the intervention and protecting and supporting the head and neck. They must ensure that the airway and breathing are not compromised.

Throughout physical intervention staff must continue to employ de-escalation techniques and continually explain the reason for the action to the service user. Physical restraint must be brought to an end at the earliest opportunity.

Under no circumstances should:

- ❖ Pain be inflicted deliberately
- ❖ Direct pressure be applied to the neck, thorax, abdomen, back or pelvis.
- ❖ Choke or strangle neck holds be used
- ❖ Seated or kneeling holds be used if the person is bent forward at the waist (hyperflexion)
- ❖ Airways be restricted by obstructing nose or mouth.

It is unsafe for staff to restrain a service user on their own. If you are alone in a difficult situation you must breakaway and summon assistance.

Where possible, staff must remove items of jewellery, name badges, pens and ties prior to any physical intervention. Staff must also adhere to the guidance in the Uniform Policy particularly with regard to tying long hair back. This will help reduce the risk of damage and injury occurring.

Staff not trained in physical intervention techniques still have a duty of care for their service users, and must act in a manner reasonable to the situation and in a good faith, bearing in mind the principles within this policy.

Procedure

Rationale – Emphasis must always be placed on the recognition and early intervention in incidents or aggression and of the use of de-escalation techniques to achieve a satisfactory outcome for everyone involved.

Holds To Be Avoided

- ❖ Holding a service user around the neck or by the collar, or in any other way that might restrict service users ability to breath
- ❖ Slapping, punching or kicking a service user
- ❖ Twisting or forcing limbs against a joint

- ❖ Tripping a service user
- ❖ Holding a service user by the hair or ear
- ❖ Holding a service user face down on the ground

There are a number of interventions, which although not physical are equally unacceptable, there include:

- ❖ The use of threats
- ❖ Unauthorised use of withdrawal of medication
- ❖ Withdrawal of food or drink
- ❖ Removal of clothing or personal possessions
- ❖ The use of punishment

Implementation Of Physical Intervention Techniques

Approved physical intervention techniques should only be used when all other options are no longer practicable and intervention is in the best interest of those involved.

Physical intervention techniques must only be undertaken by staff who are appropriately trained and competent.

In a situation where a staff member finds themselves isolated and at risk, approved breakaway techniques may be used to protect from assault/injury.

Staff should be detailed to inform, calm and reassure witnesses to the event

When/if safe to do so, the individual should be moved to a quieter environment, taking due regard of their privacy and dignity.

In circumstances where the service user has left Cheshire Care premises the decision to restrain should be based on clinical risk assessment, if the situation cannot be dealt with safely, staff should seek clinical advice and support and should consider seeking the assistance of the police.

Reporting

It is important that Cheshire Care Services capture information on all incidents requiring physical intervention so that these may be learnt from. Incident reports will inform the ongoing risk assessment process and may also provide added protection in any subsequent legal action.

All incidents involving physical intervention on service users must be reported on a physical intervention reporting forms within 24 hours.

The incident form must detail the following information:

- ❖ Names of all the people involved
- ❖ Age of person involved
- ❖ Ethnic origin of people involved
- ❖ Reason for physical intervention
- ❖ Types of physical intervention used
- ❖ Duration of intervention

Any injuries sustained by members of staff or service users during physical interventions must be reported on the incident form and appropriate treatment/policies followed.

The Registered Manager must be informed of the incident as soon as possible (within 24 hours).

Debriefing Service User

There should be a planned debrief for the service user within 48 hours. The debrief should not happen while the person is still physiologically aroused, and should be undertaken at an appropriate time following the incident. The agenda for this debrief will be:

- ❖ Who would you like to be present?
- ❖ Do you want to talk to anybody else about it (e.g. family member, care manager?)
- ❖ Do you understand why it happened?
- ❖ How did it feel for you?
- ❖ How would you like it to be different?
- ❖ How could we avoid having to do it again?
- ❖ What would you like to do or be offered after such an incident, if it happens again?
- ❖ Does the service user wish to make a formal complaint about any aspect of the incident?

The outcome of the above debrief with the service user will lead to a review of their care plan so that new learning can be incorporated.

Debriefing Staff

Following all incidents of physical intervention techniques a debrief and review should take place at the earliest opportunity (within 48 hours). All members of staff involved in the incident must attend.

Debriefing will include a discussion about whether physical intervention is still seen as an appropriate intervention for that individual and any doubts will be discussed as soon as possible at a multi-disciplinary review.

The manager debriefing staff also has a responsibility to ensure that parents/relatives/carers are informed about any injuries the individual has sustained and the steps taken in response to these.

Training

It will be the responsibility of the Registered Manager to arrange suitable training. Training for all staff will be made available. No member of staff will be expected to undertake the use of reasonable force without appropriate training. Prior to the provision of training, guidance will be given on action to be taken. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development.

Cheshire Care Services is committed to using (MAPA), providing this approach continues to adopt the British Institute for Learning Difficulties (BILD) Code of Practice on physical intervention. Cheshire Care Services acknowledges that physical techniques are only a part of a whole setting approach to behaviour management. The management of Cheshire Care Services are committed to accessing training in that:

- ❖ It will review its behaviour policy on yearly cycle at least
- ❖ Training will be delivered on a needs-based approach and procedures are in place to monitor incidents, following a behavioural audit and implementation of appropriate risk management procedures.
- ❖ All training will include theory on at least the following:
 - a. Causes of challenging behaviour
 - b. Prevention strategies
 - c. Positive behaviour management
 - d. De-escalation
 - e. Risk assessment
 - f. Behaviour support planning
 - g. De-brief following incidents
- ❖ Physical techniques are not treated in isolation and Cheshire Care Services is committed to ensuring that, as a result of incidents, learning opportunities are created for service users that allow them to 'own' and take responsibility for their behaviour.

In addition, procedures are also in place to ensure that appropriate support is provided for staff and that following an incident service user/staff relationships are rebuilt and repaired to ensure that a positive care environment is maintained.

All the techniques used take account of a service users:

- a. Age
- b. Gender
- c. Level of physical, emotional and intellectual development

- d. special needs
- e. social context

Due to the physical nature of the training, before staff attend, they must complete the relevant Health Questionnaire, which details any physical health concerns or conditions known to the staff member. The questionnaires must be sent to the trainer prior to the training date and will be reviewed. There may be circumstances where the staff member will not be permitted to undertake the training due to the risk of further injury or pregnancy. Managers will be informed in writing if there are any such concerns.

Staff Who Cannot Undertake Physical Intervention/Breakaway Due To Health Restrictions Or Pregnancy

Physical intervention and breakaway can be physically demanding and therefore any staff who work within areas where they will be required to undertake such an intervention must be physically able to do so.

Taking into account an assessment of the current risks within each individual work area and the risk assessment for managing the health and safety of new and expectant mothers at work for staff who are pregnant the following will apply: As soon as the member of staff informs their manager of their pregnancy a risk assessment for managing the health and safety of new and expectant mothers at work must be completed. Where this identifies that the member of staff works in an area where physical intervention is requirement and where there is high risk of violent incidents steps must be taken to minimise the risk.

What Happens Next

If there is any reason to suspect that a service user or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

What Happens Next For the Individual?

When the person has regained control of his/her behaviour, the emphasis will become one of caring for the individual and the staff will have responsibility for the person's welfare. It will be important to communicate clearly with the individual so he/she knows what is happening and what is about to happen. Be honest with the person; if they are complying release pressure – never say one thing and do another: this will only confuse the person and is likely to increase their levels of fear and frustration. Following the use of physical intervention a member of staff should check the service user for any sign of injury and record.

A member of staff must stay with the person until they are satisfied that the person is completely calm and in full control of his or her actions. It will be important to analyse and talk through the incident so as to increase understanding that can be used to decrease the possibility of further occurrences.

What Happens Next For Other Service Users

Other service users who have witnessed the event or heard about it may become anxious or distressed. It will be important to offer them the opportunity to express any feelings they may have. They may need to be reassured about their own safety. They may have some useful insights into events leading up to the incident and views about this should be sought.

What Happens Next For The staff directly Involved

Staff may feel angry, guilty or afraid – they must be offered the opportunity to talk through these feelings as soon as possible after the event. It will be important for staff to go through what happened to identify whether they could have handled events differently: the object of this is to learn through experience and not to attribute blame.

What Happens Next For Other Staff

All staff working with the service user need to be aware of any incidents which involved the use of physical intervention. Immediately after the event, they will need to be aware of the needs of service users for additional support as a consequence. They will also need to be aware of the strategy adopted and its strengths and weaknesses in case they are called upon to deal with any further incidents.

Monitoring Compliance and Effectiveness

Monitoring of all incidents involving physical intervention is essential in order to identify where lessons can be learnt and to prevent the build-up of unsafe practice. The manager, person responsible or nominated person will monitor each incident.

The manager or person responsible will analyse and collate detail of incidents of physical intervention taking place in their service in order to identify particular patterns involving individual staff, groups of staff and particular service users.

This policy will be subject to review on an annual basis or earlier should any significant issue be identified or learning requires implementing.

Action after an Incident

The registered manager will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a service user this will be pursued through the appropriate procedure:

- ❖ Review of risk assessment/support plan
- ❖ Adult protection procedure (this may involve investigations by police and/or social services, CQC)
- ❖ Disciplinary procedure

The member of staff will be kept informed of any action taken.

In the case of any action concerning a member of staff he/she will be advised to seek advice from his/her professional association/union.

Complaints

Any complaints about staff will be investigated through Cheshire Care Services Complaints Policy. If necessary, the complaint will be dealt with by the Staff Disciplinary Procedures and/or Adult Protection Procedures.