



# Module 1

## Staff Questions

**THIS DOCUMENT IS FOR  
GUIDANCE ONLY.**

Questionnaires will be available online early October.  
Please **DO NOT** fill this out.

**Please note:** Questions to be included in older people's services only are in **bold**. Questions not to be included in older people's services are in CAPITALS.

Are you:

A member of the nursing staff team i.e. qualified nurse, an unqualified nurse, or student nurse?

A member of the 'clinical' staff team e.g. psychiatrist, occupational therapist, pharmacist, psychologist, clinical audit, risk management, social worker, manager?

A member of the 'non-clinical' staff team e.g. domestic staff, catering staff, porter, maintenance staff?

## Part 1: The ward

1. Is there enough space on the ward?
2. Is it usually excessively noisy during the day?
3. Is it usually excessively noisy during the night?
4. Does the temperature often feel too hot?
5. Does the temperature often feel too cold?
6. Is the ward homely and comfortable in respect of lighting and age-appropriate décor and music?
7. When patients have become distressed or angry, have you generally been able to access a quiet area/separate room on the ward where they can be supported by staff?
8. Is the emergency alarm system on the ward effective?
9. Is a personal safety alarm available for your use?
10. Does this ward have a consistent and rehearsed response to emergency alarm calls (including personal safety alarm calls)?
11. Do you know who your 'Local Security Management Specialist' is?
12. On a ward, the level of severely challenging/violent behaviour is affected by the mix of patients (i.e. gender, physical frailty/vulnerability, volatility/overactivity).
  - a. Do ward staff have a say about admissions onto the ward?
  - b. When you have a particularly difficult mix of patients, are additional resources made available to the ward?
13. IS THERE EVER ANY TROUBLE ON THE WARD BECAUSE OF PATIENTS GETTING DRUNK?
14. IS THERE EVER ANY TROUBLE ON THE WARD BECAUSE OF PATIENTS TAKING ILLEGAL DRUGS?

## Part 2: Communication systems & ward culture

*Please respond to this section in relation to the ward in the past year*

1. Do you have sufficient opportunities to raise and discuss issues and concerns with colleagues on the ward?
2. Are your concerns taken seriously and acted upon?
3. Are the hand-over systems on the ward effective?
4. Are the following appropriate to the resident population:
  - a. Staff ratios, i.e. numbers of staff on each shift?
  - b. Staff skill mix, i.e. experience and qualifications of staff?
5. Are the following appropriate to the resident population:
  - a. Staff ratios i.e numbers of staff on each shift?
  - b. Staff skill mix i.e experience and qualifications of staff
  - c. Gender mix of staff?
  - d. Ethnic mix of staff?
6. Is there multi-disciplinary consensus on the clinical care of patients?

## Part 3: Training

### General training

1. Have you received any training related to the following:
  - a. Equal opportunities/diversity?
  - b. Person-centred care and therapeutic approaches in relation to the care of older people?**
  - c. The 'Bournewood Ruling', especially in respect of restriction and deprivation of liberty?
  - d. The Mental Capacity Act, especially in respect of the best interests and least restrictive principles?

#### *Undertaking personal searches*

2. Are you involved in undertaking personal searches? *If 'no', go to question 3, below. If 'yes':*
  - a. Have you received appropriate instruction, which is repeated and regularly updated?

#### *The management of actual incidents*

3. Are you involved in managing severely challenging/violent incidents? *If 'no', go to the next section (Observation), below. If 'yes':*
  - a. Have you had access to training that promotes the use of non-physical interventions to recognise and prevent severely challenging/violent behaviour, e.g. 'Promoting Safer and Therapeutic Services' training?
  - b. Has your training been adequate to enable you to minimise the risk of a severely challenging/violent incident occurring?
  - c. If any, what additional training would you like to be given?
  - d. Has your training been adequate to enable you to deal with a severely challenging/violent incident when one occurs?
  - e. If any, what additional training would you like to be given?
  - f. Have you received training in how to record any incident using the appropriate local templates?
4. **Have you received training in managing forms of severely challenging behaviour in older people with mental health problems, other than violent behaviour, e.g. resistance to care, excessive walking?**

### Observation

**Definition: Definition: The primary aim of observation should be to engage positively with the service user. This involves a two-way relationship, established between a service user and a nurse, which is meaningful, grounded in trust, and therapeutic for the service user. NICE 2005**

1. Are you involved in carrying out observations? *If 'no', go to the next section (Rapid tranquillisation), below. If 'yes':*
  - a. Do you receive ongoing competency training in observation?

## Rapid Tranquillisation

**Definition:** All medication given in the short-term management of disturbed/violent behaviour should be considered as part of rapid tranquillisation (including PRN medication taken from an agreed rapid tranquillisation protocol or as part of an advance directive).

NICE, 2005

1. Are you involved in administering or prescribing rapid tranquillisation, or in monitoring patients to whom parenteral rapid tranquillisation has been administered? *If 'no', go to the next section (hands-on restraint), below. If 'yes':*
  - a. Have you received training around the legal framework that authorises the use of rapid tranquillisation?
  - b. Are you trained in the use of pulse oximeters?
  - c. Do you receive ongoing competency training to a level of Immediate Life Support (ILS – Resuscitation Council UK) (covers airways, cardio pulmonary resuscitation (CPR) and use of defibrillators)?
2. **Are you involved in administering covert medicines with older mentally incapacitated people? *If 'no', go to the next Section (Hands-on restraint), below. If 'yes':***
  - a. **Have you received specific training on this issue?**

## Hands-on restraint

**NOTE:** NICE uses the term 'physical intervention'

**Definition:** skilled, hands-on method of physical restraint involving trained designated healthcare professionals to prevent individuals from harming themselves, endangering others or seriously compromising the therapeutic environment. Its purpose is to safely immobilise the individual concerned.

NICE, 2005

1. Are you involved in using hands-on restraint? *If 'no', go to the next section (Seclusion), below. If 'yes':*
  - a. Have you received training around the legal framework that authorises the use of hands-on restraint?
  - b. Have you been trained in Basic Life Support (BLS – Resuscitation Council UK)?
2. **Have you received training in how to safely apply hands-on restraint to older people?**

## Seclusion

**Definition:** The supervised confinement of a patient in a room, which may be locked to prevent others from significant harm, its sole aim is to contain severely disturbed behaviour that is likely to cause harm to others. Seclusion should be used as a last resort, for the shortest possible time. Seclusion should not be used as a punishment or threat; as part of a treatment programme; because of shortage of staff; or where there is any risk of suicide or self harm. Seclusion of an informal patient should be taken as an indicator of the need to consider formal detention.

NICE, 2005

1. Many services today no longer use seclusion.  
Have you been directly involved in the care of a secluded patient on this ward during the last year? *If 'no', go to Part 4, below. If 'yes':*
  - a. Have you received training around the legal framework that authorises the use of seclusion?
  - b. Do you receive ongoing competency training in the use of seclusion?

#### **Part 4: Supervision**

1. Do you currently receive one-to-one clinical supervision?

*If 'no', go to Part 5, below. If 'yes', please continue.*

2. How often does the supervision take place? (please tick the closest answer: weekly; fortnightly; monthly; less than monthly)
3. How would you rate your satisfaction with the frequency of supervision that you get? (totally satisfied; satisfied; dissatisfied; totally dissatisfied)
4. How would you rate your satisfaction with the quality of supervision that you get? (totally satisfied; satisfied; dissatisfied; totally dissatisfied)
5. Does this supervision include incidents and events covered by the organisation's policies on physical interventions?
6. Does this supervision include incidents and events relating to the prevention and management of violence?

#### **Part 5: Supports from other colleagues on this ward over the past year**

1. In relation to managing severely challenging/violent behaviour, how would you rate your satisfaction with the supports that you get from other staff on this ward? (totally satisfied; satisfied; dissatisfied; totally dissatisfied)
2. In relation to managing severely challenging/violent behaviour, how would you rate your satisfaction with the supports that you get from the senior management team within your directorate? (totally satisfied; satisfied; dissatisfied; totally dissatisfied)
3. How would you rate your satisfaction with the quality of leadership on this ward? (totally satisfied; satisfied; dissatisfied; totally dissatisfied)

#### **Part 6: The way that violence has been dealt with on this ward over the past year**

1. Do you think that staff deal effectively with severely challenging/violent behaviour:
  - a. Between patients?
  - b. Towards staff from patients?
2. Would you feel comfortable to confidentially report an incident of staff abuse towards a patient?
3. Do you think that staff resort too quickly to using medication when managing severely challenging/violent incidents?
4. Do you think that staff resort too quickly to using hands-on restraint when dealing with severely challenging/violent incidents?

5. Do you think that staff resort too quickly to using seclusion when managing severely challenging/violent incidents?
6. *If you answered 'yes' to any of questions 3, 4 and 5 above, why do you think this happens?*
7. Have all incidents of severely challenging/violent behaviour that you have been aware of in the past year, been reported/recorded?
8. Are patients routinely given the opportunity to discuss their experiences of being involved in severely challenging/violent incidents (either as perpetrator, victim?)

### **Part 7: Experiences of severely challenging / violent behaviour on this ward over the past year**

1. Have you personally been made to feel upset/distressed by a patient's severely challenging / violent behaviour?
2. Have you personally been threatened or made to feel unsafe?
3. Have you personally been physically assaulted?