

Reducing Restrictive Practice

Reduction in the use of Enhanced Observations for Violence and Aggression

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Cygnet Healthcare

A little bit about us:

- Cygnet operates 21 centres with more than 1,000 beds. Two units are registered nursing homes providing long term and respite care for private fee-paying elderly residents. We are recognised as a specialist provider by the NHS across England and Wales.
- Our mission is simple: 'To provide superior quality healthcare that service users recommend to family & friends; clinicians prefer for those in their care; purchasers select for their clients; and employees are proud of.'



Cygnnet Hospital Wyke

Austen Ward

14 Bed PICU

83 % Occupancy (past 12 Months)

1st received Aims Accreditation in 2014- Reviewed Dec 2017

Average stay= 22.6 days (Jan- Aug)

Approx 70% of Austen Staff have been with us for longer than 18 months

Part of Cygnnet Health Care

NHS patients from all over the country

Restrictive Practice



What is it?

- According to the MHA Code of Practice (2015) “restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient’s movement, liberty and/or freedom to act independently in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and to end or reduce significantly the danger to the patient or others”.
- Restrictive interventions should be used for no longer than necessary to prevent harm to the person or to others, be a proportionate response to that harm, and be the least restrictive option.

Cygnet Strategy

- Cygnet aims to develop an initiative to change how risk behaviour is managed and develop a culture to promote recovery and reduce the need for restrictive interventions. We aim to re-define the relationship between staff and service users to one of risk sharing rather than risk management.
- The aim is to change the culture from one of containment to one of recovery; eliminating coercion is the ultimate goal.

Enhanced Observations

What are they?

- Enhanced observations are an intensive level of observation where a service user must be within eyesight or within arms length of a designated staff member or several staff members at all times.
- They are used when a service user is considered to be at significant risk to themselves and/or others.

Background

Where we did this?

- Austen Ward, Cygnet Hospital Wyke
- Male PICU
- 14 beds
- Seclusion facility available
- Most commonly utilised enhanced observation:
 - 2:1 within arms reach for violence and aggression
 - Jan 2016- Nov 2016= 122 episodes of enhanced observations, of these 40 episodes were 2:1 or 3:1

Background

Why we did this?

- Current evidence suggests that the use of enhanced observations for violence and aggression has little or no impact on reducing violent episodes and in a lot of cases leads to further episodes of aggression
- Staff time appeared to be focused on those on enhanced observations and if a different service user became agitated/aggressive/distressed there were very few staff to intervene
- Staff on the ward felt they could not spend any quality time with service users as they were constantly on enhanced observations
- Service users voiced frustrations that there were “never any staff available”
- Service user experience of enhanced observation is that it feels custodial and provocative rather than therapeutic. Consequently, it can lead to feelings of isolation and dehumanisation
- Levels of enhanced observations led to higher bank and agency usage on the ward, which is not always appropriate for skill mix

Method

How did we do this?

- In order to start this process staff were asked how they felt about the use of enhanced observations and the impact they felt it had on them.
 - The response was that they felt violence and aggression could be better managed without the use of enhanced observations.
 - The overall feeling from staff was that staff was that they saw little or no positive effect from enhanced observations, they expressed feeling very drained spending their day going from one observation level to another and engaging in very little meaningful activity with the other service users who were not on enhanced observations.
 - They also felt going into an incident they felt quite unsupported as even when there were a lot of staff on the ward they were engaged in enhanced observations.

Challenges

Breaking the Norm

- In order to break the standard procedure of using enhanced observations, staff had to seek approval from the WM or on-call Manager to use enhanced observations.
- This engaged conversation around enhanced observations being the last resort and all other methods of de-escalation had to have been utilised.
- Once staff were in a position to justify their actions in this way they were able to reflect and improve on their own practice.

Outcomes

Statistics

First month (Dec 2016)

- In November there were 20 documented incidents of violence and aggression of which 4 resulted in seclusion and 6 resulted in 2:1 observations
- In December there were only 8 documented incidents of violence and aggression of which only 1 required seclusion and none resulted in enhanced observations, this shows more staff are available on the ward to engage with a patient and prevent a situation from escalating
- The total restraint time for November was 100 minutes compared to only 52 minutes in December, showing staff are responding to incidents more quickly and effectively

Outcomes



Comparison Data:

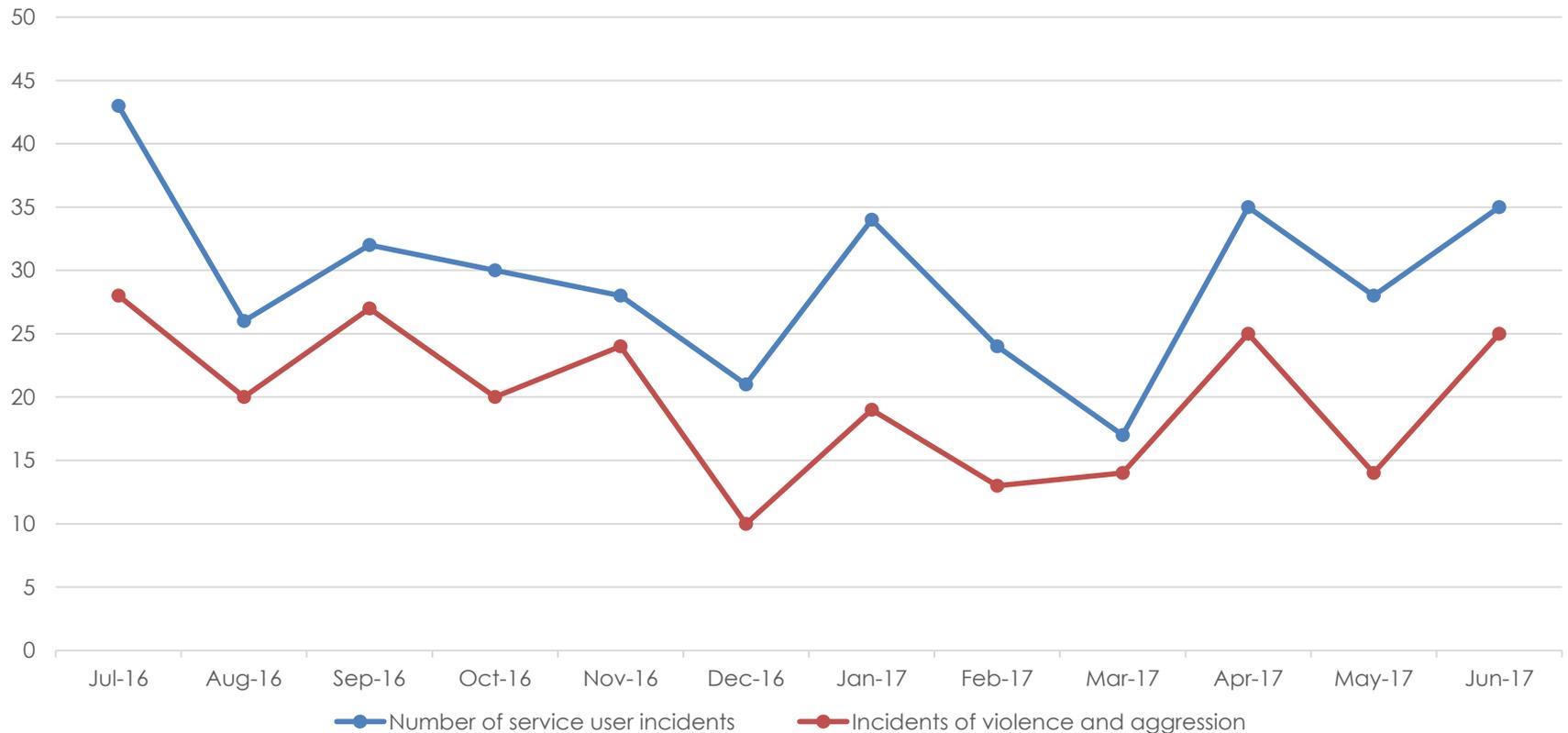
6 months pre and post implementation

	Jul-16 to Dec-16							Jan-17 to Jun-17						
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	TOTAL	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	TOTAL
Number of service user incidents	43	26	32	30	28	21	180	34	24	17	35	28	35	173
Incidents of violence and aggression	28	20	27	20	24	10	129	19	13	14	25	14	25	110
Average number of violence and aggression incidents	21.5							18.3						
Assaults on staff	1	3	3	3	5	0	15	0	7	4	0	0	0	11
Assaults on service users	6	4	6	5	1	0	22	1	0	0	4	2	6	13
Property Damage	3	1	1	2	1	2	10	5	2	0	2	1	2	12
Number of seclusions	3	6	4	3	6	3	25	6	4	3	1	0	3	17
Average length of time in seclusion (mins)	3055	11190	8820	12095	11385	7908	54453	5915	13460	11422	150	0	3428	34375
Average length of time in seclusion (hours)	50.92	186.50	147.00	201.58	189.75	131.80	907.55	98.58	224.33	190.37	2.50	0.00	57.13	572.92
Average length of time in seclusion (days)	2.12	7.77	6.13	8.40	7.91	5.49	37.81	4.11	9.35	7.93	0.10	0.00	2.38	23.87

Outcomes



Number of service user incidents and incident of violence and aggression

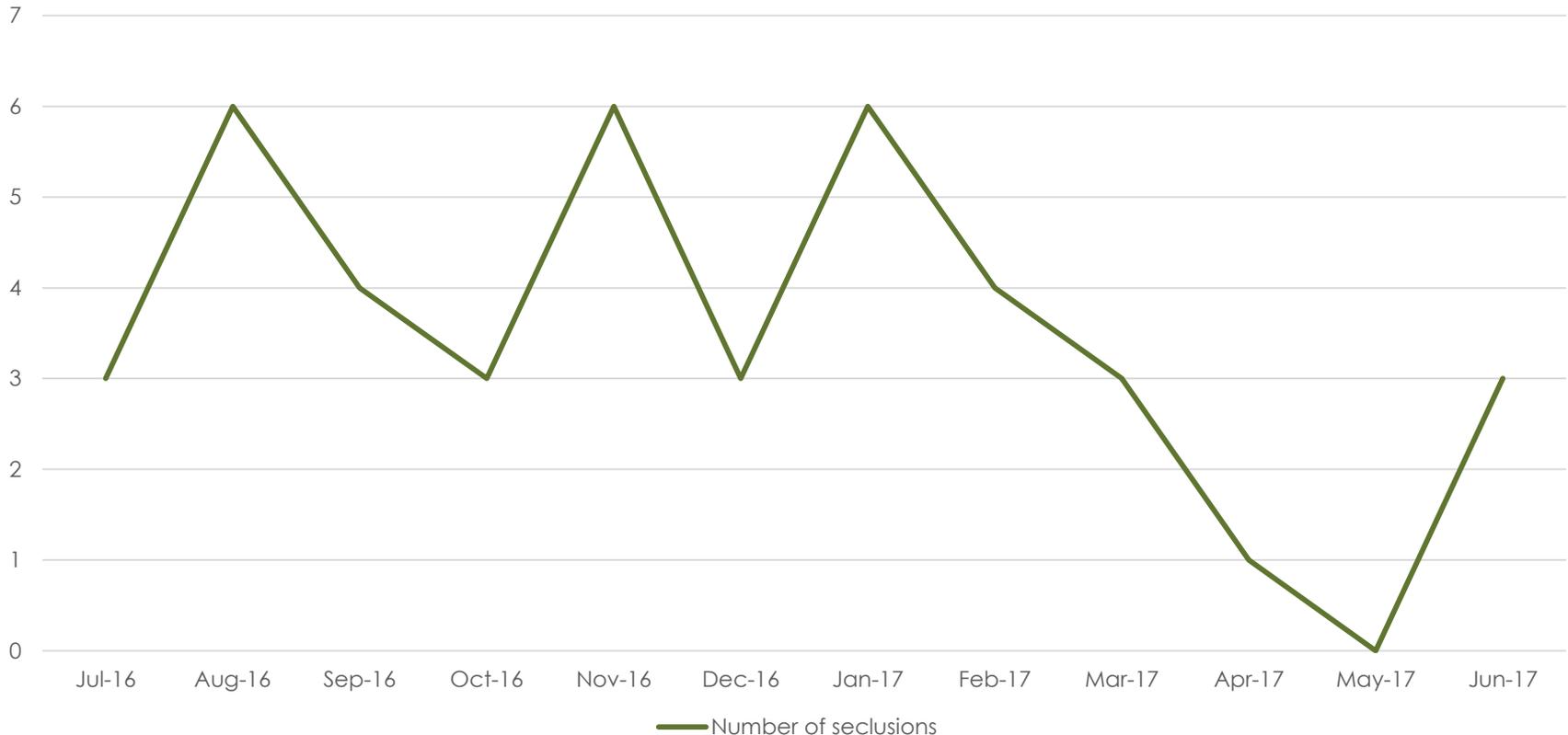


Across the 12 month period there were still high incidences of violence and aggression and the ward continued to admit service users who were a risk to others, but looked at alternative ways of helping those people rather than using enhanced observations.

Outcomes



Number of seclusions



Seclusion use also reduced which shows staff were not replacing enhanced observations with seclusion. Length of time in seclusion also reduced as staff were confident taking more positive risks.

Outcomes

1 year on:

- Between Jan 2017 and Nov 2017 there were only 64 episodes of enhanced observations (including seclusion)- 8 of those required 2:1 and all had additional contributing factors
- Bank and Agency use has reduced
 - Jan 16- Nov 16 agency covered 8737 hours (364 days)
 - Jan 17- Nov 17 agency covered 6124 hours (255 days)

Conclusion

How do we feel about it?

- Overall the staff feel safer on the ward and more supported by their colleagues in the event of an incident arising.
 - HCSW's state "we have more beneficial time to cater to service users need and attention"
 - RMN's state "it causes less conflict, when staff were on obs before they were engaging with service users, now everybody puts effort into building therapeutic relationships"

Conclusion

Summary

- The first month was a particularly challenging month with high levels of acuity on the ward but this has been safely and effectively managed through positive therapeutic interventions, coping strategies, distraction, de-escalation, medication and a few short term episodes of seclusion.
- Staff are more confident in taking positive risks which further develops their practice.
- Enhanced observations will always have their place in healthcare and will at times be the most appropriate method of care, but particularly where a patient is violent and aggressive, other options should be considered.
- A year post implementation and it is fully embedded into staff.

Thank You

Any Questions?

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