



## Change idea:

Will daily, proactive, scheduled 1-1's reduce the use of seclusion and restraint?

### Predictions

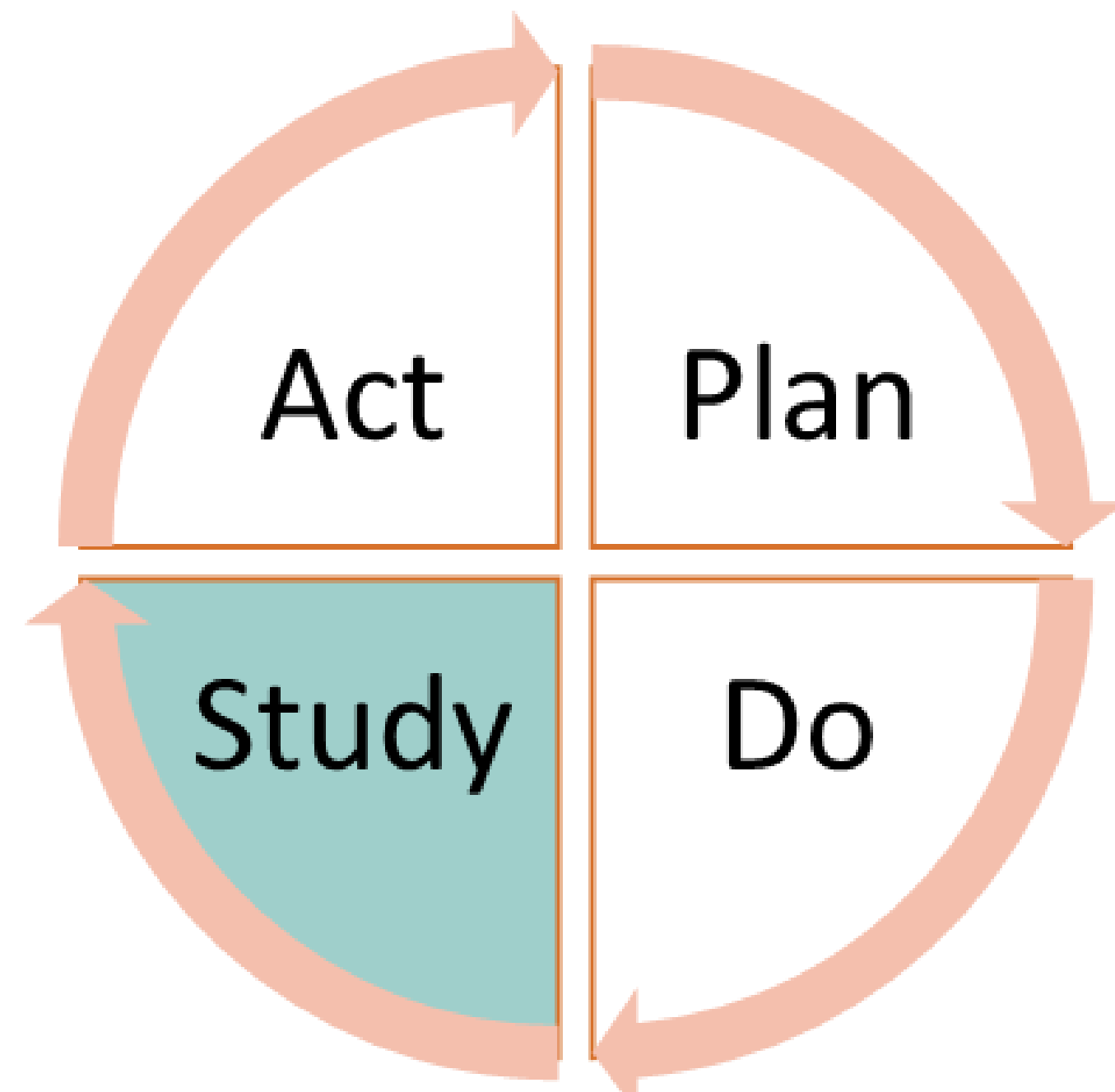
If 1-1's are proactively offered and facilitated on every shift, the need for potential restrictive practice will be foreseen and avoided.

### Plan

- Patients to be allocated 1-1's at every shift handover.
- 1-1's encourage compliance with treatment plan, vent frustrations and engage with therapy.

### Do

- We used a chart to identify if the 1-1's took place.
- Identified allocations written up in the dining room.



### Study

We said 1-1's would reduce the need for restrictive practice  
There has been a significant reduction in escalating behaviour and seclusions  
We have had 1 seclusion and 5 restraints since testing this opposed to 13 seclusions and 17 restraints in March

### Act

- Allowed for named nurses to change in accordance to daily need of the patient.
- Record whether the change worked for eg, making 1-1's more flexible.

## All teach, all learn

- Patients are very responsive to having an allocated nurse and are writing the allocations up themselves
- The staff like the opportunity for protected time to get to know their patient properly and will seek out patients whom would be quite happy to keep a low profile
- If patients have anything they need to express they will specifically seek out their allocated nurse or staff will swap round the 1-1's.
- Documentation is more meaningful

