**Change idea:**

<table>
<thead>
<tr>
<th>Predictions</th>
<th>Plan</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 1-1’s are proactively offered and facilitated on every shift, the need for potential restrictive practice will be foreseen and avoided.</td>
<td>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.</td>
<td>We used a chart to identify if the 1-1’s took place. Identified allocations written up in the dining room.</td>
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</tbody>
</table>

**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.

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**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.