

# Incidents between Residents

## Training Resource



# Introduction

Aim: To support Care Home/Nursing Home managers with preventing and responding to abuse relating to Incidents between Residents

Objectives:

1. Understand the impact of this type of incident on the residents involved
2. Outline the contributing factors
3. Guidance on preventing this type of abuse
4. Understand the importance of investigating why the incident happened
5. Understand what needs to be reported

# Categories of Abuse

There are a number of types of abuse that may occur between residents in a care setting, these include:

## Physical Abuse

- Includes assault, hitting, slapping, pushing

## Sexual Abuse

- Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

## Psychological Abuse

- Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying

This presentation focuses on Physical Abuse.

# Background



380 Safeguarding Concerns were reported to Hartlepool, Middlesbrough, Stockton-on-Tees Borough and Redcar & Cleveland Councils in 2020/21



Of these, 175 (46%) went on to be investigated as a safeguarding Section 42 Enquiry

Usually, one or both residents will have some form of cognitive impairment, for example, Dementia, Learning Disability.

# Outcomes for Residents

Incidents can result in:

- Physical injury
- Functional decline
- Mental health deterioration
- Reduced quality of life
- Relocation
- Increase in anti-psychotic medications to control behaviours

# Contributing Factors: Individual

- Pain
- Constipation
- Infections
- Hydration: [Heatwave: how to cope in hot weather - NHS](#)
- Incontinence
- Memory Loss
- Wayfinding difficulty (disorientation)
- Impaired ability to communicate
- Hearing/Vision Loss
- Changes to or omission of medication
- Delirium; <https://youtu.be/2Hg1VP-Enw4>
- See next slide for more information on delirium

# ARE THEY DIFFERENT TODAY?

## Behaviour

- Provide reassurance
- Be calm and patient
- Make instructions simple
- Do not challenge their abnormal beliefs
- Are they over stimulated?
- Do they have specific triggers for challenging behaviour e.g. sounds, certain people
- Do they have the choice to make their own decisions e.g. food, clothes, bathing
- Avoid making residents do something they don't want to do
- Does the person have any unmet needs? e.g. thirsty, in pain

## Physical Review

- Have they had a change in medication or started medication?
  - Hot swollen skin?
  - A cough?
  - Dark smelly urine?
- Check temperature
- Check blood pressure
- Are they constipated?
- Are they bathing regular?
- Are they mobilisation regular?

## Environmental

- Lighting
  - Noise
- Do they know where they are?
  - Too hot or cold
- Is there clear signs? e.g. toilet
- Do they have space to move around?
- Do they have pictures to make it feel homely?
- Do they have access to the rooms they want to be in? e.g. bedroom, kitchen

## Mobility

- Have they had a recent fall?
- Are they at risk of falls?
- Follow falls care plan
- Activity and stimulation - is this being provided?
- Check foot care - do they fit?
- What footwear do they like to wear?
- Is their footwear too tight or too loose?



## Sensory

- Do they wear glasses?
  - Are they theirs?
  - Are they clean?
- Do they wear a hearing aid?
  - Is it switched on?
  - Is the battery flat?
    - Don't shout!
- Does the person like to be touched?
- Hand massage - if appropriate

## Family & Social

- Work with the family
- Do they have contact with family? If not are they provided with social contact?
- Ask family to complete life story document - 'This is me'
- Work with family to promote personal care

## Continence

- Have a toilet programme in place
- Hygiene - provide assistance
- Mobilise - use regular prompts

## Food & Drink

- Encourage fluid intake
- Monitor fluid intake not fluid given
- Encourage food intake
- What do they like and dislike?
  - Discuss with family
- Check dentures are worn - do they fit?
- Do they have problems swallowing?

## Pain

- Ask if they are in pain and if so provide appropriate pain relief
  - Look for facial gestures
  - Look for body language

# Contributing Factors: Situational

- Frustration
- Boredom
- Lack of meaningful activities
- Fatigue
- Invasion of personal space
- Seating arrangements
- Intolerance of another's behaviour
- Unwanted entry into bedroom
- Conflict in communal areas
- Racial/ethnic comments/slurs



# Contributing Factors: Environmental

- Noise
- Crowdedness
- Lack of privacy
- Inadequate or inappropriate signage
- Hallways (too narrow or dead-end)
- Inadequate lighting
- Temperature (too hot or too cold)
- Indoor confinement
- TV

# Contributing Factors: Organisational

- Low staff to resident ratio
- Residents with high level of need/ dependency
- High number of agency or temporary staff on shift
- Lack of a permanent manager
- Staff burnout
- Lack of training
- Inappropriate approaches (verbal and body language)
- Not recognising early warning signs and triggers
- Under reporting of incidents
- Poor quality documentation, care plans, behaviour management plans and risk assessments
- Tense relationships in team

# Prevention

The aim must be to prevent incidents occurring in the first place! Care/Nursing homes should have the following in place:

- ✓ Robust pre-admission procedures to ensure the new resident's needs can be safely met
- ✓ Employ and retain good staff; including managers and supervisors
- ✓ Provide training in communication skills/techniques, de-escalation techniques, behaviour support planning
- ✓ Ensure staff have full understanding of the procedures they must follow - test this out in supervision sessions
- ✓ Ensure there are meaningful activities available throughout the day and 7 days per week
- ✓ Actively encourage family involvement and engagement
- ✓ Fully assess dependency levels for residents and engage appropriate staffing levels

# Prevention

## Staff should:

- Fully understand each residents' life history and their care plan
- Be proactive rather than reactive; be aware of the triggers and prevent these from happening and escalating
- Be fully informed of all incidents through robust handovers
- Be constantly alert
- Follow any behaviour management plans and one-to-one guidance
- Be aware of the environment – noise, distractions, atmosphere, what is on the TV!
- Assess physical discomfort, indications of infections, pain
- Be aware of any triggers for physical and/or sexual behaviours

# Prevention

Cont.....

- Minimise changes in the environment
- Maintain a calm environment
- Provide structure within the day
- Provide extra support and time to new residents as part of their settling in period
- Provide activities which are tailored to individual needs

# Dealing with Incidents

The resident's care plan will determine the actions that staff need to take, and may include some of the following:

- ✓ Defusing the situation by distracting the residents involved
- ✓ Physically separate the residents if needed to keep them safe, only use agreed techniques to do so
- ✓ Distract to a different activity
- ✓ Change or start a conversation to a subject the resident enjoys talking about (speak with, not at)
- ✓ Change seating arrangements
- ✓ Remember to support other people in the room as they may be distressed and worried
- ✓ Offer to take one of the residents for a walk

# Dealing with Incidents

Cont.....

- ✓ Avoid conversations in loud/crowded place
- ✓ Keep calm and slow down
- ✓ Never approach the residents from behind or the side, try to approach from in front
- ✓ Establish eye contact
- ✓ Be sincere
- ✓ Be firm and direct rather than angry or irritated
- ✓ Use short, familiar words and one step instructions
- ✓ Listen to feelings, not facts; respond to emotions, not behaviours

# Dealing with Incidents

Cont...

- ✓ Turn negatives into positives
- ✓ Avoid questions that challenge the short term memory
- ✓ Provide frequent reassurance
- ✓ Be consistent in approach across shifts, staff and weekends
- ✓ Seek assistance from co-workers, particularly those that the resident trusts
- ✓ Be aware of body language

## **Staff must:**

- *Be trained on de-escalation techniques*
- *Know how to protect themselves and others*
- *Know how to summon help quickly, if needed*



# Investigate!

- Why did the incident occur?
- Did the resident/s have capacity to understand their actions
- What really triggered the behaviour?
- Who was around?
- Where were the staff?
- What was going on?
- Where did the incident happen (any environmental factors)?
- What time did the incident happen?
- Was this an isolated incident?
- Are there any trends?
- Ask again:

**Why did the incident happen?**

# Reporting

## You must:

- Take immediate action to keep both residents safe
- Report to the police if a crime has been committed (e.g. assault)
- Report as a safeguarding concern to the Local Authority- use [TSAB Decision Support Guidance](#)
- Notify CQC using the 'Allegations of abuse (safeguarding) notification form'

Ensure any referral forms are fully completed with all relevant details to enable professionals to deal quickly with your concern.

# Reporting cont....

## Good Practice:

- Follow your organisation's policy and procedures
- Notify relevant family members/ friends
- Consider if medical attention is required
- If appropriate, seek advice and support from the Intensive Community Liaison Service (ICLS)
- Record, Record, Record!