

The Village Residence	POLICY NO:	
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Challenging behaviour		

<b>Policy on Challenging Behaviour</b>	
<b>Developed by: Drogheda Services for Older People.</b>	<b>Date Developed: Revised February 2011 and 2015, 2018, Sept 2023</b>
<b>Developed By: Nursing Department.</b>	<b>Date Approved: February 2011. Revised February 2012, Feb 2015, Jan 2018, Sept 2023</b>
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**Please read in conjunction with**

Guidelines on communication

Guidelines on communicating with people with dementia.

Policy on violence and Policy on verbal de-escalation

Guidelines on dealing with people from a medical perspective

Guidelines on working with people with dementia

Risk Management Policy

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Policy on Self Harm

Policy on Missing Persons

## 1.0 Aims

- 1.1 To provide guidelines for staff, when dealing with residents/clients, whose behaviour has changed from their normal pattern, or whose behaviour is consistently challenging.
- 1.2 To promote the use of preventative measures for situations, which may escalate.
- 1.3 To keep the resident/client and staff members involved safe and free from injury.

## 2.0 Scope

- 2.1 The guidelines apply to the resident/client who is showing signs of challenging behaviour.
- 2.2 They apply to staff members who are involved in the care of this particular resident.

## 3.0 Definitions

- 3.1 “Challenging behaviour has been defined as behaviour of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviours which are likely to seriously limit or delay access to community facilities”. (Emerson et al. 1988)

## 4.0 Responsibilities

- 4.1 Senior Management will provide a safe environment for all residents/clients in their care, and provide training for staff in dealing with challenging behaviour if required.
- 4.2 Clinical Nurse Managers will ensure that staff are familiar with and understand these guidelines.
- 4.3 Clinical Nurse Managers will ensure the incidents are managed appropriately and will respect to the resident’s dignity and wellbeing.
- 4.4 Employees in Boyne View House (including agency staff) are responsible for familiarising themselves with this document, and seeking clarification of any points that remain unclear.

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## 5.0 Challenging behaviour

Causes of challenging behaviour may be due to

- Illness e.g. dementia, psychiatric/psychotic conditions or neurological illness.
- Environmental factors e.g. frustration with the services, waiting times.
- Physical illness e.g. pain, speech difficulties, dependency on others.

### 5.1 Challenging behaviour needs to be:

- Understandable
- Observable
- Should identify exactly the behaviour that is of concern
- Should include when, where, how and what behaviour is being recorded.

## 6.0 Assessment

Early detection of imminent behaviour disturbance is fundamental to timely intervention. In order to help and support the resident with challenging behaviour, we need to collect accurate and detailed information about the resident's life experience, abilities and needs.

**6.1** This may be achieved by, talking to the resident, family/advocate.

**6.2** General assessment to determine the client's independent living skills, communication skills, coping styles and physical/medical assessment.

**6.3** A family and life history to determine any significant events, which may be contributing to current difficulties.

**6.4** Assess if any environmental factors such as excess noise triggers a change in the client's behaviour.

**6.5** Psychiatric assessment, if this is seen as necessary and appropriate by the client's doctor and nursing staff.

## 7.0 Procedure-managing challenging behaviour

**71.** Incidents of challenging behaviour by residents/clients will be managed in a non-confrontational manner and will be followed by a multi disciplinary assessment and review.

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**7.2** Effective communication is essential. Informing colleagues of potential aggression and agitation in residents, communicating interventions being used and accurate recording and reporting of any incidents observed is vital to the management of challenging behaviour.

**7.3** When managing challenging behaviour, staff involved must decide on an action plan.

**7.4 All staff involved must follow the same plan, consistency is vital.**

**7.5** All staff involved must follow the same record keeping e.g. behaviour chart this should include the date, time and signature (Appendix 1)

**7.6** A Calm measured approach should be adopted; staff should be aware of and control their own emotions.

**7.7** Do not argue talk calmly, and quietly.

**7.8** Adopt an open posture. Stay at arms length to ensure a clear exit from the situation.

**7.9** Sharp observational skills are essential.

**7.10** Staff must be aware of resident's movements, moods and verbalisation at all times.

**7.11** Allow the resident the opportunity to express anger, frustration and try to identify the cause of the incident.

**7.12** Try to diffuse the situation and attempt to distract the resident if possible by acknowledging that he/she is angry.

**7.13** The person with the strongest rapport with the resident should be involved if appropriate, use your professional judgement to decide whether to call a relative or family friend.

**7.14** Request assistance from other staff sound alarms if deemed necessary.

**7.15** Be aware of the resident's medical history.

**7.16** Interventions adopted should be in the resident's best interest, and must be based on a positive proactive approach to managing the difficulties; staff should not resort to humiliation or isolation of the client.

**7.17** Remove any potentially dangerous items from the area e.g. walking stick, radio.

**7.18** Remove other residents if they are perceived to be in immediate danger.

**7.19** If the situation is diffused allow the resident time alone.

**7.20** Document the event in the incident report book and resident's care plan.

**7.21** Inform the resident's family/advocate of the incident.

## **8.0 Review**

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Review of the programme is an important step in the whole cycle. A follow up of the incident with staff, management and multi disciplinary team, should be arranged following the incident. An agreed care plan addressing the behaviour is documented and implemented.

Readmission of aggressive or abusive respite clients will be decided on at a multidisciplinary meeting.

## **9.0 Challenging behaviour – dementia**

Residents who have dementia may show symptoms of challenging behaviour. This behaviour may be an expression of feelings and/or needs. The way we respond to these behaviours must attempt to address the underlying reason, not just the behaviour itself (Loveday et. Al 1998).

The following may be reasons underlying these behaviours.

- The resident may be frightened, embarrassed or frustrated.
- He/she might be asserting their own wishes when others are trying to make them do something they do not want to do.
- The resident may be feeling annoyed because they need help to do the things they used to do independently e.g. toileting.

**9.1** People with dementia often communicate how they feel by expression their emotions, so we should encourage this expression.

**9.2** We should never try to stop a person showing how they feel, unless they are creating a danger for themselves.

**9.3** Recognise the behaviour is nearly always and attempt at communication, usually related to needs, feeling and wishes.

**9.4** Rather than trying to stop the behaviour, try to interpret the message.

## **10.0 helpful steps in Managing Directed Verbal Challenging Behaviour**

**10.1** Ignore it

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**10.2** This is probably the most obvious approach but not the easiest to implement.

**10.3** Often, the behaviour gets worse before it gets better.

**10.4** This is where staff can find it difficult to stay with the action plan, particularly if it is in a public place.

**10.5** However ignoring it is a legitimate and effective method of dealing with verbal abuse.

**10.6** Redirect the resident into a more appropriate activity.

**10.7** Avoid engaging the problematic behaviour and focus on the activity that you would like the person to do.

**10.8** If you respond to the resident who is being verbally abusive you should do so in a calm and controlled manner.

**10.9** Responses should be brief and simply understood.

**10.10** Attend to other residents in the group who are not shouting and praise them for how well they are dealing with a difficult situation.

**10.11** Make sure the resident is not sick, tired or hungry. It is very important to be as familiar as possible with the history of the resident in your care.

**10.12** If a resident is known to be verbally abusive, teach them an alternative means of expressing an opinion or making a request.

**10.13** Maintain your composure at all times. There will always be an unanticipated situation which may catch a staff member unaware.

**10.14** If you can acknowledge this and rehearse in your mind how you will deal with different pressure situations, it reduces the negative impact in the event that a problematic situation develops.

## **10.0 Management of Violent Person (relative/visitor) of Incident**

**10.1** Management of this situation will differ from the management of a resident/client. See policy on management of violence and management of violence through verbal de-escalation