POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

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1. PURPOSE

The purpose of this Positive Behaviour Support (PBS) Policy and Procedure is to outline the approach taken by Primus PLUS Healthcare to support individuals who may display distressed behaviours. This policy applies specifically to the supported living service for adults with learning disabilities, mental health needs, and autism spectrum conditions.

At Primus PLUS Healthcare, we are committed to providing person-centred, proactive support that improves the quality of life for individuals while reducing restrictive practices. The policy ensures that interventions are designed to prevent challenging behaviours through understanding the underlying causes and providing appropriate support strategies. Rather than relying on reactive or punitive measures, we focus on promoting positive behaviour and empowering individuals to communicate their needs in a safe and supportive environment.

Our approach is rooted in the belief that behaviour is a form of communication. We acknowledge that individuals may display challenging behaviours when their needs are unmet, whether those needs are physical, emotional, or social. As part of this commitment, we ensure that all staff are trained in delivering care that respects the dignity, autonomy, and preferences of each individual in line with CQC regulations and national guidance.

This policy applies to all staff, volunteers, and external contractors who provide care and support to service users. The focus is on empowering service users through consistent, supportive strategies that encourage independence and personal growth, all while maintaining their safety and well-being.

In alignment with the CQC's Fundamental Standards, this policy ensures compliance with the following:

- Regulation 9: Person-centred care – providing support tailored to individual needs and preferences.
- Regulation 10: Dignity and respect – ensuring that service users are treated with the utmost respect and dignity at all times.
- Regulation 11: Need for consent – ensuring that service users' rights to make informed decisions are respected.
- Regulation 12: Safe care and treatment – providing care that is safe and promotes the well-being of individuals.
- Regulation 17: Good governance – ensuring that PBS practices are reviewed, evaluated, and implemented effectively.
- Regulation 18: Staffing – ensuring staff have the necessary skills and support to deliver quality care in line with PBS principles.
- Mental Capacity Act 2005 – ensuring that decisions made on behalf of individuals who lack capacity are in their best interests.

This policy also aligns with NICE guidelines NG11 on challenging behaviour and learning disabilities, which guide the prevention and intervention strategies for individuals whose behaviour challenges.

2. SCOPE

This Positive Behaviour Support (PBS) Policy and Procedure applies to all individuals receiving care and support at Primus PLUS Healthcare within the supported living service, specifically for adults with learning disabilities, mental health needs, and autism spectrum conditions. The policy outlines the commitment to providing high-quality, person-centred care that improves the quality of life for individuals while reducing challenging behaviours and the need for restrictive interventions.

The policy is relevant to:

- People who use the service: This includes all individuals receiving supported living services without personal care, who may have complex needs, including learning disabilities, mental health conditions, and autism spectrum conditions. The policy applies to individuals who may express distress through behaviours that challenge, and it sets out the approach to understand and respond to these behaviours in a supportive and respectful manner.
- Staff members: All employees, volunteers, and contractors involved in the delivery of care and support services, including care workers, managers, behaviour specialists, and other allied professionals, are required to adhere to the principles and procedures outlined in this policy. This ensures consistency in the delivery of PBS and helps maintain a safe and supportive environment for both individuals and staff.
- Families, carers, and advocates: The policy includes guidance on how family members, carers, and advocates will be involved in the development, review, and support of Positive Behaviour Support Plans (PBSPs) for individuals, ensuring a collaborative approach to care that respects and integrates the individual's preferences and needs.
- External stakeholders: This may include healthcare professionals, social workers, and other multidisciplinary team members who are involved in the person-centred planning and ongoing support of individuals. These professionals will be consulted as part of the comprehensive Functional Behaviour Assessment (FBA) and when developing and reviewing PBS plans.

Policy Application

This PBS policy and procedure will be applied to all individuals receiving support within the supported living service offered by Primus PLUS Healthcare, where the focus is on providing care that fosters independence, self-determination, and dignity. The policy is aligned with the CQC's Fundamental Standards, ensuring compliance with the following:

- Regulation 9: Person-centred care: Ensures care plans are tailored to the specific needs, preferences, and goals of the individual.

- Regulation 10: Dignity and respect: The approach will prioritize treating individuals with dignity and respect at all times, upholding their right to make informed decisions about their care.
- Regulation 11: Need for consent: Care and interventions will be delivered with informed consent from individuals and/or their legally authorized representatives.
- Regulation 12: Safe care and treatment: Ensures that services are provided in a manner that is safe and promotes the health, well-being, and independence of individuals.
- Regulation 17: Good governance: The policy outlines procedures for monitoring, auditing, and reviewing PBS practices to ensure effective governance and continuous improvement.
- Regulation 18: Staffing: All staff will be provided with the appropriate training, supervision, and support to ensure the safe and effective implementation of PBS strategies.

Relevant Legislation and Guidelines

- Mental Capacity Act 2005: Where individuals may lack the capacity to make certain decisions, the service will act in their best interests, ensuring decisions about care and support are made in a manner that is lawful and respects their rights.
- NICE Guideline NG11: This policy adheres to NICE guidelines on challenging behaviour and learning disabilities, which recommend proactive, evidence-based approaches to prevent and manage challenging behaviours.

Service User Bands and Relevance

The policy reflects the specific needs of service users in supported living without personal care, particularly those with:

- Learning disabilities: Providing support to individuals with cognitive, developmental, or intellectual disabilities, ensuring that all interventions are appropriate, effective, and person-centred.
- Mental health needs: Ensuring that the PBS approach is responsive to the unique needs of individuals with mental health conditions, focusing on mental well-being, and reducing distressing behaviours.
- Autism spectrum conditions: Addressing the complex needs of individuals on the autism spectrum, ensuring that PBS interventions are tailored to the individual's sensory processing, communication needs, and behavioural responses.

Key Considerations

This policy applies across all settings within Primus PLUS Healthcare, ensuring that PBS strategies are integrated into every aspect of service delivery, from initial assessments and care planning to ongoing reviews and day-to-day care. It ensures consistency in approach and adherence to the CQC standards, best practice guidelines, and relevant legislation to ensure that service users receive the best possible care and support.

3. POLICY STATEMENT

Primus PLUS Healthcare is committed to providing a person-centred and proactive approach to supporting individuals who may display distressed or challenging behaviours. This includes individuals with learning disabilities, mental health needs, and autism spectrum conditions in our supported living service without personal care.

The purpose of this Positive Behaviour Support (PBS) policy is to improve the quality of life for individuals, reduce restrictive practices, and ensure that the Service User's needs are met in a safe, respectful, and individualised manner. We firmly believe that behaviour is a form of communication. Therefore, we work to understand and address the underlying causes of challenging behaviours, focusing on proactive measures rather than relying on reactive or punitive interventions.

This policy outlines the values, procedures, and processes by which Primus PLUS Healthcare will support individuals in a way that respects their dignity and autonomy while promoting independence and well-being. Our aim is to foster a supportive environment that encourages positive behaviours, enhances self-expression, and reduces the occurrence of distressing behaviours.

Principles of Positive Behaviour Support

At the heart of this policy is the commitment to:

1. Person-Centred Care:
    - We place the individual at the centre of their care, ensuring that all support is tailored to their unique needs, preferences, and goals. This approach respects the right of individuals to be actively involved in decisions about their care.
2. Promoting Dignity and Respect:
    - The policy ensures that all individuals are treated with respect and their dignity is upheld at all times. Care is delivered in a manner that recognizes the person's worth, preferences, and rights, with no assumptions or judgments.
3. Proactive, Not Punitive:
    - PBS promotes proactive interventions to prevent distress and reduce behaviours that challenge. The emphasis is on understanding the underlying causes of behaviour and addressing unmet needs, rather than on reactive or punitive measures. This approach encourages skill-building, positive reinforcement, and environmental adaptations to foster success.
4. Behaviour as Communication:
    - We understand that challenging behaviours are often an expression of unmet needs. Whether those needs are physical, emotional, sensory, or social, we are committed to identifying the root causes of these behaviours and developing appropriate strategies to meet these needs, enabling individuals to express themselves in a positive way.

5. Reducing Restrictive Practices:
    - We are dedicated to minimizing and eventually eliminating the use of restrictive practices in our service. Restrictive practices will only be considered as a last resort and must always be in line with legal and ethical guidelines, as well as under extreme circumstances where there is a clear risk of harm to the individual or others. Our commitment is to continually review and reduce the reliance on such interventions, focusing on positive alternatives.

Commitment to Relevant Legislation and Best Practice

This policy is aligned with the CQC regulations and best practice guidelines, which include:

- Regulation 9: Person-Centred Care – This ensures that all individuals receive care and support that is tailored to their unique needs, preferences, and aspirations.
- Regulation 10: Dignity and Respect – Our approach guarantees that individuals are always treated with respect and dignity.
- Regulation 11: Need for Consent – We respect individuals' rights to make informed decisions about their care and support.
- Regulation 12: Safe Care and Treatment – This policy ensures that individuals receive care in a safe environment and that any support provided reduces the risk of harm.
- Regulation 17: Good Governance – Our commitment to quality is monitored through consistent audits, feedback mechanisms, and reviews of service performance.
- Regulation 18: Staffing – We ensure that all staff members receive the necessary training, support, and development to effectively implement the principles of PBS.
- Mental Capacity Act 2005 – This policy ensures that decisions are made in the best interests of individuals who may lack the capacity to make certain decisions themselves.
- NICE Guideline NG11 – This provides evidence-based recommendations for supporting individuals with learning disabilities whose behaviour may challenge.

Application to Supported Living without Personal Care

This PBS policy specifically applies to supported living services without personal care. In these settings, the service users maintain control over their daily routines and personal care, and the support provided focuses on fostering independent living, enhancing life skills, and ensuring individuals are treated with respect and dignity.

Commitment to Equality and Inclusion

- The policy acknowledges the cultural, linguistic, and disability-related needs of each individual. We strive to ensure that the approach to PBS is inclusive, culturally competent, and considers the diverse needs of all individuals in our care.
- We are committed to conducting equality impact assessments to ensure our services are accessible and non-discriminatory.

4. OBJECTIVES

The Primary Objectives of this Positive Behaviour Support (PBS) Policy and Procedure at Primus PLUS Healthcare are to ensure that individuals receiving supported living services without personal care are supported in a way that promotes dignity, respect, and independence. This policy is specifically tailored to meet the needs of adults with learning disabilities, mental health needs, and autism spectrum conditions, and follows all applicable CQC regulations, relevant UK legislation, and national best practice guidelines.

The key objectives of this PBS approach are as follows:

1. Improve Quality of Life

- To provide individualised support that enhances the well-being and quality of life of individuals with learning disabilities, mental health conditions, and autism spectrum conditions.
- Focus on empowerment and choice, encouraging individuals to lead independent lives and be active participants in their own care and decision-making.
- Promote positive relationships and community inclusion, supporting individuals to feel valued, respected, and connected to others.

2. Promote Dignity and Respect

- To ensure that the care and support provided respects the individuality and dignity of all service users, in line with CQC Regulation 10: Dignity and Respect.
- Support individuals in a manner that maintains their self-respect and personal identity, ensuring their voices are heard and their preferences are central to their care plans.
- Treat individuals with the utmost respect, ensuring that all staff maintain a humane and empathetic approach to care delivery.

3. Prevent and Reduce Challenging Behaviours

- To use a proactive, person-centred approach to prevent the occurrence of distressed behaviours by addressing the root causes and unmet needs that may lead to distress.
- To implement preventive strategies, including early identification of triggers, skill-building to cope with anxiety or stress, and creating environments that support positive engagement.
- To regularly assess and refine PBS plans, ensuring they are effective in reducing behaviours that challenge, in accordance with NICE guideline NG11 on challenging behaviour and learning disabilities.

4. Reduce and Eliminate Restrictive Practices

- To ensure that restrictive practices are minimised and, where possible, eliminated in line with the Mental Capacity Act 2005 and CQC Regulation 12: Safe Care and Treatment.

- Restrictive practices should only be used in emergency situations when there is an immediate risk of harm to the individual or others, and always as a last resort.
- To develop a clear reduction plan for restrictive practices that includes regular reviews and alternative strategies, with the ultimate goal of completely phasing out the need for such interventions.

5. Provide High-Quality Staff Training and Support

- To ensure that all staff members receive comprehensive PBS training that aligns with CQC Regulation 18: Staffing. This includes training on person-centred care, de-escalation techniques, positive behavioural strategies, and individual needs assessment.
- To offer ongoing supervision, reflective practice, and continuous professional development to ensure staff are fully equipped to implement the PBS framework effectively and in a way that promotes positive outcomes for individuals.
- To ensure staff are supported in their roles and have access to resources and guidance to navigate complex care situations and meet the evolving needs of service users.

6. Ensure Consistent Monitoring and Evaluation

- To regularly monitor and evaluate the effectiveness of the PBS strategies by collecting data on behaviours, interventions, and outcomes, ensuring continuous improvement in care delivery.
- To conduct regular audits of PBS interventions, reviewing progress in reducing distressing behaviours and improving quality of life, and adjusting support plans accordingly.
- To ensure that feedback from service users, families, and staff is incorporated into the ongoing evaluation process to make necessary improvements.

7. Promote Safeguarding and Risk Management

- To ensure that risks associated with challenging behaviours are identified and managed in line with the CQC's Safeguarding regulations, the Safeguarding Policy, and other relevant policies.
- To integrate PBS with the risk management framework, ensuring that safety plans are developed and reviewed regularly to prevent harm to the individual or others.
- To provide a clear framework for reporting and investigating incidents, with a focus on learning and continuous improvement, in line with the complaints policy.

8. Ensure Equality and Inclusion

- To provide inclusive support that takes into account the cultural and linguistic needs of individuals. This includes making reasonable adjustments to communication strategies and ensuring that all individuals have equal access to care and support.
- To ensure that all support is delivered in a way that is culturally competent and non-discriminatory, aligning with the Equality Act 2010 and CQC regulations.

- To carry out equality impact assessments regularly to identify any barriers or inequalities in service delivery and ensure that appropriate measures are taken to address them.

9. Uphold Legal and Regulatory Compliance

- To ensure that all aspects of the PBS policy comply with the CQC regulations, Mental Capacity Act 2005, and NICE guidelines NG11.
- To implement policies and practices that are in line with national legislation and best practice guidelines, ensuring that all individuals receive care that is not only effective and compassionate but also legally sound and ethically responsible.

5. DEFINITIONS

This section defines key terms and abbreviations used within the Positive Behaviour Support (PBS) Policy at Primus PLUS Healthcare, ensuring that all stakeholders, including staff, service users, families, and regulatory bodies, can understand and implement the policy effectively. These definitions are aligned with the CQC regulations, relevant legislation, and best practice guidelines, ensuring consistency and clarity in our approach to supported living without personal care services for individuals with learning disabilities, mental health needs, and autism spectrum conditions.

1. Positive Behaviour Support (PBS)

PBS is a person-centred approach to understanding and supporting individuals who may display distressed behaviours. It involves using evidence-based strategies to improve the quality of life for individuals and reduce the occurrence of challenging behaviours. The aim is to enhance well-being and promote positive behaviours through proactive, individualized interventions that are designed to address the underlying causes of distress, rather than focusing on punitive measures.

- Relevant Legislation: CQC Regulation 9: Person-Centred Care, Regulation 10: Dignity and Respect
- Related Frameworks: NICE guidelines NG11, Care Act 2014

2. Challenging Behaviour

Challenging behaviour refers to any behaviour that presents risk to the individual or others, often resulting from unmet needs or stress. This may include aggression, self-harm, disruptive vocalizations, or any other behaviours that interfere with the individual's ability to live their life and engage meaningfully with their environment. Challenging behaviours are often viewed as a form of communication.

- Relevant Legislation: Care Act 2014, NICE NG11
- Related Frameworks: Mental Capacity Act 2005

3. Person-Centred Care

Person-centred care is an approach to care that focuses on the individual’s needs, preferences, and goals. It recognizes each person as the expert on their own life and ensures that care is designed in

partnership with the individual, their family, and their support network. This approach ensures that Service User are supported in a way that respects their dignity, choices, and autonomy.

- Relevant Legislation: CQC Regulation 9: Person-Centred Care, Care Act 2014
- Related Frameworks: Equality Act 2010, Mental Capacity Act 2005

4. Functional Behaviour Assessment (FBA)

A Functional Behaviour Assessment is a structured process used to identify the causes of challenging behaviours by examining the individual's environment, health needs, communication, and emotional triggers. The FBA helps to develop a personalized PBS plan by identifying the antecedents (triggers), behaviours, and consequences that maintain the challenging behaviour, enabling staff to implement proactive strategies to address these factors.

- Relevant Legislation: CQC Regulation 12: Safe Care and Treatment, Care Act 2014
- Related Frameworks: NICE NG11, Mental Capacity Act 2005

5. Positive Behaviour Support Plan (PBSP)

A Positive Behaviour Support Plan is an individualized care plan developed from the results of a Functional Behaviour Assessment. The PBSP outlines the proactive strategies, skills teaching, and interventions that will be used to reduce challenging behaviours and promote positive behaviour. The plan is person-centred, focusing on the individual's specific needs, preferences, and life goals, and is regularly reviewed and adjusted based on the individual's progress.

- Relevant Legislation: CQC Regulation 9: Person-Centred Care, CQC Regulation 12: Safe Care and Treatment
- Related Frameworks: Care Act 2014, Mental Capacity Act 2005

6. Restrictive Practices

Restrictive practices refer to any interventions that limit an individual's freedom or movement. This can include physical restraint, seclusion, or the use of restrictive devices. Restrictive practices should only be used as a last resort when all other less intrusive measures have been tried and have failed to prevent harm. The goal is always to reduce or eliminate the use of such practices, focusing instead on proactive interventions that promote safety without compromising the individual's dignity and rights.

- Relevant Legislation: CQC Regulation 12: Safe Care and Treatment, Mental Capacity Act 2005
- Related Frameworks: Autism Act 2009, Care Act 2014

7. Crisis Management

Crisis management refers to the structured response to an escalating situation where the individual's challenging behaviour may result in harm to themselves or others. Crisis management strategies are designed to prevent escalation, ensure the safety of all individuals, and de-escalate the situation through proactive and calm interventions. The emphasis is on using least restrictive

and non-punitive methods, with restrictive practices only being used when absolutely necessary and as a last resort.

- Relevant Legislation: CQC Regulation 12: Safe Care and Treatment, CQC Regulation 17: Good Governance
- Related Frameworks: Mental Capacity Act 2005

8. Data Protection and Confidentiality

Data protection and confidentiality refer to the legal obligations that ensure personal data relating to service users is protected, securely stored, and handled in compliance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR). The policy outlines the principles by which sensitive information related to service users, including their behavioural data, medical history, and support plans, is managed and shared only with authorized individuals or organizations.

- Relevant Legislation: Data Protection Act 2018, General Data Protection Regulation (GDPR)
- Related Frameworks: CQC Regulation 17: Good Governance

9. Safeguarding

Safeguarding refers to the protection of individuals from abuse, neglect, and exploitation. It involves ensuring that individuals, particularly those who are vulnerable due to age, disability, or mental health conditions, are kept safe within their living environment. Safeguarding practices include risk assessments, incident reporting, and ensuring that all staff are properly trained to recognize signs of abuse or neglect and take appropriate action.

- Relevant Legislation: Safeguarding Vulnerable Groups Act 2006, Care Act 2014, Children and Families Act 2014
- Related Frameworks: CQC Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment

10. Person-Centred Planning

Person-centred planning refers to an approach that involves the individual in the design and delivery of their care. This approach focuses on the individual's strengths, preferences, goals, and needs rather than just addressing their challenges. It ensures that the individual is at the centre of all decision-making and that family members and advocates are involved in developing and reviewing their care plans.

- Relevant Legislation: CQC Regulation 9: Person-Centred Care, Care Act 2014
- Related Frameworks: Mental Capacity Act 2005

Abbreviations and Acronyms

- PBS – Positive Behaviour Support
- FBA – Functional Behaviour Assessment

- PBSP – Positive Behaviour Support Plan
- CQC – Care Quality Commission
- GDPR – General Data Protection Regulation
- MCA – Mental Capacity Act
- SLT – Speech and Language Therapy
- OT – Occupational Therapy

6. PRINCIPLES OF POSITIVE BEHAVIOUR SUPPORT

At Primus PLUS Healthcare, the principles of Positive Behaviour Support (PBS) are grounded in person-centred care and are designed to improve the quality of life for individuals with learning disabilities, mental health needs, and autism spectrum conditions. The following principles guide the implementation of PBS across our supported living service without personal care. These principles ensure that all interventions are proactive, individualised, and respectful of each person's dignity and autonomy.

1. Person-Centred Care

- Core Principle: At Primus PLUS Healthcare, we place the individual at the heart of their care. This principle is in line with CQC Regulation 9: Person-Centred Care, ensuring that every individual's unique needs, preferences, and aspirations are central to the support they receive.
- Action: Every PBS plan is tailored to the individual's life history, goals, sensory preferences, and communication needs. We work with service users, families, and professionals to develop care that respects choices and autonomy.
- Example: In supported living without personal care, the individual retains as much control as possible over daily routines, and the PBS strategy adapts to personal goals, ensuring they remain empowered and self-determined in their living environment.

2. Dignity and Respect

- Core Principle: We believe that all individuals should be treated with dignity and respect, as outlined in CQC Regulation 10: Dignity and Respect. This includes treating service users as equal partners in their care and providing safe, respectful, and empowering support.
- Action: We ensure that service users feel valued, heard, and respected at all times. Staff are trained to deliver care that upholds respect and recognises individual differences, including cultural, linguistic, and personal needs.
- Example: A service user with autism spectrum condition may have specific needs regarding sensory input. We ensure these needs are respected and met, such as by minimizing sensory overload or providing communication tools like visual aids or alternative communication methods.

3. Proactive, Not Reactive

- Core Principle: The PBS approach focuses on prevention rather than reaction. We prioritise understanding the underlying causes of challenging behaviour to implement proactive strategies and create supportive environments.
- Action: We use Functional Behaviour Assessments (FBAs) to identify triggers for behaviours that challenge and implement preventive strategies to reduce distress. Staff work with individuals to teach new skills, provide coping mechanisms, and create predictable environments.
- Example: If a service user displays challenging behaviour due to communication difficulties, PBS would include teaching them alternative communication methods such as sign language or communication boards, enabling them to express themselves without distress.

4. Understanding Behaviour as Communication

- Core Principle: We view challenging behaviour as a form of communication. Individuals may use behaviour to express unmet needs, discomfort, or distress, and understanding this is central to effective PBS. This approach aligns with CQC Regulation 12: Safe Care and Treatment, ensuring that behaviours are met with appropriate responses that meet the person's needs.
- Action: We focus on identifying the purpose of the behaviour, whether it's related to pain, stress, sensory overload, or a need for social connection. By identifying these needs, we can respond with more effective and less intrusive interventions.
- Example: If an individual with a learning disability exhibits self-injurious behaviour, the PBS plan would seek to determine if the behaviour is a form of self-soothing due to sensory overload. We would then work to provide alternative strategies to manage sensory input.

5. Positive Reinforcement and Skill Building

- Core Principle: A key element of PBS is the use of positive reinforcement to encourage desired behaviours and the development of new, positive skills. This aligns with the CQC's requirement for effective and safe care, ensuring that interventions promote individual growth and reduce behaviours that challenge.
- Action: We use positive reinforcement to encourage desired behaviours and skill acquisition. PBS plans include strategies for reinforcing appropriate responses, building new life skills, and creating opportunities for individuals to experience success and achievement in their daily activities.
- Example: A service user with autism might be taught to express needs verbally instead of through challenging behaviours. Positive reinforcement such as praise or rewarding successful attempts with appropriate communication would help them develop these skills and reduce frustration.

6. Reducing Restrictive Practices

- Core Principle: Restrictive practices (e.g., physical restraint or isolation) should only be used as a last resort when there is a significant risk of harm and when all other alternatives have been exhausted. The ultimate goal is to reduce and, when possible, eliminate the need for restrictive interventions, in accordance with the Mental Capacity Act 2005 and CQC Regulation 12: Safe Care and Treatment.
- Action: The policy sets clear guidelines on the use of restrictive interventions, which must only be employed under extreme circumstances. Staff are trained to focus on positive behaviour interventions and de-escalation techniques to prevent the need for restrictive measures. Regular reviews and audits ensure that restrictive practices are continuously reduced over time.
- Example: In the case of a service user with learning disabilities who is prone to self-injurious behaviour, physical restraint would only be used if all other interventions, such as calming techniques or sensory interventions, have been exhausted. PBS strategies would focus on reducing the need for restraint through proactive, person-centred support.

7. Safeguarding and Risk Management

- Core Principle: Safeguarding is a key component of PBS. We ensure that all strategies are implemented in a way that safeguards the well-being and rights of individuals. This is in line with CQC Regulation 12: Safe Care and Treatment, ensuring that the care environment remains safe and that risks are identified and managed.
- Action: PBS includes the creation of safety plans, individualised risk assessments, and clear procedures to manage risks associated with challenging behaviour. These plans are reviewed regularly and integrated with the safeguarding policy to ensure that any incidents are addressed promptly.
- Example: If a service user with autism exhibits aggressive behaviour towards others, a behavioural risk assessment will be conducted, and a safety plan will be developed. This plan will outline specific steps to ensure their safety and the safety of others while reducing the occurrence of the aggressive behaviour.

8. Cultural Sensitivity and Inclusivity

- Core Principle: PBS respects the cultural, linguistic, and personal differences of each individual. The approach is inclusive, ensuring that all strategies respect and accommodate the diverse needs of individuals, aligning with CQC Regulation 9 and the Equality Act 2010.
- Action: We ensure that PBS plans consider the cultural and language preferences of each service user. Additionally, reasonable adjustments are made to ensure that the support provided is accessible and appropriate for individuals with disabilities.
- Example: For individuals from different cultural backgrounds, PBS interventions may include the use of specific cultural communication styles or traditional methods of coping with distress. Staff receive training in cultural competence to ensure that care is delivered in a respectful and inclusive manner.

7. LEGAL AND REGULATORY FRAMEWORK

At Primus PLUS Healthcare, the Positive Behaviour Support (PBS) Policy and Procedure is underpinned by a robust legal and regulatory framework that ensures compliance with the CQC regulations, national legislation, and best practice guidelines. This framework is designed to uphold the rights of individuals, promote safe care, and ensure that proactive, person-centred care is delivered effectively and ethically to adults with learning disabilities, mental health needs, and autism spectrum conditions within supported living without personal care settings.

The following provides a summary of the key laws, regulations, and guidelines that form the foundation of this policy:

1. Care Quality Commission (CQC) Regulations

CQC is the independent regulator for health and adult social care in England, ensuring that services meet high standards of quality and safety. The PBS policy aligns with the CQC's Fundamental Standards, ensuring that our approach to care meets the required legal and safety standards.

- Regulation 9: Person-Centred Care
    - The PBS policy aligns with the requirement to deliver person-centred care tailored to the needs, preferences, and wishes of each individual. This includes the active involvement of individuals in their own care planning and supporting their independence.
    - Our approach ensures that every individual receives care that is holistic, individualized, and designed to improve their quality of life.
- Regulation 10: Dignity and Respect
    - Our PBS policy emphasizes the importance of treating all individuals with dignity and respect, ensuring their rights and personal choices are respected at all times.
    - We are committed to supporting individuals in a manner that values their uniqueness, treats them as equals, and promotes their self-esteem and autonomy.
- Regulation 11: Need for Consent
    - We ensure that all interventions are carried out with informed consent from individuals or their legally appointed representatives, in accordance with the Mental Capacity Act 2005.
    - The PBS approach involves clear communication and shared decision-making, ensuring that individuals have the opportunity to make informed choices about their care and support.
- Regulation 12: Safe Care and Treatment

    - The PBS policy guarantees the safe care and treatment of individuals by promoting safe, non-punitive interventions, reducing the use of restrictive practices, and focusing on proactive care and harm prevention.
    - This regulation ensures that any interventions used within the PBS framework are done in a way that minimizes risk and maximizes individual safety.
- Regulation 17: Good Governance
    - The policy is aligned with Regulation 17, which requires organizations to demonstrate good governance. This includes regular reviews, audits, and evaluations of care practices, to ensure they remain effective and person-centred.
    - We ensure that the PBS strategy is regularly monitored and updated based on evidence and feedback, allowing for continuous improvement.
- Regulation 18: Staffing
    - The policy supports Regulation 18, which ensures that staff are appropriately trained, supported, and supervised. This includes providing staff with the necessary training in PBS principles, de-escalation, person-centred care, and challenging behaviour management.
    - Reflective practice and ongoing supervision ensure that staff are equipped to deliver high-quality care and respond appropriately to the needs of service users.

2. Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) provides the framework for making decisions on behalf of individuals who lack the capacity to make specific decisions for themselves. This law applies to individuals receiving care at Primus PLUS Healthcare, and ensures that decisions made are in their best interests and empower individuals as much as possible.

- Best Interests: All care interventions, including those outlined in the PBS approach, will be conducted in the best interests of the individual when they lack the capacity to consent to specific interventions.
- Capacity Assessment: Before implementing any significant changes to care plans or interventions, a capacity assessment will be conducted to ensure that the person has the ability to make decisions about their care.
- Least Restrictive Option: The PBS policy ensures that any restrictions placed on individuals will always be the least restrictive, in line with the MCA's principles.

3. Equality Act 2010

The Equality Act 2010 prohibits discrimination on the basis of protected characteristics, including disability, age, race, gender, and sexual orientation.

- The PBS policy ensures that individuals receive fair and equal care, with reasonable adjustments made to support their needs. This includes providing individualized care and support that respects their cultural, linguistic, and disability-related needs.

- Equality Impact Assessments will be carried out to ensure that all individuals, regardless of their background or condition, receive the support they need in a non-discriminatory and inclusive environment.

4. NICE Guideline NG11: Challenging Behaviour and Learning Disabilities

The NICE guideline NG11 provides evidence-based recommendations for supporting individuals with learning disabilities whose behaviour challenges, and prevention and interventions for Service User with learning disabilities.

- The PBS policy follows the NICE guidelines in recommending proactive and person-centred interventions. The guidelines emphasize reducing the use of restrictive practices and focusing on building positive skills and behaviours.
- The policy incorporates these best practice principles to ensure that challenging behaviours are addressed in a way that respects the dignity of the individual while working to improve their quality of life.

5. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This Act requires that services providing personal care and treatment must adhere to certain standards to ensure the quality of care and the safety of individuals receiving support.

- The PBS policy aligns with the Regulated Activities regulations, ensuring that the care practices used meet required standards for quality and safety.
- Regular monitoring and audit procedures are in place to ensure that PBS interventions are consistently implemented to high standards.

6. Local Safeguarding Procedures

At Primus PLUS Healthcare, safeguarding is paramount. All PBS interventions and strategies are carried out in line with local safeguarding procedures and policies to ensure the protection of vulnerable individuals from harm.

- The policy requires that any incidents involving the use of restrictive practices, physical interventions, or potential safeguarding concerns are immediately reported, assessed, and managed in compliance with local safeguarding protocols.
- Safeguarding training is provided to all staff to ensure they are aware of their obligations and how to act if a safeguarding issue arises.

7. Other Relevant Legislation

- Human Rights Act 1998: This Act guarantees individuals' right to respect for private and family life, ensuring that care practices do not violate these rights.
- The Children and Families Act 2014: Where applicable, this Act ensures that individuals transitioning from children’s services to adult services are supported in a way that promotes continuity and consistency of care.

8. ASSESSMENT AND PLANNING (PROCESS FOR IMPLEMENTING PBS)

The Assessment and Planning process for Positive Behaviour Support (PBS) at Primus PLUS Healthcare is a critical component of providing person-centred care that enhances the quality of life for individuals, particularly those with learning disabilities, mental health needs, and autism spectrum conditions. The process ensures that individuals who may display distressed or challenging behaviours are provided with tailored, proactive support that meets their needs in the least restrictive way.

This process is guided by the CQC regulations, relevant legislation, and best practice guidelines, and is designed to ensure that all individuals are supported in a safe, respectful, and effective manner.

1. Functional Behaviour Assessments (FBA)

Objective: The first step in the PBS process is conducting a Functional Behaviour Assessment (FBA) to understand the root causes of challenging behaviours. The FBA is an essential tool in determining why an individual is engaging in certain behaviours and helps to guide the development of a PBS plan that is based on the individual's specific needs.

- How it works:
    - The FBA is a comprehensive assessment that looks at environmental, social, health, and emotional factors that could contribute to the challenging behaviours.
    - The process includes gathering information from multiple sources, including observations, interviews with the individual, family members, care staff, and other professionals (e.g., behaviour specialists, psychologists).
    - It may also involve reviewing medical and psychological histories, as well as communication patterns and sensory sensitivities.
- Legal and Regulatory Compliance:
    - The FBA is conducted in line with CQC Regulation 9: Person-Centred Care, ensuring that the assessment process is tailored to the unique needs of each individual and is conducted in a respectful and non-judgmental manner.
    - The FBA is also aligned with the Mental Capacity Act 2005, ensuring that individuals who may lack the capacity to consent to certain aspects of their care are supported in a way that is in their best interests.

2. Developing Individual PBS Plans

Objective: Once the FBA has been completed, the next step is to develop an individualized PBS plan that outlines the strategies, interventions, and support methods that will be used to address the individual's challenging behaviours.

- How it works:

- The PBS plan is created with input from the individual, their family or advocate, and other multidisciplinary team members (e.g., social workers, psychologists, behaviour specialists).
- The plan includes proactive strategies to prevent behaviours that challenge by addressing the underlying causes identified in the FBA. It also outlines strategies to enhance communication and reduce distress.
- The plan will focus on positive reinforcement to encourage desirable behaviours and skill-building to help the individual manage emotions and develop adaptive behaviours.

- Plan Components:
  - Preventive strategies to manage triggers and avoid escalation of challenging behaviours.
  - Skill-building strategies to promote communication, self-regulation, and adaptive coping mechanisms.
  - Crisis management techniques, if necessary, for de-escalating challenging behaviours safely.
  - Inclusion strategies, ensuring that the individual is engaged in meaningful activities and feels empowered.
  - Detailed instructions for staff on how to respond when behaviours occur, focusing on non-restrictive and proactive measures.
- Legal and Regulatory Compliance:
  - The PBS plan aligns with CQC Regulation 12: Safe Care and Treatment, ensuring that all interventions and strategies outlined in the plan are safe, effective, and appropriate for the individual.
  - The development of the plan is consistent with CQC Regulation 10: Dignity and Respect, ensuring that care is delivered in a way that respects the individual's dignity and personal preferences.
  - The plan is also consistent with the Mental Capacity Act 2005, ensuring that it is reviewed and adjusted in accordance with the individual's capacity to understand and make decisions about their care.

3. Regular Review and Update of PBS Plans

Objective: The PBS plan is a dynamic document that must be regularly reviewed and updated to ensure that it remains effective and relevant as the individual's needs and circumstances change over time.

- How it works:

- The PBS plan will be reviewed at regular intervals (at least quarterly) or more frequently if necessary, based on feedback from the individual, their family, and care staff.
- Review meetings will include input from all relevant stakeholders to assess the effectiveness of the plan and identify any adjustments needed to improve outcomes.
- The review will consider:
  - The individual's progress in achieving the goals outlined in the PBS plan.
  - The effectiveness of the proactive strategies and whether they are addressing the root causes of the behaviours.
  - Whether any new triggers or challenges have arisen that require an updated approach.
  - Any changes in the individual's physical health, mental health, or living environment that may affect the plan.

- Legal and Regulatory Compliance:
  - The review process ensures that the PBS plan remains person-centred and in compliance with CQC Regulation 9: Person-Centred Care, ensuring that any changes made are in line with the individual's needs and preferences.
  - Regular updates to the plan are consistent with the CQC Regulation 12: Safe Care and Treatment, ensuring that the care provided is safe, effective, and continually adjusted as needed to ensure the well-being of the individual.
  - This ongoing process supports best practice as recommended in NICE guideline NG11, which emphasizes continuous monitoring and adjustment of interventions based on evidence and feedback.

4. Involvement of Individuals and Families in the Assessment and Planning Process

Objective: To ensure that the individual's preferences, needs, and choices are central to the planning process and that family members, advocates, and care staff work together to implement and review PBS strategies.

- How it works:
  - The individual, their family members, and advocates are actively involved in the assessment, planning, and review process, ensuring that their voices are heard and their preferences are respected.
  - Collaborative planning encourages service users to take an active role in shaping their care, ensuring that interventions align with their personal goals.
  - Family members and advocates are encouraged to provide insight into the individual's history, communication styles, and previous experiences to help guide the assessment and PBS plan development.

- Legal and Regulatory Compliance:
    - The involvement of individuals and families complies with CQC Regulation 9: Person-Centred Care, ensuring that the individual's care and support plans reflect their preferences and needs.
    - Family and advocate involvement aligns with CQC Regulation 11: Need for Consent, ensuring that decisions are made with the informed consent of the individual and those legally authorized to represent them.

9. STAFF TRAINING AND SUPPORT

At Primus PLUS Healthcare, we recognize that the effectiveness of Positive Behaviour Support (PBS) depends largely on the knowledge, skills, and ongoing support of our staff members. Our commitment to delivering high-quality, person-centred care hinges on ensuring that all staff are thoroughly trained in PBS principles, de-escalation techniques, communication strategies, and other essential aspects of person-centred support.

The following section outlines our approach to staff training and support, which is aligned with CQC regulations, relevant legislation, and best practices to ensure that all staff are equipped to meet the needs of individuals with learning disabilities, mental health needs, and autism spectrum conditions in supported living without personal care settings.

1. Mandatory PBS Training

Objective: To ensure that all staff, regardless of their role, are trained in the core principles of Positive Behaviour Support and can deliver care that is effective, respectful, and aligned with the individual's needs.

- Training Content:
    - Core PBS Principles: Training will cover the fundamentals of PBS, including proactive support strategies, preventing challenging behaviours, and positive reinforcement techniques.
    - Understanding Behaviour as Communication: Staff will learn to interpret challenging behaviours as expressions of unmet needs and develop skills in identifying underlying causes such as sensory sensitivities, communication difficulties, or unmet emotional needs.
    - Person-Centred Care: Training will emphasize person-centred planning, ensuring that all support is tailored to the individual's preferences, goals, and circumstances (CQC Regulation 9).
    - De-escalation and Crisis Management: Staff will be trained in de-escalation techniques to manage distressing behaviours without resorting to reactive or punitive measures. This includes using calming strategies and ensuring individuals feel safe and respected.

- Restrictive Practices: Training will cover the safe and ethical use of restrictive practices (if absolutely necessary), as well as how to reduce and eliminate their use over time, in line with the Mental Capacity Act 2005 and CQC Regulation 12 (Safe Care and Treatment).
- Legislation and Best Practice: Staff will receive training in relevant legislation including the Equality Act 2010, Mental Capacity Act 2005, and NICE Guidelines NG11 on challenging behaviour and learning disabilities.

- Frequency of Training:
  - Induction Training: All new staff must complete a comprehensive induction that covers the fundamentals of PBS, person-centred care, and safeguarding.
  - Ongoing Training: All staff are required to attend regular refresher courses to stay up-to-date with PBS practices, new legislation, and any updates to care protocols.
  - Specialist Training: Staff working with individuals who have specific needs (e.g., autism spectrum conditions, mental health disorders) will receive specialised training in these areas to ensure that interventions are appropriate and effective.
- Legal and Regulatory Compliance:
  - Training complies with CQC Regulation 18: Staffing, ensuring that all staff have the necessary training and competence to provide safe and effective care.
  - The training is designed to meet the requirements of the Care Act 2014, ensuring that staff have the skills to support individuals with learning disabilities, mental health needs, and autism spectrum conditions.

2. Ongoing Supervision and Reflective Practice

Objective: To provide continuous support and guidance to staff to ensure that PBS principles are consistently applied in practice, and that staff have opportunities for personal development and reflection on their practice.

- Supervision:
  - All staff will receive regular supervision to review their practice, discuss challenges, and receive guidance on the implementation of PBS strategies.
  - Supervision provides a space for staff to receive constructive feedback, ensure that PBS plans are being implemented correctly, and highlight any areas where further support or development may be needed.
- Reflective Practice:
  - We encourage reflective practice in all staff, allowing them to evaluate their approaches to care, identify areas for improvement, and ensure they are meeting the individual's needs in a respectful and proactive manner.
  - Reflective practice sessions will be scheduled regularly and will involve discussions around case studies, incident reviews, and learning from experiences.

- Peer Support:
    - We foster a culture of peer support, where staff can share their experiences and learn from one another. This helps ensure that best practices are followed consistently across the team.
    - Group supervision sessions will also be encouraged to promote a team-based approach to problem-solving and support.
- Legal and Regulatory Compliance:
    - The supervision and reflective practice process aligns with CQC Regulation 18: Staffing, ensuring that staff receive the necessary guidance and support to perform their roles competently and in line with the PBS principles.
    - Regular supervision is part of the Care Act 2014 requirements, which promote continuous professional development and ensure staff are well-equipped to support individuals in their care.

3. Support for New and Experienced Staff

Objective: To provide tailored support for new and experienced staff, ensuring that each individual receives the training and guidance appropriate for their role.

- Induction Support:
    - New staff will receive a comprehensive PBS induction, including training in basic care practices, behavioural interventions, and safeguarding. The induction ensures that new team members understand the importance of person-centred care and respectful interactions from day one.
    - They will be paired with a mentor or supervisor during their initial period to ensure they have support as they adjust to the PBS framework and their role within the team.
- Support for Experienced Staff:
    - Experienced staff will have the opportunity to take part in advanced training, focusing on complex behaviours, autism spectrum conditions, and mental health needs. This allows them to refine their skills and maintain high standards of care.
    - They will also be encouraged to take on leadership roles within the team, such as guiding new staff or coordinating PBS reviews.

4. Monitoring and Evaluating Staff Performance

Objective: To ensure that all staff are competent, knowledgeable, and effective in their delivery of PBS strategies.

- Performance Reviews:
    - Staff performance will be reviewed annually to assess their knowledge and application of PBS. The review will include an evaluation of their ability to

implement person-centred strategies, reduce restrictive practices, and effectively manage challenging behaviours.

- Feedback and Continuous Improvement:
    - Staff will receive regular feedback on their performance based on observations, peer reviews, and supervisory input. Any areas requiring development will be addressed with targeted support and further training.
- Legal and Regulatory Compliance:
    - The staff training, supervision, and performance evaluation processes comply with CQC Regulation 18: Staffing, ensuring that the service is delivered by well-trained and competent staff.
    - This process also aligns with the Care Act 2014, which highlights the importance of workforce development and quality of care.

5. External Training and Partnerships

Objective: To ensure that staff have access to the most up-to-date resources and knowledge available in the field of PBS.

- External Partnerships:
    - We will collaborate with external organisations and specialist training providers to offer specialised training in areas such as autism, mental health interventions, and PBS for Service User with learning disabilities.
    - Our staff will be encouraged to attend external conferences, workshops, and training sessions to stay updated with the latest research and developments in PBS.
- Accredited Courses:
    - Staff will be encouraged to participate in accredited PBS qualifications to deepen their understanding and enhance their professional development.

10 MONITORING AND EVALUATION

At Primus PLUS Healthcare, Monitoring and Evaluation are fundamental components of our Positive Behaviour Support (PBS) Policy and Procedure. These processes are designed to assess the effectiveness of our PBS interventions, ensure that we are meeting the needs of individuals, and continuously improve care and support practices. This section outlines how we will systematically monitor and evaluate the delivery of PBS, ensuring that the interventions are proactive, person-centred, and aligned with CQC regulations, relevant UK legislation, and best practice guidelines.

1. Data Collection on Behaviours and Interventions

Objective: To ensure that accurate and timely data is collected on behaviours and interventions, enabling us to assess the effectiveness of our PBS strategies.

- How It Works:
    - We collect data on behaviours that challenge through structured observations, incident reports, and daily care records. This includes tracking the frequency, intensity, and duration of challenging behaviours, as well as the context in which they occur (e.g., specific triggers, environmental factors, emotional states).
    - Interventions used in response to challenging behaviours are also tracked, noting the strategies implemented and the outcomes.
    - Data on positive behaviours (e.g., appropriate communication, engagement, and cooperation) is also gathered to assess progress and reinforce positive behaviours.
- Legal and Regulatory Compliance:
    - This process aligns with CQC Regulation 12: Safe Care and Treatment, ensuring that interventions are safe, effective, and appropriate for individuals' needs.
    - Data collection methods comply with data protection regulations, ensuring that individuals' privacy and confidentiality are maintained in accordance with the Data Protection Act 2018 and GDPR.

2. Regular Review of PBS Plans

Objective: To regularly review and update Positive Behaviour Support Plans (PBSPs), ensuring they remain relevant, effective, and aligned with the individual's evolving needs.

- How It Works:
    - All PBS plans will be reviewed at least quarterly or sooner if significant changes occur, such as a change in the individual's health, behaviour, or living circumstances.
    - The review will include input from care staff, the individual, family members, and relevant professionals (e.g., psychologists, behaviour specialists), ensuring that the plan remains person-centred.
    - Data from functional behaviour assessments (FBA), incident reports, and feedback from those involved in the care process will inform the review.
    - The review will assess the effectiveness of proactive strategies (e.g., skill-building, environmental changes), and whether they are successfully preventing challenging behaviours.
    - If restrictive practices are used, their effectiveness and safety will be evaluated, with the goal of reducing or eliminating them over time.
- Legal and Regulatory Compliance:
    - The review process aligns with CQC Regulation 9: Person-Centred Care, ensuring that care remains tailored to the individual's current needs and preferences.

- The regular review of PBS plans ensures compliance with CQC Regulation 12: Safe Care and Treatment, ensuring that care strategies are continually updated to meet best practice standards.
- This process is also consistent with the Mental Capacity Act 2005, ensuring that best interest decisions are made for individuals who may lack the capacity to consent to certain interventions.

3. Use of Evidence to Refine Support Strategies

Objective: To use evidence and data collected from monitoring activities to refine and improve PBS strategies, ensuring that care is continuously optimized for each individual.

- How It Works:
  - The data collected (e.g., frequency of behaviours, effectiveness of interventions) will be analysed regularly to identify patterns, triggers, and areas for improvement.
  - This analysis will inform the development of new strategies or the adjustment of existing ones, ensuring that interventions remain proactive, person-centred, and effective.
  - Evidence from incident reports, staff feedback, and service user evaluations will be used to refine approaches, especially in areas where restrictive practices have been used.
  - Key performance indicators, such as reductions in challenging behaviours and improvements in quality of life, will be tracked over time to measure the success of the PBS approach.
- Legal and Regulatory Compliance:
  - Using evidence to refine strategies aligns with CQC Regulation 17: Good Governance, ensuring that care is continuously monitored, evaluated, and improved.
  - This process also aligns with CQC Regulation 10: Dignity and Respect, ensuring that support strategies evolve to maintain the respect and dignity of individuals.

4. Feedback from Service Users, Families, and Staff

Objective: To involve service users, families, and staff in the evaluation and refinement of PBS strategies, ensuring that the approach is person-centred and effective.

- How It Works:
  - Service users will be encouraged to provide feedback on their experiences with the PBS strategies, ensuring that their voices are heard and their preferences are incorporated into the process.
  - Family members and advocates will be consulted regularly for their insights into how the individual is responding to PBS strategies, and whether there are any additional supports or adjustments needed.

- Care staff will be encouraged to provide regular feedback on the effectiveness of PBS plans, and on the challenges they encounter when implementing the strategies.
- Feedback will be gathered through formal reviews, questionnaires, focus groups, and one-to-one discussions with key stakeholders.

- Legal and Regulatory Compliance:
  - This process is consistent with CQC Regulation 9: Person-Centred Care, ensuring that feedback from all relevant stakeholders is used to ensure that care remains responsive and person-centred.
  - CQC Regulation 11: Need for Consent is also considered, as feedback is used to ensure that service users and their representatives are actively involved in decisions regarding care and support.

5. Audits and Quality Assurance

Objective: To ensure the consistent delivery of high-quality, safe care, and the effective implementation of PBS strategies through regular audits and quality assurance processes.

- How It Works:
  - Internal audits will be conducted regularly to assess how well PBS strategies are being implemented and whether they are achieving the desired outcomes. This will include reviewing incident logs, behavioural data, restrictive practice usage, and care plans.
  - External audits from specialist behaviour teams, safeguarding bodies, or CQC inspections will also be welcomed to ensure external oversight and continuous adherence to best practice.
  - Quality assurance will focus on ensuring that all staff are following the correct procedures, adhering to PBS principles, and using appropriate interventions.
  - Results from audits and reviews will be used to refine and enhance the PBS approach, ensuring continuous improvement in the quality of care provided.
- Legal and Regulatory Compliance:
  - Audits and quality assurance align with CQC Regulation 17: Good Governance, ensuring that there is a clear oversight of the effectiveness of the PBS framework and that continuous improvements are made where necessary.
  - The Mental Capacity Act 2005 is also adhered to, ensuring that care remains in the best interests of individuals, especially when complex decisions are required.

6. Reporting and Action Plans

Objective: To ensure that any issues identified during monitoring and evaluation are addressed promptly and that there is a clear process for corrective action.

- How It Works:

- Any concerns or issues identified through data analysis, feedback, or audits will be promptly addressed through the development of action plans.
- Action plans will identify the root causes of issues, set measurable objectives for improvement, and establish clear timelines for resolving any issues.
- Follow-up meetings will be held to review the progress of these plans and ensure that necessary adjustments are made in a timely manner.

- Legal and Regulatory Compliance:
  - The action plan process complies with CQC Regulation 12: Safe Care and Treatment, ensuring that any safety concerns or quality issues are resolved effectively and efficiently.
  - Action plans also support CQC Regulation 18: Staffing, ensuring that staff have the resources and guidance to address issues and improve their practice.

11. RESTRICTIVE PRACTICES

At Primus PLUS Healthcare, we are committed to minimising and eliminating the use of restrictive practices in line with the principles of Positive Behaviour Support (PBS). Restrictive practices refer to any interventions that restrict an individual's freedom of movement, autonomy, or rights. These may include, but are not limited to, physical restraint, seclusion, restrictive physical interventions, or environmental restrictions.

We recognise the need to ensure that any use of restrictive practices is proportional, last resort, and temporary. This policy section outlines how restrictive practices will be used only when absolutely necessary and how we will work to reduce and eliminate their use in line with best practices, CQC regulations, and relevant legislation.

1. Definition of Restrictive Practices

Restrictive practices are actions or interventions used to restrict an individual's freedom in some way. These can include:

- Physical restraint (e.g., holding an individual to prevent harm to themselves or others)
- Seclusion (e.g., isolating an individual from others)
- Mechanical restraint (e.g., using devices to limit movement)
- Environmental restrictions (e.g., limiting access to certain areas)
- Chemical restraint (e.g., medication used to control behaviour against the person's will)

2. Guidelines for the Use of Restrictive Practices

Objective: To set clear, ethical, and legal guidelines for the use of restrictive practices, ensuring they are used only as a last resort and in compliance with all relevant regulations.

- When Restrictive Practices May Be Used:

    - Risk of immediate harm to the individual or others.
    - All other alternatives (e.g., de-escalation strategies, environmental changes, communication supports) have been exhausted.
    - In line with the individual's care plan, developed through a functional behaviour assessment (FBA) and person-centred planning.
- Proportionality: Any restrictive practice must be proportional to the behaviour and appropriate to the individual's needs. The least restrictive intervention should always be used.
- Time-Limited: Restrictive practices must only be used for the shortest duration necessary. They should never be used as part of a routine care approach but rather in response to specific situations.
- Monitoring: Continuous monitoring must be in place to assess the effectiveness and appropriateness of the intervention, with a clear exit strategy once the risk is resolved.

3. Reducing and Eliminating Restrictive Practices

Objective: To ensure that restrictive practices are reduced and eventually eliminated as the individual's needs and care plans evolve.

- PBS Focus: The core focus of PBS is on proactive strategies designed to prevent the need for restrictive practices by:
    - Understanding the underlying causes of behaviours that challenge.
    - Implementing preventive measures (e.g., skills development, improved communication, adjustments in the environment).
- Reduction Plans:
    - Restrictive practice reduction plans should be part of the individual's PBS plan, focusing on reducing reliance on restrictive measures over time.
    - These plans should include clear targets for reduction and alternative strategies for managing behaviours.
- Use of Positive Strategies:
    - Emphasis should be placed on positive behavioural interventions, including the teaching of coping strategies, the promotion of alternative behaviours, and the use of reinforcement for positive actions.

4. Monitoring the Use of Restrictive Practices

Objective: To ensure the appropriate use and continuous review of restrictive practices, ensuring compliance with CQC regulations and best practice standards.

- Documentation:
    - Every use of restrictive practices must be documented thoroughly, including:

        - Reason for use.
        - Type of intervention used.
        - Duration of intervention.
        - Outcome and effectiveness.
    - This documentation must be reviewed by managers and PBS leads as part of regular audit processes.
- Review Process:
    - All incidents where restrictive practices are used will be reviewed immediately after the event by the multi-disciplinary team (MDT), including key stakeholders like family members, care staff, and behaviour specialists.
    - Incident reviews should assess whether the use of restrictive practices was necessary, if alternative strategies could have been used, and whether the incident could have been prevented.
- Legal and Regulatory Compliance:
    - All documentation and reviews must comply with CQC Regulation 12: Safe Care and Treatment, ensuring that all restrictive interventions are necessary, safe, and effective.
    - CQC Regulation 17: Good Governance requires regular monitoring and review of practices, including those related to restrictive practices.

5. Staff Training on Restrictive Practices

Objective: To ensure that all staff are properly trained in the ethical use of restrictive practices and can apply them safely and appropriately.

- Training Content:
    - Staff will receive training in positive behaviour support, with a strong emphasis on de-escalation and non-restrictive interventions.
    - Training will also cover the safe use of restrictive practices, ensuring that staff are clear on when and how such practices should be used, with a focus on minimising harm.
    - Training will include communication techniques and alternative interventions to avoid reliance on restrictive measures.
- Frequency:
    - Staff will complete mandatory PBS training during induction and regular refresher courses to ensure they remain up-to-date on best practices and the ethical use of restrictive practices.
- Legal and Regulatory Compliance:

- Training is in line with CQC Regulation 18: Staffing, ensuring that staff are competent in providing care that is safe, effective, and aligned with the person-centred approach outlined in the PBS policy.

6. Informed Consent and Safeguarding

Objective: To ensure that individuals and their representatives are fully informed about the use of restrictive practices, and that safeguarding is integrated into all decision-making processes.

- Informed Consent:
  - Prior to the use of any restrictive practice, informed consent must be obtained from the individual (if they are able) or their legally authorized representative. This ensures that the individual or their family is aware of the interventions that may be used in response to distressing behaviours.
- Safeguarding:
  - All restrictive practices must comply with local safeguarding procedures, and incidents must be immediately reported and reviewed.
  - Safeguarding policies will be adhered to, ensuring that any concerns related to the use of restrictive practices are addressed promptly and appropriately.
- Legal and Regulatory Compliance:
  - This aligns with CQC Regulation 11: Need for Consent, ensuring that restrictive practices are only used with consent and are necessary for the safety and well-being of the individual.
  - The use of restrictive practices is also in line with the Mental Capacity Act 2005, ensuring that best interest decisions are made where the individual lacks capacity to consent.

7. Feedback and Continuous Improvement

Objective: To ensure that the use of restrictive practices is always reviewed, evaluated, and improved to align with the principles of PBS and best practice.

- Feedback Mechanisms:
  - Service users, family members, and staff will be encouraged to provide feedback on the use of restrictive practices. This feedback will be incorporated into review meetings and incident debriefs to identify areas of improvement.
- Ongoing Evaluation:
  - Audits and quality assurance checks will be conducted to ensure that the use of restrictive practices is being properly documented, reviewed, and reduced over time.
  - Action plans will be developed following any incidents where restrictive practices are used, focusing on reducing reliance and exploring alternative strategies.

12. SAFEGUARDING AND RISK MANAGEMENT

At Primus PLUS Healthcare, safeguarding the welfare of all individuals receiving supported living services without personal care is of paramount importance. We are committed to providing a safe, secure, and respectful environment, ensuring that individuals with learning disabilities, mental health needs, and autism spectrum conditions are protected from harm and abuse while receiving the best possible care and support. This section outlines the Safeguarding and Risk Management procedures that form an essential part of our Positive Behaviour Support (PBS) policy.

We aim to ensure that all staff are well-trained in safeguarding, are aware of the risks involved in supporting individuals with complex needs, and have a clear understanding of the procedures to follow when any safeguarding concerns arise.

1. Safeguarding Framework

Objective: To provide a comprehensive safeguarding framework that ensures the well-being and protection of individuals in our care.

- Safeguarding Policy:
    - The Safeguarding Policy at Primus PLUS Healthcare follows national standards, including the Care Act 2014, Safeguarding Vulnerable Groups Act 2006, and Children and Families Act 2014. It outlines how we prevent abuse, identify risk, and respond effectively to any safeguarding concerns.
    - We are committed to ensuring that all individuals are protected from harm, neglect, abuse, and exploitation, and that safeguarding is embedded in all aspects of our care practices.
- Types of Abuse:
    - Staff will be trained to recognize the five key types of abuse (physical, emotional, sexual, neglect, and financial) and take appropriate steps to protect individuals from harm.
- Staff Awareness:
    - All staff receive mandatory safeguarding training during their induction, which is regularly updated to ensure it remains current with legislation and best practice. This ensures that staff know how to recognize, report, and manage safeguarding concerns.
- Reporting Procedures:
    - If safeguarding concerns arise, staff are required to immediately report them to their line manager and the safeguarding lead. This ensures a timely response and protects individuals from further harm.

- Safeguarding incidents will be thoroughly investigated and documented, and where necessary, reported to relevant authorities, including local safeguarding boards, CQC, and police.

- Regulation and Legislation Compliance:
  - This section aligns with CQC Regulation 12: Safe Care and Treatment, which ensures the safety of service users by requiring care providers to protect individuals from risk and harm.
  - It also complies with the Care Act 2014, which outlines the duties of care providers to ensure the well-being and protection of adults receiving support.

2. Risk Management Process

Objective: To implement a comprehensive risk management framework that minimizes risks to service users, staff, and others in the care environment.

- Risk Assessment:
  - Every service user will have a comprehensive risk assessment completed as part of their individual care plan. The risk assessment will consider all potential risks to their safety, well-being, and health, including:
    - Environmental hazards (e.g., unsafe living conditions).
    - Physical health risks (e.g., medical conditions, mobility).
    - Psychosocial risks (e.g., mental health issues, trauma history).
    - Behavioural risks (e.g., distressing behaviours that may pose a risk to themselves or others).
  - The risk assessment will be reviewed regularly and updated if there are any significant changes in the individual's condition or circumstances.
- Risk Management Plans:
  - Based on the risk assessment, a risk management plan will be created for each individual. This plan will outline preventive measures to reduce the identified risks and will include strategies for managing emergency situations (e.g., crisis intervention plans for behaviours that challenge).
  - The plan will also address how to mitigate risks without resorting to restrictive practices and will highlight proactive support strategies that focus on skill-building and positive reinforcement.
- Monitoring and Reporting of Risks:
  - All identified risks will be closely monitored and tracked through regular check-ins and reviews.

    - Staff will be trained to identify potential emerging risks and take appropriate action. Any new or escalated risks will be reported promptly to the management team for further assessment and action.

- Crisis Management and Contingency Planning:
    - In cases where there is a significant emergency or crisis, crisis management plans will be in place to ensure that staff respond quickly and appropriately to safeguard the individual.
    - Crisis plans will include de-escalation techniques, contingency measures for handling extreme situations, and clear guidelines for involving emergency services if necessary.
- Regulation and Legislation Compliance:
    - This approach to risk management ensures compliance with CQC Regulation 12: Safe Care and Treatment, which requires that risks are identified, managed, and mitigated to ensure the safety and well-being of service users.
    - It also adheres to the Health and Safety at Work Act 1974, which mandates that employers ensure the safety and welfare of employees and those receiving services.

3. Safeguarding and Risk Management Integration

Objective: To integrate safeguarding and risk management in a way that enhances the overall well-being of service users while minimizing harm.

- Proactive Safeguarding:
    - We take a proactive approach to safeguarding, ensuring that risks are identified before they can escalate into incidents. This includes regular environmental audits, ongoing assessment of care plans, and constant dialogue between staff, service users, and families.
- Training on Safeguarding and Risk Management:
    - All staff will be trained not only in safeguarding but also in identifying and mitigating risks. This training will ensure that they are prepared to manage the complexities of working with individuals who may display challenging behaviours due to mental health conditions, learning disabilities, or autism spectrum conditions.
- Collaboration with External Agencies:
    - Where necessary, we will work with external agencies, including local safeguarding boards, healthcare professionals, and social workers, to provide a coordinated approach to safeguarding and risk management.
    - We will also refer to local authorities and specialist support services for additional advice and interventions if required.
- Ongoing Evaluation and Improvement:

- Safeguarding and risk management strategies will be evaluated during regular audits and reviews of care plans. Feedback from service users, families, and staff will be used to continuously improve the safeguarding framework and risk management protocols.

- Regulation and Legislation Compliance:
  - The integration of safeguarding and risk management ensures compliance with CQC Regulation 9: Person-Centred Care, ensuring that the individual's preferences and needs are central to how risks are managed.
  - It also aligns with CQC Regulation 10: Dignity and Respect, ensuring that individuals are protected from harm in a way that respects their dignity.

4. Feedback and Continuous Improvement

Objective: To ensure that the safeguarding and risk management processes are regularly reviewed and improved based on feedback and best practice.

- Feedback Mechanisms:
  - Service users, family members, and care staff will be encouraged to provide feedback on how risks are managed and how safeguarding processes are working.
  - This feedback will be collected through formal surveys, care reviews, and informal discussions.
- Continuous Improvement:
  - Safeguarding incidents and risk assessments will be reviewed regularly to identify opportunities for improvement and address gaps in practice.
  - Feedback will inform the development of new policies, training, and care strategies, ensuring that safeguarding and risk management remain proactive, effective, and person-centred.
- Legal and Regulatory Compliance:
  - This feedback and continuous improvement process supports CQC Regulation 17: Good Governance, ensuring that the organization regularly evaluates its care practices and implements improvements as needed.

13. EQUALITY AND INCLUSION

At Primus PLUS Healthcare, we are committed to promoting equality and inclusion in all aspects of care. This is essential in ensuring that individuals with learning disabilities, mental health needs, and autism spectrum conditions are supported in a fair, non-discriminatory, and respectful environment, where their cultural, linguistic, and disability-related needs are considered at all times.

This section outlines the Equality and Inclusion principles embedded within our Positive Behaviour Support (PBS) Policy and Procedure, ensuring compliance with CQC regulations, relevant UK legislation, and best practice guidelines for supported living without personal care services.

1. Commitment to Equality and Non-Discrimination

Objective: To ensure that every individual receiving support at Primus PLUS Healthcare is treated fairly, with dignity, and without discrimination based on any characteristic such as age, disability, race, gender, sexual orientation, religion, or cultural background.

- How We Ensure Equality:
    - We are committed to ensuring that service users from all backgrounds are treated with respect and valued equally. Our care plans will be tailored to meet the individual's needs while respecting their preferences, cultural background, and personal identity.
    - We aim to create a care environment that fosters respect, inclusion, and dignity by embracing the diversity of all individuals and promoting a culture of equality.
    - All staff will undergo regular training on equality, diversity, and inclusion, ensuring that they understand and act in compliance with the Equality Act 2010.
- Regulation and Legislation Compliance:
    - This approach is aligned with the Equality Act 2010, which ensures that all individuals have equal access to care, without discrimination based on any protected characteristic.
    - Compliance with CQC Regulation 9: Person-Centred Care ensures that care is tailored to individual needs and that the individual is actively involved in their care and support decisions.

2. Cultural Sensitivity and Tailored Support

Objective: To ensure that the cultural and linguistic needs of all service users are taken into account, ensuring that their values, beliefs, and preferences are respected and integrated into the PBS framework.

- How We Ensure Cultural Sensitivity:
    - We acknowledge that each individual has a unique cultural and linguistic identity, and this should be respected and incorporated into the PBS planning process. This includes understanding how cultural background, family dynamics, and belief systems may influence care preferences and behaviours.
    - Support strategies will be developed in a manner that respects individuals' cultural values, such as using appropriate communication methods and cultural considerations in the care planning process.

    - Communication support such as interpreters, sign language, or cultural liaison services will be offered where needed to ensure that individuals can express themselves fully and effectively.

- Examples:
    - An individual from a different cultural background may have specific dietary needs or religious practices that will be taken into account when developing their care plan.
    - For individuals with autism spectrum conditions, we may provide visual aids or alternative communication methods that are culturally appropriate, ensuring the support is accessible and respectful.
- Regulation and Legislation Compliance:
    - This approach complies with the Equality Act 2010, which requires care providers to make reasonable adjustments to meet the needs of individuals with disabilities, including communication needs.
    - This is also in line with CQC Regulation 9: Person-Centred Care, which mandates that care is tailored to the individual, including the consideration of their cultural and linguistic preferences.

3. Disability Equality and Accessibility

Objective: To ensure that all individuals, particularly those with learning disabilities and autism spectrum conditions, have equal access to care, support services, and opportunities.

- How We Ensure Disability Equality:
    - We are committed to providing equitable support to all individuals, regardless of the type or severity of their disability. This includes ensuring that disability-related needs (e.g., mobility, communication, sensory) are fully integrated into all aspects of the support process.
    - The environment in which care is provided will be accessible, ensuring that any physical, environmental, or sensory barriers to care are removed or adapted to suit the needs of the individual.
    - We will use assistive technologies or adaptations where necessary to ensure individuals with disabilities can participate fully in their care and daily activities.
- Examples:
    - For individuals with learning disabilities, the care plan may involve tailored communication techniques, such as symbol communication, social stories, or visual schedules to ensure the individual can effectively understand and engage in their care.
    - For individuals with autism spectrum conditions, environmental adaptations such as sensory rooms or quiet spaces will be provided to prevent sensory overload and to offer a supportive space for calming.

- Regulation and Legislation Compliance:
    - Our approach complies with the Equality Act 2010, which ensures that Service User with disabilities are entitled to reasonable adjustments to ensure they receive the same access to services as individuals without disabilities.
    - It also aligns with CQC Regulation 9: Person-Centred Care and Regulation 18: Staffing, ensuring that all individuals have equal access to support and care, and that staff are adequately trained to support those with disabilities.

4. Equality Impact Assessments

Objective: To ensure that all policies, procedures, and practices are equality-conscious and do not inadvertently disadvantage any individual based on their background, disability, or other protected characteristics.

- How We Conduct Equality Impact Assessments:
    - We will carry out Equality Impact Assessments (EIAs) for all policies and practices that may affect individuals, including our PBS interventions and care strategies. This ensures that any potential discriminatory impact is identified and addressed.
    - The assessment process will focus on ensuring that all individuals, regardless of their cultural, linguistic, or disability-related needs, receive equal opportunities and fair treatment.
    - Service users, families, and staff will be involved in the process to ensure that their views and experiences are considered when evaluating the impact of care practices.
- Regulation and Legislation Compliance:
    - CQC Regulation 9: Person-Centred Care requires that care be tailored to each individual's needs, and that equality is embedded within the care and support process.
    - Conducting Equality Impact Assessments aligns with the Equality Act 2010, ensuring that any decision made is free from bias and does not negatively impact individuals with protected characteristics.

5. Promoting Inclusive Care Practices

Objective: To ensure that inclusive practices are embedded in all aspects of care, so that individuals from diverse backgrounds feel welcomed, valued, and respected.

- How We Promote Inclusion:
    - We actively promote inclusive practices that are respectful of each individual's cultural, religious, and personal beliefs. This involves:
        - Incorporating cultural considerations into daily care routines.
        - Ensuring all individuals feel respected and valued within the care environment.

        - Encouraging and supporting community participation, allowing individuals to engage in meaningful activities and feel included in social settings.

- Examples:
    - For individuals from diverse cultural backgrounds, we will ensure that their dietary preferences, religious observances, and social practices are respected and incorporated into their care.
    - For individuals with autism, learning disabilities, or mental health needs, we will provide inclusive activities that foster community engagement and social interaction.
- Regulation and Legislation Compliance:
    - This approach complies with the Equality Act 2010, which mandates reasonable adjustments to ensure that all individuals, regardless of their background or condition, can participate fully in society.
    - It also aligns with CQC Regulation 10: Dignity and Respect, ensuring that all individuals are treated with respect and valued for their unique characteristics.

14. KEY ROLES AND RESPONSIBILITIES

At Primus PLUS Healthcare, the successful implementation of the Positive Behaviour Support (PBS) policy depends on the roles and responsibilities of key individuals who are involved in supporting service users. These roles ensure that the proactive, person-centred approach to care is carried out consistently, with all team members working together to create a safe, respectful, and supportive environment for individuals with learning disabilities, mental health needs, and autism spectrum conditions.

This section outlines the key roles and responsibilities in the PBS process, ensuring that everyone involved understands their duties and is committed to providing high-quality care in line with CQC regulations, relevant legislation, and best practice guidelines.

1. Service Users

Role: Service users are at the heart of the PBS process. They are involved in all aspects of their care planning and decision-making, ensuring that the support they receive is tailored to their needs and preferences.

- Responsibilities:
    - Engage in the PBS process: Actively participate in their care plans and feedback on their experiences.
    - Communicate needs: Express preferences, dislikes, and areas where support is needed to ensure that care is person-centred.

    - Develop and implement positive behaviours: Through the PBS plan, contribute to developing new skills and learning appropriate responses to difficult situations.
- Regulation and Legislation Compliance:
    - In line with CQC Regulation 9: Person-Centred Care, the service user is treated as an active participant in their care and decisions regarding their support.

2. Support Workers/Care Staff

Role: Care staff play a central role in implementing the PBS strategies and supporting service users on a day-to-day basis. They are the frontline workers who carry out the practical steps outlined in the PBS plan and ensure that individuals are supported in a dignified, safe, and empowering way.

- Responsibilities:
    - Implement PBS plans: Follow the strategies outlined in each individual's PBS plan, using proactive and preventive techniques to manage challenging behaviours.
    - Monitor and collect data: Collect data on behaviours, interventions, and outcomes, ensuring that all information is accurately documented.
    - Provide emotional and practical support: Offer compassionate care and assistance with daily activities, ensuring that the individual feels supported in all aspects of life.
    - Promote positive behaviour: Encourage the use of positive reinforcement and alternative strategies to reduce reliance on restrictive practices.
    - Report incidents: Report any safeguarding concerns or incidents that may arise, following the safeguarding policy and procedures.
- Training and Support:
    - Staff must complete mandatory training on PBS principles, safeguarding, health and safety, and de-escalation techniques to provide safe and effective care.
    - Staff will receive ongoing supervision and reflective practice to continually improve care delivery.
- Regulation and Legislation Compliance:
    - The role of support workers is in alignment with CQC Regulation 18: Staffing, ensuring that staff are competent, well-trained, and fully supported in delivering the care outlined in PBS plans.
    - This role also supports CQC Regulation 12: Safe Care and Treatment, ensuring that care is safe, effective, and person-centred.

3. PBS Lead/Behaviour Specialist

Role: The PBS Lead or Behaviour Specialist is responsible for overseeing the implementation of the PBS framework, ensuring that all interventions are appropriate, evidence-based, and tailored to the needs of the service users.

- Responsibilities:
    - Oversee PBS plans: Lead the development and regular review of PBS plans, ensuring they are updated according to individual needs.
    - Conduct functional behaviour assessments (FBAs): Work with other professionals to complete FBAs to understand the root causes of behaviours that challenge and develop strategies for reducing them.
    - Support staff: Provide training, supervision, and guidance to care staff to ensure that PBS strategies are correctly implemented.
    - Evaluate effectiveness: Regularly assess the effectiveness of PBS strategies and interventions, using data and feedback to refine and improve approaches.
    - Liaise with external professionals: Work with external agencies such as psychologists, mental health professionals, or autism specialists to provide additional support and expertise.
- Regulation and Legislation Compliance:
    - This role aligns with CQC Regulation 17: Good Governance, ensuring that the PBS framework is continuously monitored and evaluated to ensure quality care.
    - It also supports CQC Regulation 18: Staffing, ensuring that staff are trained and competent in implementing PBS strategies.

4. Registered Manager

Role: The Registered Manager is responsible for overseeing the overall management of services and ensuring that PBS principles are embedded in all aspects of service delivery. They are ultimately responsible for the quality of care and ensuring compliance with all regulations.

- Responsibilities:
    - Ensure compliance: Ensure the service is fully compliant with CQC regulations, relevant legislation, and best practice guidelines in the implementation of PBS.
    - Oversee care planning: Supervise the development and review of individual care plans and PBS strategies, ensuring they meet the individual's needs.
    - Manage incidents: Oversee the reporting and investigation of any incidents, ensuring that they are handled according to the safeguarding policies and risk management procedures.
    - Monitor service quality: Implement and oversee quality assurance processes, conducting audits and reviews to ensure the effectiveness of PBS interventions and the safety and well-being of service users.
    - Lead by example: Model person-centred care by creating a safe and respectful environment for both service users and staff.
- Regulation and Legislation Compliance:

- The Registered Manager ensures compliance with CQC Regulation 17: Good Governance, ensuring accountability and continuous improvement in the quality of service delivery.
- They are also responsible for compliance with CQC Regulation 9: Person-Centred Care and Regulation 10: Dignity and Respect, ensuring that the service upholds the highest standards of care and respect for individuals.

5. Multi-Disciplinary Team (MDT)

Role: The Multi-Disciplinary Team (MDT) is a collaborative group of professionals, including social workers, mental health practitioners, doctors, psychologists, and other health and social care specialists, who contribute to the assessment, planning, and review process.

- Responsibilities:
  - Contribute to functional assessments: MDT members assist in functional behaviour assessments (FBAs), using their expertise to understand and address the causes of challenging behaviours.
  - Develop and review PBS plans: Collaboratively work with the PBS Lead and care staff to develop comprehensive and holistic PBS plans that address the individual's physical, emotional, and social needs.
  - Provide specialist expertise: Offer specialized support and advice on mental health, autism, learning disabilities, and other relevant areas.
  - Ensure coordinated care: Ensure that all interventions are coordinated and that the individual receives comprehensive support from all relevant disciplines.
- Regulation and Legislation Compliance:
  - The MDT supports compliance with CQC Regulation 9: Person-Centred Care, ensuring that all care plans reflect the holistic needs of the individual and that there is collaboration across different healthcare providers.
  - They also ensure compliance with CQC Regulation 12: Safe Care and Treatment by contributing to the overall safety and well-being of service users.

6. Family Members and Advocates

Role: Family members and advocates play a crucial role in the PBS process, providing valuable insights into the individual's history, needs, and preferences.

- Responsibilities:
  - Provide input into care planning: Actively participate in the development and review of PBS plans, sharing information about the individual's preferences, communication styles, and prior experiences.
  - Advocate for the individual: Ensure that the individual's voice is heard in the care process, especially for individuals who may have difficulty communicating their needs or preferences.

- Support the implementation of PBS: Support the implementation of PBS strategies at home or in the community, ensuring continuity in care across different settings.

- Regulation and Legislation Compliance:
  - Family members and advocates are integral to ensuring that the individual's best interests are considered, in compliance with CQC Regulation 11: Need for Consent and Mental Capacity Act 2005.

15. DOCUMENTATION AND RECORD KEEPING

Primus PLUS Healthcare is committed to ensuring that all records related to Positive Behaviour Support (PBS) are accurate, comprehensive, and compliant with CQC regulations, relevant legislation, and best practice guidelines. Effective documentation and record-keeping are essential for tracking the progress of individuals, ensuring the safety of service users, and meeting regulatory and audit requirements.

This section outlines the guidelines for documenting and maintaining records of PBS plans, assessments, interventions, and outcomes, ensuring that all information is securely stored, up-to-date, and easily accessible to relevant stakeholders.

1. Types of Documentation

Objective: To ensure that all necessary documentation is completed accurately and promptly to support the effective implementation and evaluation of PBS strategies.

- Functional Behaviour Assessments (FBA):
  - FBAs must be conducted for each individual, detailing the triggers and underlying causes of any challenging behaviours. This document should include:
    - Observed behaviours.
    - Contextual factors (e.g., environmental, social, emotional).
    - Previous interventions and their effectiveness.
    - Recommendations for PBS strategies.
  - FBA Review: Regular updates to FBAs based on changes in behaviour, environment, or care needs should be made to ensure that care plans remain relevant.
- Positive Behaviour Support Plans (PBSP):
  - PBSPs must be created for each service user and include:
    - Detailed support strategies for addressing challenging behaviours.
    - Proactive and preventive measures to avoid escalation of behaviours.
    - Crisis management plans (if applicable).

        - Monitoring and review protocols to evaluate the effectiveness of interventions.
    - PBSP Review: Plans should be reviewed regularly and updated at least quarterly or more frequently if significant changes occur in the individual's needs.
- Incident Reports:
    - Incident reports should be completed immediately following any event involving challenging behaviours or the use of restrictive practices. These reports should include:
        - Date and time of the incident.
        - Description of the incident and behaviours involved.
        - Actions taken by staff, including any restrictive practices used.
        - Outcome and debriefing notes.
    - Incident Review: A follow-up meeting should occur after each significant incident to review the actions taken and discuss how similar incidents can be prevented in the future.
- Staff Training and Supervision Records:
    - Documentation should include details of the training staff have received on PBS principles, safeguarding, de-escalation, and other relevant areas.
    - Supervision logs should record the ongoing support and reflective practice provided to staff, ensuring they are equipped to handle challenging behaviours and use PBS strategies appropriately.
    - Training Updates: Staff training records should be updated whenever new courses are completed, ensuring compliance with CQC Regulation 18: Staffing.
- Equality and Impact Assessments:
    - Equality Impact Assessments should be completed for all care plans, particularly when implementing new strategies or interventions, to ensure that the approach is fair and inclusive.
    - Documentation should show that assessments have considered cultural, linguistic, and disability-related needs and ensure that individuals are not subject to discrimination.
- Review and Feedback Records:
    - Care plan reviews and feedback from service users, families, and staff must be documented and reviewed regularly to ensure that care remains person-centred and that any necessary changes are made.
    - Feedback should be recorded and acted upon to continuously improve the care provided.

2. Principles of Documentation

Objective: To ensure that all documentation related to PBS is consistent, accurate, and compliant with CQC regulations and legislation.

- Accuracy:
    - All documentation must be clear, factual, and free from bias. It should accurately reflect the individual's needs, behaviours, and the support strategies used.
    - Staff must document real-time observations to avoid errors or misinterpretations.
- Timeliness:
    - Documentation must be completed promptly after incidents, assessments, and reviews to ensure that information is up-to-date and reflects the current situation.
    - Delayed or incomplete documentation can affect the quality of care provided and may lead to non-compliance with CQC regulations.
- Confidentiality:
    - All records must be treated as confidential, following the Data Protection Act 2018 and GDPR to ensure that personal and sensitive information about individuals is protected.
    - Access to records should be restricted to those who have a legitimate need to view them (e.g., care team members, auditors, regulatory bodies).
- Consistency:
    - Documentation should be consistent across all care plans and records, ensuring that the information in functional behaviour assessments, PBS plans, incident reports, and other records is aligned.
    - Regular audits of documentation practices should be carried out to ensure consistency and quality.

3. Secure Storage and Access to Records

Objective: To ensure that all PBS-related documentation is stored securely, accessible only to those who are authorized, and readily available for review during inspections or audits.

- Storage Methods:
    - Electronic records should be stored in a secure, password-protected system that is regularly backed up to prevent data loss.
    - Paper records should be kept in a locked, secure location with access restricted to authorized personnel only.
- Access Control:
    - Access to records should be granted based on role and responsibility, with staff only able to view the records relevant to their specific duties.

    - Audit trails should be maintained for all access to records, ensuring that any changes or access to sensitive information is properly documented.
- Retention of Records:
    - Records must be kept for the required period, in line with regulatory guidelines. For instance, incident reports and assessment records should be kept for a minimum of 7 years or as stipulated by CQC.
    - Records should be reviewed regularly to ensure they are current and accurate, and outdated records should be disposed of in a secure manner.

4. Auditing and Compliance

Objective: To ensure that all documentation related to PBS is regularly audited for quality assurance, ensuring compliance with CQC regulations and best practice standards.

- Internal Audits:
    - Regular audits will be conducted to check the completeness, accuracy, and timeliness of all PBS-related records.
    - Audit results will be used to identify any areas of improvement and ensure that documentation practices are continuously improved.
- External Audits:
    - External audits may be conducted by CQC, local authorities, or other regulatory bodies. All records must be made available for review during these audits.
    - Compliance with CQC Regulation 17: Good Governance will be assessed to ensure that documentation is being maintained to a high standard.
- Corrective Actions:
    - Any issues identified during audits will be addressed immediately through the development of action plans, with regular follow-up to ensure compliance.

5. Legal and Regulatory Compliance

Objective: To ensure that all documentation and record-keeping practices comply with relevant CQC regulations, national legislation, and best practice guidelines.

- CQC Regulations:
    - CQC Regulation 9: Person-Centred Care requires that all care plans and records reflect the individual's needs, preferences, and personal choices.
    - CQC Regulation 12: Safe Care and Treatment mandates that accurate incident reports and care records are kept to ensure that care is provided safely and effectively.
    - CQC Regulation 17: Good Governance ensures that all documentation is part of a comprehensive quality assurance process, including audits and regular reviews.

- Legislation:
    - Data Protection Act 2018 and GDPR require that all personal data is securely stored and that individuals' privacy is respected.
    - The Mental Capacity Act 2005 ensures that records reflect decisions made in the best interests of individuals who lack capacity.

16. SERVICE USER AND FAMILY INVOLVEMENT

At Primus PLUS Healthcare, we strongly believe in the importance of service user and family involvement in the planning and delivery of care. The Positive Behaviour Support (PBS) policy reflects our commitment to ensuring that both service users and their families are at the centre of all decisions about care, particularly in supported living without personal care settings. This section outlines the principles, processes, and practices involved in engaging service users and families throughout the PBS process, in accordance with CQC regulations, relevant legislation, and best practice guidelines.

1. Service User Involvement

Objective: To ensure that service users actively participate in their care planning, assessment, and review process, allowing their preferences, goals, and needs to inform all aspects of their care.

- Active Participation:
    - Service users will be encouraged to take an active role in all aspects of their care, including functional behaviour assessments (FBA), the development of Positive Behaviour Support Plans (PBSP), and the identification of support strategies.
    - Staff will work with service users to ensure that support plans reflect their individual preferences, personal goals, and choices. This person-centred approach ensures that the service user's voice is heard, and their dignity and autonomy are respected.
- Communication Support:
    - For service users with communication difficulties, including those with learning disabilities, autism spectrum conditions, or mental health needs, alternative communication methods will be used. This may include visual aids, symbol systems, sign language, or assistive technology to ensure they can express their preferences effectively.
    - Service users will be supported to communicate about their experiences with care, any concerns, or wishes about how care is delivered.
- Involvement in Decision Making:
    - Service users will be supported to make decisions about their care and the interventions used, in line with CQC Regulation 11: Need for Consent. This may

involve providing accessible information, regular reviews, and offering choices wherever possible.

    - When individuals may lack capacity to make certain decisions (e.g., under the Mental Capacity Act 2005), their best interests will be taken into account, with family members, carers, and advocates involved where appropriate.

- Regulation and Legislation Compliance:
    - This approach ensures compliance with CQC Regulation 9: Person-Centred Care, which requires care to be tailored to the individual's needs and preferences.
    - It also complies with the Mental Capacity Act 2005, ensuring that service users are supported to make decisions about their care where they have the capacity to do so, and that decisions are made in their best interests when necessary.

2. Family Involvement

Objective: To recognize the important role that families and carers play in the care and support of individuals with learning disabilities, mental health needs, and autism spectrum conditions, and to actively involve them in the PBS process.

- Collaborative Care Planning:
    - Families and carers will be actively involved in the development and review of PBS plans. This collaborative approach ensures that the plan reflects the individual's preferences, family values, and cultural considerations.
    - Family members are encouraged to provide insight into the individual's history, communication style, preferences, and any past experiences that may inform the care process.
- Regular Communication:
    - Regular communication with family members will be established to ensure that they are fully informed about the individual's progress, any changes in care, and any significant events or incidents.
    - Care reviews will be scheduled to include family members, ensuring that they have the opportunity to provide feedback and suggest adjustments to the care plan where necessary.
- Training and Support for Families:
    - Families will be offered support and guidance in understanding the PBS framework, including training on how to support the individual in the home environment using positive reinforcement and proactive interventions.
    - Support may also include training on managing challenging behaviours, understanding autism or mental health needs, and how to work collaboratively with the care team.
- Involvement in Incident Reviews:

- Family members will be involved in the review process following any incident where restrictive practices or significant behaviours have occurred. This allows for transparency, encourages joint decision-making, and ensures that families are fully aware of the steps being taken to address the situation.

- Regulation and Legislation Compliance:
  - Family involvement supports CQC Regulation 9: Person-Centred Care, ensuring that the care provided is responsive to the individual's needs and the wishes of their family.
  - It also aligns with CQC Regulation 11: Need for Consent, as families and carers provide informed consent where necessary, especially in cases where the individual may lack capacity.

3. Advocacy and Independent Support

Objective: To ensure that individuals have access to independent advocacy services, where needed, to support their involvement in the PBS process and ensure their voice is heard, particularly for those who may face difficulties in expressing themselves.

- Independent Advocacy:
  - Where necessary, individuals will be supported to access advocacy services that can assist them in making their wishes and concerns known in the care process.
  - Advocates will play a critical role in ensuring that service users are not marginalized, and that decisions about their care are made in line with their best interests and preferences.

- Regulation and Legislation Compliance:
  - This approach supports CQC Regulation 9: Person-Centred Care, ensuring that the individual's voice is central to the decision-making process.
  - It also aligns with the Mental Capacity Act 2005, which allows for independent advocacy where individuals may lack capacity to make certain decisions about their care.

4. Feedback and Continuous Improvement

Objective: To ensure that service users and families have ongoing opportunities to provide feedback on their care, and that this feedback is used to continuously improve the PBS framework and overall service quality.

- Feedback Mechanisms:
  - Service users and their families will have access to regular surveys, focus groups, and feedback forms to express their views on the care they receive.
  - In addition to formal feedback processes, service users and families will have the opportunity to discuss their care directly with the care team during regular care reviews or scheduled meetings.

- Action on Feedback:
    - All feedback will be carefully reviewed by the management team and used to make any necessary adjustments to care plans, support strategies, or staff training.
    - Service users and families will be informed of the actions taken in response to their feedback, ensuring transparency and promoting a culture of continuous improvement.
- Regulation and Legislation Compliance:
    - This approach aligns with CQC Regulation 17: Good Governance, ensuring that there is a process in place to capture, evaluate, and act upon feedback, leading to service improvement.

5. Commitment to Dignity and Respect

Objective: To ensure that the care provided respects the dignity, rights, and autonomy of service users and their families throughout the PBS process.

- Respecting Preferences and Needs:
    - All care plans and PBS strategies will reflect the individual preferences and needs of service users, with ongoing input from both the individual and their family members.
    - The care team will work to create a respectful environment where service users feel empowered to express their needs and actively participate in decisions about their care.
- Regulation and Legislation Compliance:
    - This principle aligns with CQC Regulation 10: Dignity and Respect, which requires that care services provide a safe, respectful, and person-centred approach to care.
    - It also complies with Regulation 18: Staffing, ensuring that staff are trained and supported to deliver care that respects individual rights and dignity.

17. CRISIS MANAGEMENT AND DE-ESCALATION

At Primus PLUS Healthcare, we recognize the importance of proactively managing crises and de-escalating situations that may involve distressed behaviours. The goal of this approach is to maintain a safe, calm, and supportive environment for all individuals, particularly those with learning disabilities, mental health needs, and autism spectrum conditions. By using person-centred, proactive strategies for crisis management and de-escalation, we ensure that we avoid reactive or punitive measures and reduce the need for restrictive practices.

This section outlines the approach to crisis management and de-escalation within the context of Positive Behaviour Support (PBS), ensuring that our practices comply with CQC regulations,

relevant legislation, and best practice guidelines for the care of individuals in supported living without personal care.

1. Crisis Management Protocol

Objective: To outline a clear, structured approach for managing crisis situations when behaviours escalate to the point where service users may be at risk of harm or a risk to others.

- Identification of Crisis:
    - A crisis situation is identified when challenging behaviours escalate to the point where they endanger the individual, other service users, or staff, and where immediate intervention is required to prevent harm.
    - Behaviours that may lead to a crisis include physical aggression, self-harm, verbal aggression, or extreme distress that cannot be mitigated using routine strategies.
- Crisis Management Plan:
    - Each individual should have a crisis management plan that outlines the specific strategies to be used in the event of a crisis. This plan should be personalized and include:
        - Pre-crisis triggers: Identifying warning signs that may indicate an escalation is imminent (e.g., signs of anxiety or frustration).
        - De-escalation strategies: A list of proven strategies and approaches to help calm the individual, such as distraction techniques, soothing language, or relocation to a quiet space.
        - Intervention protocols: Step-by-step guidance on what staff should do if de-escalation fails, including emergency procedures.
        - Post-crisis debrief: A review process following the crisis to assess the causes, outcomes, and learnings.
- Regulation and Legislation Compliance:
    - CQC Regulation 12: Safe Care and Treatment ensures that care providers take appropriate action to prevent harm and provide a safe environment.
    - The Mental Capacity Act 2005 ensures that all interventions are in the best interest of individuals, and CQC Regulation 11: Need for Consent ensures that individuals are not subjected to interventions without their informed consent (where capacity allows).

2. De-Escalation Techniques

Objective: To provide staff with a range of de-escalation techniques that focus on proactive and person-centred care to calm an individual before a crisis fully develops, thereby minimizing the use of restrictive practices.

- Non-Coercive Approaches:

- Verbal de-escalation: Staff should use calm, clear, and non-threatening language to communicate with the individual, showing empathy and understanding.
- Active listening: Allowing the individual to express their feelings or concerns without interruption can help defuse tension and promote emotional regulation.
- Redirection and distraction: Redirecting the individual's focus to a more positive or neutral activity, such as a favourite toy, video, or a walk, can help distract them from the source of distress.
- Environmental changes: If the environment is contributing to the individual's distress (e.g., overcrowding, noise), staff can attempt to reduce sensory overload by relocating to a quieter space or adjusting lighting or noise levels.

- Recognizing Early Warning Signs:
  - Staff should be trained to recognize early warning signs of distress, such as body language, tone of voice, or withdrawal, and take immediate action to prevent escalation by implementing de-escalation strategies early on.
  - These early signs should be documented and reviewed as part of the individual's functional behaviour assessment (FBA), enabling staff to develop a clearer understanding of potential triggers and responses.
- Regulation and Legislation Compliance:
  - CQC Regulation 9: Person-Centred Care ensures that care is responsive to the individual's needs, preferences, and emotional well-being.
  - By using non-coercive methods of de-escalation, we comply with CQC Regulation 10: Dignity and Respect, ensuring that individuals are treated respectfully and not subjected to unnecessary restraint.

3. Use of Restrictive Practices as a Last Resort

Objective: To emphasize that restrictive practices should only be used in exceptional circumstances and only after all proactive and de-escalation strategies have been exhausted.

- Definition of Restrictive Practices:
  - Restrictive practices include physical restraint, seclusion, and other interventions that limit an individual's freedom or movement.
  - These practices should only be employed if the individual or others are at imminent risk of harm and no other intervention is effective in managing the situation.
- Clear Guidelines for Use:
  - The use of restrictive practices should be clearly outlined in each individual's crisis management plan, with strict guidelines about when, how, and by whom restrictive practices may be used.
  - Staff will be trained to use restrictive practices only as a last resort, for the shortest time possible, and with the least amount of force necessary to ensure safety.

- All instances where restrictive practices are used must be documented thoroughly, with a review process to ensure that the intervention was necessary and that alternatives were considered.

- Post-Incident Review:
  - After any use of restrictive practices, a post-crisis review will be conducted involving staff, the individual (if possible), and relevant stakeholders (e.g., family members or guardians). This review will assess whether the use of restrictive practices was appropriate and explore ways to prevent similar incidents in the future.
  - The review will also help identify if less restrictive strategies can be developed or enhanced for future incidents.
- Regulation and Legislation Compliance:
  - The use of restrictive practices aligns with CQC Regulation 12: Safe Care and Treatment, ensuring that care is provided safely and minimizes harm.
  - Compliance with CQC Regulation 17: Good Governance ensures that proper procedures for documenting, reviewing, and auditing the use of restrictive practices are in place.
  - The Mental Capacity Act 2005 requires that decisions about restrictive practices are made in the best interests of the individual, and are reviewed for compliance with the least restrictive principle.

4. Staff Training and Support in Crisis Management and De-Escalation

Objective: To ensure that all staff are adequately trained and supported in crisis management and de-escalation techniques, ensuring that they can effectively manage challenging situations without resorting to restrictive practices.

- Mandatory Training:
  - All staff will receive mandatory training in de-escalation techniques, non-violent crisis intervention, and recognizing early signs of distress. The training will focus on proactive strategies to reduce the need for reactive interventions.
  - Staff will also be trained in how to assess and respond to individual needs, including specialist training for working with individuals with autism, mental health conditions, and learning disabilities.
- Ongoing Support:
  - Ongoing supervision and reflective practice will be provided to ensure that staff are supported in managing difficult situations and are confident in using de-escalation techniques effectively.
  - Debriefing sessions will be conducted after significant incidents, giving staff the opportunity to discuss what went well and what could be improved.

- Regulation and Legislation Compliance:
    - CQC Regulation 18: Staffing ensures that staff are well-trained, competent, and supported in implementing PBS and managing crises safely.
    - Training and support also comply with CQC Regulation 17: Good Governance, ensuring that the service provider maintains high standards of staff performance and care delivery.

5. Monitoring and Review of Crisis Management Practices

Objective: To continuously monitor and review the effectiveness of the crisis management and de-escalation strategies and make improvements based on data, feedback, and best practice.

- Data Collection:
    - All incidents involving challenging behaviours and crisis situations will be documented and reviewed regularly. Data collected will include:
        - Frequency of incidents.
        - Effectiveness of interventions.
        - Use of restrictive practices.
    - Data will be used to evaluate the effectiveness of de-escalation strategies and identify patterns that may indicate a need for adjustment or change.
- Continuous Improvement:
    - Regular audits of crisis management practices will be conducted, and findings will inform future training, policy updates, and strategy development.
    - Feedback from service users, staff, and families will be solicited and used to make any necessary adjustments to the care and support strategies.
- Regulation and Legislation Compliance:
    - CQC Regulation 17: Good Governance requires the service to have systems in place for monitoring and improving care, ensuring that crisis management practices are regularly evaluated and improved as needed.

18. INTEGRATION WITH OTHER CARE FRAMEWORKS

At Primus PLUS Healthcare, the Positive Behaviour Support (PBS) approach is an integral part of our overall care strategy for individuals with learning disabilities, mental health needs, and autism spectrum conditions. However, PBS does not operate in isolation. It is closely integrated with other care frameworks, healthcare services, and support systems to ensure that individuals receive holistic and person-centred care that meets all their needs, both physical and emotional.

This section outlines how PBS is integrated with other care frameworks, ensuring seamless and coordinated care for each individual. We aim to provide a comprehensive approach that addresses

the individual's needs in a holistic manner while complying with CQC regulations, relevant legislation, and best practice guidelines.

1. Collaboration with Multidisciplinary Teams (MDT)

Objective: To ensure that PBS is part of a broader, coordinated approach that involves professionals from various fields to address the full spectrum of an individual's needs.

- Multidisciplinary Teams (MDT):
    - The PBS framework is implemented in conjunction with other care services provided by an MDT, which may include professionals such as:
        - Psychiatrists and Psychologists.
        - Speech and Language Therapists (SLTs).
        - Occupational Therapists (OTs).
        - Social Workers.
        - Nurses and Healthcare Professionals.
        - Autism specialists and Learning Disability professionals.
    - This collaborative approach ensures that all aspects of an individual's needs are considered, such as medical care, mental health support, communication needs, and behavioural strategies.
- Collaborative Care Plans:
    - The PBS plan is developed and regularly reviewed as part of an individual care plan, with input from all relevant professionals. The aim is to ensure that all aspects of care are aligned, integrated, and responsive to the individual's evolving needs.
    - This holistic care plan considers the individual's medical history, social background, cognitive abilities, and support preferences, and the PBS strategy is designed to work within this framework.
- Regulation and Legislation Compliance:
    - This integrated approach complies with CQC Regulation 9: Person-Centred Care, ensuring that all aspects of care, including behavioural support, are tailored to the individual and reflect their full range of needs.
    - It also aligns with CQC Regulation 12: Safe Care and Treatment, ensuring that care is coordinated, safe, and holistic.

2. Integration with Health and Medical Care

Objective: To ensure that PBS is integrated with medical and healthcare services to address both physical and mental health needs of individuals.

- Health Assessments and Care Plans:

    - Individuals supported by Primus PLUS Healthcare will have regular health assessments, which include checks for physical health conditions, medication management, and mental health status.
    - PBS strategies are aligned with the individual's medical care plan, ensuring that behaviours are addressed in the context of healthcare needs, including any medication adjustments or health interventions.
- Psychiatric and Psychological Support:
    - For individuals with mental health needs, PBS is integrated with psychiatric care and psychological support, ensuring that mental health conditions are considered in the development of behaviour support strategies.
    - This includes close collaboration with psychologists to conduct functional behaviour assessments (FBAs) and provide therapeutic interventions where necessary.
- Communication with Healthcare Providers:
    - PBS plans are shared and discussed with relevant healthcare providers, ensuring that there is a clear and coordinated strategy across all aspects of the individual's care.
    - This collaboration helps to ensure that individuals receive comprehensive care that addresses both behavioural and physical health needs.
- Regulation and Legislation Compliance:
    - This integration ensures compliance with CQC Regulation 12: Safe Care and Treatment, which mandates that care providers ensure holistic and safe care that addresses the physical, emotional, and medical needs of the individual.
    - It also supports CQC Regulation 10: Dignity and Respect, ensuring that individuals' healthcare needs are met in a respectful, person-centred manner.

3. Integration with Social Care and Support Services

Objective: To ensure that PBS is closely aligned with social care services, ensuring a comprehensive and person-centred approach to supporting service users in supported living environments.

- Social Work and Advocacy:
    - Integration with social work ensures that service users' legal rights and social needs are properly addressed in the PBS process. Social workers can provide advocacy and support in areas such as housing, financial support, and community engagement.
    - Advocacy services ensure that the voice of individuals is heard, especially for those who may have difficulties communicating their needs or preferences.
- Family and Carer Involvement:

    - PBS strategies are developed in collaboration with families and carers, ensuring that their insights are included in care planning. This collaborative approach ensures that family dynamics and cultural values are respected.
    - Regular family involvement ensures that care and behavioural support strategies are aligned with the family's expectations and preferences for care.
- Community Integration and Engagement:
    - Individuals receiving supported living services will be encouraged to participate in community activities. The PBS framework is designed to support community inclusion, ensuring that behaviours are addressed in a way that promotes social participation.
    - Social workers may assist in facilitating connections with local services such as recreational programs, volunteering opportunities, or other activities that promote independence and community integration.
- Regulation and Legislation Compliance:
    - The integration of social care services aligns with CQC Regulation 9: Person-Centred Care, which emphasizes the need for holistic care that includes not only healthcare but also social care and community participation.
    - It also supports CQC Regulation 10: Dignity and Respect, ensuring that individuals' social and cultural needs are respected in the care planning process.

4. Integration with Educational and Vocational Services

Objective: To align PBS strategies with educational and vocational services, ensuring that individuals with learning disabilities or autism spectrum conditions can access appropriate opportunities for education, employment, and life skills development.

- Educational Support:
    - PBS plans are aligned with educational needs, ensuring that individuals with learning disabilities or autism have access to appropriate educational resources, including specialist teachers or learning support assistants.
    - If applicable, individuals may be supported in educational settings such as colleges or special schools, and PBS strategies will be tailored to support their learning goals, ensuring they can flourish in educational environments.
- Vocational Support:
    - The PBS framework also works in conjunction with vocational services to support individuals in gaining skills and employment opportunities. By identifying an individual's strengths, skills, and interests, we help them access training programs or employment opportunities that foster independence and self-esteem.
- Regulation and Legislation Compliance:

- This integration ensures compliance with the Care Act 2014, which emphasizes the importance of education and vocational opportunities for individuals with care and support needs.
- It also aligns with CQC Regulation 9: Person-Centred Care, ensuring that individuals are supported in achieving their life goals, whether educational, vocational, or personal.

5. Coordinated Care and Case Management

Objective: To ensure continuity and coordination of care across all areas, ensuring that all professionals and stakeholders involved in the individual's care are working together towards a common goal.

- Coordinated Case Management:
  - A designated case manager or care coordinator will oversee the integration of all care services, ensuring that all professionals and support services involved in the individual's care are aligned with the PBS plan.
  - The case manager will regularly review the effectiveness of the PBS strategy and adjust it based on the individual's changing needs, making sure that all aspects of their care are working in harmony.
- Regular Care Reviews:
  - Regular multi-disciplinary team (MDT) meetings will be held to ensure that all aspects of the individual's care are evaluated and updated. These reviews provide an opportunity to assess progress, discuss any emerging concerns, and ensure that all services are working together.
- Regulation and Legislation Compliance:
  - This coordinated approach ensures that care is in line with CQC Regulation 17: Good Governance, ensuring the integration of all care services, and CQC Regulation 9: Person-Centred Care, ensuring that care is tailored to the individual's needs and preferences.

19. TECHNOLOGY AND PBS

At Primus PLUS Healthcare, we are committed to integrating technology into our Positive Behaviour Support (PBS) framework to enhance the support we provide to individuals with learning disabilities, mental health needs, and autism spectrum conditions. By utilizing appropriate technologies, we can improve the quality of care, increase engagement, and ensure personalized support that is effective, accessible, and dignified.

This section outlines the role of technology in PBS, focusing on how we use assistive technology, data collection tools, and other technological solutions to support the implementation of PBS

strategies and ensure compliance with CQC regulations, relevant legislation, and best practice guidelines.

1. Role of Technology in PBS

Objective: To integrate technology in a way that supports the individual needs of service users, enhances care delivery, and improves outcomes in line with PBS principles.

- Assistive Technology:
    - Assistive technology plays a crucial role in supporting individuals with learning disabilities, mental health needs, and autism. This technology may include:
        - Communication aids such as speech-generating devices, tablet apps, or text-to-speech software to help individuals express their needs, preferences, and emotions.
        - Sensory equipment like soundproofing or visual cues to help regulate the sensory environment and reduce sensory overload for individuals with autism or sensory processing disorders.
        - Environmental control systems that allow individuals to independently control aspects of their environment (e.g., lighting, temperature, or media) to support independence and reduce distress.
- Personalized Care and Support:
    - Using technology, we can develop individualized care plans and PBS strategies that are responsive to the service user's behaviours, preferences, and learning styles.
    - Digital tools can be used to create visual schedules, task reminders, and personalized interventions that help reduce confusion and anxiety for individuals, especially those with autism or learning disabilities.
- Support for Independence:
    - Technology empowers individuals to live more independently, with tools such as smart home devices that allow users to perform tasks such as opening doors, turning on lights, or calling for help with minimal staff intervention.
    - Mobile apps or wearable devices may be used to track daily activities, monitor health, and provide real-time feedback to individuals, helping them manage their behaviours and increase self-regulation.
- Regulation and Legislation Compliance:
    - This use of technology aligns with CQC Regulation 9: Person-Centred Care, ensuring that care plans are tailored to individual needs and that technology is utilized to enhance the quality and effectiveness of care.
    - CQC Regulation 12: Safe Care and Treatment ensures that technology used in the PBS process does not compromise safety but instead improves care efficiency and outcomes.

2. Data Collection and Monitoring Tools

Objective: To use technology to collect and analyse data on behavioural interventions, outcomes, and service user progress, allowing for informed decision-making and continuous improvement.

- Behavioural Data Tracking:
    - Digital tools and apps will be used to track and monitor behavioural data, including the frequency, intensity, and duration of challenging behaviours. This allows for more accurate assessment and timely adjustments to PBS plans.
    - Wearable devices or environmental sensors may be used to monitor an individual's activity levels, sleep patterns, and stress indicators, providing valuable insights into their overall well-being and behavioural triggers.
- Real-time Data Collection:
    - Real-time data collection ensures that staff can monitor progress and make immediate adjustments if necessary. For instance, if a certain strategy is proving ineffective, staff can use the data to implement alternative approaches more quickly.
    - Data analytics platforms will be used to analyse long-term trends and evaluate the effectiveness of PBS strategies over time, ensuring that support is continually tailored to the individual's changing needs.
- Family and Support Network Access:
    - Family members, carers, or advocates can have secure access to the data and progress reports, ensuring that they are kept informed of the individual's progress and can contribute to decision-making. This aligns with the principles of person-centred care and family involvement.
    - The use of digital platforms ensures transparency and facilitates communication between the service provider, family, and the broader support network.
- Regulation and Legislation Compliance:
    - The use of data collection tools ensures compliance with CQC Regulation 17: Good Governance, which requires accurate data and continuous evaluation of the quality of care.
    - Data Protection requirements under the Data Protection Act 2018 and GDPR will be followed, ensuring that personal data is securely stored and used only for the purpose of care and treatment.

3. Technology in Crisis Management and De-escalation

Objective: To use technology to assist in crisis management and de-escalation strategies, reducing the reliance on restrictive practices and improving the effectiveness of support interventions.

- Real-time Crisis Monitoring:

    - Crisis management can be enhanced through real-time monitoring systems that alert staff to escalating situations before they reach a crisis point. For example, a safety monitoring system might track an individual's behavioural changes, providing early warnings when certain thresholds are met.
    - Emergency communication systems (e.g., panic buttons, intercom systems) allow staff to quickly summon assistance in emergency situations, ensuring quick response times and timely interventions.
- De-escalation Aids:
    - Technology can be used to implement de-escalation strategies. For instance, apps or software can provide staff with quick access to de-escalation scripts or visual aids that may help calm individuals in times of distress.
    - Interactive screens with calming visuals or soothing sounds can be introduced as part of the environmental control system, providing individuals with autism or mental health needs with a sensory-friendly way to de-escalate.
- Monitoring Behavioural Progress:
    - Technology enables continuous monitoring of behavioural progress, helping staff evaluate the success of de-escalation strategies and modify interventions as needed.
    - Tracking software can provide insights into the effectiveness of different de-escalation techniques over time, allowing the PBS framework to be refined for each individual.
- Regulation and Legislation Compliance:
    - The use of technology in crisis management and de-escalation is in line with CQC Regulation 12: Safe Care and Treatment, ensuring that interventions are safe, effective, and minimally intrusive.
    - It also supports CQC Regulation 9: Person-Centred Care, ensuring that technology is used to enhance the individual's experience of care and reduce the reliance on restrictive practices.

4. Training and Support for Staff

Objective: To ensure that staff are adequately trained in using technology to support PBS, crisis management, and data collection, enabling them to deliver high-quality, effective care.

- Technology Training:
    - All staff will receive comprehensive training on the use of technology in PBS, including the operation of assistive communication devices, data tracking tools, and crisis management systems.
    - Staff will also be trained on how to incorporate technology into behavioural support plans to ensure that interventions are implemented consistently and effectively.
- Ongoing Support and Updates:

    - Staff will receive ongoing support and refresher training on technological tools to ensure they are confident in using them and that they remain up-to-date with technological advancements.
    - Reflective practice and supervision will allow staff to discuss any challenges or successes related to the use of technology, fostering a culture of continuous improvement.
- Regulation and Legislation Compliance:
    - CQC Regulation 18: Staffing ensures that all staff are properly trained, supported, and competent in using technology to deliver safe and effective care.
    - It also aligns with CQC Regulation 17: Good Governance, ensuring that the use of technology is part of the service's continuous quality improvement process.

5. Data Protection and Security

Objective: To ensure that all technological tools used in PBS are compliant with data protection laws and that service user data is securely stored, accessed, and used.

- Secure Data Storage:
    - All data collected through technology (e.g., behavioural tracking or communication aids) will be securely stored, in compliance with the Data Protection Act 2018 and GDPR.
    - Access to data will be restricted to authorized personnel only, ensuring that service users' privacy is protected.
- Compliance with GDPR:
    - We will ensure that all data handling practices meet the requirements of GDPR, ensuring that service user data is processed fairly and securely.
- Regulation and Legislation Compliance:
    - This approach is compliant with CQC Regulation 17: Good Governance, ensuring that data is handled securely and that technology is used in a manner that complies with privacy and security laws.

20. POLICY REVIEW

Primus PLUS Healthcare is committed to ensuring that all policies and procedures related to Positive Behaviour Support (PBS) remain current, effective, and compliant with the latest regulatory requirements, best practices, and the evolving needs of service users. The Policy Review process is an essential part of our commitment to providing high-quality, person-centred care that supports individuals with learning disabilities, mental health needs, and autism spectrum conditions.

This section outlines the process, frequency, and responsibilities involved in reviewing the PBS policy, ensuring that it continues to meet the needs of service users, align with CQC regulations, and reflect best practice standards.

1. Frequency of Policy Review

Objective: To ensure that the PBS policy remains up-to-date and aligned with current legislation, CQC requirements, and best practice guidelines.

- Annual Review:
    - The PBS policy will be reviewed at least once every 12 months to ensure it continues to meet the needs of service users and reflects the latest regulatory changes, legislation, and best practice recommendations.
    - This review will take into account changes in CQC standards, new mental health and autism guidelines, and updates to related legislation, including the Care Act 2014, Mental Capacity Act 2005, and NICE guidelines NG11.
- Ad-hoc Reviews:
    - If there are significant changes in local authority or national guidelines, or if serious incidents occur that require policy adjustments, the PBS policy will be reviewed sooner than the scheduled annual review.
    - Reviews may also be triggered by changes in service user demographics (e.g., an increase in service users with specific needs) or if the CQC identifies areas for improvement during their inspections.
- Regulation and Legislation Compliance:
    - This review process is in line with CQC Regulation 17: Good Governance, which requires that policies be regularly reviewed and that systems are in place to assess and improve care practices.
    - Compliance with CQC Regulation 9: Person-Centred Care ensures that the policy remains tailored to individual needs and is updated to reflect the best practices and legislative changes.

2. Responsibility for Review

Objective: To establish a clear structure for the review and updating of the PBS policy, ensuring that it remains relevant and effective.

- Policy Review Team:
    - A dedicated policy review team will be responsible for conducting the review. This team will include key stakeholders such as:
        - Senior management.
        - PBS specialists.
        - Registered Managers.

        - Clinical staff (e.g., psychologists, mental health professionals).
        - Service user representatives (where appropriate) to ensure a person-centred approach.
    - The team will conduct an in-depth review of the policy, assess outcomes and effectiveness, and make necessary recommendations for updates.
- Service User and Family Involvement:
    - As part of the review process, feedback will be sought from service users, their families, and advocates to ensure that the policy remains aligned with their needs and preferences. This can be done through surveys, focus groups, or feedback forms.
    - Family members and carers will be encouraged to provide feedback on their experiences with the PBS approach and any areas they feel need improvement.
- Regulation and Legislation Compliance:
    - This approach to policy review aligns with CQC Regulation 9: Person-Centred Care, ensuring that service users and their families are involved in the ongoing evaluation of care and support.
    - It also complies with CQC Regulation 17: Good Governance, which mandates the regular review of policies and procedures to ensure continuous quality improvement.

3. Review Process

Objective: To ensure a comprehensive, structured review of the PBS policy that includes feedback from staff, service users, families, and regulatory bodies.

- Data Collection and Analysis:
    - During the review process, relevant data on behavioural outcomes, incidents, and staff performance will be gathered and analysed to assess the effectiveness of the current PBS policy. This data may include:
        - Incident reports involving challenging behaviours.
        - Outcome data from functional behaviour assessments (FBAs) and Positive Behaviour Support Plans (PBSPs).
        - Feedback from service users, families, and staff regarding the effectiveness of PBS strategies.
        - CQC inspection reports or any feedback provided by external bodies.
- Consultation and Feedback:
    - The review team will consult with relevant stakeholders, including care teams, clinical staff, and family representatives. This ensures that the policy remains inclusive, effective, and aligned with the needs of all involved.

- Staff feedback will also be collected regarding their experiences with implementing PBS strategies, as well as any challenges they face in delivering person-centred care.

- Update Recommendations:
  - Based on the collected data and consultations, the review team will recommend any necessary updates to the PBS policy. These updates may include:
    - Refining PBS strategies or interventions.
    - Adjusting the policy to reflect changes in national guidelines or CQC requirements.
    - Introducing new training programs or staff development initiatives.
    - Updating safeguarding practices or incident response protocols.

4. Approval and Implementation

Objective: To ensure that the updated PBS policy is formally approved and implemented in a timely and effective manner.

- Policy Approval:
  - After the review team has finalized the proposed changes, the updated PBS policy will be presented to senior management and the governance committee for approval.
  - Any changes to the policy will be communicated clearly to all relevant stakeholders, including staff and service users, ensuring that everyone is informed of the new procedures or guidelines.
- Communication of Updates:
  - All staff members will receive a copy of the updated PBS policy, and any training or refresher sessions will be scheduled as necessary to ensure that the new policy is implemented effectively.
  - The updated policy will be made accessible to service users and their families, ensuring they are aware of any changes that may impact their care or support.
- Regulation and Legislation Compliance:
  - The approval process ensures that the updated PBS policy remains compliant with CQC Regulation 17: Good Governance, ensuring that the policy is consistently evaluated, updated, and properly communicated across all levels of the organization.

5. Ongoing Monitoring and Continuous Improvement

Objective: To maintain a system of continuous improvement, ensuring that the PBS policy is always responsive to the changing needs of individuals and the broader regulatory environment.

- Post-Implementation Review:

- After the updated PBS policy has been implemented, regular follow-up reviews will be conducted to assess its effectiveness and impact. This may include:
    - Staff feedback on the ease of implementation and effectiveness of new strategies.
    - Service user satisfaction surveys to ensure that the changes are beneficial and person-centred.
    - Incident data analysis to evaluate whether the new policy has resulted in a reduction in restrictive practices and improved outcomes.

- Continuous Feedback Loop:
    - Primus PLUS Healthcare will maintain a continuous feedback loop, allowing staff, service users, and families to provide ongoing input to improve the PBS policy.
    - This feedback will be collected through regular care reviews, surveys, and consultations, helping to ensure that the policy remains relevant and effective over time.

21. FORMS

[1] Functional Behaviour Assessment (FBA) Form

Service User Information

- Full Name: _____
- Date of Birth: _____
- Assessor: _____
- Date of Assessment: _____

Behaviours of Concern

Behaviour Description	Frequency	Duration	Intensity	Context
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Antecedents (Triggers)

- _____
- _____

Consequences

- _____
- _____

Functional Analysis

- What is the function of the behaviour? (e.g., Attention, Escape, Sensory)
    - ☐ Attention
    - ☐ Escape
    - ☐ Sensory
    - ☐ Other: _____

Observations and Additional Information

- _____
- _____

[2] Positive Behaviour Support Plan (PBSP) Form

Service User Information

- Full Name: _____
- Date of Birth: _____
- Plan Development Date: _____
- Plan Review Date: _____

Key Goals

Goal Description	Short-Term Goal	Long-Term Goal	Progress Notes
_____	☐ Yes ☐ No	☐ Yes ☐ No	_____
_____	☐ Yes ☐ No	☐ Yes ☐ No	_____

Proactive Strategies

- _____
- _____

Skills Teaching

- _____
- _____

Crisis Management Plan

Behavioural Crisis	Intervention Steps	Responsible Person	Timing
_____	_____	_____	_____
_____	_____	_____	_____

Monitoring and Review

Review Date	Behaviour Changes	Goal Achievement	Next Steps
_____	_____	_____	_____

[3] Incident Report Form

Service User Information

- Full Name: _____
- Date of Incident: _____
- Location of Incident: _____

Incident Description

- What happened: _____
- Antecedents (Triggers): _____
- Behaviours Observed: _____
- Consequences: _____

Staff Actions Taken

- Preventive Actions: _____
- Restrictive Practices Used (if any):
    - ☐ Physical Restraint
    - ☐ Seclusion
    - ☐ Chemical Restraint
    - ☐ Other: _____

Outcome and Follow-Up Actions

- _____
- _____

[4] Staff Training Record Form

Staff Information

- Name: _____
- Job Title: _____
- Department: _____

Training Details

Training Type	Date of Training	Trainer Name	Certification Status	Next Review Date
☐ **PBS Overview**	_____	_____	☐ Completed ☐ Pending	_____
☐ **Crisis Management**	_____	_____	☐ Completed ☐ Pending	_____
☐ **De-escalation Techniques**	_____	_____	☐ Completed ☐ Pending	_____

[5] Safeguarding Incident Report Form

Service User Information

- Full Name: _____
- Date of Incident: _____
- Safeguarding Concern Type:
    - ☐ Physical Abuse
    - ☐ Emotional Abuse
    - ☐ Neglect
    - ☐ Financial Abuse
    - ☐ Exploitation
    - ☐ Other: _____

Incident Description

- _____
- _____

Actions Taken and Outcome

- _____
- _____

[6] Equality Impact Assessment (EIA) Form

Policy Title: _____

- Date of Assessment: _____
- Assessor Name: _____

Service User Groups Affected

Group	Impact on Group	Positive Impact	Negative Impact	Mitigation Actions
☐ **Learning Disabilities**	_____	☐ Yes ☐ No	☐ Yes ☐ No	_____
☐ **Autism**	_____	☐ Yes ☐ No	☐ Yes ☐ No	_____
☐ **Mental Health**	_____	☐ Yes ☐ No	☐ Yes ☐ No	_____

Follow-Up Actions and Recommendations

- _____
- _____

[7] Annual Policy Review Form

Policy Title: _____

- Date of Review: _____
- Reviewed By: _____

Summary of Changes

- _____
- _____

Approval Status

- ☐ Approved
- ☐ Pending
- ☐ Rejected

[8] Crisis Management and De-escalation Record

Service User Information

- Full Name: _____
- Date and Time of Incident: _____

Description of Crisis and Intervention

- Crisis Description: _____
- De-escalation Strategies Used: _____

Outcome and Follow-Up

- _____
- _____

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