

Consultation response –

Use of Anti-psychotic Medicines in Care Homes

1. Care Forum Wales welcomes the opportunity to respond to this call for information. We are a membership organisation for Health and Social Care Providers in Wales representing over 450 independent providers (both private and third sector), the majority of whom own care homes.
2. We promote excellence in practice in health and social care and have a number of expert leads in key areas, including dementia care. Steve Ford, our dementia lead, recently appeared on BBC's television programme, Eye on Wales, endorsing calls for the use of anti-psychotic medicines to be carefully monitored and reduced wherever possible, to enhance the quality of life of people living with dementia and to avoid unnecessary and harmful side effects, such as increased likelihood of falls.
3. Some of the first generation medicines have potentially serious side effects and have been largely discredited for use for people living with dementia. Some studies have shown increased mortality rates, incidence of stroke and cardio-toxicity. We believe that anti-psychotic medication should only be given as a last resort and, if it is appropriate, there should be a robust system of review every 3 months.
4. We are in the process of writing to our members to remind them of our campaign to be "A Champions" (Assessment of Challenging and Management Problems Initiating Options for New Solutions) and to re-issue guidance that we first issued in 2011.
5. We recognise that the responsibility for prescribing antipsychotic medicines rests with the GP and hospital psychiatrists or clinicians. However, it is often prescribed in response to the care team seeking to manage behaviours that challenge. We would rather urge care practitioners to seek individualised, creative and innovative interventions. The first step is to recognise and understand the triggers that cause this behaviour. The A Champions document includes a concise and practical checklist to help care practitioners to identify behaviours and likely triggers; to rate the level of incident and to find interventions that work for the individual. A copy of the document is attached at the bottom of this response.
6. We have worked previously with the University of South Wales in devising a dementia certificate for nurses to create better understanding of these issues. We are currently in discussion about adapting the training materials to a format that can be shared and used by all care practitioners.

7. We would encourage providers and GPs to work together to review medication with a view to reduction and eventual elimination over a suitable time period, not forgetting the contribution that community pharmacists can make.

Melanie Minty

Policy Advisor

DEMENTIA CARE: 'A CHAMPIONS' DOCUMENT

Assessment of Challenging and Management Problems Initiating Options for New Solutions

Responsible care providers are committed to finding sensitive creative and individualized appropriate care interventions to safely manage behaviour that challenges, exhibited by service users with dementia, and thereby avoiding administration of antipsychotic medications as far as is practicable and safe to do so.

The elimination of or successful management of catalysts and identification of common denominators will inform care intervention strategies and promote problem resolution. Please tick the appropriate boxes, as relevant and complete the document which is designed to take no more than 5 minutes.

This document is suitable for use in all care delivery settings and can be completed by careworkers, carers, nurses or others providing care in hospitals, clinics, day centres, care homes, domiciliary care or care at home by family members or others.

Name of Service User.....
Date of birth.....
Type of care setting
Address
Date of Admission/Residency.....
Diagnosis.....
G.P.....
Other relevant agencies.....
.....

TYPES OF BEHAVIOUR THAT CHALLENGES

PHYSICAL AGGRESSION Please tick as appropriate.

Punch () Slap () Kick () Bite () Head butt () Squeeze () Pinch () Push () Spitting ()
Throwing objects () Describe object thrown..... Blocking others
movements () Throwing liquids () Stamping () Using items as weapons e.g. walking stick
() Describe.....
Other
Comments

PSYCHOLOGICAL BEHAVIOUR

Screaming () Shouting () Repetitive statements () Demanding () Loud behaviour ()
Unreasonable requests () Threatening () Intimidating () Swearing () Clapping ()
Other.....
Comments

SELF HARMING BEHAVIOUR

Hitting oneself () Scratching oneself () Pinching oneself () Using an object to hurt or injure oneself () Describe..... Threatening to hurt oneself () Verbalizing suicidal thoughts ()
Placing oneself on floor () Deliberately rolling oneself out of bed () Attempting to eat/drink non food objects () Describe.....
Other.....
Comments.....

SEXUAL BEHAVIOUR

Unwelcome sexual comments () Inappropriate kissing () Inappropriate touching ()
Fondling () Penetrating actions () Describe Exposing oneself () Use of sexual swear words ()
Masturbation in room other than bedroom () Identify Inappropriate flirting ()
Describe
Other.....
Comments

DESTRUCTIVE BEHAVIOUR

Damage to electrical appliances () Homes fixtures and fittings () Walls/wallpaper ()
Throwing objects () Please describe Throwing food ()
) Trashing rooms () Identify which Shredding/Ripping items.....
Other
Comments

INAPPROPRIATE BODILY ELIMINATIONS

Urinating in inappropriate places () Describe location
Defecating in inappropriate places () Describe location
Manually handling/smearing/throwing faeces () Other () Describe.....
.....
Comments.....
.....

Any further relevant information.

.....

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.....

REASONS/CATALYSTS/TRIGGERS FOR UNDESIRABLE UNWANTED BEHAVIOUR

(Please record as appropriate in the following sections)

P = Possible I = Identified/Confirmed

MEDICAL ISSUES

Dehydration () Constipation () Diarrhoea ()

Infection (e.g. U.T.I) () Describe

Pressure ulcers/wounds/tissue viability problems () (describe).....

.....

Medication side effects () describe

Sight/Hearing/Sensory problems () describe

Dental pain/oral problems () describe

Sleep disturbance () describe

Seizure activity () describe

Specific Medical Condition () describe

Polypharmacy () describe

Immobility () describe

Other Medical Issues ()

describe.....

.....

PERSONAL COMFORT ISSUES

Pain () Discomfort () Sore bottom (sitting/lying for long periods of time ()

Hunger () Thirst () Too hot () Too cold () Wanting to go to the toilet ()

Incontinence () Feeling of being interfered with ()

Other

Comments

PSYCHOLOGICAL ISSUES

Agitation () Irritability () Anxiety () Anger () Depression () Tearful () Accusatory ()

Hallucinations () Delusions () Hyperactive () Intolerant of others () Boredom/isolation ()

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) Sleepy () Not wishing to be disturbed () Pacing ()
Sundowning () Disinhibition () Suspicious/paranoid feelings () Communication
difficulties ()
Other
Comments

ENVIRONMENTAL ISSUES

Crowded room () Too noisy () TV/Radio blaring away () Wanting to leave ()

Incompatibility of adjacent people () Unpleasant odours ()

Lack of therapeutic environment () Deprivation of liberty ()

Describe

Other

Comments

STAFF ISSUES

Inappropriate approach by staff () Medical/nursing procedures by staff ()

Administration of medication by staff ()

No/insufficient explanation of care intervention procedures by staff ()

Inadequate numbers of staff to provide the necessary care () Poor staff skills ()

Staff ignoring requests/questions () Change of carer ()

Other

Comments

SERVICE USER ISSUES

Disturbed by behavior of other service users ()

Describe

Aggression from another service user ()

Repetitive behavior from another service user ()

Unwanted personal contact/intrusive behavior from another service user ()

Other

Comments

VISITOR ISSUES

Unwanted visitor () Inappropriate behaviour from visitor ()

Challenging behaviour to a visitor () Challenging behaviour after a visitor leaves ()

Challenging behaviour following an outing with a visitor ()

(Please specify).

Other.....

Comments

Other catalysts/triggers/reasons

Comment upon domain/specifics:-

.....

.....

.....

.....

.....

OTHER DETAILS

No identifiable catalysts/triggers/common denominators ()
Issues/actions that are indefinable/unassessable/difficult to categorize
()

Comments

Time of challenging behaviour

Date of challenging behaviour

Day of challenging behaviour (e.g. Monday)

Location of challenging behaviour

**INCIDENT RATING 0 = NO HARM; 5 = MODERATE HARM/RISK OF HARM 10 = VERY
HIGH RISK OF HARM OR ACTUAL HARM/POTENTIALLY LIFE THREATENING**

PLEASE RATE INCIDENT 0 – 10.....

Other.....

Comments

INTERVENTIONS THAT APPEAR TO HELP

Escort service user away from location ()

Please identify to which area of the home.....

One to one care/reassurance () Comment.....

Activity sessions () Comment

Reality orientation () Comment

Validation therapy () Comment

Snorezen room () Comment

Escorted outing () Comment

Contact/interaction with specific staff member () Identify

Contact/interaction with family member/visitor/advocate () Identify

Contact/interaction with service user () Identify

Contact/interaction with visiting professional () Identify

Contact/interaction with visiting chaplain/clergy () Identify

Contact/Interaction with Other () Identify

Distraction () Comments

Use of comfort object () Comments

Use of isolation with discreet observations () Comments

Use of drink substances () e.g. glass of wine/cup of tea, Comments
.....

Assess fluid intake () describe tool used

Use of food Substances () Comments

Ventilation of feelings () Expressions of anger () Active listening ()

Personal contact, e.g. holding hands ()

Firm verbal directives () *Identify in care plan

Address Medical Issues () Describe

Medication () Type Antipsychotic Yes/No PRN Yes/No
Name and dose.....
Method of administration.....
Comments

Restraint () Was this the only feasible option? ()
Type of Restraint For How Long..... Comments
..... Recorded in Restraint register ()

Who is the person(s) that was harmed/placed at risk of harm

Designation of individual

Was the harm avoidable? Comments

OUTCOME

Relevant/Likely Themes/common denominations relating to undesirable
behaviour/incidents.....

What have we learned to become better equipped to deal with future incidents or avoid
them.....

MEDICATION ISSUES

**Please describe any changes in service users presentation relating to behaviour
without/since non administration of anti psychotic medication given for incident
resolution.....**

Time period involved.....

Discussed with/ please identify

Has the Care home received recognition of good practice in dealing with behaviour that challenges. Yes () No ()

By whom.....Designation.....

Copy Sent To: Service user ()
Service users family/advocate ()
G.P ()
Social services ()
BCUHB ()
CSSIW ()
Police () File ()
Other () Please specify
Name of Person completing document
Designation
Signed
Dated

[illegible]



A CHAMPIONS DOCUMENT ABC ANALYSIS CHART

**‘A CHAMPIONS’ document conceived by Stephen Ford MA, RGN, RMN.Dip.Ger. Dementia Care
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Care Forum Wales

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