

Mr X – Personal Profile

February 2016

Mr X is a 27 year old gentleman with a diagnosis of severe learning disability and autism. He displays infrequent but significantly aggressive and challenging behaviours. Mr X also has type 1 diabetes requiring insulin injections and blood sugar monitoring and has been diagnosed with epilepsy for which he is receiving treatment.

Following an unsuccessful treatment period in hospital under s3; Mr X was discharged from the hospital setting under extended MHA s17 arrangements by a First Tier Tribunal whilst the CCG commissions an appropriate 'treatment and intervention' option. Currently Mr X receives day care support between Monday – Friday between 09.00 and 17.00hrs in Northampton. At present no demands are made on Mr A and he is supported by staff over a stable gate. The CCG is anxious to move this arrangement to a commissioned service that is less restrictive and more enabling and is seeking to commission a bespoke type arrangement - see Appendix 1 Care package requirements.

Communicating and Self Determining

Mr X communicates using limited language and will use terms like 'ugg' and will tap his chest which means he wants the carers to say "What does Homer Simpson say? dohh"

Mr X is able to understand spoken English and is also able to use a visual schedule which he will look at during the day. A schedule is in place using the 'Now and next' format, which gives Mr X structure and predictability to his day.

Mr X will point towards a window or into the distance to indicate what is going to happen tomorrow. He always wants to know the plan for the next day as a familiar routine makes him feel safe. This is communicated via a pictorial schedule.

Staff will need to be able to support Mr X to continue to use his schedule. This is part of his communication needs and it is hoped that in the future it can be extended to help Mr X cope with change, making choices and transitions.

Mr X has recently been heard to say a number of words: Yes, No and Water, that appear to be in context.

Mr X's core day care team have received some basic training in Makaton signing and have a file containing pictures of the signs. However; Mr X tends to adopt signing specific to him and they are completing a dictionary specific to Mr X.

Prior to any new activities being introduced to his routine, such as walks; preparation including the use of videos and photos of significant places has proved beneficial in the past. Mr X will use objects of reference to communicate his needs, for example he will point at a mug when he wants a drink.

Consistency of staff is a significant requirement, they will need to be able to recognise the subtle body language and facial signs that indicate his level of arousal and needs. The replacement of verbal directions with signing when Mr X is in high arousal assists in reducing the levels of his anxieties and agitation.

Perceiving and Responding

Mr X appears aware of the environment around him and responds to people and situations. Mr X can have periods where he presents as generally settled and quite cheerful in mood, however at times, he can become extremely anxious and agitated when having difficulty communicating with staff or if there is a change in his routine. He does appear to have phases of unsettled behaviour and there appears to be a definite link to episodes of hypoglycaemia. Support staff will need to become familiar with Mr X's presentation and how to support him at differing times.

Mr X enjoys the use of intensive interaction with people who support him. Staff will need knowledge and training. He will interact with an individual member of his support team for periods of time in this way. Mr X can be reasoned with and will communicate with his support staff even during periods of aggression. It is important staff understand the need for helpful communication, particularly during difficult periods.

Physical Conditions and Medication

Diabetes

Mr X has type 1 insulin dependent diabetes, and is prescribed Novomix (both long and short acting insulin mixed). Mr X's blood sugar levels can often be unstable.

Mr X has four blood sugar tests each day, once before breakfast, before lunch, before his evening meal and once before bed. Staff should test Mr X's blood sugar level if they are concerned at any other time. He has levels tested before his meals. Staff will need to learn to check Mr X's blood sugars and administer the insulin – this is managed by a set procedure and this must be consistent. This is an intervention where the chances of an aggressive incident are more likely than at other times; It is important that staff are trained and supported to be confident and proficient in this procedure to limit the chances of aggression. A comprehensive action plan on how to carry out this procedure is in place. Staff will need to have awareness and understanding of diabetes and work closely with the specialist diabetes nurse for continued advice and monitoring.

Epilepsy

Mr X has been diagnosed with epilepsy for which he is prescribed Epilim. He does not like taking tablets therefore this needs to be crushed and given in his sandwiches. Mr X has also been prescribed Buccal Midazolam filled syringes to be given in the event of a seizure to help calm him down and reduce the level of aggression.

Mental Health

Mr X receives Fluoxetine daily to help manage his anxieties; this is given via his sandwiches.

Physical Health

Mr X suffers with acid reflux for which he is prescribed Omeprazole. As above; because of his dislike of taking tablets the capsule needs to be split and the contents sprinkled over his sandwich. He also suffers badly with hay fever and again a tablet is crushed and sprinkled in his sandwich. This is done in front of him and he is aware the tablets are in his food.

Mr X can get very hot and perspire. When Mr X rubs his forehead it means that he is hot but he doesn't know how to help himself by taking off a jumper and so will require prompts and support from staff to do this.

When Mr X taps the back of his head it means that he has a headache.

Staff will need to be trained in first aid, insulin management and how to respond if he has a seizure, including the administration of Buccal Midazolam.

Eating and drinking

Mr X would only eat a very limited variety of food in the past, however a more varied diet has been offered and he now enjoys meals that include pasties, waffles and a particular favourite – crumpets.

Mr X likes to eat jam sandwiches for breakfast cut into four squares with the crusts on.

At lunch time staff ensure the kitchen area is safe and assess his mood before deciding whether to ask him to pass the bread, butter and filling. If he is having a cooked lunch, the food should be cooked as instructed but then left to cool as he will throw it away if it is too hot. If he does attempt to throw his food away, staff verbally encourage him not to and this is usually effective. In the past Mr X would only eat using his fingers, now he is using a sculptured fork. This allows him to experience foods that in the past were too difficult to manage with his hands. Mr X will have a cooked meal in the evening.

For supper Mr X will have digestive biscuits and an apple before retiring to bed. Mr X is able to request drinks and ask for his cup to be filled. With verbal prompts Mr X will participate in simple food preparation, he will stir cake mixes, gather ingredients, wipe his table and clear his plates away.

Personal Hygiene and Self Care Needs

Mr X is able to attend to some of his personal care with verbal prompts; he will dry himself however staff need to ensure he does so thoroughly. He will wipe his bottom with tissue after staff use wet wipes to ensure he is clean.

In the morning Mr X is given a choice of two items of clothing to wear; he will then pick the one he wants to wear. Some items he can put on with ease others he requires some help with, such as his shirt and socks.

He will brush his own teeth using an electric toothbrush with verbal prompting from staff, and use an electric razor to shave. Following desensitisation work the Dentist was able to visit Mr A and carry out a visual check of his mouth.

As Mr X is building his confidence with his team he is becoming more relaxed and spending more time soaking in the bath which tends to soothe him. Mr X needs the support of his staff to wash his hair. Mr X seems to favour having a bath in the evening as this signifies the end of the day to him.

Mr X will need support to develop the skills he has and promote independence.

Mobility

Mr X is fully mobile. He did enjoy regular walks and would walk fast and for long distances and staff need to accommodate this in the future. Initially, Mr X will need to be supported by a minimum of three people when accessing the community.

Working, Occupation and Leisure

Mr X is currently not going out on walks. Activities are in-house. He still enjoys watching his videos and DVD's favouring 'Thomas the Tank Engine' and 'Spider in the bath'. Mr X has an I-pad that has videos that he watches.

A variety of activities have been tried but he has shown no interest in; for example 'Play dough' and 'Stickle bricks'.

New and different activities should be offered to Mr X to broaden his interests, increase his choices and widen his community experiences. It takes time for Mr X to tolerate changes and new activities and these should be slowly introduced into his schedule with lots of support from staff.

Sleeping and Resting

Mr X sleeps well during the night.

Ensuring His Own Safety

Due to Mr X's degree of learning disability he is vulnerable and therefore at risk of exploitation and abuse from others. When he is aggressive towards others he does not have any understanding of the consequences of his actions or the risk he puts himself in by his actions.

Mr X does not cause damage to his environment, property or furnishings.

In the past Mr X has been known to bang his head and kick walls/doors, which has resulted in injury to himself. It is believed this is more of a way of expressing his frustrations rather than the intention to deliberately self-harm.

Risk to Others

Mr X has a long standing history of physical aggression towards others which can often cause significant injuries. His aggression is usually directed towards carers and those supporting him. There are certain triggers that can cause Mr X's aggressive behaviours, for example

- People using a telephone/mobile phone
- The use of pens & pencils
- People talking around him
- People in what he perceives as his space
- Pain or a physical/medical issue that he can't communicate

Mr X does not tolerate changes in his routine or unexpected occurrences that are out of his control, this will also result in aggressive behaviours. For example a power cut, DVD breaking, change of route during a journey due to roadwork's.

On other occasions Mr X's aggressive behaviours can be totally unpredictable - he can appear happy and smiling and completely out of the blue suddenly launch and attack someone nearby. In the past it was noted more that there may be an element of intent in his attacks, for example he would request a drink or a change of DVD to draw someone in close and then attack them.

Mr X likes to control his environment and will use aggression to gain this control. If allowed to he can easily become isolated by using aggression to refuse staff into 'his space'. As soon as staff are near him he will 'attack'. This results in staff becoming wary of him and giving him a 'wide berth' which in turn reinforces his behaviours. Staff will need to be firm, consistent and enforce boundaries whilst giving him respect and not being cautious of him.

Mr X can often direct his aggression repeatedly towards one particular member of staff during a period of support. At these times it is recommended for that staff member to reduce the level of personal direct support and others to support.

Mr X does not tolerate transitions very well and these can act as triggers. He previously was transported in vehicles where he could be seated in the back row of a larger type 7/8 seater car with a row of seats between him and the driver/escorting staff to avoid an attack whilst driving. In the family car there is a dog guard between him and the front seats.

When being aggressive Mr X tends to target peoples face, neck, arms and upper body.

- He will target faces, eyes and/or the cheek area with hands in a claw position and in a downward motion.
- He also targets hands and arms attempting to scratch and bite
- He will scratch with such intent it will break the skin and draw blood.
- He will bite with a tearing motion, ripping the skin.
- He will launch himself and grab at people in an attempt to attack.
- He is known to approach people from behind and throw himself onto staff knocking them to the floor.

Some incidents can be over very quickly and once over Mr X returns to his normal self and will seek reassurance about what has happened. Others can be sustained attacks resulting in significant injuries to the staff involved and will require a support team of 3-4 staff to intervene and manage the situation. These occurrences have been infrequent.

Staff will need to be trained in risk assessment and management skills as well as breakaway techniques so that should Mr X become aggressive they can remove themselves from close

proximity. They will also need accredited physical intervention training as this is likely to be required during more sustained attacks.

Depending on the level of aggression or intent of the attack the incident may result in the following interventions

- Verbal prompts - these will need to be clear and firm commands
- De-escalation techniques in a quiet area
- Physical intervention techniques

Mr X's support team will need to be experienced in supporting people with learning disabilities and autism whose behaviours are challenging and who exhibit high levels of aggression. They will need to be experienced at working with this level of high challenge and aggression so they can project confidence and be assertive with Mr X when necessary, maintaining boundaries and not re-enforcing his behaviours. Staff will need to be trained to deal with the medical and physical conditions of Mr X such as his diabetes and epilepsy and ensure the consistent administration of medication, monitoring of blood sugars etc. It is important to Mr X that staff can support him at times of challenge and see the behaviours separate to Mr X as an individual. A strong commitment to support people to move towards living in their own home is essential.

Mr X is currently supported during the day (Monday –Friday) with a 'stable door' between himself and his support team. Mr X is supported by his parents at all other times.

Staff are provided with protective clothing in the form of wrist cuffs/armlets and hooded jackets. The protective clothing does not stop Mr X from causing injuries to staff; however it lessens the degree of the injury sustained.

Mr X will initiate touch by holding out his hand; staff always say 'Gentle hands' before they shake hands with him. Although this is not always effective it does seem to prompt him not to scratch or grab, this is evidenced by a reduction in staff injuries.

A consistent team that know him really well is vital; they will be able to pick up on his nuances that indicate a shift in his arousal level.

Family relationships

Mr X's parents currently support him at the weekends and in the evenings. The relationship is strong and loving and this relationship needs to continue. Mrs X's parents are fully intuitive to the nuances of X's needs and the required responses. Care and Support Providers must engage and communicate responsibly with Mrs X's parents who are integral to the success of any package of care.