

**POCKET
GUIDES**



LEARNING DISABILITY PLACEMENTS

Edited by Sam Humphrey

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Pocket Guides

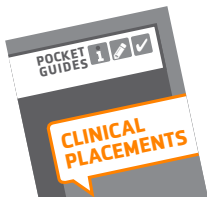
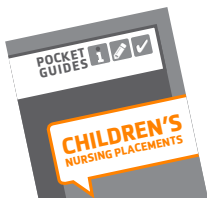
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Edited by Sam Humphrey

De Montfort University, Leicester



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Preface

This pocket guide to learning disability nursing placements has been specifically written for student learning disability nurses. It acknowledges that the field of learning disability nursing is a unique and specialist profession and that student learning disability nurses will need an arsenal of distinctive knowledge and skills at their disposal.

Within learning disability services, you will find a variety of abbreviations and terms used to refer to learning disabilities and people with learning disabilities, such as patients or service users. For the purposes of this guide, we have used the abbreviation 'LD' for learning disability/disabilities and 'person' wherever possible as a reminder that a person with learning disabilities should not be defined by their diagnostic label.

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Abbreviations

Abbreviations can vary between clinical areas and can mean different things to different people in different contexts, so always check.

Abbreviations common in LD services

AAC	augmentative and alternative communication
ADHD	attention deficit hyperactivity disorder
ADL	activities of daily living
ASD	autistic spectrum disorder
ATU	assessment and treatment unit
CAMHS	child and adolescent mental health services
CLDN	community learning disability nurse
CLDT	community learning disability team
DoLS	Deprivation of Liberty Safeguards
HAP	health action plan
LD/ID	learning disability/intellectual disability
LeDeR	Learning Disabilities Mortality Review programme
LPS	liberty protection safeguards
MCA	Mental Capacity Act
PBS	positive behaviour support
PCC	person-centred care
PECS	Picture Exchange Communication System
PEG	percutaneous endoscopic gastrostomy
PEJ	percutaneous endoscopic jejunostomy
PMLD	profound and multiple learning disabilities
RNLD	registered nurse learning disabilities
STOMP	stopping over-medication of people with a learning disability, autism or both
VNS	vagus nerve stimulator

Abbreviations common in general services

A&E	Accident and Emergency
ABC	airway, breathing, circulation
ANTT	aseptic non-touch technique
A(D)PIE	assessment, (diagnosis), planning, implementation, evaluation
BLS	Basic Life Support
BNO	bowels not opened
BO	bowels opened
BP	blood pressure
CBT	cognitive behavioural therapy
CD	controlled drug
CPA	care programme approach
CPR	cardiopulmonary resuscitation
DHSC	Department of Health and Social Care
DNR/DNAR/DNACPR	do not attempt resuscitation
DOB	date of birth
DOH	Department of Health
GP	general practitioner
ICD	International Classification of Diseases
IM	intramuscular
IOF	incontinent of faeces
IOU	incontinent of urine
IV	intravenous
MAR	medication administration record
MDT	multidisciplinary team
MHA	Mental Health Act
NAD	no abnormality detected
NAI	non-accidental injury

NBM	nil by mouth
NG	nasogastric
NJ	nasojejunal
NMC	Nursing and Midwifery Council
O ₂	oxygen
OCD	obsessive–compulsive disorder
PD	personality disorder
PHE	Public Health England
PO	taken orally
PR	given rectally
PRN	give as required
PU	passed urine
RR	respiratory rate
SC	subcutaneous
TPN	total parenteral nutrition
TPR	temperature, pulse, respirations
UTI	urinary tract infection

The 6 Cs of nursing values

Care
 Compassion
 Courage
 Communication
 Commitment
 Competence

12.1 Hand hygiene

Hand washing is the best intervention that healthcare professionals can complete to help prevent the spread of healthcare-associated infections.

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20–30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



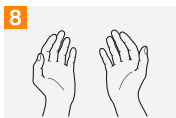
Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Proper hand rub technique (World Health Organization, 2009). Reproduced with permission of the World Health Organization, www.who.int.

You're likely to have placements in community settings in addition to residential or hospital areas, and this might mean that you're not able to wash your hands with soap and water because the facilities aren't available. In situations where your hands are not soiled, you can use alcohol gel as an alternative; you can find a step-by-step guide to cleansing your hands on the opposite page.

12.2 Moving and handling

It's important when moving and handling to keep yourself safe as well as those you're supporting, so the first question to ask is 'do I need to move this person or object?'. If so, you can assess the risk using TILE.

Task	What do you want to do? What is the planned outcome of the task? e.g. assist the person out of bed.
Individual	What are your capabilities? Do you have any health conditions that might impact on your ability to perform the task safely?
Load	This refers to the person or object that you're moving. You might need some support or additional equipment, e.g. a hoist for a person who has PMLD.
Environment	Assess the area that you're working in and where you're moving the 'load' to – they must both be safe and free of any potential hazards.



Notes



Top tips

- For some people with PMLD the process of being moved can be disconcerting, so ensure you keep them informed of what is happening at each step.
- Each person you support will likely have different mobility needs and abilities, so make sure you're familiar with these before assisting them.
- If specialist equipment, such as hoists, is used to move people, you must ensure you're familiar with how to use it safely before carrying out the activity.
- Some people will have feeding tubes or other devices connected to them that might need to be moved safely with them.
- Think about your own body position when moving and handling; do not twist or lean.
- If a person looks like they are about to fall – do not catch them. This can be dangerous for them and you. Help them to the floor if it is safe to do so, then seek assistance.



Notes

12.3 Challenging behaviour

On placement you may hear people or placement areas being described as having 'challenging behaviour'. In some services this is called different things and it may be referred to as 'behaviours of concern' or 'complex behaviours' but basically it means the same thing. In this book we will refer to it as challenging behaviour.

This may sound scary or intimidating so let's talk about what this means. There are several definitions of it but a seminal one is: "culturally abnormal behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in jeopardy, or behaviour that is likely to seriously limit or delay access to and use of ordinary community facilities" (Emerson *et al.*, 1987).

Breaking this definition down, we can see it talks about behaviours that are culturally abnormal; this can mean things such as inappropriate behaviours or antisocial behaviours. It also mentions 'intensity, frequency and duration' of the behaviour. This means that what we describe as a challenging behaviour may vary depending on these factors. For example, if a person screams once it may not be pleasant, but it's OK; however, if the person screams constantly all day that becomes problematic. So, the frequency and duration of that behaviour are determining that it is a challenge.

It also states behaviours that put the 'physical safety of the person or others in jeopardy' so this means either self-harming behaviours or violence and aggression towards other people. Finally, this definition says that challenging behaviour is any behaviour that stops people having 'access to and use

Emerson, E., Toogood, A., Mansell, J. et al. (1987) Challenging Behaviour and Community Services: 1. Introduction and overview. *Journal of the British Institute of Mental Handicap (APEX)*, 15(4): 166–169. Available at: bit.ly/S12-3.

of ordinary community facilities' – so that can be a whole range of antisocial and inappropriate behaviours.

When we use the term 'challenging behaviour' it's a huge phrase that can mean violence and aggression to others, self-harm/injury, destruction of property and/or socially unacceptable behaviours.

As a student you may be advised by the staff on placement to remove yourself from the area if a person is displaying challenging behaviours. Do not feel this is a bad thing or a reflection on you and your skills. It can make a difference to a situation when we know the person, knowing the right things to say, and the things not to say, so this will be why you're being advised to leave the area.

See *Section 13.4* for how we can support people who display challenging behaviours



Notes

13.1 Assessment

Assessment in nursing is the process by which the needs and abilities of an individual are identified through a structured process. It's important to establish what is usual for each person, so you have a basis for comparison.

Two common assessments that you might see in LD placements are discussed below.

Activities of daily living (ADL)

The ADL assessment was developed by Roper, Logan and Tierney and uses twelve activities of daily living to ensure a thorough and holistic assessment. The ADLs are listed below, along with a sample question to consider; there is then space to add your own.

1. Maintaining a safe environment

Is the environment clean and free of danger?

.....

.....

2. Communication

In what ways does the person wish to communicate?

.....

.....

3. Breathing

Does the person have any issues or conditions that might impact their breathing?

.....

.....

4. Eating and drinking

Do you have concerns about weight or fluid or nutritional intake?

.....

.....

5. Elimination

Is this person at risk of constipation?

see *Section 13.3*

.....

.....

6. Washing and dressing

Can the person manage this task independently or do they need support?

.....

.....

7. Controlling temperature

Are they feeling hot, cold, sweating or shivering?

.....

.....

8. Mobilisation

Does the person need any assistance with mobilising?

.....

.....

9. Working and playing

Work or day activities provide a meaningful sense of purpose; does this person have something they consider meaningful to do with their time?

.....

.....

10. Expressing sexuality

Does the person know how to express their sexuality safely?

.....

.....

11. Sleeping

Does the person have a usual and stable sleep pattern?

.....

.....

12. Death and dying

If the person is being cared for by elderly parents, has any consideration been made as to what will happen to the person when their parents die?

.....

.....

Health Equality Framework (HEF)

The HEF is an evidence-based systemic measure developed by LD nurses and is part of the Moulster and Griffiths LD nursing model (see *Section 5*). It focuses on evidence of health inequalities experienced by people with LD across five broad categories (called 'determinants'):

- Social
- Genetic and biological
- Communication and health literacy
- Personal health behaviour and lifestyle risks
- Deficiencies in access to, and quality of, health provision.

Within these five determinants are indicators of health inequalities that a person with LD might experience. There are 29 health inequality indicators, each with their own unique descriptors to help you assess their impact. A score of 0–4 is given for every health inequality indicator; the greater the number, the greater the negative impact the indicator has on the life of the person.

For a complete guide to the HEF and more information on the five determinants and individual descriptors go to: bit.ly/HEF-GP

Different placement areas will use different assessments and many will have developed their own to suit that service. Assessments will not solely focus on what a person cannot do but will highlight what a person can do for themselves.



Notes
