Restraint Reduction Network

Restrictive Practices Review

Introduction

Whilst the term ‘restrictive practice’ has been widely used to cover physical, chemical, mechanical restraint and seclusion, *Positive and Proactive Care* refers to these as ‘restrictive interventions’.

Definitions of restrictive interventions	
Physical restraint	Any direct physical contact where the intervener’s intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.
Chemical restraint	The use of medication which is prescribed and administered for the purpose of controlling or subduing behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.
Environmental restraint	The use of obstacles, barriers or locks to prevent a person from moving around freely.
Seclusion	The supervised confinement and isolation of a person, away from others, in an area from which the person is prevented from leaving.
Psychological restraint	Depriving a person of choices, controlling them through not permitting them to do something, making them do something or setting limits on what they can do, without physically intervening. It includes the use of threats and coercion.
Mechanical restraint	The use of a device to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural control.

Using a broader definition: *A Positive and Proactive Workforce* uses ‘restrictive practice’ to mean “making someone do something they don’t want to do or stopping someone doing something they want to do”.

We want to use this broader definition of restrictive practice to ensure that people are not being stopped from doing something they want to do or made to do something they don’t want to do unless there is a clear reason why this is unavoidable.

Procedure

The process of identifying all restrictive practices and then assessing their appropriateness, apart from being the right thing to do, aims to:

- comply with national policy
- ensure standards in quality of practice
- reduce risks to individuals
- encourage staff teams to consider their practice
- flag up the need to be able to justify restrictions
- reduce the risk of ‘low-level’ restrictions developing into greater restrictive practices
- raise the issue of restraint during personal care
- establish restriction reduction plans

We need to ensure that any restriction which is part of someone’s planned support is sound, reasonable and legal. If staff use restrictive practices (and the person doesn’t have capacity to consent to the restriction) we need to follow a best interest decision making process. We need to *“consider whether it is the least restrictive option, in terms of the person’s rights and freedoms, by which to meet the person’s need” (Ch. 5, Mental Capacity Act 2005 Code of practice).*

We have established a criteria to apply to any restriction proposed as part of someone’s planned support, in order to decide whether the restriction is ethical and justifiable. However, we are also clear that an intervention in an emergency to prevent immediate harm is part of our duty of care and may be outside of these criteria. Applying this criteria to restrictions means that the least restrictive intervention is employed in order to achieve a legitimate aim. For any restriction to be part of someone’s support it must:

1. Be necessary in order to avoid significant harm to the person

2. Take account of the emotional effect of the restriction on the person

3. Be proportionate − the issue is important enough to justify the restriction

4. Be the least restrictive option − no more than necessary and there isn’t an alternative

5. Be imposed for no longer than necessary

6. Balance the interests of the individual and those of others

7. Be within the context of a warm, person centred, adult to adult approach

The Practice Leader should attend a staff team meeting (the review typically takes one and a half hours) and explain the reasons for reviewing restrictions (as above). They should explain that restrictions are not necessarily a bad thing and are, in some cases, an important part of someone's support − especially in relation to safety. It is critical that the Practice Leader ensures that staff feel safe to be completely honest when discussing their practice and that there is an absence of criticism of practice at this stage. This is crucial in order to get a complete list of any current restrictions.

At the team meeting discuss the list of potential restrictions, typical of those that people with learning disabilities might experience, using the *list of restrictive practices* form. Record any restrictions in place (using clients' initials to indicate whom the restriction applies to). Encourage the team to generate ideas about reducing restrictions and why the restriction is in place, making notes as necessary on the form.

Restrictive Practices Review: list of restrictive practices

Service:	**Staff present:**
Date:	
Locked	
Kitchen cupboards/drawers	
Fridge	
Wardrobe/chest of drawers	
Internal door	
Front/back door	
Garden gates	
Car 'child' lock	

Restriction/limitation (by staff) of person's:	
Access to food/drink (including quantities)	
Access to alcohol/cigarettes	
Money	
Ability to buy something	
Contact with people, family, friends	
Privacy	
Access to shared spaces	
Wish to do an activity	
Ability to go out at specific times	
Ability to refuse an activity	
Holding someone using any degree of force to perform a care task:	
Washing/bathing/showering	
Using toilet/pad change	
Dressing	
Hand washing	
Nails cutting/filing	

Shaving (men and women)	
Brushing teeth	
Hair cutting	
Eating/drinking	
Devices that may be used as a mechanical restraint:	
Bed sides/rails	
Wheelchair lap belt	
Wheelchair foot or thigh straps or overhead harness	
Comfy chair lap belt	
Commode lap belt	
Helmet	
Handling belt	
Arm splints	
Other restraints:	
Clinical holding	
PRN medication prescribed, re: behaviour	
Person to person restraint. re: behaviour	

NB:

Holding someone using any degree of force to perform a care task: There needs to be a discussion often to demonstrate the difference between the use of touch or benign force, where the person being supported is compliant and ‘force against resistance’, that is when the staff member uses a degree of force to complete the care task.

Devices that may be used as mechanical restraint: There is a need to be clear that these devices should be ‘prescribed’ or authorised by a physiotherapist. However it is useful for staff to discuss whether they think the device is necessary or whether they can suggest safe alternatives.

Having completed the *list of restrictive practices* form at the staff team meeting, the Practice Leader should complete section A of the *summary of restrictive practices* form and forward it to the service’s manager, copied to relevant senior manager. The service’s manager should complete sections B and C and return to the Practice Leader, prior to the restrictive practices review meeting.

The Practice Leader should arrange the restrictive practices review meeting, inviting the service’s manager, relevant senior managers and any other stakeholders or staff that it may be useful to attend. At the restrictive practices review meeting, section D should be completed using the seven point criteria above. If the restriction meets the criteria it can be part of the client’s planned support and recorded in the support plan.

If the restriction doesn’t meet the criteria it may be possible to agree to simply remove the restriction. If it is not possible to remove the restriction, the meeting should discuss what actions can be taken to reduce the restriction and these should be recorded in section E. Actions in section E should be kept under regular review until the restriction either meets the criteria or is removed and these should be recorded in section E which acts as a log of the restriction reduction strategy.

Restrictive Practices Review: summary of restrictive practices

Name:	

Sections A completed by:		**Date:**
Sections B and C completed by:		**Date:**
Present at restrictive practices review meeting:		**Date:**

A	B	C	D	E
Restrictive practice	Why is it required?	Who agreed or authorised it?	Meets criteria?	Actions taken to reduce or remove restriction, including dates

Add rows as required