Reducing Restrictive Practices

Updated Guidance

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February 2019

Restraint Reduction Network (RRN)

Training Standards 2018

DRAFT

POSITIVE APPROACHES:

Reducing Restrictive Practices in Social Care

Version 1, April 2016

Cyngor Gofal Cymru
Care Council for Wales

Positive Behavioural Support

A Competence Framework

Positive Behavioural Support (PBS) Coalition UK

May 2015

Reducing Restrictive Practices Checklist

A self-assessment tool to help organisations ensure that the use of coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.

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cpi

restraint reduction network

Care Quality Commission

Brief guide: restraint (physical and mechanical)

Context

Latest guidance from the Department of Health (DH), *Positive and Proactive Care*, places an increasing focus on the use of preventive approaches and de-escalation for managing behaviour that services may find challenging.[1] All restrictive interventions should be for the shortest time possible and use the least restrictive means to meet the immediate need based on the fundamental principles in *Positive and Proactive Care*. This is supported by the 2015 Mental Health Act Code of Practice which states that "unless there are cogent reasons for doing so, there must be no planned or intentional restraint of a person in a prone position".[2] NICE guideline *NG10: Violence and aggression* also recommends avoiding prone restraint, and only using it for the shortest possible time if needed.[3]

We recognise that the use of mechanical restraint may be considered to be the least restrictive intervention in some specific cases, and may present less risk to the individual than the alternative of prolonged manual restraint or transfer to a more restrictive setting. This could provide a valid reason for using mechanical restraint in an emergency or 'unplanned' interventions, as well as planned interventions. However, providers should clearly document that any mechanical and physical interventions were considered by a group wider than just the service to assess whether this was the least restrictive option which was in the best interests of the person, and that there were no less restrictive alternatives which were appropriate and proportionate to the risks posed. In line with *Positive and Proactive Care*, providers should have a policy on the use of restraint and a restrictive intervention reduction programme, for which the board is accountable. Use of all restraint, including any use of mechanical restraint, should always be in line with this policy, and any staff should be appropriately trained. All cases of mechanical restraint should be reported to the trust board.[4]

Evidence required

1. Examine the return from the provider information request about all uses of restraint for each service area/ward. If there are frequent uses of restraint is it being used frequently for one or two people or applied to many people a few times?
2. When visiting a service area/ward, with a particular focus on wards with high use of restraint, record on the evidence tables your findings about the experience of people who have been subject to restraint. Check de-escalation practice. Enquire about staff training in modes of restraint that are in line with best practice and staff awareness of latest guidance on restraint. Review the quality of reporting of incidents and of de-briefing for staff.
3. When examining care records, check that care plans follow the principles of positive behaviour support (i.e. having a focus on preventive strategies, including de-escalation, whether or not this is referred to as 'positive behaviour support'), evidence patients' preferences for future restraint, and the quality of recording for incidents of restraint.

[1] https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions
[2] https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983
[3] https://www.nice.org.uk/guidance/ng10
[4] https://www.nice.org.uk/guidance/ng10

NICE National Institute for Health and Care Excellence

NICE guideline

Violence and aggression: short-term management in mental health, health and community settings

NICE guideline
Published: 28 May 2015
nice.org.uk/guidance/ng10

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National Collaborating Centre for Mental Health

Challenging behaviour and learning disabilities

Challenging Behaviour and Learning Disabilities:

Prevention and interventions for people with learning disabilities whose behaviour challenges

NICE guideline 11

Methods, evidence and recommendations

May 2015

Final

Commissioned by the National Institute for Health and Care Excellence

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Local Government Association

adass

Promoting less restrictive practice

Reducing restrictions tool

July 2016

RC PSYCH Royal College of Psychiatrists

CR220

Restrictive interventions in in-patient intellectual disability services:

How to record, monitor and regulate

COLLEGE REPORT

Department of Health

Mental Health Act 1983 Code of Practice

Department of Health

Skills for Health

skills for care

A positive and proactive workforce

A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health

So how do we put the guidance into practice, to make sure we're using the least restrictive option?

What are restrictive practices?

Are you asking the individual to do something they don't want to do?

OR

Are you stopping them from doing something they want to do?

If the answer to either of these questions is 'yes',
then you are using restrictive practices!!

Are you asking the individual to do something they don't want to do?
OR
Are you stopping them from doing something they want to do?

NO – I'm supporting them to do what they want to do!

Great!

Carry on!

YES!

Why?

To self?
To others?
To environment?

What is the least restrictive option?

Can the person consent?

Yes

If they consent, go with the least restrictive option

No

Do they have Capacity?

Yes

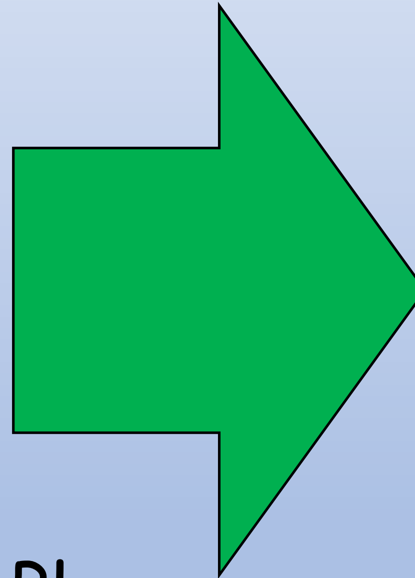
They have the right to make an unwise decision

Assess

A Best Interest meeting/discussion is required

You need to be able to show that you're using the least restrictive option

- Risk Assessments
- Consent
- Capacity Assessment
- Best Interest Decisions
- Reducing Restrictive Practice Plan



Positive Behaviour

Support Plan

Identifying and Managing Risk

What does the individual think?

Remember, if they have capacity, they have the right to make unwise decisions.

Key questions to consider:

- What is the worst that could happen in this situation?
- Who is at risk?
- When does the risk occur?
- Where does the risk occur?
- Why does the risk occur?

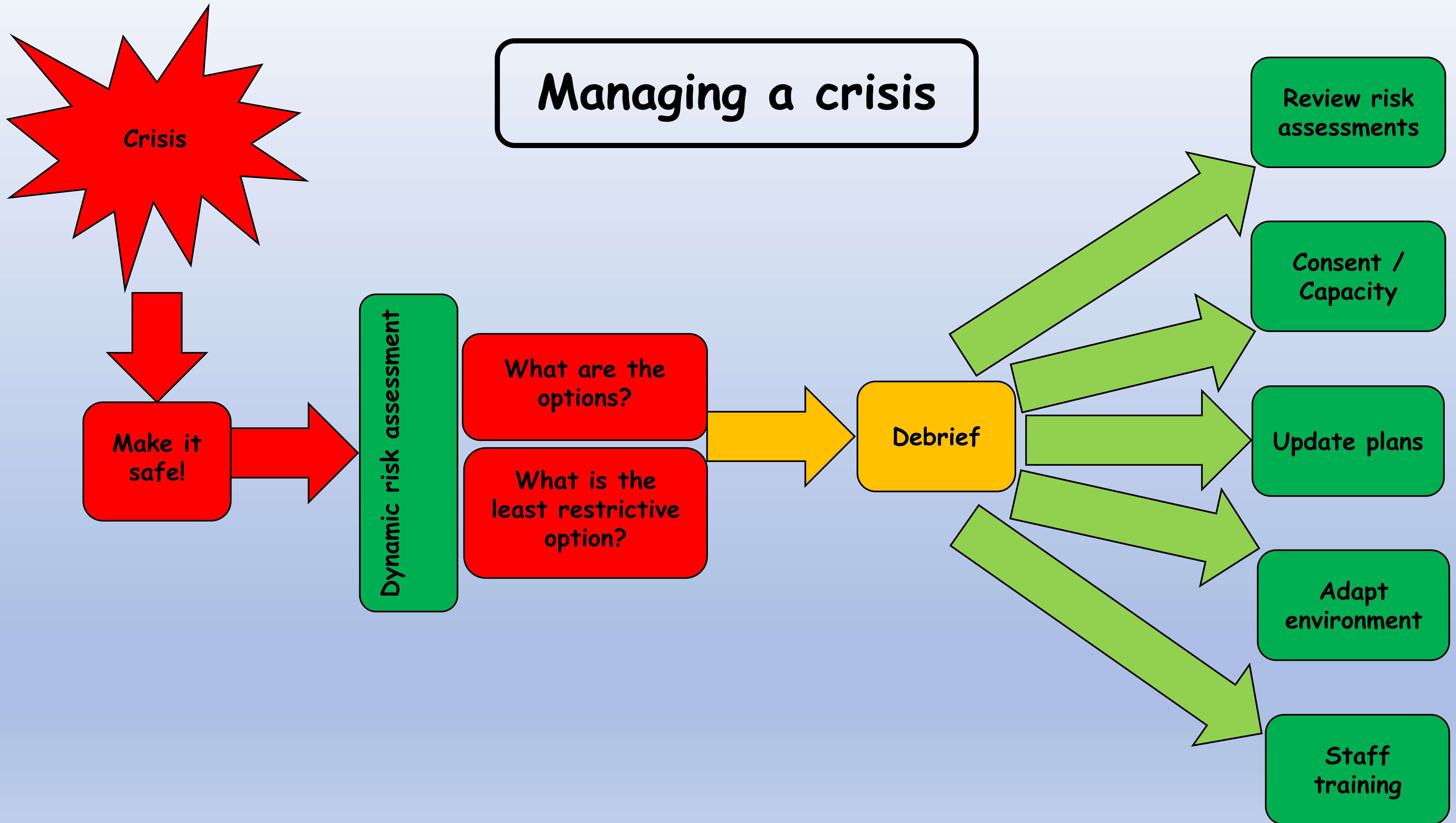
What are the options available to minimise the risk?

- List all the possible solutions
- Be creative in your approach to risk taking

  How can you make it happen?

Which is the least restrictive option? – choose this one!

What is the next step towards reducing restrictions? – how will you work towards this?


Managing a crisis
Crisis
Make it safe!
Dynamic risk assessment
What are the options?
What is the least restrictive option?
Debrief
Review risk assessments
Consent / Capacity
Update plans
Adapt environment
Staff training

Consent and capacity

Helping you make important choices

Version 1 - Nov 2010

SeeAbility Easy Read Factsheet 8

Consent is being asked if you agree to something.

This means saying yes or no.

Sometimes we have to make very big choices like:

- Do I want to live in this house?
- Should I have an operation at hospital?

Capacity is whether you understand the choice you need to make.

The law says that everyone over 18 years old can make their own choices unless we find out they can't.

We must work hard to help people understand their choices before we say they don't understand.

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Helping you to make big choices.

There are many things the law says people must do to help you understand the choice.

- Spend time with you explaining things.

- Get help from someone who knows you well and can help you communicate.

- Use things like Easy Read Factsheets, photos, and pictures, to help you understand.

- Help you visit places like a hospital or an opticians so you better understand what you may be agreeing to.

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To give consent you need to be able to:

- Understand the information about the choice.
- Remember the information long enough to make a choice.
- Think about what is best for you.
- Communicate your choice.

What if you cannot understand the choice?

If you really cannot understand your choice other people will need to make the choice for you.

If you are aged 18 or over a family member, social worker, advocate, or care worker cannot usually give consent for you.

They can only give consent for you if the law says they can. They need to have been appointed as a Deputy, or have Lasting Power of Attorney.

If you are not able to consent to one big choice people are not allowed to say you cannot consent to other big choices without trying to help you understand them.

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Thinking about your 'Best Interests'.

It is important that you have all the help and treatment you need to stay healthy and well.

This can include things like:

- Having your eyes tested.

- Having an eye operation if you have cataracts.

People may agree that having an eye test or an operation is the best thing for your health. People cannot decide for you in your 'best interest' just because they do not agree with your choice.

A 'Best Interest' meeting.

If you cannot make an important choice yourself there should be a 'Best Interest' meeting.

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At the meeting people talk about what is best for you.

People like your family and advocate should be invited to your best interest meeting.

If you don't have a relative or your own advocate an Independent Mental Capacity Advocate (IMCA) can be found.

An IMCA can help if your choice is about serious medical treatment or changing where you live.

People at the meeting will need to talk about:

- If it is best that you have the treatment.
- The best way to do the treatment so you do not get very upset.
- Helping you get better after the treatment.

For more information

This factsheet is a summary of parts of the Mental Capacity Act 2005. For detailed information go to:

www.nhs.uk/CarersDirect/moneyandlegal/legal/Pages/MentalCapacityAct.aspx

Look Up information on eye care and vision for people with learning disabilities

www.seeability.org
www.lookupinfo.org

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