



Review Sheet		
 Last Reviewed 21 Sep '20	 Last Amended 21 Sep '20	 Next Planned Review in 12 months, or sooner as required.
Business impact	 MEDIUM IMPACT	Changes are important, but urgent implementation is not required, incorporate into your existing workflow.
Reason for this review	Scheduled review	
Were changes made?	Yes	
Summary:	This policy will guide staff on care and support actions that can be viewed as restrictive and how to decide, record and review if these actions are necessary. During the coronavirus pandemic there may be strategies implemented to keep people safe who are self-isolating and adhering to social distancing, which are restrictive, however adhering to government advice is necessary. The policy has been reviewed in light of the coronavirus pandemic and reference to the new COVID-19: Guidance for supported living service has been added. Existing references and links checked and remain current. The reference number of this policy has changed. Previously it was CR17	
Relevant legislation:	<ul style="list-style-type: none">• The Care Act 2014• Equality Act 2010• Mental Capacity Act 2005• Mental Capacity Act Code of Practice• Mental Health Act 2007• The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012	



<p>Underpinning knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none">• Author: National Institute for Health and Care Excellence, (2015), <i>Violence and aggression: short-term management in mental health, health and community settings</i>. [Online] Available from: http://www.nice.org.uk/guidance/ng10 [Accessed: 21/9/2020]• Author: Department of Health - Social Care, Local Government and Care Partnership Directorate, (2014), <i>Positive and Proactive Care: reducing the need for restrictive intervention</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_I [Accessed: 21/9/2020]• Author: Care Quality Commission, (2018), <i>Brief guide: Restraint (physical and mechanical)</i>. [Online] Available from: https://www.cqc.org.uk/sites/default/files/20180322_900803_briefguide-restraint_physical_mechanical_v1.pdf [Accessed: 21/9/2020]• Author: Department of Health, (2012), <i>Transforming Care: A national response to Winterbourne View Hospital</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf [Accessed: 21/9/2020]• Author: Department of Health, (2017), <i>Code of practice: Mental Health Act 1983</i>. [Online] Available from: https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983 [Accessed: 21/9/2020]• Author: HM Government, (2007), <i>Mental Capacity Act Code of Practice</i>. [Online] Available from: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice [Accessed: 21/9/2020]• Author: NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, (2018), <i>Learning disabilities and behaviour that challenges</i>. [Online] Available from: https://pathways.nice.org.uk/pathways/learning-disabilities-and-behaviour-that-challenges [Accessed: 21/9/2020]• Author: GOVERNMENT, (2020), <i>Coronavirus</i>. [Online] Available from: https://www.gov.uk/coronavirus [Accessed: 21/9/2020]• Author: GOVERNMENT, (2020), <i>COVID-19: Guidance for supporting living</i>. [Online] Available from: https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living [Accessed: 21/9/2020]
<p>Suggested action:</p>	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App
<p>Equality Impact Assessment:</p>	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>



1. Purpose

1.1 To provide staff with clear guidance (using a legal framework and guiding principles) that relates to duty of care and restraint.

1.2 To support Inspiring Aspirations Plus Ltd T/A Inspiring Support in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

1.3 To meet the legal requirements of the regulated activities that {Inspiring Aspirations Plus Ltd T/A Inspiring Support} is registered to provide:

- | The Care Act 2014
- | Equality Act 2010
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Mental Health Act 2007
- | The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Nurse
- | Care staff
- | Activities

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Representatives
- | Commissioners



3. Objectives

3.1 Any restrictive practice in use within Inspiring Aspirations Plus Ltd T/A Inspiring Support is carried out within a clearly defined legal framework, is proportionate to the level of risk, is the least restrictive and only ever for the minimum duration.



4. Policy

4.1 All staff will understand the actions/interventions that are defined as restraint or restrictive practice.

4.2 The policy will follow the five principles of the Mental Capacity Act 2005 and any decision made to consider the use of restraint will only be made under legal best interest with relevant parties who can represent the views and wishes of the individual Service User as well as any other healthcare professionals involved in their Support.

4.3 Care Plans will focus on avoiding or reducing the need for restraint by ensuring that there is a detailed personal history and an up-to-date risk assessment in place for individual Service Users.

4.4 Care Plans will contain details of techniques and strategies, such as diversion, prevention, or consideration of allowing the Service User to have their preference used before any type of restraint is considered as an option.

4.5 Before any staff use restraint, other than short-term restriction of the person's freedom of movement, or in an unforeseen emergency, they will receive training and be competent. Knowledge and practice will be reviewed on an annual basis.



5. Procedure

5.1 Before Using Restrictive Practices or Restraint

Staff will be familiar with the definition of restraint and the types of restraint.

They will also be clear that, in accordance with the Mental Capacity Act, when considering using any form of restraint with a Service User who lacks capacity, the following two conditions **must** both be met:

- 1 The Support Worker taking action must reasonably believe that restraining is necessary to prevent harm to the person who lacks capacity, **and**
- 1 The amount and type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm

The following must be assessed:

- 1 The Service User's behaviour
- 1 The Service User's underlying condition and treatment
- 1 The Service User's mental capacity in relation to making decisions about their behaviour which is leading staff to consider using restraint. This is to include completion of the Mental Capacity Assessment records
- 1 The communication needs of the Service User
- 1 The impact of the use of the type of restraint on the Service User

It is unlawful to restrain a Service User in a way that deprives them of their liberty unless the procedures set out in CR88 - Mental Capacity Act (MCA) 2005 Policy and Procedure and CR83 - Deprivation of Liberty in Community Settings Policy and Procedure at Inspiring Aspirations Plus Ltd T/A Inspiring Support are followed.

Assessing staff will ensure that they have considered all other options to ensure the Service User's safety and wellbeing and this is the last resort. Staff can refer to the Restraint Flow Chart included in the Forms section of this policy which provides a guide to decision making.

When a decision has been made, a risk assessment will be completed and a Care Plan produced. A separate risk assessment for the use of bed rails can be found in CR91 - Use of Bed Rails Policy and Procedure.

Staff must refer to CP45 - Behaviour that Challenges Policy and Procedure to understand how to support and assess Service Users with behaviours that may challenge.

5.2 Capacity and Consent

Staff must ensure that they assess the Service User's mental capacity, as consent for the use of any type or method of restraint must be gained from Service Users, unless they lack the mental capacity to make the decision.

To summarise:

- 1 If a Service User has capacity, does not consent and there is no risk of harm to other people, then restraint is not acceptable and could result as civil or criminal assault
- 1 If a Service User lacks capacity, staff at Inspiring Aspirations Plus Ltd T/A Inspiring Support must follow the MCA guidance to assess and record decisions that are being made on a Service User's behalf

5.3 Incidents of Restrictive Practice or Restraint

In line with NICE recommendations, staff in community settings must not use [manual restraint](#). In situations of medium risk, staff must consider using de-escalation (refer to CP45 - Behaviour that Challenges Policy and Procedure) or where trained to do so in high risk areas, the breakaway technique.

In situations of high risk, staff must remove themselves from the situation and, if there is immediate risk to life, contact the Police.

Where a non-planned and documented form of restraint has been used, the following information must be documented:

- 1 Why restraint took place
- 1 What happened, when and who was involved?
- 1 How long the restraint lasted
- 1 What form did the restraint take?
- 1 Was there any impact on the wellbeing of the Service User, were vital signs taken (as recommended)?



- Have relevant people been informed?

It is imperative that after the event, staff will evaluate and reflect on the incident as a means of learning and reviewing how to support the Service User in a positive way.

5.4 Notifications

Due notifications will be made to the CQC in accordance with its notification expectations.

Suffolk County Council safeguarding teams will also be duly notified where any concerns are raised regarding the inappropriate use of restraint that affects Service User safety and wellbeing.

5.5 Jo Kerley will monitor and maintain a register of restraint used in Inspiring Aspirations Plus Ltd T/A Inspiring Support. This register will be used to review practice and allow for the opportunity to reduce and eliminate the need.

Jo Kerley will oversee and ensure that any Service User having any form of restraint or restrictive practice in place has the necessary procedures followed as detailed within this policy.

5.6 During the Coronavirus Pandemic

Difficulties may arise when Service Users are self-isolating. Some Service Users (due to cognitive impairment or difficulty in understanding the importance of this action) may walk into other Service User's rooms or they may not maintain social distancing.

Staff at Inspiring Aspirations Plus Ltd T/A Inspiring Support may consider limiting the area available to Service Users to ensure limiting direct contact and keeping all Service Users safe.

Considerations must be given to alternatives during this period. Whilst this is a restrictive action, the outcome of keeping people safe is a reasonable intervention.



6. Definitions

6.1 Restrictive Practice

- | Restrictive practices are defined as: "Making someone do something they don't want to do or stopping someone doing something they want to do." (Skills for Care & Skills for Health, 2014, p. 9)
- | Restricting practice risks a breach of the following human rights:
 - | The right to freedom from torture, inhuman and degrading treatment
 - | The right to liberty and security
 - | The right to respect for private and family life, home and correspondence
- | Examples of restrictive practice include:
 - | Use of blanket rules (routine locking of doors, observation levels, use of seclusion, restraining an aggressive Service User, sedation with medication)

6.2 Restrictive Interventions

- | This is a specific set of interventions. They are deliberate acts (that could be seen to restrict a Service User's movement, liberty or freedom to act independently) placed on a person to:
 - | Take immediate control of a dangerous situation (where there is the risk of harm to the person or others if no action is taken) and
 - | End or reduce significantly the danger to the person or others
- | Examples could include:
 - | Physical interventions and restraint (including mechanical restraint)
 - | Seclusion
 - | Rapid tranquilisation
 - | Personal and other searches
 - | Enhanced supervision
 - | Withholding of information or equipment
 - | Blanket restrictions

6.3 Coronavirus

- | Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named severe acute respiratory coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID-19

6.4 Pandemic

- | A pandemic is the worldwide spread of a new disease. COVID-19 was characterised as a pandemic on 11th March 2020



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | The prevention of the use of any form of restraint is the main objective of Support
- | The Care Plan must detail specific behaviour, de-escalation techniques, alternative approaches to reduce the need for restraint, and clearly state that restraint must only be used as a 'last resort'
- | The use of any restraint must be accurately recorded and shared with the management of Inspiring Aspirations Plus Ltd T/A Inspiring Support and, if ongoing, be subject to regular review
- | When restraint is used, this must be used for the shortest time possible and with the minimum possible restriction by staff with the relevant training
- | The capacity of the Service User must be considered and action must be taken in line with the five principles of the MCA



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 You have the right to live your life with freedom, choice and control
- 1 Where a Service User presents with a behaviour that may challenge and places a risk to themselves or others, Inspiring Aspirations Plus Ltd T/A Inspiring Support will ensure that it works within the law to support that individual safely and effectively whilst considering their rights at all times
- 1 Care Plans are used to enable Inspiring Aspirations Plus Ltd T/A Inspiring Support to capture your preferences and wishes and provide staff with clear guidance about how they provide you with Support. These Care Plans include your views and wishes that relate to areas that could have the potential to restrict your freedom or choice



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

RCN "Let's talk about restraint" Rights, Risks and Responsibility:

<http://restraintreductionnetwork.org/wp-content/uploads/2016/11/Lets-talk-about-restraint.pdf>

Restraint Reduction Network:

<https://restraintreductionnetwork.org/>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 All relevant staff are fully aware of the issues surrounding restraint and understand the implications of restraint for themselves and the Service User
- 1 Stakeholders are extremely satisfied with the service. The way in which Inspiring Aspirations Plus Ltd T/A Inspiring Support manages behaviours that might lead to restraint is seen as 'best practice'
- 1 Other services have learnt from the way in which Inspiring Aspirations Plus Ltd T/A Inspiring Support manages behaviour that might lead to restraint, without the use of restraint
- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 There are no recent incidents of restraint at Inspiring Aspirations Plus Ltd T/A Inspiring Support despite the fact that Service Users have a history of presenting behaviours that have resulted in restraint in the past
- 1 Inspiring Aspirations Plus Ltd T/A Inspiring Support can demonstrate that it is open and transparent in the area of restraint, learning from individuals and their relatives or friends about how it can be avoided
- 1 Care documentation is very clear and shows innovative and creative ways in which behaviour is managed, without the need for restraint
- 1 Service Users and their representatives are extremely satisfied with the way that care and support is provided by Inspiring Aspirations Plus Ltd T/A Inspiring Support



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Restraint Register - CR77	To provide evidence to support practice improvement and reduction of restraint.	QCS
Restraint Flow Chart - CR77	To be used to guide decision making before using any form of restraint.	QCS

Name of Service User	Date, time and duration of restraint	Reason for restraint	Type of restraint	Actions taken as a result of the restraint	Name of person/people involved in the restraint	Signature of person/people involved in the restraint

Flow Chart to Guide Decision Making

