St. Elizabeth's College

Restraint Reduction Policy

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"Our community is together to be a sign of our love of God and for each other"

Definition:

The terms restrictive intervention and restraint are used interchangeably to refer to:
• planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently;
• the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so). (Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings, June 2019)

The Mental Capacity Act 2005 (MCA) defines restraint as when someone ″uses, or threatens to use, force to secure the doing of an act which the person resists, OR restricts a person′s liberty whether or not they are resisting″. Section 6 of the MCA states that restraining people who lack capacity will only be permitted if, in addition to it being in their best interests, the person taking action reasonably believes that it is necessary to prevent harm to the person. In addition, the amount or type of restraint used, as well as the amount of time it lasts, needs to be proportionate to the likelihood and seriousness of potential harm.

Definitions of the types of restraint are outlined below.

Physical restraint: any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Chemical restraint (this brief guide does not cover the use of chemical restraint. Refer to brief guide on psychoactive medicines for people with learning disabilities): the use of medication which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Mechanical restraint: the use of a device (e.g. belt or cuff) to prevent, restrict or subdue movement of a person′s body, or part of the body, for the primary purpose of behavioural control.

Principles: Positive and Proactive Care states that: ″The legal and ethical basis for organisations to allow their staff to use restrictive interventions as a last resort is founded on eight overarching principles″. These are:

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.

- There must be a real possibility of harm to the person or to staff, the public or others if no action is undertaken.
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm.
- Any action taken to restrict a person′s freedom of movement must be the least restrictive option that will meet the need.
- Any restriction should be imposed for no longer than absolutely necessary.
- What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent.
- Restrictive interventions should only ever be used as a last resort.
- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

Legislation:

The most relevant to this policy are:

Equality Act 2010

Human Rights Act 1998

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Mental Health Act 1983

Mental Health Act 2007 and Code of Practice

Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012

Safeguarding Vulnerable Groups Act 2006

Aims:

This policy should be read alongside St. Elizabeth's corresponding behaviour policy.

- To ensure that restraint is only ever used as a last resort and that, as an organisation, we monitor and review the use of restraint and actively working to reduce the need to use any form of physical restraint with the people we support.

- To create an environment where learners feel happy, safe and secure; where staff reassure learners if they are anxious, helping people build and maintain positive relationships; allowing staff to offer boundaries and choices in

accordance to the individual's needs, wishes and aspirations as agreed in care plans to develop self-respect and value of others and the environment.

- Staff to work in line with a Positive Behaviour Support service framework and implement plans that are in place for individuals.

- To implement systems that facilitate the smooth flow of up to date and relevant information for the benefit of learners.

- To implement the Safety Intervention (formerly known as MAPA) philosophy at St Elizabeth's, ensuring the safety of learners, staff and visitors.

- To enable staff to recognise the different forms of restraint and how they may be used appropriately in line with this policy.

- To ensure that any intervention provided is tailored to meet the needs of each individual taking into account the views of the learner being supported where reasonably practicable, or their representative if they do not have capacity.

- To enable staff teams to be able to engage in dialogue and reflection considering reducing the use of Restraint, by adopting proactive strategies and managing environments in a way that reduces risk.

- To enable the staff team to be consistent in the supporting learners who can present an element of risk to themselves or others.

- To ensure that relevant documentation in relation to the use of restraint will be clear, organised and easy to use.

- To provide regular Safety Intervention training to all staff within St. Elizabeth's College using St. Elizabeth's trainers, who are also available for ongoing staff support and guidance.

- To ensure that the CPOMS incident recording system is maintained and updated as and when needed. This is to be overseen by the College management team.

- To continue to provide training in order for new and existing staff to become familiar with the CPOMS recording system.

Proactive Plans and Strategies

Care Plans and Detailed Risk Assessments are to be provided for each learner who requires intervention and support to manage their behaviours. Where there is an identified need for additional input in order to support with behaviours that challenge, the learner can be referred to the Positive Behaviour Support Team. A Positive Behaviour Support Practitioner will be allocated and will conduct assessments in order to formulate a comprehensive Positive Behaviour Support Plan. These documents are to be presented in a format that ensures that the document is versatile enough to be used across the 24hr day.

Plans will highlight support and strategies that are appropriate for the individual. These documents will identify what restrictive interventions may be required as a last resort strategy to reduce significant risk.

Plans are to be reviewed termly. These will also be reviewed when a serious incident occurs or if a previously unrecorded behaviour is observed. Hard copies of plans are to be treated confidentially at all times. Digital copies of plans should be available to staff on the computer network.

To support proactive management alongside the Behaviour Support Plan, sensory assessments are undertaken and documented within the Support Plan to assist in minimising anxieties and behaviours before they reach a point where restraint is required.

Communication needs are included within the support plans.

Where appropriate a safe area is identified for individuals if they need a space to take a break or de-escalate.

Principles and Guidance:

- Staff should work within a Positive Behaviour Support framework, separating risk from behaviour and understanding that all behaviour serves an important function for the individual. Any behaviour, including behaviour that presents a risk, should be viewed as an individual attempting to communicate their needs.

- Restraint in relation to a learner is only to be used when there is a risk of harm to the learner themselves, a risk to others or a risk of serious property damage.

- Staff are to understand that restraint is only to be used as a last resort once all other options have been exhausted and should be reasonable, proportionate, absolutely necessary, and in the individual's best interests. Staff should dynamically risk assess if the risk of intervening is higher or lower than the risk of not intervening.

- Staff are to understand that they should use the least restrictive intervention that safely reduces the risk. And this should be for the shortest time possible. Restraint should never be used as a punitive measure.

- Staff to recognise that restraint is only to be used to manage risk and not behaviour, and understand the difference.

- Behaviour management should always try to operate within the agreed guidelines of the plans and with learner's best interests at the forefront of all decisions.

- Plans should ensure the safe management of our learners within the guidelines of Safety Intervention.

- To acknowledge that Safety Intervention physical techniques seek to avoid injury to the learner, but it is possible that bruising and scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of attempts to keep people safe.

- To acknowledge that on occasions staff may need to make reasonable adjustments to agreed guidelines and techniques trained to support risks being presented by a 'challenging' situation. Any adjustments made should be clearly recorded in CPOMS reports and discussed during de-briefs following the incident.

- This Policy will be regularly updated in line with Regulations and best practice guidance.

Restraint:

For a number of learners it is recognised that there are different forms of restraint which may be used to ensure that they remain safe and to support their care and educational needs.

Some of these forms of restraint may be used regularly as part of the planned support:

1. Day to Day

- ***Mechanical*** – Learners may be supported with specialised chairs, walking frames, lap belts, or bed sides which ensure their safety and support their health needs. The Mental Capacity Act and Deprivation of Liberty safeguards apply.

- ***Constant Supervision*** – due to the health needs of some of our learners, they are required to be monitored very closely throughout the waking day as a result of their health and learning needs.

When the use of such restraints are recognised as being required on a '**day to day basis**', whether this be on admission or when a learner's needs change, then these will be recorded in the support plan and risk assessments.

Use of restraint which has been recorded and recognised as appropriate for use for a learner through a support plan **will not** be required to be recorded as a separate restraint.

When Deprivation of Liberty (which is different to restriction of liberty) is routinely used to support a learner as part of a support plan, college staff will liaise with the local authority and family to make a best interest decision.

2. Restraint required to reduce risk as a result of learner behaviours /actions.

These restraints require CPOMS incident reports and in some cases supporting documentation.

- ***A. Chemical*** - learners may be supported with the use of PRN medications to remain in a calm state of mind and reduce their levels of anxiety - in line with their care plan and prescription and St Elizabeth's medication policy.
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- ***Practice Guidance***
  Chemical restraint is only used for those learners who have been prescribed this type of intervention by a GP or psychiatrist and is to be used in line with the nursing care plan. Chemical restraint can be used for some learners to support health procedures. Chemical restraint can only be given by medication trained staff and must be recorded on the MARS chart in the PRN section. All administrations of Chemical restraint should be recorded on a CPOMS report.

- ***B. Safety Intervention Holds*** - Physical Intervention such as holds (restraints) may be necessary to reduce the likelihood of injury to a learner, staff, visitors and environment. Some learners may need to be supported with the use of physical intervention to enable staff to carry out personal care tasks to ensure their day to day health and well-being needs are met. However, physical interventions must always be proportionate to the situation and only used as a last resort when all other least restrictive options have been exhausted.

- ***Practice Guidance***
  Safety Intervention holds should only be used as a last resort and if this is an agreed strategy in the learners support plan. If the strategy is not part of a plan and used in an emergency, the person in charge must be notified to ensure the safety of all involved The Behaviour Support team must be informed to enable review of the plan. This does not mean that the strategy will be automatically added onto the plan, and other strategies may be explored and implemented.

  Guiding a learner physically, where force is used to control their movement should be recorded as a restrictive physical intervention.

  A recorded debrief for learners and staff is best practice to review the situation and ensure techniques are assessed as effective and proportionate, identify training needs and ensure that relationships are intact following an incident.

- ***C. Safety Intervention Disengagement*** – staff may be required to employ disengagement strategies to enable them to respond to hair pulls, bites, bear hugs and other uninvited holds employed by learner.

  Practice Guidance
  A CPOMS record is required for the incident with details of the techniques used.

- ***D. Restricted Liberty of Movement –*** some learners may be prevented from leaving an area for a short time in order to make safe or prevent risk. This can include staff using a door as a barrier to avoid harm.

  Staff may need to restrict the movement of a learner to ensure they and others remain safe. Staff may have to make a risk based decision to stop a learner leaving or entering a room within college. It may be that staff are required to use the door as a barrier. This type of practice should take place for the shortest time possible and is usually a short term emergency measure for the following examples:

  - Harmful objects being thrown by the learner at others.
  - The learner has weapon/s with which they are trying to hurt staff/other learners and extra support is required and on route to remove them.
  - To enable extra support to arrive to facilitate change of face or entering the room to support the learner.
  - The learner is making intention to go and harm others or themselves clear.

  This action must be for the shortest time possible and staff must be aware of the risks in the areas in which the learner is being restricted to, and weigh up which is the greater risk.

  These incidents require a CPOMS, debrief for learner and staff.

  <u>Recording and reporting:</u>

- Every time a restraint is used the incident must be recorded by staff members who were at the scene carrying out the restraint, and this should be recorded on the CPOMS system. This should be recorded on the day of the incident.

- The use of a door as a barrier, must be immediately reported to the Head of College.

- The record must clearly demonstrate exactly why the use of restraint was necessary, what other options were attempted / considered, exactly how long the restraint lasted for and which member of staff supported which area of the body.

- Following the use of restraint, the views of the learner who has been restrained should be sought by staff and a recorded in the CPOMS.

- The views of staff involved in the restraint and any learners who have witnessed the restraint will be sought. These discussions should occur in order for all involved to reflect in the incident and seek to look at ways the use of restraint can be avoided in the future.

- Following the use of restraint the learner should be offered a medical check by a suitably qualified member of staff. Records of this check or refusal should be recorded on the CPOMS document.

- The Head of College will always be informed if restraint has been used to enable support at the time. In addition, an identified individual will check all incidents recorded on CPOMS every 24hrs. This check will identify when restraint may have been used.

All CPOMS reports will be reviewed and progress notes made and moved to the "Being Reviewed" CPOMS Folder.

- Restraint records will be reviewed and evaluated by the appropriate manager and finally approved by the nominated Manager for College. This gives the opportunity to identify trends and patterns as well as changes which may need to be made in order to reduce the likelihood of restraint taking place in the future.

- Ongoing and repeated episodes of the use of advanced restraints within a 12hr period must prompt the management team to liaise with funding authorities, families and other key professionals, in order to re-evaluate the situation and potentially the placement.

- Records of incidents involving the use of restraint will be monitored on a regular basis by the Restraint Reduction Review Team in each service comprising of key personnel; managers, senior leadership, behaviour support practitioner etc. to assess for any trends, and update the Restraint Reduction Action Plan.

Training:

- All staff who have direct involvement in supporting the learners in the College will be provided with Safety Intervention training.

- Support staff will be provided with a short course in disengagement techniques.

- Safety Intervention training will cover aspects of recognising forms of behaviour, de-escalation, break away techniques, physical intervention, recognising what is restraint and aspects of reflection following an incident.

- Whenever requested staff teams will receive additional training sessions through meetings when additional support may be needed due to a change in a learner's needs or if there is a change in guidance to be given to staff following a new admission.

- To ensure the safety of staff members, all staff will be risk assessed. These documents will be stored by the trainers and copies made available to the staff members and their manager upon request.

- Documentation relating to staff Safety Intervention training will be filed and stored securely by the St. Elizabeth's staff development team.

Staff Responsibilities:

- All staff working with learners within St Elizabeth's have a responsibility to work within the agreed guidelines for each learner, within the guidance given within the Safety Intervention training sessions they receive, and in line with this policy.

- Staff are to ensure that they make the decision to the best of their ability to provide care in a professional, calm and positive manner using the guidance they have been given within the Safety Intervention framework.

- As far as reasonably practicable all staff within the service are to be made aware of changes or amendments to the learner's plans, which clearly outline what restrictive interventions may be appropriate for each individual as a last resort.

- Staff are, to the best of their ability, to minimise the duration of any restraint to the shortest time possible and only use any form of restraint as a last resort to ensure the safety of the learner, others and damage to property.

- Staff must always try to call a senior member of staff as soon as reasonably practicable when:
  - A learner is being supported by a physical intervention for longer than five minutes.
  - An advanced physical restraint is occurring.
  - A Restriction of Liberty has/is taken place.
  - When a physical intervention is taking place off site.

- If offsite, Staff must ensure they have their St Elizabeth's identification badge and where possible, their CPI training completion card attached to badge. This can be used to identify themselves and actions should restraint be required when offsite e.g. in local community settings.

- During an advanced physical restraint, a member of staff independent from the hold should be sought as soon as possible to act as an advocate for the learner. The advocate has the right to make the decision to stop the restraint and tell staff to remove themselves from the learner if they believe there is a medical risk due to the hold which has been employed continuing.

- Staff should ensure that if no senior members are present they are informed as soon as possible after the use of an advanced physical restraint so that they can inform parents, significant others and placing authorities.

- When it is recognised that a learner may require the support of advanced techniques but there is a concern regarding their health needs in relation to the use of such holds then the College should seek further guidance e.g. GP. Parents, significant others and funding authorities should be informed of these concerns and made aware of any guidance given by the GP.

Debriefing the learner:

- Whenever a learner has been supported by the use of restraint, staff should always ensure they give them support as and when they are ready to receive it. The support must be appropriate to their needs and staff should explain that the restraint was used to keep them or others safe.

- De-briefs should be taken at a level appropriate to the needs of a learner. Guidance may need to be sought from speech and language therapy department to enable these de- briefs to be meaningful and effective.

- Learners should have their views and feelings on the restraint sought and recorded within five days of the restraint taking place.

- **The learner must never be restrained as a form of punishment.**

- Following the use of any form of restraint learner must be given time to recover whilst also ensuring they are monitored to ensure their safety and well-being.

  Debriefing staff:

  - Staff should be supported by their line manager or senior staff member following restraint where required with a view to reflect and review if any changes or further resources are required.
  - If staff sustained any injuries a risk assessment should be completed to ensure they are fit to work and if any reasonable adjustments are required.