RESTRICTIVE PRACTICE POLICY

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Policy Control/Monitoring

Version:	V1.0
Approved by: (Name/Position in Organisation) **Date:**	Director for Health and Wellbeing
Accountability: (Name/Position in Organisation)	PBS Lead
Author of policy: (Name/Position in organisation)	PBS Lead
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Revised (Date):	September 2025
Target audience:	All Staff working within the Foundation
Amendments/additions	Review:
Replaces/supersedes:	

Associated Policies/Documents:	Terms of Reference Safeguarding Adult Policy Safer Recruitment Policy Whistleblowing Policy Managing Peoples Money Policy Social Media Policy Duty of Candour Policy
Associated National Guidance:	Mental Health Act, 1983 (as amended 2007); Mental Health Act Code of Practice Safeguarding Vulnerable Groups Act, 2006; Public Interest Disclosure Act, 1998; Protection from Harassment Act 1997 Family Law Act 1996 Part IV National Health Service Act 2006 The Care Standards Act 2000 Health & Social Care Act 2008 (Regulated Activities) Regulation 2014 Mental Capacity Act 2005 Genera

5. Policy

5.1 Key principles underpinning the guidance:

• Compliance with the relevant rights in the European Convention on Human Rights13 at all times

• Understanding people's behaviour allows their unique needs, aspirations, experiences and strengths to be recognised and their quality of life to be enhanced

• Involvement and participation of people with care and support needs, their families, carers and advocates is essential, wherever practicable and subject to the person's wishes and confidentiality obligations

• People must be treated with compassion, dignity and kindness

• Health and social care services must support people to balance safety from harm and freedom of choice

• Positive relationships between the Foundation and the people they support must be protected and preserved

5.2. **5 types of restraint described:**

- ***Physical restraint*** involves one or more members of staff holding the person, moving the person, or blocking their movement to stop them leaving.

- ***Mechanical restraint*** involves the use of equipment. Examples include everyday equipment, such as using a heavy table or belt to stop the person getting out of their chair; or using bedrails to stop a person we support from

- ***Cultural restraint*** is using cultural norms to make a person do something they don't want to do or stopping them from doing something they do want to do. I.e stopping a person from expressing their cultural views or preferred ways of being.

- ***Environmental restraint*** is using the physical environment to make someone do something they don't want to or stop them from doing something they doo

- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

If there is a situation relating to the use of restrictive practice/restraint within the Percy Hedley Foundation, we will ensure that it is explicit and clearly documented in the relevant notes . We will also have a written care plan

The Percy Hedley Foundation will balance the safety from harm with freedom of choice and positive risk taking and actively support people to balance their own safety from harm with their freedom of choice. It is important that The Percy Hedley Foundation can support people to make choices, take risks and learn from their mistakes (as well as ours). However, there may be some situations where staff need to provide a level of control and management to a person's behaviour to safeguard their welfare.

5.7. National Minimum Standards (restraint reduction plans)

This framework is called 'Towards Safer Services' and it refers to a set of standards on how to restrain people less with the any organisation. It has a 3-layer system which set out what a Director should be responsible for, what workers that care for people, like teachers, nurses, or care workers are responsible for and those who teach about restraint are responsible for.

It states that the Director should be responsible for:

- A strategy to restrain people less including a statement of intent.
- Deciding where to spend their budget.
- Knowing who is being restrained or restricted and why.
- Ensuring systems work at different levels and environments? such as a classroom, residential service or home level, department level, and everywhere.

It states that the workers are responsible for:

- Obliged to continuously reduce restraint.
- Ensuring they attend required training.
- Are aware of how to seek help when they need it.
- Be open and honest when an incident occurs.
- Contribute to the development of good quality care plans collaboratively with the person. Care plans can include 'interventions'. Interventions are the things we do to care for people and keep them safe. The first interventions are good everyday care. This might be how the person looks after themself0.23 Tm0 G[(Con)-5(tri)3(b)-3(u)-3(t)

The Restraint Reduction Network created a self-assessment tool which is intended for use by organisations. The tool has been designed to assist organisations to identify and consider those aspects of performance that can be celebrated and shared, and to understand which aspects of performance are weaker or not fully implemented. By undertaking this assessment, it is hoped that this information can be used to inform the organisation's improvement/development plans. The self-assessment tool has also been developed to enable organisations to share their performance so that the people we support, their families, frontline staff, commissioners, and regulators can easily observe what is happening: what is going well and what aspects are being improved.

The assessment has a criteria statement under each of the six core strategies against which observed evidence is gathered or established so that the assessor can give a rating. The rating should be seen as a confidence 'score' which illustrates the extent to which the assessor believes the Foundation implements a specific approach.

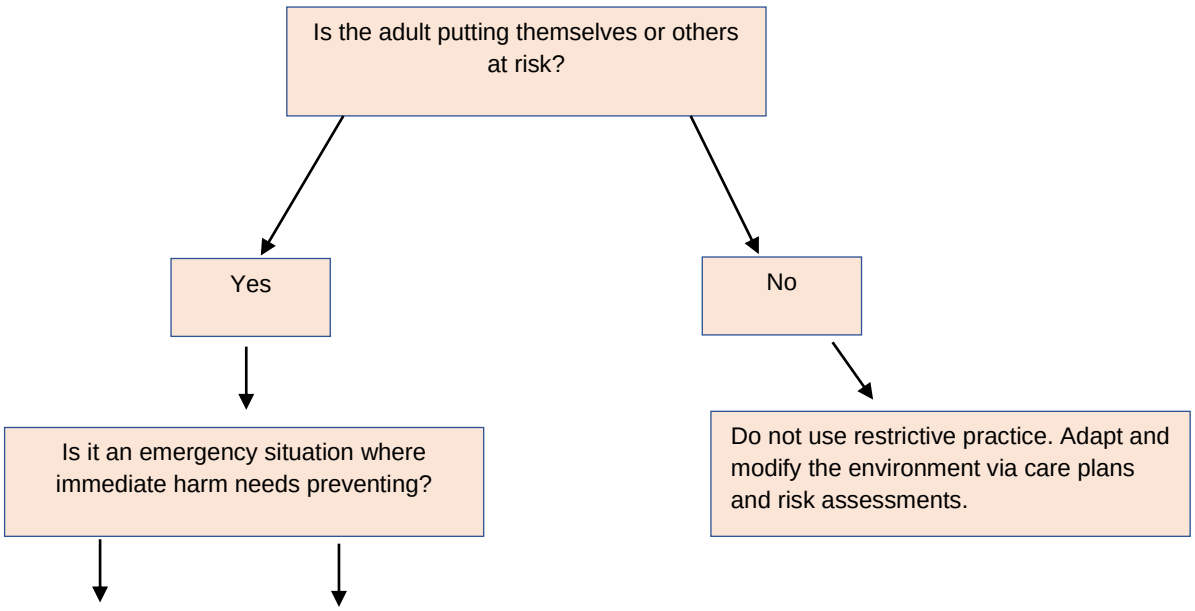
The assessment will be carried out by a senior member of staff who is qualified in Positive Behaviour Support.

It will be completed within these three steps:

- **Self-Assessment-** this involves individual teams or departments. They can be asked to undertake a self-assessment in order to give greater control and responsibility by engaging with the assessment criteria, becoming more active in their learning and taking ownership of their performance. Self-assessment and developing effective reflective skills are essential elements of restraint reduction that can help teams or departments to have a better understanding of exactly what is expected so that they can clearly identify what they do well and what they may wish to improve.
- **Peer Assessment-** this involves an assessment with a selected team or department taking responsibility for assessing the performance of another team or department. It is a powerful way to increase motivation and engagement. Peer assessment can encourage deeper understanding and learning of the assessment criteria and can allow departments to gain an understanding of how their peers implement or operationalise different approaches. Whilst peer assessors are often the harshest critics, they are also very good at identifying good practice and everyday examples of positive outcomes that their peers may overlook.
- **Service User and Family Assessment-** working together to increase understanding of the people we support and families' experiences and ensuring the differing views of the people we support and families are collected and used to improve performance is a considerable challenge but one which brings many benefits to organisations. Gaining service user and family feedback on performance can have an effect on how services are planned, organised and delivered, which in turn can have a positive effect on care outcomes by making services more responsive to people's individual needs.

The assessment must be completed **every 6-12 months per service.**

Restrictive Practice flowchart (Adults)



Common law uses reasonable force to protect under the circumstances to prevent

6. Documents needed to record the restrictive practice

For individuals over the age of 16 who lack capacity to engage independently in the completion of an assessment for any form of restrictive practice then conversations are necessary regarding any known preferences and wishes and estimating what the person would want should be discussed between their relatives, carers and health professionals. This should be done via the best decision-making process in line with MCA 2005. The agreed information should then be documented in a clear format and supported by MCA best interest decision making documentation.

- part of this form allows a capacity assessment to be documented. If the individual does not have capacity for a specific care decision.
- The **MCA2** part of the form follows the requirements of the Mental Capacity Act best interests process.
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- o Mental Health Act, 1983 (as amended 2007); http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf
- o Safeguarding Vulnerable Groups Act, 2006; https://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf
- o Public Interest Disclosure Act, 1998; https://www.legislation.gov.uk/ukpga/1998/23/pdfs/ukpga_19980023_en.pdf
- o Mental Capacity Act, 2005 (including the Dep