



Restraint Reduction Plan – Malsis Hall – August 2021

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| Action Plan Lead & Responsible Person | Dr Steve Wilkinson, Group Medical Director | Date Initially Developed | 16/08/21 | Date of Last review | 03/03/22 |
| Review of Plan | Reviews of plan led by Dr Steve Wilkinson with the rest of the Senior Management Team (SMT) monthly at SMT/Directors Meetings and bi-monthly at Governance Meetings. | | | | |

Involved Personnel

LG: Lisa Gardner, Service Director; GM: Graham Mallinson, Hospital Manager; MD: Michelle Davis, Care Home Manager, ASM: Andrew Shelton-Murray, Company Director/Nominated Individual; Dr SW: Steve Wilkinson, Group Medical Director; JW: James Waldock, Group Trainer; SB: Simon Bell, External Consultant; SA: Sandra Ashton, Mental Health Law Facilitator.

Introduction to this plan

- Any restrictive practices are a last resort and as an organisation we do not support the use of prone or supine restraint.
- Malsis Hall is committed to minimising restrictive practices and particularly any use of force/physical intervention. This is done through the promotion of positive cultures, relationships and approaches which prevent the escalation of any distressed behaviour. Physical intervention is already rarely used and only in incidents where safety is severely compromised.
- The ECHO Group, including Malsis Hall, are committed to protecting human rights and freedoms and to minimising restrictive interventions recognising its potentially traumatising impact for all involved.
- This plan sets out our approach to reducing the need for restrictive practices including the use of force and any physical intervention. This includes the occasions where it is used, and the duration and level of restraint used. It utilises the Six Core Strategies for organisational performance which is based on a health promotion model as an approach to eliminating and minimising restrictive practices.
- The aim of the plan is to ensure any restrictive practices are care planned with the full involvement of the individual and where appropriate their circle of support including their family and friends.

- To support this plan, we have Policies in place that reflect and support this philosophy. These include (but aren't limited to) our Safer Restrictive Physical Intervention Policy, Promoting Positive Behaviour Support in Practice Policy and Reducing Restrictive Interventions & Blanket Restrictions Policy.

Actions highlighted in blue are completed

| Action | Lead Person(s) | Target Date | Outcome/Comments | Date Complete |
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| Leadership | | | | |
| 1. We have identified the person responsible for the oversight and reduction of restrictive practices. | Dr SW | August 2021 | Dr Steve Wilkinson – Group Medical Director is our responsible person and leads on reviewing this plan. This is detailed in our supporting documents for the implementation of the Mental Health Units (Use of Force) Act 2018. | August 2021 |
| 2. The Senior Management Team have set out a clear vision, their values and philosophy in regard to using restrictive practices and this is outlined in training, team meetings, via supervision and underpinned by our policies and procedures. | SMT | April 2020 | These were put in place when the service originally opened but have been refreshed as part of the implementation of the Mental Health Units (Use of Force) Act 2018. | April 2020 |
| 3. Any restrictive practices are recorded on our electronic incident/accident tracker and this data is reviewed at monthly SMT/Directors Meetings and any actions/learning recorded and monitored. The data is also reviewed at weekly ward reviews and also at bi-monthly Governance Meetings. | ASM/SMT | April 2020 | This has been in place since the service became operational. The Service Performance Report that is used to report all data monthly has been updated to reflect the implementation of the above Act and the data required. | April 2020 |
| 4. Where there is any concern about restrictive practices that have been used the SMT or Company Director would commission an investigation into this using a Route Cause Analysis (RCA). The | ASM/SMT | April 2020 & On-going | RCA's are completed in line with our Incident & Accident Policy or can be commissioned by a member of the SMT or a Company Director in line with the Policy. | April 2020 |

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| recommendations and learning from this are then shared with the entire team. | | | | |
| 5. All Policies that relate to restrictive practices have been reviewed to ensure they comply with the implementation of the Mental Health Units (Use of Force) Act 2018. | SA/ASM | August 2021 | All have been completed and consultation with Patients and Service Users is underway in relation to these policies and also the guidance around the Act. | October 2021 |
| Use of Data | | | | |
| 6. We currently use an electronic incident/accident tracker and the data from this is used for reviews and is analysed at monthly SMT/Director's meetings at an individualised level. It is also reviewed at bi-monthly Governance Meetings. | ASM/SMT | April 2020 | This is effective at recording incidents/accidents and there is also a log for all external reporting (safeguarding, CQC & HSE) and these are cross referenced monthly by the Registered Manager. Minutes of SMT/Directors Meetings can demonstrate that learning and actions have occurred as part of reviewing this data. The actual SPR report shows clearly where incidents/accidents have reduced or increased and any actions that are being implemented to reduce these. | April 2020 |
| 7. The incident/accident log is being reviewed by an external consultant to ensure it is gathering the information required for the Mental Health Units (Use of Force) Act 2018. This mostly relates to ensuring there is no discrimination or lack of equality. | ASM/SB | October 2021 | The work is underway and there is a follow up meeting on the 12 th of October with the intention the updates are completed by the end of October ready for the implementation of the Act. | December 2021 |
| 8. Complaints, Comments and Compliments are also recorded on a log, and these are also reviewed at the monthly SMT/Directors Meetings. | LG/SMT | April 2020 | At the CQC inspections in February 2021 the inspectors noted how well complaints were dealt with. | April 2020 |

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| Workforce Development | | | | |
| 9. Training Needs Analysis | SMT | July 2021 | Each site has a Training Needs Analysis which is reviewed annually. The training reflects regulatory requirements but also training specific to meet the needs of Patients/Service Users. | August 2021 |
| 10. All staff receive MAPA training (will change to CPI Safety Intervention in October 2021), as part of their induction. | LG/JW | April 2020 | Compliance with this training is over 95% and the level of restrictive practice being used is very low. Any incidents of restrictive practices are reviewed to ensure that any that are used are in line with Care Plans and updated where required. | April 2020 |
| 11. All staff to receive training in Positive Behaviour Support. | LG | December 2021 | This is required to support the philosophy of the ECHO group, and also it is integral to our policies and the way we want staff to work. | April 2022 |
| 12. All staff have debriefs following an incident in line with our policies and also following any RCA's that have been completed. | SMT | April 2020 | This ensures staff have the opportunity to reflect on any incidents and any potential learning. This includes looking at the impact of any restrictive interventions and how to use person centred approaches to reduce distress and loss of control. | April 2020 |
| Use of Prevention Tools | | | | |
| 13. Anyone referred to Malsis Hall has a full biopsychosocial assessment completed with the input of our Multi-Disciplinary Team (MDT). This includes a review of risk and if a placement is offered a FACE risk profile (validated tool) is completed with the individual. | SMT/MDT | April 2020 | Our assessment tool has regularly been reviewed following feedback from the MDT. We feel it is a valid and practical tool that identifies the needs and goals of the person being assessed ensuring we are aware of how they need to be treated and supported. | April 2020 |
| 14. Where needed our MDT will use appropriate clinical tools to assess the needs of each individual. This includes | MDT/Nurses | April 2020 | This helps inform our assessment process and the Care Planning process carried out with each individual. | April 2020 |

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| psychiatry, psychology, occupational therapy and nursing. | | | | |
| 15. All care planning is carried out with the full involvement of the Patient/Service User utilising the information gathered at assessment. These are written from their perspective and include any identified risks and how the person is supported with these. | SMT/Nurses | October 2021 | All the Care Home care plans have been reviewed and are fully person centred. Following feedback from our CQC inspection the Hospital is working at making their care planning more person centred particularly around language used as it can often be clinical due to the setting and treatment being provided under the Mental Health Act. | December 2021 |
| 16. Our environment provides Patients and Service Users with various living options that are the least restrictive. We have a care pathway from hospital to care home with most of the care home beds being in an apartment model promoting independence and choice. In addition, we have extensive facilities and grounds which provide therapeutic spaces for everyone to utilise. | SMT | April 2020 | The environment and the space it provides, has a really positive impact on people and we feel this contributes to the low level of restrictions that are required. | April 2020 |
| Consumer Involvement | | | | |
| 17. The views of Patients and Service Users are sought via Community Meetings, Independent Advocacy, formal consultation via questionnaires, at reviews and also individually via keyworkers. Families also contribute via reviews, complete questionnaires and individually with members of the internal and external team. | SMT | April 2020 | We have processes in place that ensure the voices of Patients, Service Users and family/friends impact on the delivery of our services and there is clear accountability in relation to how we perform. | April 2020 |

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| Involvement and feedback are underpinned in our policies including our Duty of Candour Policy. | | | | |
| Debriefing Techniques | | | | |
| 18. We have debriefing in place for everyone involved in an incident supported by our Debriefing Post Incident Policy and our Incident & Accident Policy. | MD/GM/LG | April 2021 | This is carried out routinely for anyone involved in an incident to ensure they feel supported and any adverse and potentially traumatising effects can be mitigated. Any restrictive practice is reviewed to see if lessons can be learnt so that instances can be reduced. All incidents and any restrictive practices used are reviewed in monthly SMT/Directors Meetings and also at individual peoples' reviews. | April 2021 |