

Reducing Restrictive & Blanket Interventions Policy

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Policy Owner	Andrew Shelton-Murray, Company Director
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This policy is subject to review at any time to reflect changes to national policy, learning from practice and any available best practice guidance.

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1. **POLICY STATEMENT/INTRODUCTION**

- 1.1 Malsis Hall and the services it provides are committed to reducing restrictive practices, avoiding unnecessary blanket restrictions and applying the least restrictive practice to all aspects of Patient/Service User care and service delivery.

2. **PRINCIPLES**

- 2.1 This policy aims to support Malsis Hall Services commitment to reducing restrictive practices within the care home and hospital services. This least restrictive approach will focus on the need to apply as few restrictions as possible to individual's personal choice and to further ensure that whilst supporting the individual needs of the Patient/Service User, their personal rights and freedom are not unduly restricted.
- 2.2 Restrictive practices are any type of support or practice that limits the rights, freedom, or movement of a person within services. Restrictive interventions are ways staff may intervene to prevent harm and reduce risk e.g. physical intervention, supportive observations, restricting movement via locked doors or restricting access to items. Any restrictive intervention must be legally and ethically justified to prevent harm and it must be the least restrictive option.
- 2.3 This Policy will guide and demonstrate a clear position to Malsis Hall staff to ensure that all staff provide compassionate, trauma informed, and recovery focused individual care to the people who use our services in the safest and least restrictive manner.

3. **RESPONSIBILITIES/DUTIES**

- 3.1 Registered Manager – accountable for ensuring an appropriate strategy is in place to support reduction in the use of restrictive practice and ensuring this is implemented and adhered to.
- 3.2 Service Managers (Care Home & Hospital) – responsible for considering the framework outlined in the policy and ensuring their local provision, clinical practices and operational procedural arrangements are in place to deliver this approach
- 3.3 Nursing staff – each member of nursing staff is responsible for ensuring that the policies and procedures are adhered to within their area of accountability.
- 3.4 Responsible Clinicians – to provide care in the least restrictive manner, be knowledgeable and committed to reducing the use of restrictive practices which is evidenced in clinical practice across the service.
- 3.5 Clinical Governance Forums – responsible for ensuring the principles outlined in this policy are integral to decision making in relation to safe practice and safe environments and will ensure that practice within the organisation is consistent with the policy objectives.

4. IMPLEMENTATION

4.1 The least restrictive environment

- 4.1.1 Least restrictive and recovery practices are integrated into all aspects of our services.
- 4.1.2 Malsis Hall's buildings and environments have been developed to be conducive to recovery, to promote safety, to be therapeutic and to enhance quality of life.
- 4.1.3 Environments are designed to be flexible to meet Patient/Service User need and to avoid blanket restrictions.
- 4.1.4 The Service will operate procedures and protocols that match the needs of the Patient/Service User group, to ensure therapeutic progress whilst minimising risks.

4.2 Experienced staff delivering the least restrictive forms of care and treatment

- 4.2.1 Service delivery will be consistent with the commitment to reducing restrictions and promoting recovery based and person-centred care.
- 4.2.2 Recruitment processes for the organisation hold values that include those that are compassionate within health and social care and follow safer recruitment principles.
- 4.2.3 Appropriate training for staff is provided in the use of restrictive practices and the principles of least restriction to ensure the workforce have the knowledge, skills and competencies to prevent and manage conflict in a safe and collaborative manner. The focus of the training will be on non-restrictive approaches, person-centred therapeutic interactions, recovery and social inclusion.
- 4.2.4 Our services will ensure they provide support, care and treatment that is based upon the needs of the people who use our services. All standardised policies, rules, practices and procedures and care plans that are restrictive to personal freedoms and choices require a rationale in place to justify their use
- 4.2.5 Staff performance regarding outcomes relating to restraint, medication led restraint, supportive observations, restricting access via locked doors and restricting access to items are robustly monitored and will form the basis for learning and development across the services provided at Malsis Hall.

4.3 Patients/Service Users involved in their support, care and treatment

- 4.3.1 A Patient/Service User would normally have access to all the activities and opportunities associated with where they live in the Service. However, for clinical and/or risk-based reasons, it may be appropriate for an individual Patient/Service User not to have access to one or more of those activities. This decision must be based upon a multi-disciplinary risk assessment, with a clear rationale why it is not appropriate at the current time, and when restrictions will be reviewed.

- 4.3.2 People who use our services are involved in all aspects of their care and support and have individualised processes and care plans to support them at times of crisis which are collaborative, clearly documented and recorded for the Patient/Service User and staff team.
- 4.3.3 Individuals who may be subject to restrictive practices will be given clear information about the range of restrictive approaches approved and authorised within the service and the circumstances which govern their use. This will be clearly documented in their Care Plans, and information given on whom to complain to if there is concern about how these measures are implemented.
- 4.3.4 Any restrictive interventions that are used will only be used as a last resort where non-restrictive alternatives cannot be used or have failed.
- 4.3.5 All interventions should be appropriate, proportionate, necessary, the least restrictive option for the circumstance and used for the shortest possible time.
- 4.3.6 The use of restrictive interventions will be assessed and planned to meet the specific needs of the individual, taking account of their history, physical and psychosocial needs and preferences in order to minimise distress, trauma or risk of harm.
- 4.3.7 The use of any restrictive practices which are considered degrading or abusive are not permitted under any circumstances.
- 4.3.8 Restrictive practices will not be used as a consequence to enforce rules, to punish or coerce, or as a substitute for a lack of resources.

4.4 Blanket Restrictions

- 4.4.1 Blanket restrictions are rules or policies that restrict a Patient/Service User's liberty and other rights, which are routinely applied without individual risk assessments to justify their application. The 2015 Mental Health Act Code of Practice allows for the use of blanket restrictions only in certain very specific circumstances.
- 4.4.2 Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks that have been identified.
- 4.4.3 Where a Suite needs to operate a new blanket restriction, this should be done for the shortest reasonable time and be monitored and reviewed through the service governance arrangements.
- 4.4.4 Any blanket restriction should never be introduced or applied in order to punish or humiliate, but only ever as a proportionate and measured response to an identified risk; they should be applied for no longer than can be shown to be necessary.
- 4.4.5 No form of blanket restriction should be implemented unless expressly authorised on the basis of this policy, implemented for the shortest period of time and subject to local accountability and governance arrangements

4.5 Blanket Restrictions in place at Malsis Hall

4.5.1 Working within the parameters of the Mental Health Act, Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS), and associated Codes of Practice, the Company aims to balance human rights with the safety of its Patients/Service Users. The Registered Manager and MDT have authorised the following blanket restrictions as being appropriate and proportionate to the safe provision of care within all Malsis Hall Services.

4.5.2 No smoking inside any buildings: Smoking is only permitted in outside areas which have allocated designated smoking shelters. This applies to both cigarettes and e-cigarettes for reasons outlined in our HS-11 Smoke Free Policy Statement. Outside smoking is normally only allowed between 7am to 11pm. Smoking cessation is encouraged and promoted with all Patients/Service Users. This restriction is to promote fire safety and to reduce the risk of fire and harm to others and includes limiting access to matches and lighters.

4.5.3 No alcohol in Malsis Hall Services: Alcohol is not allowed for the following clinical and therapeutic reasons:

- It can undermine a person's treatment programme.
- It can be a significant destabiliser for aggressive and violent behaviour and/or self-harm placing the Patient/Service User and others at risk of harm.
- It can interact negatively with prescribed medication and other drugs.
- It can be used to trade with or coerce other people.
- Once on a unit its onward distribution cannot be controlled.

4.5.4 No illicit substances in Malsis Hall Services: Illicit substances are not allowed for the following clinical and therapeutic reasons:

- Possession and distribution can constitute a criminal offence.
- It can undermine the person's treatment programme.
- It can be a significant destabiliser for a person's mental health, negatively impacting on recovery.
- It can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the Patient/Service User and others at potential harm.
- It can interact negatively and potentially dangerously with prescribed medication.
- It can be used to trade with or to coerce other people.
- Once on a unit its onward distribution cannot be controlled.

4.5.5 No new psychoactive substances (legal highs) in Malsis Hall Services: these are not allowed as:

- They have unpredictable effects on physical and mental health.
- They can be a significant destabiliser for a person's mental health, negatively impacting on recovery.
- They can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the Patient/Service User and others at potential harm.

- They can interact negatively and potentially dangerously with prescribed medication.
- They can be used to trade with or coerce other people.
- Once on a unit its onward distribution cannot be controlled.

4.5.6 No illegal pornographic material: This is not allowed as:

- Pornographic material can be highly offensive to other Patients/Service Users. However, the Company respects the right for individuals to access mainstream pornography – this should be within a private area.
- When mentally unwell, behaviour can be disinhibited, and the use of sexually stimulating material may lead to sexualised acts that are offensive and may constitute an offence.
- Pornographic material may undermine specific treatment programmes e.g. for those with sexual or violent offending histories.
- Once on a unit its onward distribution cannot be controlled.

4.5.7 No weapons, including knives and firearms: These are not allowed as:

- The Company has a duty to ensure the safety of staff and users of its services. No firearm, even if legally held, will be allowed on Company premises.
- Regarding knives, it is recognised that some individuals may wish to hold a knife for religious reasons. This will be discussed with the Patient/Service User and an individualised risk assessment agreed and updated on a regular basis. Even with a risk assessment it may not be appropriate for someone to hold a knife regardless of their religious beliefs as the risk presented may be too severe.

4.5.8 All doors for entry into clinical/living areas will be locked: This is because:

- A safe and protective environment for Patients/Service Users, staff and visitors is of the utmost importance to the Company. To support this, access to Suites and flatlets needs to be managed.
- All main access points to bed based clinical/living areas will have a system so that access is managed by staff and on a person-centred basis.
- Some Patients/Service Users will have free access in and out of living/clinical areas based on their needs and where they live.
- A Patients/Service Users' article 8 rights should be protected by ensuring any restriction on their contact with family and friends can be justified as being proportionate and in the interests of the health and safety of the Patient/Service User or others.

4.5.9 Access to courtyards and outdoor spaces at night: This is normally restricted because:

- In order to maintain a safe environment at night access to outside courtyard areas will be restricted.
- Staffing levels are lower at night to reflect reduced activity.
- A unit will have the ability to open up outdoor courtyards at night on an individual or group basis depending upon the specific circumstances at the time, as long as they can be assured that staffing arrangements allow this to be done safely. For example, someone may need to smoke as they are anxious or agitated and having a smoke helps them relax.

- 4.5.10 Access to Suite Kitchens: This may be restricted because:
- The kitchen is a domestic food preparation area containing both knives, electrical appliances and potential hot food/liquids which may place some Patients/Service Users at potential risk.
 - If the kitchen area is locked in order to reduce these identified specific risks, access by other individual Service Users/Patients can be supported following the guidance contained in the individuals own kitchen risk assessment and care plan, for example that Patient could be given their own kitchen access key.
 - All Suites will provide access to hot and cold beverages on a 24hr basis outside of the kitchen area.
- 4.5.11 Access to Suite Laundry Room: This is normally restricted because:
- The laundry room contains machines and washing chemicals which if used incorrectly may be harmful or pose risk to life.
 - The laundry is therefore locked in order to reduce these identified specific risks. All Patients/Service Users have individual access to the laundry room supported by staff as part of their programme of rehabilitation.
- 4.5.12 Access to Suite Assisted Bathroom: This is normally restricted because:
- The assisted bathroom contains equipment which if used incorrectly may be harmful or pose risk to life. The bathing aids themselves also pose an identified ligature risk.
 - The assisted bathroom is therefore locked in order to reduce these identified specific risks. All Service Users/Patients have individual access to the assisted bathroom supported by staff in addition to their own en suite shower rooms.

4.6 What should not form part of a blanket restriction

- 4.6.1 The expectation is that the following will not normally be subject to a blanket restriction:
- Access to (or banning) mobile phones (and chargers).
Unless for very specific reasons which have been agreed by the multi-disciplinary team. This may include nuisance calls to the emergency services, being used to threaten others or access negatively affects someone's mental health.
 - Access to the internet.
Unless this is being used for illegal reasons such as threatening others, for hacking purposes or access negatively affects someone's mental health.
 - Incoming and outgoing mail.
 - Visiting hours.
 - Access to money or the ability to make purchases.
 - Taking part in preferred activities.
- 4.6.2 The Mental Health Act Code of Practice (2015) states that such restrictions 'have no basis in national guidance or best practice; they promote neither independence nor recovery' and they may also breach a Patient's/Service User's human rights.

4.7 Implementing a blanket restriction

4.7.1 There may be occasions when it is necessary for the safe running of a unit that a blanket restriction be implemented. Examples of times where there may be a blanket restriction in place for a specific unit area or unit can include the following:

- Access to certain Patient/Service User areas, due to environmental risks that cannot be individually risk managed.
- Access to certain snacks and foods due to a Patient/Service User having a severe food allergy.
- Access to takeaways limited to a certain frequency to support health and wellbeing.

4.7.2 The expectation is that the need for such a blanket approach to manage the situation be fully explored before implemented and include senior staff such as the Service Manager and Doctor. If an alternative cannot be identified and the blanket restriction still deemed necessary, the following will be ensured:

- All affected Patients/Service User's must be made aware of why the decision was made. Any impact the restriction may have on the Patients/Service Users should be documented.
- The decision should be escalated to the Registered Manager and MDT.
- Malsis Hall keeps a register of blanket restrictions if any are in place in order that the extent of any blanket restrictions are transparent, and can be regularly reviewed as appropriate. The ones listed above in Section 4.5 need not be recorded separately.

5. MONITORING

5.1 The adherence to this policy will be monitored through the Clinical Governance Forum within Malsis Hall, to ensure appropriate performance and quality outcome data is being recorded and analysed This will ensure that key indicators will be delivered, and restrictive practices will be reduced, whilst indicators of Patient/Service User and staff experience will be improved.

6. TRAINING

6.1 The principles of 'No Force First' and 'Least Restrictive Practice' are included in mandatory induction training for all staff through the CPI Safety Intervention course.

7. REFERENCES

7.1 Department of Health guidance: Positive and Proactive Care: reducing the need for physical interventions (2014).

7.2 Mental Health Act 1983: Code of Practice (2015).

7.3 Mental Capacity Act 2005: Code of Practice (2013).

7.4 “Out of Sight – Who Cares?” Report: Care Quality Commission - October 2020.

8. APPENDICES

8.1. Appendix 1: Staff Guide to Blanket Restrictions in Malsis Hall Services (see below).

Appendix 1:

Blanket Restrictions.....

This briefing is to remind you about your role in relation to the application of **Blanket Restrictions**.

The Mental Health Act Code of Practice defines blanket restrictions as “rules or policies that restrict a Patient’s/Service User’s liberty and other rights, which are routinely applied to all Patient’s/Service User’s, or to classes of Patient’s/Service User’s, or within a service, without individual risk assessments to justify their application.” The Code’s default position is that ‘blanket restrictions should be avoided unless they can be justified as **necessary** and **proportionate** responses to risks identified for particular individuals’.

Where blanket restrictions are identified as necessary and proportionate there should be a system in place which ensures these are reviewed within a regular time frame, with an overall aim at the reduction of restrictive practices.

Common blanket restrictions across Malsis Hall Services:

- No smoking inside buildings and no holding of matches/lighters
- No alcohol, illicit drugs or legal highs on site
- Courtyard doors normally being locked through the night
- Access into clinical/living areas is via a locked door
- No weapons, firearms or knives
- No illegal pornography

Can you describe any other blanket restrictions that may be in place on your Suite and why?

If you do have blanket restrictions in place, do you know where and how often they are reviewed to ensure they are still appropriate? If not – please ask your Service Manager to explain this to you.

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name	Reducing Restrictive Interventions and Blanket Restrictions Policy	Number / Version	CL-35
Date of Issue	17/07/2023	Review Date	16/07/2025
Assessor	Andrew Shelton-Murray – Company Director		
Describe the main aim, objectives and intended outcomes of the above document			
The purpose of this policy is to set out the process for minimising restrictive practice across Malsis Hall services			

You must assess each of the 9 areas separately and consider how your policy may affect people’s human rights.

1. Assessment of possible adverse impact against any minority group				
	How could the policy have a significant negative impact on equality in relation to each area?	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1.	Age?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	Gender (Male / Female)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	Disability (Learning Difficulties/Physical or Sensory Disability)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	Race or Ethnicity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	Religion and Belief?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.	Sexual Orientation (gay, lesbian or heterosexual)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	Pregnancy and Maternity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8.	Gender Reassignment (The process of transitioning from one gender to another)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9.	Marriage and Civil Partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

You need to ask yourself:

- Will the policy create any problems or barriers to any community of group? **No**
- Will any group be excluded because of the policy? **No**
- Will the policy have a negative impact on community relations? **No**

If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment

2. Positive Impact				
	Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how it will meet our duties?	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1.	Promote equal opportunities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	Get rid of discrimination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	Get rid of harassment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Some restrictions are to stop individuals coercing or threatening others.
4.	Promote good community relations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	Promote positive attitudes towards disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.	Encourage participation by disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	Consider more favourable treatment of disabled people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8.	Promote and protect human rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The whole policy is to promote and protect human rights whilst balancing this with potential harm and risk.

3. Summary						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality						
Positive	<i>Please rate, by circling, the level of impact</i>				Negative	
High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input checked="" type="checkbox"/>	Nil <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

Date Assessment Completed	17/07/2023	Is a Full Equality Impact Assessment Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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