



## Restraint/Restriction Reduction Plan – Malsis Hall – November 2023

<b>Action Plan Lead &amp; Responsible Person</b>	Sally-Anne Redhead – Registered Manager	<b>Date Initially Developed</b>	16/08/21	<b>Date of Last review</b>	13/11/23 – v7
<b>Review of Plan</b>	Reviews of plan led by Sally-Anne Redhead with the rest of the Senior Management Team (SMT) and discussed monthly at SMT/Directors Meetings and bi-monthly at Governance Meetings.				

### Involved Personnel

**SAR:** Sally-Anne Redhead, Registered Manager; **LM:** Lesley Montisci, Quality Assurance Lead; **GM:** Graham Mallinson, Hospital Manager; **CC:** Craig Chatburn, Care Home Manager; **ASM:** Andrew Shelton-Murray, Company Director/Nominated Individual; **JW:** James Waldock, Company Trainer; **SB:** Simon Bell, External Consultant; **SA:** Sandra Ashton, Mental Health Law Facilitator.

### Introduction to this Plan

Malsis Hall Limited are committed to the 12 principles of the Restraint Reduction Network including:

1. The treatment, care, welfare, safety, and security of the people we support will be maintained regardless of behaviours of concern that they may display. People we support will be treated with respect, dignity, and empathy. Emotional and physical support will be provided, and people will be encouraged and empowered to increase their choice and independence. We will ensure peoples safety by safeguarding vulnerable adults and working with the person to reduce risks of harm. We will work in collaboration with the person, their circle of support and external stakeholders to create safe, effective, and therapeutic relationships.
2. We will provide bespoke care and support that puts the person at the centre of their assessed needs.
3. We will listen to, and collaborate with the people we support, and significant others who are important in their lives to deliver high quality services and outcomes.
4. Our leaders will take an active role in reviewing the use of all restrictive practices and will develop a range of organisational approaches to ensure all forms of restraint are minimised. Our leaders will support a positive culture and work alongside the

staff teams to ensure that all restrictive practices are not misused or abused and remain the last, and not first, resort. As an organisation we do not support the use of supine or prone restraint.

5. We will make sure that all restrictive practice is recorded and reported in an open and transparent manner.
6. All those who have restrictive practice within their care and support plans will be supported to understand the legal framework this is authorised by (if they do not have capacity to consent to these restrictions), and who they can complain to about these restrictions if they are not in agreement or feel that they are not in their best interests.
7. All people we support who do not have an identified person they can speak to about their concerns around restrictive practice will be supported to gain an independent advocate.
8. The use of restrictive practice including restraint is a last resort, will be implemented in the persons best interests and only when there is risk of immediate or imminent harm.
9. When restrictive practice is in place, there will be clear justification to why this is required and a collaborative approach to review.
10. Restrictive practice will be planned according to the individual's preferences, physical and psychological needs. Malsis Hall Limited will be aware of and avoid blanket restrictions and have a policy in place to support this.
11. The use of any restrictive practice which is considered degrading, abusive or inhumane will not be tolerated and will be prevented. We will not implement or tolerate any restrictive practice that is likely to lead to avoidable pain or injury. Restrictive practice will never be used to enforce rules, punish, or coerce.
12. We will ensure that our staff are appropriately trained in the use of restrictive practices which is part of our wider commitment to ensure that our staff teams are knowledgeable and skilled in using non-restrictive interventions which are embedded in person centred thinking, positive behaviour support, recovery and social inclusion.

In addition, 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.
- Malsis Hall is 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.
- 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
<b>Leadership</b>				
1. We have identified the person responsible for the oversight and reduction of restrictive practices.	SAR	August 2021	Dr Steve Wilkinson was our original responsible person and led on reviewing this plan. The responsibility (November 2022) was passed over to Mark Quarmby who was the Registered Manager for the service at that time, but this has now changed to Sally-Anne Redhead who is the new Service/Registered Manager. This has also been updated in our supporting documents for the implementation of the Mental Health Units (Use of Force) Act 2018.	August 2021, updated November 2022, and November 2023.
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 on our website, brochures, 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.  Our vision, values and philosophy are embedded in the CPI Safety Intervention training being delivered (previously MAPA) and are supported by other training delivered i.e. Positive Behaviour Support.	April 2020.

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			The 'Our Values & Approach' page of our website was updated in October 2023 to reflect feedback on our shared values.	October 2023
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 monthly 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 & policies reviewed annually.
4. As part of reducing restrictive practices, we review incident data monthly as detailed above but we have now reviewed the data for 2022/23 (full year) and there were 35 incidences of restrictive practices over the year with 28 including some level of physical intervention (mostly low level). Apart from 2 incidences it was felt the restrictive practice were appropriate and in line with care & support plans.	ASM/SMT	May 2023	We will review data year on year to look at trends. From the data it is clear that a small number of people were having the highest level of incidences. This was mostly due to people's mental health deteriorating and the service no longer being able to meet their needs. The three people with the highest number of incidences moved on from the service to more acute services.	May 2023 and yearly.
5. 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 recommendations and learning from this are then shared with the entire team.	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 & on-going.
6. All Policies that relate to restrictive practices have been reviewed to ensure they comply with the implementation of	SA/ASM	August 2021	All have been reviewed and consultation with Patients and Service Users was completed in	October 2021, November

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the Mental Health Units (Use of Force) Act 2018.			relation to these policies and also the guidance around the Act. There have been two further reviews of all policies carried out and updates made to reflect changes in personnel.	2022 & November 2023.
<b>Use of Data</b>				
7. 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  December 2023	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. The electronic incident/accident tracker is being reviewed to try and make completion easier whilst maintaining the required data.	April 2020 & on-going.
8. 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 ASM/SB/SA	October 2021 January 2023	This work was ready for the implementation of the Act in December 2021. We reviewed the NHS data reporting requirements and made sure we are compliant.	December 2021. January 2023.
9. Complaints, Comments and Compliments are also recorded on a log, and these are also reviewed at the monthly SMT/Directors Meetings.	MQ/SMT	April 2020	At the CQC inspections in February 2021 the inspectors noted how well complaints were dealt with. We also have Compliments, Comments &	April 2020.

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		October 2023	Complaints booklets available throughout the service. SAR (new Registered Manager) is now responsible for maintaining the log.	October 2023.
<b>Workforce Development</b>				
10. Training Needs Analysis	SMT	July 2021	Malsis Hall has a Training Needs Analysis which is reviewed at least annually. The training reflects regulatory requirements but also training specific to meet the needs of Patients/Service Users. This has recently been reviewed (July 2023) to reflect the submission of our data protection self-assessment.	July 2023.
11. All staff receive CPI Safety Intervention training (changed from MAPA training in October 2021), as part of their induction.	SAR/JW	April 2020	Compliance with this training is over 85% 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 & on-going.
12. All staff to receive training in Positive Behaviour Support.	MQ/LM  SAR/LM	August 2023  March 2024	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 at Malsis Hall. This has now been added to our eLearning (ELFY) and staff are underway with accessing the training. A pack to be developed so that the PBS training can be delivered face to face by one of the team who has the relevant training & experience.	August 2023
13. 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 & on-going.

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<b>Use of Prevention Tools</b>				
14. 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	We feel the assessment and FACE risk profile are valid and practical tools that identify the needs and goals of the person being assessed ensuring we are aware of how they need to be treated and supported.	April 2020 & ongoing.
15. Malsis Hall will work in partnership with the local community teams to ensure that the people we support are receiving professional support as required to proactively meet their physical health and mental health needs e.g psychology and OT.	SAR/LM/CC	April 2023	Relationships have developed with our local GP practice, and they are now proactively involved with the service and working collaboratively. This will increase as we increase the number of our care home beds.	May 2023
	SAR/LM/CC	March 2024	The relationship with the CMHT is also developing although they are not currently supporting many of our Service Users, so this needs further work.	
16. All care planning is carried out with the full involvement of the Service User utilising the information gathered at assessment where practically possible. These are written from their perspective and include any identified risks and how the person is supported with these.	SMT/Nurses	October 2021  November 2023	All the Care Home care plans have been reviewed and are fully person centred.  Following feedback from our CQC inspection the Hospital reviewed their care planning ensuring it was 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.  Following a Provider Audit by a Consultant Nurse Care Folders are being reviewed for the care home in relation to capacity and ensuring reviews are happening regularly.	December 2021.
17. Our environment provides Service Users with various living options that are the least restrictive. We have a care pathway from	SMT	April 2020	The environment and the space provided has a really positive impact on people and we feel this	April 2020 & ongoing.

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<p>care home with nursing to without nursing, with 13 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.</p>			<p>contributes to the low level of restrictions that are required.</p>	
<b>Consumer Involvement</b>				
<p>18. The views of Service Users are sought via Community Meetings, Independent Advocacy, formal consultation via questionnaires, at reviews and also individually via keyworkers.</p> <p>Families also contribute via reviews, complete annual questionnaires and individually with members of the internal and external team.</p> <p>Involvement and feedback are underpinned in our policies including our Duty of Candour Policy.</p>	SMT	April 2020	<p>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.</p>	April 2020 & ongoing.
<b>Debriefing Techniques</b>				
<p>19. We have debriefing in place for everyone involved in an incident supported by our Debriefing Post Incident Policy and our Incident &amp; Accident Policy.</p>	GM/CC/SMT	April 2021	<p>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.</p> <p>Any restrictive practice is reviewed to see if lessons can be learnt so that instances can be reduced.</p> <p>All incidents and any restrictive practices used are reviewed in monthly SMT/Directors Meetings and also at individual peoples' reviews.</p>	April 2021 & ongoing.