

Restraint/Restriction Reduction Plan – Malsis Hall – December 2024

Action Plan Lead & Responsible Person	Celia Peat – Registered Manager	Date Initially Developed	16/08/21	Date of Last review	16/12/24 – v10
Review of Plan	Reviews of plan led by Celia Peat with the rest of the Senior Management Team (SMT) and restrictive practices discussed monthly at SMT/Directors Meetings and bi-monthly at Governance Meetings.				

Involved Personnel

CP: Celia Peat, Registered Manager; MG: Marie Greenberry, Operations Director; CC: Craig Chatburn, Care Home Manager; GM: Graham Mallinson, 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 & Governance Facilitator; LG: Lisa Gardner, Customer Relationship Manager.

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 only 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
Leadership				
1. We have updated the person responsible for the oversight and reduction of restrictive practices now there is a new Registered Manager and Operations Director.	ASM	September 2024	This is now Celia Peat who is the new Service/Registered Manager from September 2024. This has also been updated in our supporting documents for the implementation of the Mental Health Units (Use of Force) Act 2018. These are available on the Malsis Hall webpage and were previously updated to reflect changes to terminology now we no longer have hospital beds.	September 2024
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	<p>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.</p> <p>Our vision, values and philosophy are embedded in the CPI Safety Intervention training being delivered and are supported by other training delivered i.e. Positive Behaviour Support.</p> <p>The 'Our Values & Approach' page of our website was updated in October 2024 to reflect feedback on our shared values.</p>	<p>April 2020.</p> <p>October 2024</p>

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			Any policies relating to restrictive practices are reviewed at least annually or as a result of learning or changes to guidance.	August 2024
3. Any restrictive practices are recorded on our electronic care records system (CURA) and incidents are reviewed at monthly SMT/Directors Meetings and any actions/learning recorded and monitored. The data is also reviewed at bi-monthly Governance Meetings.	MG/CP	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 highlight any restrictive practices and any trends that may be emerging. All incidents involving restrictive/physical interventions are reviewed at the monthly SMT/Director's meeting and the management team declare if their use was appropriate to maintain safety, health and wellbeing.	April 2020 & policies reviewed annually.
4. As part of reducing restrictive practices, we review incident data monthly as detailed above, and we reviewed the data for 2023/24 (full year) and there were 333 incidences of Service Users displaying behaviour of concern with 30 including some level of physical intervention which is less than 10%: 21 low level holds, 3 x medium level holds and 2 x high level holds. There were four incidences where staff placed a hand on someone but not in a hold. It was felt that in all incidences the restrictive practice was appropriate and in line with care & support plans and was to safeguard health and wellbeing.	ASM/SMT	November 2024	We will review data year on year to look at trends. From the previous year's 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. The data will be reviewed for 2024/5 in April 2025.	November 2024
5. Where there is any concern about restrictive practices that have been used the SMT or Company Director would	ASM/SMT	April 2020 & On-going	RCA's are completed in line with our Incident & Accident Policy or can be commissioned by a	April 2020 & on-going.

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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/SA	January 2023	We reviewed the NHS data reporting requirements and made sure we are compliant.	January 2023.
9. Complaints, Comments and Compliments are also recorded on a log, and these are also reviewed at the monthly SMT/Directors Meetings.	CP/SMT	April 2020 October 2024	We also have Compliments, Comments & Complaints booklets available throughout the service. CP is now responsible for maintaining the log with the support of SA.	April 2020. October 2024.
Workforce Development				
10. Training Needs Analysis	SMT	July 2021	Malsis Hall has a Training Needs Analysis which is reviewed regularly to reflect the needs of Service Users. The training reflects regulatory requirements but also training specific to meet the needs of Service Users. This has recently been reviewed (October 2024) to reflect admissions to the service and further training that is required.	October 2024.
11. All staff receive CPI Safety Intervention training (changed from MAPA training in October 2021), as part of their induction.	CP/JW	April 2020	Compliance remains over 85% and the level of restrictive practice being used is very low in relation to the number of incidents. 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.	MG/CP	August 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	

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	MG/CP	March 2025	and we have also now started to provide this training face to face. A PBS training pack has been developed and DH is able to deliver the training but now LM is retiring a second trainer needs identifying.	March 2025.
13. All staff have debriefs following an incident in line with our policies and also following any RCA's that have been completed. Any incidents recorded on CURA have the debrief as part of the recording process.	CP/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.
Use of Prevention Tools				
14. Anyone referred to Malsis Hall has a full biopsychosocial assessment completed by a member of the SMT. This includes a review of risk and if a placement is offered a FACE risk profile (validated tool) is completed with the individual.	CP/SMT	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.	CP/SMT MG/ASM	April 2024 March 2025	Relationships have developed further 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. The relationship with the CMHT was damaged when we removed our hospital beds and increased our care home beds which will impact on their resources. We have been endeavouring to meet with them, but no date has been agreed as yet.	May 2024.
16. All care planning is to be carried out with the full involvement of the Service User utilising the information gathered at	MG/CP	March 2025	We are in the process of transferring to an electronic care record system (CURA). This will ensure care plans are reviewed regularly and will	

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assessment where practically possible. These are to be written from their perspective and include any identified risks and how the person is supported with these.			also enable direct access for Service Users and families.	
17. Our environment provides Service Users with various living options that are the least restrictive. We have a care pathway from 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.	SMT	April 2020 December 2023	The environment and the space provided has a really positive impact on people and we feel this contributes to the low level of restrictions that are required. We removed our hospital beds in January 2024 so there are now more options available in our care home pathway.	April 2020 & ongoing. January 2024
Consumer Involvement				
18. The views of Service Users are sought via Community Meetings, Independent Advocacy, formal consultation via surveys, at reviews and also individually via keyworkers. Families also contribute via reviews, complete annual questionnaires and individually with members of the internal and external team. Involvement and feedback are underpinned in our policies including our Duty of Candour Policy.	SMT	April 2020	We have processes in place that ensure the voices of 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 & ongoing.
Debriefing Techniques				
19. We have debriefing in place for everyone involved in an incident supported by our	CP/SMT	April 2025	This is carried out routinely for anyone involved in an incident to ensure they feel supported and any	April 2025.

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Debriefing Post Incident Policy and our Incident & Accident Policy.			<p>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>	