

USE OF RESTRAINT

2020-21



Vista Care Solutions Ltd trading as Sunlight Care Newham. Registered in England. Company No: 11353031.
Registered Office: 3-9 Balaam Street, London, E13 8EB

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AUTHOR: SHAK HABIB
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Mr Shak Habib

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Introduction

Sunlight Care's policy is to raise awareness of the use of restraints and to consider what possible alternatives might be available. Supporting residents to take positive risks helps to increase their wellbeing and helps to reduce reliance on restraint to maintain their safety. Talking openly about the possible use of a restraint with residents, relatives, and staff will help promote good practice.

Restraint is defined as 'the intentional restriction of a person's voluntary movement or behaviour.'

Sunlight Care believes that restraint should only be used in exceptional circumstances and in agreement with the resident or the relative or under instruction from the resident's General Practitioner.

Aim

In most circumstances, restraint should be avoided by making positive changes to the provision of care and support for the resident. Any decision taken to impose a restraint should be carefully assessed to ensure it is essential and lawful.

The decision to use restraint must be based on each resident's situation and must not be a 'blanket' policy. Individual risk assessments must be undertaken, and decisions recorded. The decisions made should be properly considered to provide justification that the method of restraint proposed is the least restrictive.

Types of Restraint

Restraint can include one or more of the following:

- Physical restraint involves one or more members of staff holding the resident, moving the resident, or blocking their movement to stop them leaving;
- Mechanical restraint involves the use of equipment. This can include equipment, such as using a heavy table or belt to stop the resident getting out of their chair; or bedrails to stop a resident getting out of bed. Controls on freedom of movement, such as keys, and keypads, can also be a form of mechanical restraint;
- Technological devices, such as pressure pads, closed circuit television, or door alarms, are often used to alert staff that the resident is mobile or has moved. Whilst not a restraint in themselves, they may be used as a trigger to alert staff;
- Chemical restraint involves using medication to restrain. This could be regularly prescribed medication, or as required medication;
- Psychological restraint can include a member of staff telling the resident not to do something, or that doing what the resident wants to do is not allowed or is too dangerous. It may include depriving a resident of lifestyle choices. It may also include depriving residents of equipment or possessions, such as taking away walking aids, glasses, outdoor clothing.

When Might Restraint be Used?

Residents who may be at risk can be restrained with justification in some cases, if for example he or she is displaying behaviour which is putting the resident at risk of harm or displaying behaviour that was putting others at risk of harm.

Treatment can be administered where there is in existence a legal order, for example, under the Mental Health Act 2007, requiring urgent life-saving treatment, or there is a need for the resident to be kept in a secure setting. It is important that whenever a nurse or carer uses restraint, it is in accordance with accepted professional standards that are justified in the particular circumstances of the resident.

When a resident cannot give informed consent, nurses and carers should always explain what they are doing, seeking their understanding and agreement.

Except in emergencies, decisions about restraint and policies or guidance should be taken after discussions have taken place with multi-disciplinary teams, and the resident and his or her relatives as far as is possible.

Risk Assessments

The need for the use of a restraint in Sunlight Care will generally arise because of a concern for the safety of the resident or others at risk.

Relatives need to be supported to share their concerns which they may have about a proposed use of a restraint. Restraints may be used only as part of a resident's care plan and in conjunction with an active approach to positive behaviour support planning. Restraints must not be used as a substitute for another otherwise appropriate programme or form of treatment. All types of restraints must be removed when the resident no longer presents a risk of harm to himself, herself, or others.

Prior to using any form of restraint, except in the case of emergency, a risk assessment will be carried to determine the risks which might arise from the use or proposed use of a restraint, and the impact this potentially could have. The assessment carried out will consider the legal position and any risks flowing from that. A record of the assessment and the results of it will be kept. The assessment will be reviewed as often as is necessary.

Careful observation and analysis of the resident's behaviour should be carried out to ascertain the following:

- the reason, if known, for the behaviour
- what risks are associated with the behaviour
- who is at risk
- who should be consulted
- what the legal position is.
- All available options and alternatives must be considered before any decision is made, and that should include consideration of the following:
- what could work to help this resident

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- what is the least restrictive option if restraint is needed.

Care Plan

At the outset there has to be a discussion with the resident, relatives, and where appropriate the General Practitioner or Psychogeriatrician to consider what the form and content of the Care Plan should be and to endeavour to obtain everyone's agreement.

Staff should record in detail what steps require to be taken in different circumstances that might arise and what secondary preventative strategies or de-escalation techniques may be beneficial to the resident and others affected by the resident's behaviour.

The Care Plan should reflect any experiences and wishes of the resident which could impact on the use of restrictive interventions. It should also describe any risks associated with their general health or risks arising from the care environment.

The staff needs to consider and then agree:

- what type of restraint may be beneficial to the resident or the situation
- how long the approach should be tried and the review timescale

The Care Plan should be evaluated and reviewed as necessary having regard to and considering the following:

- has the intervention helped
- who has it helped
- what is the opinion of the nurses, carers, residents, and relatives
- are any changes needed or is there a need to try something different
- is the agreed plan still necessary and justified
- is the restraint still required

All actions involving the use of restraints must be documented in the resident's records. A resident will be given access to an advocate to discuss any concerns the resident may have about the use or proposed use of any restraint.

Resident's Choice

It should be noted that a resident with capacity to consent might request items, such as a bedrail, to enhance their feeling of safety or security. Whilst this may not accord with a nurse's recommendation, the individual's choice should be acknowledged and included in the care plan and a risk assessment should be carried out.

Training

Sunlight Care recognises the importance of educating and training its staff on the use of restraints. This will include supervision, reflective practice, learning from best practice, and competency-based training. Records of the training provided, and its content will be kept. If additional training is needed for a particular form of restraint, Sunlight Care will keep a clear record of that training.

Incidents

Sunlight Care will maintain a system for reporting incidents where the resident has been harmed or could have been harmed, or where staff have been harmed when trying to put the restraint in place or actually doing so. Staff will be asked to learn from any such incidents to try and ensure there is no repeat. There will be clear channels made known to anyone who wants to raise a concern about the possible abuse of a restraint.

Audits

Regular audits related to the use of restraints will be carried out, and these audits will be reviewed monthly or more often if required. The results of the audits will be fed into staff training programmes on the use of restraints.



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