Restrictive Practices at Cheswold Park

What are they and when might they be used?

This leaflet has been co-produced by students and staff of Cheswold Park Recovery College.

Introduction

Introduction

This booklet has been put together by staff and service users at Cheswold Park to inform people about the restrictive practices that are used within the hospital and why these are used.

Contents

Cheswold Park

Further Information

If you require any further information on the restrictive practices used at Cheswold Park:

You can talk to:

- Ward staff
- Named Nurse
- Psychology
- PMVA Team
- Advocate
- Ward Manager or Service Manager
- Responsible Clinician or Ward Doctor
- Occupational Therapist
- Quality Team

If you have a complaint around any of the restrictive practices used within the hospital...

You can raise this with:

- Quality Team

Please ask a member of staff for details on how to make a complaint.

Policies

QMSPRC09	Pharmacological Management of Acute Disturbance Policy

This policy provides guidance and support to ensure all staff involved in decisions around rapid tranquilisation can do so effectively and appropriately.

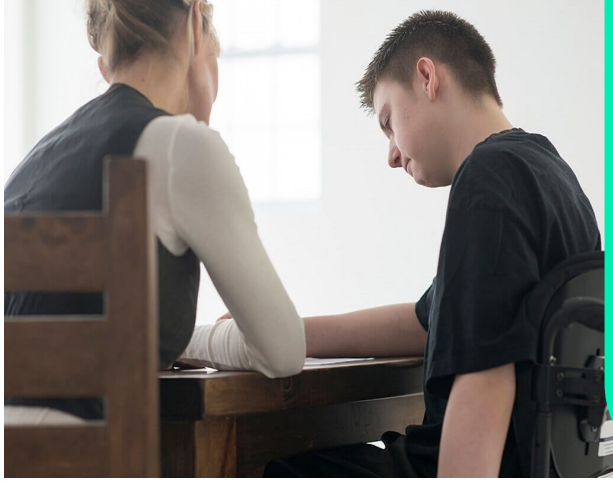
QMSSO37	The Safe & Exceptional Use of Mechanical Restraint Policy

This policy provides a framework to guide staff should the application of mechanical restraints be deemed to be the safest and most appropriate response in situations where the risk cannot be practically managed in another way.

QMSPRC45	Pharmacological Management of Acute Disturbance Policy

This policy aims to articulate Cheswold Park Hospital's relentless commitment to reducing restrictive practices and applying the least restrictive principles to all aspects of the Hospital's business and service delivery.

Policies (Cont.)



1. Support

What support is available to me?

When a restrictive practice is used, you will be able to discuss this with staff. They will be able to answer any questions that you might have

We also have a patient debrief that is a good way to discuss your feelings, and also helps staff to learn how to support you in the future

You can also discuss anything with your MDT during your ward round too.

"I find the patient debriefs really good because they give me chance to discuss an incident and tell staff how I feel. It also helps staff learn how to support me in the future. I like the one that has the pictures on because it's easy to understand."

Who can I talk to?

- Ward staff
- Nurse
- Doctors
- Psychology
- SaLTa
- Occupational Therapist
- Advocate
- Ward Manager or Service Manager
- Governance Team
- PMVA Team

What is Rapid Tranquilisation?

Medication given in the short term management of disturbed or violent behaviour with a view to reducing the risk to the individual, other patients, or staff.

It can be given either orally or via injection.

Does it hurt?

No more than any other injection. The medication will always be given by an experienced registered nurse or doctor. If a person is able to take medication orally, this will be an option that is considered.

Who decides?

The doctor prescribes the medication, but the decision is usually made by the wider MDT that know the patient well.

How long will the effects last?

This depends on what medication is given. A person will have staff with them after it is administered, and staff will take a person's physical observations regularly to monitor their physical health. Staff will ask to take blood pressure, pulse, temperature and other vital signs as needed. It is important for a person to tell someone if they don't feel well after having the medication

2. Rapid Tranquilisation

Policies

We have a number of policies that are in place to ensure we are doing things right. You can ask a member of staff if you would like to see any of these policies.

6. Policies

QMSPRC13	Positive and safe Management of Violence and Aggression Policy

This policy provides guidance and support to ensure all staff work positively and proactively to reduce risk from aggression and violence and support staff to work positively and proactively using the available frameworks.

QMSPRC15	Seclusion Policy

The purpose of this policy is to ensure the Positive and Safe management of severe or acute behavioural disturbance in line with the Mental Health Act Code of Practice (2015) and the organisations' seclusion procedure.

QMSPRC33	Long Term Segregation Policy

The purpose of this policy is to ensure that long term segregation is used effectively, appropriately and in line with the Mental Health Act Code of Practice.

Seclusion: What is it?

Seclusion is when a person is nursed in a room, on their own, as a way of keeping everyone safe when that person is presenting high risk behaviours. The door MAY be locked, but staff can still communicate through a hatch.

When is seclusion used?

Seclusion is used as a LAST RESORT to care for a person who is very unwell or distressed, to protect them, other service users and staff.

How long does seclusion last?

Seclusion is used for the least amount of time. This will vary from person to person. It will always be for the LEAST amount of time though, as the goal is to support someone back on to the ward as soon as possible.

"Seclusion can be a very scary place, but you will always have a member of staff with you on observations who you can talk to and support you 24 hours a day. The nurses and doctors come and check in regularly too"

5. Seclusion

What is a Mechanical Restraint?

This is a piece of equipment that is designed to restrict the free movement of a person, such as handcuffs or body belt

3. Mechanical

Why is a mechanical restraint used?

Often because the Ministry of Justice require us to. A mechanical restriction may be used for a number of reasons. It may be required as a condition of Section 17 Leave to prevent or reduce the risk of absconding (running away).

They may also be used for a routine or emergency hospital appointments if there is a high risk of absconding or violence, or as a last resort to manage the risk of extreme violence to others, or in some cases, to limit self harming behaviours.

Who decides?

The MoJ (Ministry of Justice) can decide if a person is required to have a mechanical restraint used during Section 17 Leave or a hospital visit.

The RC (Responsible Clinician) and MDT can also decide if these are appropriate to be used in certain circumstances to keep people safe. A person will be aware if this is part of their care, as the team will talk to

What happens?

A person will be taken to Marr Suite where the mechanical restraint will be applied by a specially trained member of staff. They will be accompanied by a registered nurse to monitor their physical health throughout the time they require the mechanical device.

Is it safe?

All staff who may need to use mechanical restraints are trained to ensure a person's safety is maintained throughout. We will ALWAYS use the least restrictive option available where possible.

Does it hurt?

It shouldn't do, no. The device will be applied by a specially trained member of staff, and a person will be asked if you are comfortable when it is applied. Their physical health and comfort is monitored throughout the time they are wearing the device.

Mechanical (Cont.)

"Having the body belt applied felt scary at first, but staff were with me the whole time and reassured me. I know now that it is only used for my own safety and wellbeing. I was still able to move my arms enough so I didn't feel like I was completely restricted"

What is Long Term Segregation

An area where a patient is NOT able to mix with others in order to minimise risk to others

Nidd Suite is our purpose-built long term segregation area.

4. Long-Term Segregation

How long do people spend in Long Term Segregation?

This depends on the level of risk. The MDT will explore ways to integrate a person back on to the ward by looking at different safe activities and interventions. Our aim is to use long term segregation for the shortest time possible.

Who decides?

A person will have staff on your observations 24 hours a day who they can talk to and who are there to support them, and they can also get support from any member of the MDT or ward team.