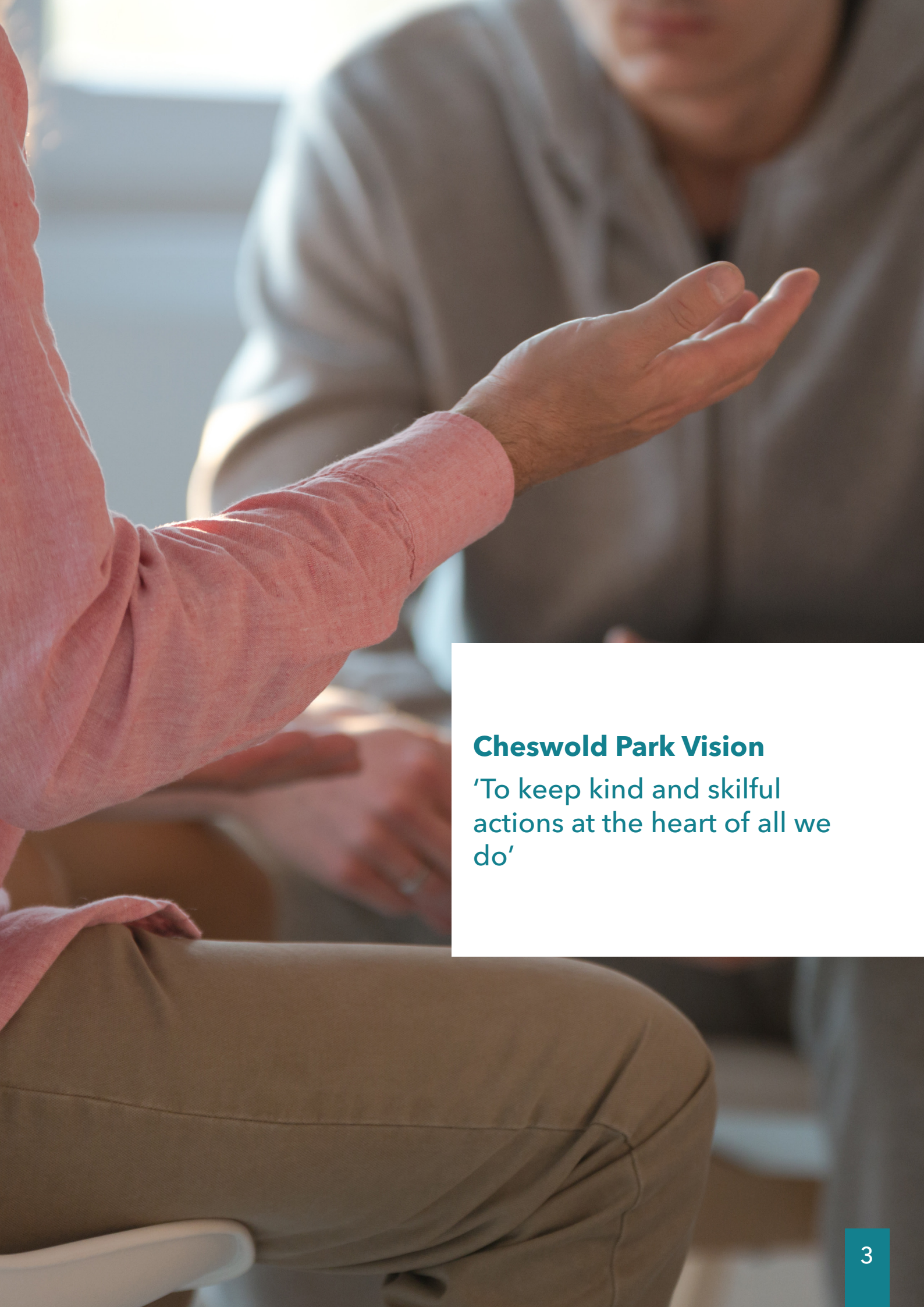
Cheswold Park

Reducing Restrictive Practices Strategy

POSITIVE & SAFE

POSITIVE &SAFE
Reducing Restrictions Together

Contents



Cheswold Park Vision

‘To keep kind and skilful actions at the heart of all we do’

Introduction

The Mental Health Act (1983) Code of Practice (2015) set out an expectation for mental health services to commit to **reducing restrictive practices.** It requires providers to have a **restrictive interventions** reduction programme and policies on related matters. It is made clear that restrictive interventions such as **enhanced observation, physical restraint, mechanical restraint, rapid tranquilisation, seclusion and long-term segregation** should only be used in a way that respect human rights.

Another term used within the literature is that of 'restrictive practices'. Restrictive practices are a wide range of activities that may stop individuals from doing things that they want or encourages them to do things that they do not want to do. They can be very obvious or they can be subtle. Restrictive practices should be understood as part of a continuum, from limiting choice to a reactive response to an incident or emergency (likely to involve a 'restrictive intervention') or if the person is going to harm themselves or others. The range of restrictive practices can be seen in table 1 opposite.

Restrictive interventions should only ever be used as an immediate and deliberate response to behaviours that challenge or to take control of a situation where there is a real possibility of harm if no action is taken. In some situations a restrictive practice may be necessary as a proportionate and reasonable response. However, they can pose a risk to a person's health and safety and when used inappropriately can by distressing and in some cases abusive. They should never be used to punish or for the sole intention of inflicting pain, suffering, humiliation or to achieve compliance. Cheswold Park Hospital aims to move to a cultural understanding that the use of a restrictive intervention constitutes a **'treatment failure'.**

Cheswold Park Hospital is committed to reducing the use of restrictive practices across all pathways. This strategy outlines our intentions and will have a corresponding action plan which identifies more specific steps which will be taken to improve our approach to minimising the use of restrictive interventions and wider practices. This in turn will have a positive impact on the management of violence and aggression. Our cultural aims are to focus upon **recovery** as key and risk sharing between all stakeholders rather than risk management. Focus needs to be placed upon high quality and safe services in therapeutic settings with staff and patients engaging in meaningful therapeutic relationships.

Table 1: Types of restrictive practices

Intervention type	Description
Restraint	Use of threat to use force, to make an individual do something that they are resisting, or restrict their freedom of movement, whether they are resisting or not.
Physical restraint	Any direct physical contact, with or without resistance, where the intention is to prevent, restrict or subdue movement of the body, or part of the body of a service user.
Mechanical restraint	The use of a device to prevent, restrict or subdue movement of a service user's body/part of the body, for the primary purpose of behavioural control.
Rapid tranquilisation	All medication given in the short-term management of disturbed or violent behaviour (including PRN medication taken from an agreed rapid tranquilisation protocol).
Forced medication	The administration of intramuscular medication by force or by definite psychological pressure (i.e. announcing intramuscular medication if medication is not taken orally at once).
Psychosocial restraint	Psychosocial restraint refers to 'the use of coercive social or material sanctions, or verbal threat of those sanctions in an attempt to moderate a person's behaviour'. It is important that any sanctions used are appropriate and are directly relevant to the specific unwanted behaviour. They should be used as a short-term response to negative behaviours and part of a longer-term process to help the individual understand the impact of their behaviour and why it might be unacceptable or dangerous.
Seclusion	The confinement of an individual alone as an immediate response to severely disturbed behaviour, at any hour of the day or night in an area from which their egress is actively prevented through the deliberate actions of another or consequences thereof.
Long term segregation	A situation where, in order to control a sustained high risk of serious harm to others, which is an almost constant feature of their presentation, an individual is not allowed to mix freely with other individuals.

Patient & Family Input

Patient April 2021

'The strategy overall is good. I would like staff to remember that putting your hands on someone else is barbaric unless someone is seriously hurting themselves. We are told that it is wrong to use violence, but restraint is still overpowering someone which is violent. We are told that using violence is wrong but using restraint is getting someone to do something that they don't want. It should only be used as a very last resort'.

Patient May 2021

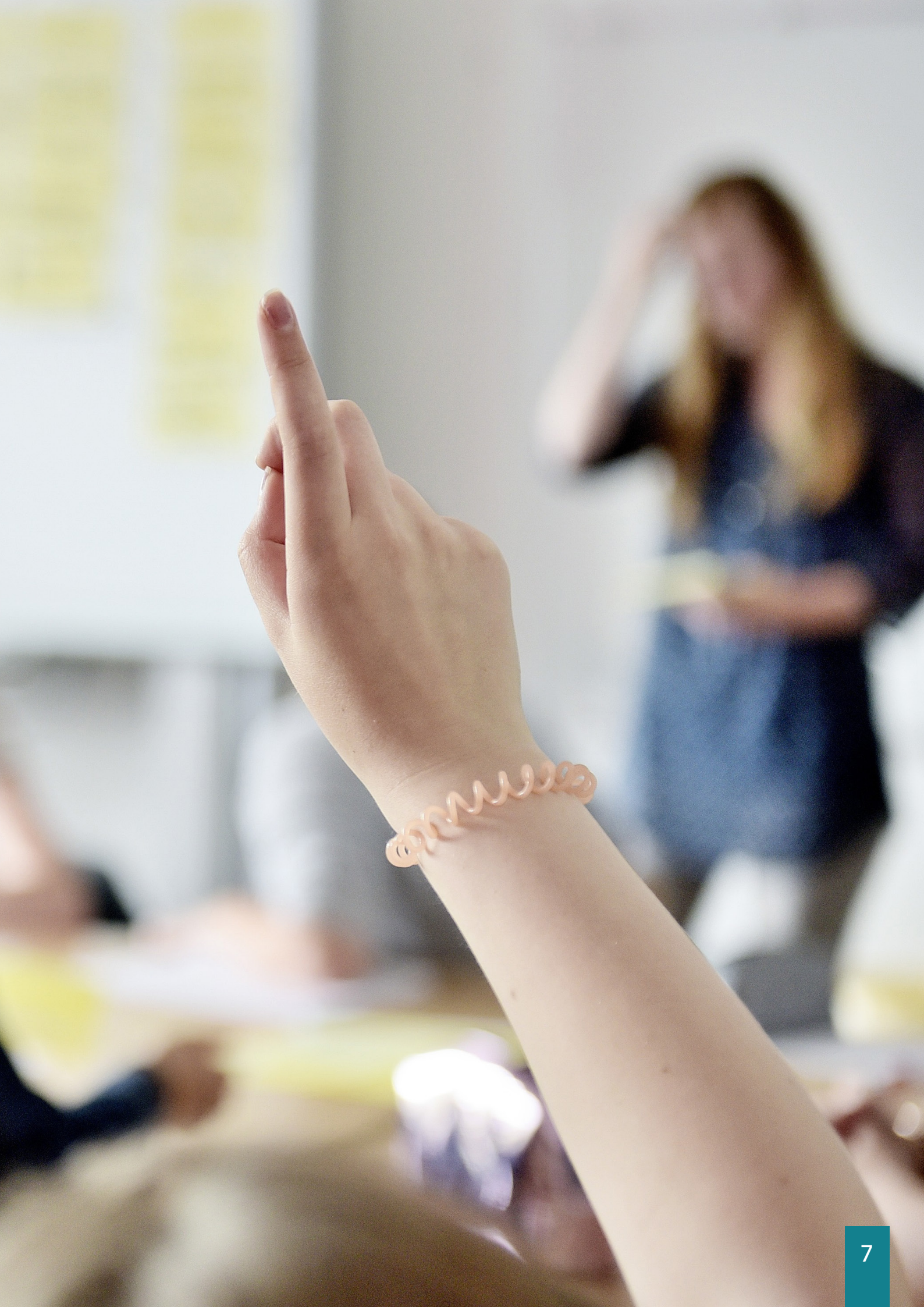
'I think there is a need for this strategy. Restraint should always be used as a last resort and if a patients, staff and visitors are at risk. Staff should be aware that hands on should only be used if absolutely needed and other ways of working should be tried. staff need to understand that if de-escalation can do the job then they need to use their judgment but try ands hands on can be stressful for people who have a history of trauma for example. I think staff need to sign up to this though. There is no point having the mission statement on the wall if no one is working towards it'.

Patient June 2021

'I think this strategy is helpful. I would like there to be more emphasis on reducing blanket restrictions like handing our phones in at night and that staff observe us on computers whilst we put our passwords in for example.

Family June 2021

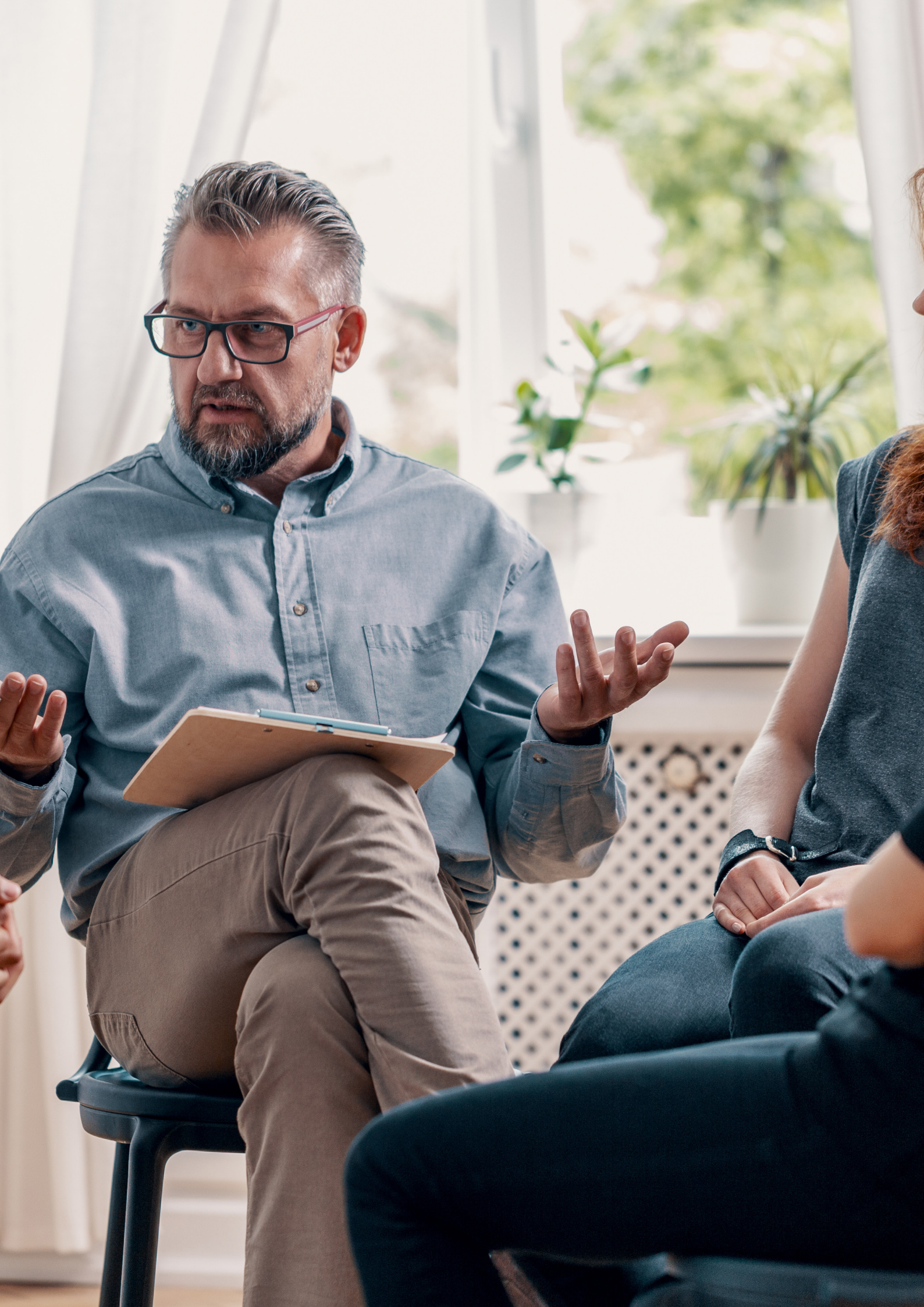
Any strategy that endeavours to reduce restrictive practices is a very worthwhile project. Being restrained by another person must be distressing for all involved and it was quite moving to read the patient input into this. As to the other forms of restriction, I can only imagine the long-lasting trauma that some interventions can cause. As a family we have no experience of our son being restrained so cannot comment on the effect this may have on patients. However, we do know from first-hand experience the absolute horror of protective long term solitary confinement and the damage this causes on many levels to those concerned. As a parent worrying about your child's wellbeing & safety never goes away and anything to ease those concerns are always welcome. It is commendable that CPH aims to move to a cultural understanding that the use of a restrictive intervention constitutes a 'treatment failure'.



Where We Are Now

Cheswold Park Hospital's mission statement is **'to keep kind and skilful actions at the heart of all we do'.** The reducing restrictive practices strategy aims to utilise the kind and skilful actions of all members of our wider hospital community, staff and patients alike in reducing the use of restrictive interventions and practices to the point of elimination and focusing upon the introduction of more skilful behaviour related to recovery.

Cheswold Park Hospital has previously focused upon following national guidance in driving down Reducing Restrictive Practices, however the COVID 19 pandemic in 2020 meant that initiatives and ways of working were adjusted, and understandably focus was placed upon physical health with our vulnerable patient group.



Where We Are Going

The COVID 19 pandemic has offered an opportunity to relook at strategic thinking and governance structures within the hospital to improve patient care and work more effectively towards our mission statement and five core values pairs outlined below;

As such, the strategy is based upon including elements of Cheswold Park's core values and also ensuring that we adopt a multi-strategic approach which outlines a range of actions to reduce coercive approaches and to prevent the misuse and abuse of restraint and other restrictive interventions. Part of our vision in terms of kindness and skilful behaviour means that we need to focus upon **person centred care.**

One of the changes introduced in 2021 has been in strengthening the visible leadership supporting the reduction of restrictive practices. Dr Charlotte Caton (Director of Clinical Services) leads on the development and implementation of work of the Reducing Restrictive Practices Committee. Dr Caton is supported by the Executive Sponsor of the Committee, Dr Deb Wildgoose, Chief Nurse and member of the Executive Leadership Team.

The strategy has been based around Huckshorn's Six Core Strategies (2005) which have been shown to enable organisations to eliminate or significantly minimise coercion and restrictive practices. The Restraint Reduction Network have developed a self-assessment tool which is intended for use by organisations who have joined the Restraint Reduction Network and make a clear public commitment to work together with service users, families, leaders, managers and frontline staff to ensure coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented. The six core areas are as follows;

1. **Leadership and governance:** The organisation develops a mission, vision and set of guiding values which promote non-coercion and the avoidance of restrictive practices.
2. **Performance management:** The organisation uses a 'systems thinking' approach and identifies the key performance measures.
3. **Learning and development:** The organisation ensures its workforce has the necessary knowledge and skills to improve workplace performance.
4. **Personalised support:** Staff focus on providing personalised support that 'works' for individuals using services.
5. **Customer involvement:** The organisation fully involves the people who use services and establishes a clear understanding of their needs.
6. **Continuous improvement:** The organisation adopts a culture of reflection and learning in order to improve how it operates.

The self-assessment checklist will be carried out on a two-monthly basis during 2021 in order to provide regular feedback to various stakeholders including patients, families, commissioners, staff and the board. This will also provide information about developments made, areas of strength and continued areas of priority. The self-assessment checklist will be completed in January, March, May, July, September and November 2021.

How Do We Get There?

The objectives being worked towards as part of Cheswold Park's 2021 Reducing Restrictive Practices strategy are based upon the Six Core Strategy areas. The Reducing Restrictive Practices Committee has outlined core objectives for the coming year as follows opposite;

Regular progress will be reported upon throughout the year and reported to stakeholders. The accompanying action plan produced by the Reducing Restrictive Practices Committee will be regularly reviewed and updated and feedback will be provided to the Board to inform of progress.

Core Area	Overall Objectives	Restraint Reduction Network Accreditation Objectives
Leadership and governance	• Develop a strategy for 2021 based upon the Six Core Strategies. • To integrate patient and family feedback into the restrictive practices reduction plan. • To begin embedding within the culture of Cheswold Park Hospital that the use of restraint and other restrictive interventions is a 'treatment failure'.	• Increase information' knowlewdge at ward level as part of the Individual Ward Review. • Embedding PMVA lead role at ward level. • Review the RRN benchmarking tool.
Performance management	• To agree measures that are used to determine the level of performance in relation to restraint and restraint reduction. • To ensure incident rates are expressed by number of users accessing the service (to avoid a false positive in reduction rates). • That the measures capture the use of all restrictive practices to ensure that a reduction in one method is not substituted for another.	• Triangulate patient safety and staffing data to increase key areas for action. • Staff learning at ward level to increase understanding of the needs of patients at ward level through the use of PBS and 'my safety plans'.
Learning and development	• To ensure staff training is accredited and/ or linked to national or sector-specific guidance. The organisation is a member of the Restraint Reduction Network and they will provide accreditation of the CPH staff training programme through BILD. The organisation will become a member of the National Association of Psychiatric Intensive • As part of the workforce development plan, staff receive an appropriate level of training in Positive Behaviour Support (PBS).	• Achieve Restraint Reduction Accreditation. • Evaluate implementation of PMVA via audit tools. • Develop and ongoing training cycle that ensures staff maintain competence. • Train staff to facilitate debriefs and review their use.
Personalised support	• To ensure every patient has an individualised behaviour support plan • Where restrictive practices are used to manage crisis behaviour, individual service user risk assessments are completed to ensure the welfare , safety and dignity of the individual is maintained.	• Ensure all PBS plans are maintained as up to date. • Review staff competency and training needs • Consider the need for a PBS lead on each ward • Ensuring that every qualified nurse is competent in completion of PBS plans. • Embed the review of PBS into clinical supervision.
Customer involvement	• The organisation involves service users and families in developing the restraint reduction strategy. • The organisation clearly communicates about the range of restrictive practices authorised and approved for use within a service. Clear information is given about when these practices can be used including how to complain when people are unhappy about the use of restraint. • Debriefing is always offered and provided to service users when any restrictive practice is implemented.	• Consult with patients on the 'next steps' through recovery college. • Develop training that can be co-delivered with patients relating to reducing restrictive practice. • Review patient debrief documents and templates. • Involve patients in governance.
Continuous improvement	• The organisation has a systematic process and management method for improving, building and sustaining performance in relation to conflict avoidance and restraint reduction. • Continuous improvement in relation to conflict avoidance and restraint reduction occurs at an organisational, team and individual service user level. • Project teams are established to help the organisation find successful improvement strategies to reduce conflict and the use of restrictive practices.	• Hospital approval of strategy and implementation • Share examples of good practice.

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