

PL-MH-10 Policy on Restraint Reduction



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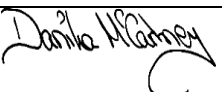




Date Nov 2023

COMPANY PROPRIETARY INFORMATION

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Approvals:

The signatures below certify that this procedure has been reviewed and accepted and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

| Department: Clinical | Name | Signature | Position | Date |
|-------------------------|---------------------|---|--|------------------|
| Prepared by | Paul Harle |  | Behaviour Specialist Manager | November 2023 |
| | Alan Pillinger |  | Acting Director of Services | November 2023 |
| Reviewed by | Aedlugh Hurley |  | Director of Operations | November 2023 |
| | Danika McCartney |  | Area Chief Operating Officer | November 2023 |
| | Dr Shadé Olajubu |  | Clinical Director Mental Health Services | November 2023 |
| | Eric Behan |  | Head of Quality & Safety | November 2023 |
| | Richard Wasik |  | Director of Nursing | November 2023 |
| Approved by | Dr Towobola |  | Clinical Director, Cois Dalua | November 2023 |

Note: This Policy will be Implemented and the roll out of same will commence with immediate effect

Amendment Record:

This procedure is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

| Page No. | Context | Revision | Date |
|-----------|-------------------|----------|------------|
| All pages | Policy introduced | | 03.11.2023 |
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1.0 Introduction

Nua is committed to a philosophy of promoting a restraint-free environment by adopting a rights-based approach. Nua Healthcare Services (Nua) promotes the least restrictive environments as possible and advocates non-aversive and proactive approaches to supporting Individuals. Each Approved Centre in Nua shall embrace a person-centred approach to care that aims to limit the use of restraint to exceptional circumstances, as a last resort, and in a time limited manner (HSE,2010). Nua Healthcare has a zero-tolerance approach to any potential inappropriate use of restraint by staff members.

Nua recognises that there may be exceptional circumstances when restraint may be required if there are no other less restrictive ways available to manage the person's presentation and risk of "an immediate threat of serious harm to self or others" (Mental Health Commission, 2022) the person poses. Any potential impact of such a restraint on the Resident or their fellow-Residents, shall be assessed and managed and a Restraint Reduction Plan shall be implemented for the use of restraint to reduce, or where possible eliminate the use of the restraint.

A Restraint Reduction Plan will be implemented in collaboration with the Resident with a person-centred focus ensuring that the person's preferences, needs, and values guide clinical decisions or support to provide care that is respectful and responsive to them. Restraint Reduction Plans will be devised in conjunction with the Resident following any occasion of restraint (Physical Restraint, Mechanical Restraint, Seclusion) as defined below:

2.0 Definitions

Approved Centre: Means a hospital or in-patient facility for the care and treatment of persons suffering from *mental illness or mental disorder*, which is registered on the Register of Approved Center's in accordance with Section 64 of the Mental Health Act 2001.

Resident: Is defined in Section 62 of the Mental Health Act 2001 as a person receiving care and treatment in an approved center.

Patient: Means a person to whom an admission or renewal order relates in accordance with Section 14 of the Mental Health Act 2001.

Treatment: In relation to a Resident includes the administration of physical, psychological, and other remedies relating to the care and rehabilitation of a patient under medical supervision, intended for the purposes of ameliorating a mental disorder.

Voluntary Patient: Means a person receiving voluntary care and treatment in an Approved Centre who is not the subject of an admission order or a renewal order.

Involuntary Patient: Under the Mental Health Act 2001, an individual may be involuntarily admitted and detained in an Approved Centre if they are suffering from a mental disorder. They may not be admitted purely because they are suffering from a Personality Disorder, are deemed socially deviant or are addicted to drugs or intoxicant.

Individual Care Plan: A documented set of goals developed, regularly reviewed, and updated by the person's Multidisciplinary Team, so far as practicable, in consultation with each person receiving care and treatment. The Individual Care Plan must specify the treatment and care required which must be in accordance with best practice, must identify necessary resources and must specify appropriate goals for the person.

Trauma-informed Care: Trauma-informed Care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

Restrictive Practice: The broader concept of restrictive practices refers to any formal care practice that involves 'making someone do something they don't want to do or stopping someone doing something that they do want to do.' In essence such practices engage, and risk breaching a person's human rights and can therefore only ever be employed in accordance and within the context of an appropriate lawful justification.

Physical Restraint: Physical restraint is defined as "the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others" (Mental Health Commission, 2022).

Prone Restraint: A type of physical restraint - holding a person's chest down, whether the patient placed themselves in this position or not, is resistive or not and whether the person is face-down or has their face to the side. It includes being placed on a mattress face down while in holds; administration of depot medication while in holds, prone and being placed prone onto any surface. There are concerns that prone restraint can result in dangerous compression of the chest and airways and put the person being restrained at risk. Hence, its use is actively discouraged in Nua Healthcare Services.

Rapid Tranquillisation: A form of chemical restraint in which medication is administered, usually parenterally to calm or lightly sedate an individual, to reduce the risk of harm to self or others and to reduce agitation and aggression.

Mechanical Means of Bodily Restraint: Mechanical means of bodily restraint is defined as "the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient's body in situations of behavioural risk management" (Mental Health Commission, 2022).

Seclusion: Seclusion is defined as "the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means" (Mental Health Commission, 2022).

Keyworker: The person who co-ordinates the delivery of the individual care and treatment plan. The key worker is responsible for keeping close contact with the Resident, family/carer and chosen advocate and for advising other members of the multi-disciplinary team of changes in the Resident's circumstances. (Definition from MHC)

Multidisciplinary Team: A Mental Health Team comprising of a variety of professional staff. Core team members should include Psychiatrists, Psychiatric Nurses, Clinical Psychologists, Social Workers and Occupational Therapists. Other specialist therapists may also be available. (Definition adapted from MHC)

3.0 Purpose

The purpose of this policy is to:

- Establish and promote a restraint-free environment in so far as is possible in Nua Healthcare Services Approved Centres by focussing on planned reduction.
- Ensure that Nua Healthcare Services' staff use restraint as per the guidance set out in the Mental Health Commission's Code of Practice.
- Ensure that any restraint is to be used after all other non-restrictive alternatives have been trialled and deemed unsuccessful, and as such is required following assessment of risk and to ensure the safety and welfare of the Resident.
- Ensure that where any restraint is utilised, that the rights of the individual is upheld, and the Resident is treated with dignity and respect before, during, and after the restraint.
- Ensure that the Resident's wishes in relation to the restraint is documented within their Individual care plan.
- Ensure that the Resident's needs, preferences, and values are considered within the development of a Restraint Reduction Plan.

4.0 Scope

4.1 This policy applies to all Nua Healthcare staff who provide a service within our Approved Centres.

4.2 Nua is committed to a philosophy of a restraint-free environment by adopting a human right-based approach (Mental Health Commission, 2022). The principles of inclusion, fairness, respect, equality, dignity, and freedom inform all practices within Nua Healthcare.

5.0 Responsibilities

All Team Members must read this policy in full, noting and understanding their individual and collective responsibilities pertinent to the application of this policy. A written sign off by each staff member on their understanding of this policy must be maintained within the Approved Centre.

5.1 All Staff:

- Be aware of the approved restraint for Residents to whom they are providing support and be aware of Restraint Reduction Plans in place.
- Must be aware that in the event of a new restraint being utilised that a Restraint Reduction Plan will be required to be developed and implemented in a person-centred manner.
- Support the Residents with all other interventions as per their Individual Care Plan and Individualised Risk Management Plan, before a restraint is used, to ensure all other least restrictive alternatives are exhausted.
- Must always promote person-centred practice and Positive Behaviour Support principles.
- Promote a restraint-free environment at all times.
- Complete all required documentation and monitoring in place within the designated timeframe as set out by the Code of Practice and Rules or otherwise stated within the Individualised Care Plans or as outlined within the PL-MHS-RGE-33 Policy on Restraint.
- Participate in all training provided by Nua Healthcare regarding Restraint and Positive Behaviour Support.

5.2 The Key Worker:

- Must ensure details of any approved restraint and Restraint Reduction Plan for a Resident are documented in the Resident's Individual Care Plan (ICP) Multi-element Behaviour Support Plan (MEBSP) and Individual Risk Management Plan (IRMP).
- Must liaise with the Resident, staff, and members of the Multi-Disciplinary Team to ensure that the Restraint Reduction Plan reflects the assessed needs and preferences of the Resident.

- Must implement all clinical recommendations as outlined in the Resident's ICP, MEBS, IRMP to support the Resident's rehabilitation, promote their quality of life and subsequently reduce, and eliminate, the Resident's engagement in behaviours of concern.

5.3 Multi-Disciplinary Team:

- Must ensure that any details of any approved Restraint Reduction Plan for a Resident are clearly documented within the individual's ICP, IRMP, and where relevant, in the MEBS.
- Must attend a multi-disciplinary review as soon as practicable, but no later than 5 working days post-restraint to review the instance of restraint in line with Provision 7.3 of the Code of Practice on the Use of Physical Restraint.
- Are required to analyse incident data, provide feedback to staff on the management of the incident and update any support plans in response to this.
- Are required to monitor the Resident's progress with respect to Restraint Reduction Plans and update and withdraw them within appropriate time frames.
- Are required to continually evaluate the effectiveness of the interventions or clinical recommendations in place to ascertain whether these are effective tools in the reduction of restraint.
- Are expected to present the findings of this analysis to other members of the MDT inclusive of Clinical Director, and Director of Nursing so the Restraint Reduction Plan can be amended accordingly if deemed necessary.
- Must continually assess the evidence in place that warrants the restraint to ensure that any restraint implemented is justified, proportionate to the risk, and adheres to the guidance set out by the Code of Practice and Rules.
- Must ensure that the Resident's will and preference is taken into consideration regarding the use of the restraint.
- Must ensure that the Individualised Care Plan reflects the Resident's wish regarding the restraint.
- The Restraint Reduction Plan will be drafted by the Behaviour Specialist and approved by the MDT.
- A review of the Restraint Reduction Plan will be undertaken by the MDT following any occasion of restraint and at a minimum of monthly.
- The Restraint Reduction Plan will be reviewed as part of the review of restraints at the Restrictive Practice Review Committee on a quarterly basis.
- It is the responsibility of Multi-Disciplinary Team to schedule a review of the restrictive practice and develop the subsequent Restraint Reduction Plan within 5 working days, as outlined by the Mental Health Commission's Code of Practice for Physical Restraint.

5.4 Clinical Director:

- Is required to promote a restraint-free environment.
- Must promote the principles of Positive Behaviour Support within the centre at all times.
- Must ensure the Resident's restraint status is updated regularly in line with their person-centred Restraint Reduction Plan and IRMP.
- Is required to ensure that the Restraint Reduction Plan and supporting documentation is available for review at the quarterly Restrictive Practice Committee meetings.
- Ensure that the appropriate review of the restraint is undertaken.

5.5 Director of Nursing:

- Must promote the principles of Positive Behaviour Support within the centre at all times.
- Is to ensure details of any approved restraint is captured in the Resident's ICP and where relevant, within the MEBS.

- Must ensure the Resident's restraint status is updated regularly in line with their person-centred Restraint Reduction Plan and IRMP.
- Is expected to ensure that any event of restrictive practice is reviewed within the designated timeframes as per the relevant Code of Practice and Rules.
- It is the responsibility of multi-disciplinary team to schedule a review of the restrictive practice and develop the subsequent Restraint Reduction Plan within 5 working days, as outlined by the Mental Health Commission's Code of Practice for Physical Restraint.
- Are required to ensure that the Restraint Reduction Plan and supporting documentation is available for review at the quarterly Restrictive Practice Committee meetings.
- Ensure that the appropriate review of the restraint is undertaken.

6.0 Positive Behaviour Support and Restraint Reduction

- 6.1 Approved centres should recognise the inherent rights of a person to personal dignity and freedom in accordance with national and international human rights instruments and legislation. As physical restraint compromises a person's liberty, all stakeholders should recognise the physical, psychological, and emotional impact of restraint on the individual. There should be clear documentation and evidence that any restraint utilised has been after all other non-restrictive/less restrictive alternatives have been deemed as unsuccessful. It is required that any restraint is utilised in cases where the individual poses an immediate threat to themselves or others, should be the least restrictive option for the shortest duration necessary (Mental Health Commission, 2022).
- 6.2 Positive Behaviour Support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management (Mental Health commission, 2022)
- 6.3 All staff shall follow the principles of Positive Behaviour Support by utilising the proactive strategies outlined within Individualised Care Plans and where relevant the Multi Element Behavioural Support Plan as part of the overall reduction plan to ensure that the need for restrictive practice is reduced and eliminated over time.
- 6.4 All staff shall ensure that, where a resident's behaviour necessitates intervention, the following will occur to ensure that the focus is always on the reduction of restraint.
- Every effort shall be made to identify and alleviate the cause of the Resident's challenging behaviour as per the policy on Positive Behaviour Support.
 - All alternative measures shall be considered before a restraint is used as detailed in the ICP/MEBSP.
 - The least restrictive approach for the shortest duration necessary shall be used.
- 6.5 The use of any restraint shall never replace staff care, support provision or supervision, or replace least restrictive methods of risk management and Proactive Strategies in Individualised Care Plans. Restraint Reduction Plans shall focus on ensuring the least restrictive methods are used and reduced and eliminated over time.
- 6.6 The Restraint Reduction Plan must include collaboration from the individual. The individual's will, preference, and values should inform the decisions made within the Restraint Reduction Plan. The individual should be afforded the opportunities to engage in meaningful discussions regarding their Restraint Reduction Plan.

7.0 Assessment

- 7.1 Where Restraint have been used to manage a situation of risk to self or others then the behaviours that warranted the restraint must be assessed with the outcomes of the assessment informing the content of the Restraint Reduction Plan.
- 7.2 The outcome of assessments must result in updates and reviews of all other care plans (i.e., Individual Care Plan, Individual Risk Management Plans).
- 7.3 Where appropriate and deemed required, a Multi-Element Behaviour Support Plan may be devised to inform and/or otherwise support the Restraint Reduction Plan.

8.0 Staff Education & Training

- 8.1 All staff shall know, understand, and respect the resident's usual conduct, behaviours and means of communication.
- 8.2 All staff shall understand the rationale and details of all support plans that aim to reduce behaviours and restrictive practices including ICP, MEBS, IRMP and Restraint Reduction Plans.
- 8.3 Staff shall be trained on strategies to support the resident's engagement in safe and adaptive behaviours in lieu of behaviours of concern. Such examples may include skill development, emotional regulation techniques, and providing opportunities for meaningful engagement in line with the individual's will and preference and the principles of Positive Behaviour Support.
- 8.4 Staff are to receive training and support to ensure a person-centred and non-restrictive ways of responding to behaviours, including verbal/ non-verbal communication techniques, and modifying the environment.
- 8.5 All staff shall receive education and training regarding:
 - Promoting a restraint-free environment for individuals.
 - Restrictive Practices.
 - Positive Behaviour Support.

9.0 Records

- 9.1 Individual Care Plan.
- 9.2 Multi-Element Behaviour Support Plan.
- 9.3 Individual Risk Management Plans.
- 9.4 Functional Assessment.
- 9.5 Restraint Reduction Plan. (See Appendix 1)

10.0 References

- Rules Governing the Use of Mechanical Means of Bodily Restraint. (Mental Health Commission, 2022)
- Rules Governing the Use of Seclusion. (Mental Health Commission, 2022)
- Code of Practice on the Use of Physical Restraint. (Mental Health Commission, 2022)
- Mental Health Act 2001.
- Mental Health Act 2001. (Approved Centres) Regulations 2006.
- Mental Health Commission Judgement Framework.
- National Standards for the Conduct of Reviews of Patient Safety Incidents.

Appendix 1: Restraint Reduction Plan Template.

| | | |
|--|--|-------------------------|
| Name of the Resident: | | |
| Type of restraint: | | Date of restraint plan: |
| Rationale for restraint, proposed timeline for reduction, and rationale for the timeline: | Rationale for restraint: Proposed timeline for reduction: | |
| Any strategies identified by The Resident to support the reduction of the restraint: | | |
| Any skills teaching/ alternative interventions/ strategies to facilitate reduction plan: <i>Please individualise from care plan</i> | 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. | |
| Documentation in place to evidence the implementation of the above strategies: | | |
| If there are concerns/issues during the reduction process what is the protocol? | All staff are to consult with the DON/ ADON should any concerns/ issues be raised during the reduction plan process. The DON/ ADON is to notify the Behavioural Specialist and the DOO where the reduction plan will be reviewed, and amendments made as required. | |
| How will the reduction plan be monitored? And how frequently? | Staff are to document all relevant monitoring as per guidance from the Mental Health Commission's Code of Practice and any monitoring in place for any relevant clinical recommendations. <ul style="list-style-type: none"> • See Monitoring Form below. | |
| Responsible for monitoring the reduction plan: | Clinical Director: | |
| | Director of Nursing: | |
| | Behavioural Specialist: | |

| |
|------------------------|
| _____ |
| Resident |
| _____ |
| Clinical Director |
| _____ |
| Director of Operations |
| _____ |
| Director of Nursing |
| _____ |
| Behavioural Specialist |

Please complete below for every instance of physical restraint

| | |
|---|--|
| Date of Physical restraint: | |
| Type of hold used: | |
| Number of staff involved in restraint: | |
| Duration of restraint: | |
| Detail on less restrictive alternatives used in response to behaviours of concern, e.g. - Reactive strategies as per ICP, - Less restrictive holds utilised, - Attempts to reduce restrictiveness of hold | |