Restrictive practice and Covid-19

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Aim of guide

This is a brief guide to restrictive practice and ways to reduce its use during the Covid-19 Pandemic and beyond.

The guide will focus on the following themes;

- What is restrictive practice and the legislation that underpins its use
- Impact it has on staff and patients
- Non restrictive approaches
- Becoming a trauma informed organisation subheading

Definition of restrictive practice

Restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently in order to:

• Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and end or reduce significantly the danger to the patient or others (MHA CoP, 2015)

Legislation, policy and practice

Policy and Practice

- Positive and Proactive Care (2014)
- MHA Code of Practice (2015)
- NICE Guideline 10 (2015)
- CQC

Legislation

- Human Right Act (1998)
- Mental Capacity Act (2005)
- Mental Health Act (2007)
- Mental Health units (use of force) Act (2018)

Amended legislation during Covid-19

Mental Health Act

Mental Capacity Act

Why restrictive practice?

Myths/Beliefs

- Restrictive practices helps keep the people we serve safe
- Restrictive practices keeps staff safe
- Staff know how to recognise potentially violent or challenging situations
- Staff know how to de-escalate potentially challenging or violent situations
- Restrictive practice is used without bias and only in response to objective behaviour
- It is not possible to reduce restrictive practices in services that care for people with challenging behaviour

Here are a few question to think about and to consider the potential harm, physically and psychologically it might cause for staff and patients/residents.

1.List all the restrictive practices within your area of work. (Think about access, language, attitudes, policies and procedures and environment.)
2. Which would you keep, abandon or change and why?
3. What would a restrictive free service look like?

It is important to note that many restrictive practices aren't safe and can lead to harm for staff and patients/residents. There are occasions when it is necessary but we need to be clear what those occasions are and how the approach is proportionate and least restrictive.

Trauma informed approach

Definition of Trauma

‘experiences that overwhelm an individual’s capacity to cope. Trauma early in life, including child abuse, neglect, witnessing violence and disrupted attachment, as well as later traumatic experiences such as violence, accidents, natural disaster, war, sudden unexpected loss and other life events that are out of one’s control, can be devastating.

What has trauma got to do with restrictive practices?

For many of the people we care for where there is the potential for restrictive practices to be used it is possible they have experienced some form of traumain their lives e.g. Covid-19 lockdown, bereavement or abuse. It is important that as carers we work in the best interest of the individual concerned so we don’t traumatize, re-traumatise or breach their human rights.It is important for organisations when thinking about reducing restrictive practices to be cognisant of trauma in their policies and practicesand the approach opposite will help you think about what the basics are in being more trauma informed

Poole & Schmidt, Trauma Informed Guide (2013) MH and substance misuse planning council, British Columbia, Canada

Realise

Understanding the impact of trauma exposure for patients and staff. This includes previous trauma, current illness and treatment (Iatrogenic effect)

Recognise

Be cognisant to potential trauma reactions in patients, families and staff

Respond

Integrate trauma knowledge into policies and practices to reduce traumatic stress in patients, families and promote staff wellbeing

SAMHSA (2019) U.S Department of Health & Human Resources

Reducing restrictions

Due to the Coronavirus restrictions placed on us all this has led to some real challenges within mental health, acute care, nursing /care homes and caring at home when trying to social distance or shield the vulnerable.

- Try and avoid focusing on the behaviour itself and focus on what is driving it
- The person might have an underlying health issue, be in pain, anxious, experiencing delerium or psychosis
- Think about the restrictions on the persons freedom of movement during lockdown/shielding. Look for opportunities to safely exercise/walk
- If the patient/resident has to remain in their room for long periods of time due to lockdown think about what objects are around them that are reminders of who they are e.g. family photo's, objects to reminisce, sensory objects that bring calm
- If you haven't got a sensory room then develop sensory boxes (shoe box sized) that can be decorated by the patient/resident and filled with objects that are found to be calming. E.g. pictures, stress balls and mementos

- Sensory objects for people with dementia or learning disability are extremely helpful in calming, distracting and occupying people for long periods of time. Click here for a great guide on sensory use.
- Assess what are the **triggers** for the behaviour. It might be after a loved one has been to visit
- What are the **early warning signs**. People when anxious will display signs that indicate something isn't right e.g. sweaty palms, pacing the floor, looking hot and flushed in the face
- Work with families, friends and the patient/resident to find what **calming strategies** help
- Create structure to the day through activities that can be done individually or as a group
- If you have a weekly activity board be aware of how this might be overwhelming for some so have a daily board of activity
- Work with families and carers to think about how tech from telehealth to virtual calls support positive engagement
- Take time to reflect, debrief if necessary for both patient/resident and staff

Personalised approach to reducing restrictive practice

- Environment plays a part in restrictive practices. This includes what we see, feel, hear and touch. To reduce the potential for restrictive practices we need to look at how services work to aide recovery and improve quality of life by active participation of those using the service

- Experience Based Design (EBD) has led to more personalised services through capturing staff and service users experience rather than just focussing on process. (link in resources)

- EBD is about putting yourself in someone else's shoes. What might look like a shiny clean floor to you it might to someone with dementia look more like pools of water, making them anxious or agitated increasing the risk of restrictive practices being used

- Personalised Behaviour Support Plan (PBSP)

- A PBSP is a person centred approach to support a reduction in challenging behaviour through positive behaviour developed with the person and their family/carers.

Leadership and personalised care

- Are the blanket and unwritten rules across teams and services.
- Are the rules developed with patients/residents and staff?
- Are they regularly reviewed?

Reducing restrictive practice and quality improvement

The 6 Core Strategies© is an approach developed in the United States and adapted for the UK and is a valuable approach to reducing restraint but also restrictive practices. The approach ensures from board to front door, the organisational culture is focused on being least restrictive. The approach can be implemented using quality improvement methodology and you will see an example of a driver diagram on the next page giving you an idea of delivering a reducing restrictive practice programme/project could look like.

To find out more about the 6 Core Strategies and how it was implemented in the UK to reduce restraint and other restrictive practices click here for the restrain yourself toolkit.

Huckshorn, K. A. (2004). Reducing seclusion and restraint use in mental health settings: Core strategies for prevention. Journal of Psychosocial Nursing and Mental Health Services, 42, 22–33.

6 Core Strategies

- Leadership in organisational culture change
- Using data to inform practice
- Workforce development
- Service user, carer and family participation
- Specific reduction interventions
- Rigorous debriefing

https://restraintreductionnetwork.org/latest-news/keynote-preview-six-core-strategies/

Driver diagram

AIM

TO REDUCE THE INCIDENCE OF HARM CAUSED TO PATIENTS /RESIDENTS AND STAFF AS THE RESULT OF RESTRICTIVE PRACTICES

Leadership

- Philosophy of care and values that emphasise least restrictive
- Restrictive practice reduction plan
- Staff support/appraisal

Informed visual Data

- Definitions
- Benchmarking
- Data collection method (Datix)
- Data analysis

Workforce development

- Staff development on trauma dynamics
- Trauma informed care
- Improvement methodology
- Safety planning tools
- Unwritten rules

Prevention tools

- Formulation
- Risk management
- Cardio-metabolic screening(Lester)
- De-escalation
- Communication/mediation
- Sensory tools/rooms

User, carer and family participation

- Shared decision making
- Co- production
- Co-designing
- Peer support
- Patient experience

Debriefing

- Post event debriefing
- Route cause analysis
- Human factors
- Psychological safety huddle
- User, carer, family debrief

Resources

Restraint Reduction Network:
www.restraintreductionnetwork.org

Webinars:
https://restraintreductionnetwork.org/covid-19-support-hub-thursday-lunchtime-webinars/

Experience Based Design:
https://improvement.nhs.uk/documents/1486/ebd_guide___toolkit.pdf

AQuA Restrain Yourself toolkit:
https://aqua.nhs.uk/resources/restrain-yourself-toolkit/

Further Quality improvement development:
www.aqua.nhs.uk