

Approver	Operations Committee
Date Approved	23 February 2023
Classification	Policy
Title	Restraint Policy - Care Homes
Policy developed	
Revised by	Head of Care
Next Revision Date	January 2025
Related Documents	<p>Health and Social Care standards "My Support , My Life"</p> <p>Standard 3.14. <i>I have confidence in people because they are trained, competent, skilled are able to reflect on their practice and follow their professional and organisational codes</i></p>
Location of Electronic Copy	Link to f drive

1. Viewpoint's Values

Viewpoint is here to help people enjoy their later years. Everything we do is about realising this vision, which is supported by the following straightforward set of values:

- Inspire with positive smiles and words;
- Say 'yes I can and I will';
- Celebrate age, experience and wisdom;
- Do according to our customers' wishes and ambitions;
- Treat people (everyone is a VIP) as we would a "loved one";
- Work hard, have fun and laugh;
- Stay courageous, creative and ahead of the game; and
- Work with those that share our values.

These promises shape us. They are a commitment to our residents, staff and suppliers. They are fundamental to every single plan, decision and project we embark on.

Ensuring that we have systems and processes in place to manage risk effectively will support us to deliver those plans, decisions and projects, in accordance with our vision and values.

2. Policy Statement

This policy sets out how Viewpoint views domestic abuse and how we will respond to and seek to deal with any reports of such abuse affecting tenants or members of their households. We understand that anyone can be a victim of domestic abuse and this policy aims to provide a proactive, collaborative response to preventing and addressing domestic abuse in the home, ensuring victims/survivors are fully supported to make informed choices in regard to their housing needs and options.

Viewpoint acknowledges that the use of restraint should always be seen as a 'last resort', where there is absolutely no alternative. In its broadest sense, restraint takes place when the planned or unplanned, conscious or unconscious actions of staff, prevent a resident from doing what he or she wishes to do and as a result places limits on his or her liberty Mental Welfare Commission (2008). Viewpoint staff must always act in a manner that promotes our aims, vision and culture and be vigilant against unnecessarily restricting the freedom of our residents.

3. Aim

Our aim is to promote the interests of the resident and to support and guide Viewpoint staff with these difficult decisions, before considering embarking on the use of "restraint", no matter how minimal these maybe considered. We also recognise that as a rule the use of any form of restraint must be carried out in consultation with the resident, their Next of Kin (NOK), Power of Attorney (POA) or Legal Representative and where necessary the appropriate members of the Multidisciplinary Team. Restraint without the consent of the resident concerned, must only be considered where that resident has a significant degree of diminished capacity, to understand the risk that he or she is putting themselves in. In addition, the risk must be of a degree that

justifies such a major intervention in that resident’s life. Viewpoint registered nurses will be competent in carrying out appropriate risk assessments and the staff will undertake applicable restraint training, including techniques in de-escalation to comply with legal requirements.

4. Legislation

Viewpoint Care Home staff will conform to;

1. The equality act (2010)
2. Adults with incapacity (Scotland) Act 2000
3. Adult Support and protection (Scotland) Act 2007
4. Mental Health (Care and Treatment) Scotland Act 2003.
5. The Social care and Social work Improvement Scotland (Requirement for Care Services) Regulations 2011.
6. Public Services Reform (Scotland) Act 2010.
7. Mental Health (Scotland) Act 2015.
8. Covid19- Ethical Advice and Support framework.

This legislation is applicable to Registered Nurses, care staff and any other staff within the care home setting, and will ensure that best practice is adhered too. Further guidelines and information links are included in the policy reference page. Staff should note, when accessing publications that the most up-to-date version is referred to and in line with NMC, SSSC registration, Viewpoint’s Code of conduct, Health & Safety Policy, Health & Safety Policy and Duty of Candour.

5. Purpose

- 5.1 To provide a framework to guide and inform the staff of the legal and ethical framework surrounding the use of restraint.
- 5.2 To inform all staff to avoid the use of restraint unless there is no other option. This is to protect the service users, other service users who might be affected, and to protect the staff.
- 5.3 To provide a framework that promotes and explains the rights of the service users when issues of restraint are being considered.
- 5.4 To provide support in meeting the principles of the Health and Social Health Care Standards.
- 5.5 To support Viewpoint Care Home service users in meeting the following quality indicators.

Dignity and respect	4.1 My human rights are central to the organisation that support and care for me.
Support and well being	4.3 I experience care and support where all people are respected and valued.
Responsive care and Support	4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.
Staff Team	4.16 Staff have the right knowledge, competence and development to care for and support people.
Setting	5.17 My environment is secure and safe

- 5.6 To meet the legal requirements of the regulated activities that Viewpoint Care Homes Services are registered to provide.

- . Equality Act 2010
- . Adults with Incapacity (Scotland) Act 2007
- . Mental Health (Care and Treatment) Scotland Act 2003
- . The Social Care and Social Work improvement Scotland (Requirements for Care Services) Regulation 2011.
- . Public Services Reform (Scotland) Act 2010
- . Mental Health (Scotland) Act 2015.

6. Scope

This policy applies to all Registered managers, other management, Registered Nurses, care staff and any other staff within the care home setting. The policy will ensure that all residents in Viewpoint Care Homes retain their full human rights unless these have been restricted by due legal process (Human Rights Act 2000). Residents should have freedom of choice and movement unless there are very good reasons why this should not be so.

Viewpoint registered nurses should be clear that as a rule, the use of restraint without consent must only be considered where a person has a significantly diminished capacity to understand the risks they are posing to themselves, or others. Our registered nurses will seek support from the residents GP and the multidisciplinary team should the resident's mental health capacity decrease to a level that causes such concern. A person centred care plan must describe the care, treatment and interventions that a resident should receive, to ensure that they get the right care at the right time. Respect for human rights can and should inform decision making, develop better participation for residents in receipt of care, foster strong working relationships and ensure that care is personalised. It is a written record of needs, actions and responsibilities, which can be used and understood by the resident receiving care, their relatives/carers and others as appropriate. Involvement of the resident in their treatment and care is an important principle underpinning the Mental Health (Care and Treatment) (Scotland) Act 2003 (The MH Act) and care plans show that this is happening.

7. Compliance & Support

In line with this policy and staff code(s) of conduct, registered nurses, care staff and staff in general, have a responsibility and duty of care to ensure that they have a clear knowledge and understanding of the actions required to maximise resident's rights to liberty and freedom, keeping "restraint" within the care home to a minimum as far as possible. Therefore, our staff and depending on their role and responsibilities, will be educated in risk assessments, person centred care, inappropriate practice, legal and ethical frameworks relevant to restraint issues and how these can be minimised and to recognise and understand what is meant by restraint:

- Physical means – laying, or threatening to lay hands on a person to stop them carrying out a particular action
- Mechanical means – lap belts, cocoons, bed rails
- Environmental means – locked doors, keypads, video surveillance, passive alarms, pressure mats
- Medication – using sedatives or tranquilisers for the symptomatic treatment of restlessness or agitation.

When considering scenarios where there are no clear right or wrong answers, staff should consider if what is being proposed is:

- Reasonable
- Proportionate
- Justifiable.

No human rights can be limited or restricted without good cause and certain conditions must be met if restrictions on human rights are to be justified. A restriction must never be discriminatory and any restriction must be justifiable, necessary and proportionate. Decisions must be kept under regular review. Mental Welfare Commission for Scotland (Human rights-based approach, updated 2 April 2020).

Viewpoint staff will also have knowledge and understanding of indirect forms of restraint, such as removing walking aids, glasses and outdoor clothing, using verbal control to restrain a person's actions, an intimidating culture in the care setting, social exclusion and on occasion restrictive financial control by families or representatives. (MWC GOOD PRACTICE GUIDE Rights, risks and limits to freedom 2016, RCN 2008)

In addition, staff have a responsibility to conform and undertake in house training opportunities, including E-Learning for You (ELFY) as well as appropriate external training events, in line with their NMC and SSSC registration that enhances their practice in dealing with and reducing the use of unnecessary restraint interventions as far as possible. In conjunction with risk assessments, education and training, staff will be competent to support residents to maximise their liberties in as safe an approach as possible, whilst promoting their safety and well-being as far as feasible.

8. Monitoring & Evaluation

Audit is part of the company Quality Assurance strategy, therefore, Managers/Deputy Managers or appointed Auditor (competent in the auditing process) will ensure that a minimum of 10% of PCS care plans are audited within the month

The Manager/Deputy Manager will have an overview of the Person Centred Software (PCS), to ensure that "restraint" risk assessments are completed timeously, and that updates reflect any required changes to safety, health and wellbeing. PCS care plans must be accurate and concise. Where appropriate, there will recorded evidence of advice, support and collaboration with members of the multiagency team.

The Manager/Deputy Manager will ensure that information derived from the risk assessment, is clearly recorded, provides a rationale for decision making, including as far as possible, limiting restrictions and maximising freedom and incorporating the use of equipment that would be classed as causing restraint. PCS care plans must reflect the following 5 intervention principles:

- . The intervention must be of benefit to the individual
- . The intervention must be the least restrictive to the persons' freedom
- . Interventions should take account of the persons past and present wishes
- . Interventions should take account of the views of relevant others
- . Any intervention should encourage the adult to use existing skills and develop new skills.

The Manager/Deputy Manager will ensure that care home staff are trained appropriately, to manage the use of minimal “restraint”, enable de-escalation techniques and behaviour that challenges.

Manager/Deputy Managers will as part of their PCS care plan audit review, give due deliberation to the “restraint” risks and actions identified as there are considerable health and safety issues associated with the improper use of physical restraint, not least asphyxiation and death.

Managers/Deputy Managers must ensure that “restraint” is never used as a punishment nor used with hostile intent when carrying out a PCS care plan audit. It is unacceptable to restrain a person in a way that causes greater distress than the original problem. (The Mental Welfare Commission for Scotland 2008).

The Manager/Deputy Manager will ensure that the care home is staffed adequately, considering an appropriate staff skill mix to reflect the resident dependency level to prevent any service deficiencies, lack of professional skill or defects in the environment.

Managers/Deputy Managers or Registered Nurse (in their absence) will report any serious issue relating to resident safety or when a concerning “restraint” is identified to the Head of Care and or Director of Care.

Where the Head of Care or Director of Care cannot be contacted, another Viewpoint Director or CEO must be notified when a resident safety or a concerning “restraint” issues has been identified.

The Manager will carry out an investigation of events when a serious issue relating to “restraint”, has been identified. A full written report will submitted to the Director of Care/Head of Care.

A copy of the investigation/actions etc. must be recorded. This information will be submitted to the Viewpoint, Information Governance Business Analyst to upload onto the Health & Safety spread sheet on the f/drive.

Incident Information must be detailed on the Managers weekly report.

Care Inspectorate (and possible Duty of Candour) Health & Safety Executive and social services will be require to be notified within the designated timescale.

9. Principles of Intervention

The Adults with Incapacity (Scotland) Act 2000 was introduced to provide protection for vulnerable adults and states that there are 5 principles that should be considered before any form of intervention or restraint is used.

Viewpoint will demonstrate that these principles have been considered prior to using any form of restraint or safety measures for the health and wellbeing of individual clients by:

- √ Carrying out and recording individual risk assessments when any form of restraint is being considered
- √ The service will assess behaviours that might put a person, or other people using the service at risk.
- √ The service will adopt the least restrictive way of managing those risks, using any planned interventions for the minimum amount of time required to deal with the risk.
- √ The risk assessment will consider factors such as physical illness, pain, side effects of medication and psychological issues.
- √ The risk assessment will also consider whether the persons' needs can be met by changing staffing levels or staff deployment or whether changes to the environment may reduce the perceived risk. This may include changing the layout of furniture within the building, increasing the use of Dementia friendly signage and reviewing the level of lighting and noise in the facility.
- √ The service will involve the person and their relatives or representatives in the risk assessment process.
- √ The service will regularly review the individual risk assessments.
- √ The service will regularly audit restraint use and relevant accidents and incidents.
- √ Restraint measures will only be implemented as a last resort and where it has been deemed to be the only practicable means of securing the welfare of the individual.

Scottish Statutory Instrument 114/2002 19 (3) states that care home providers must:

“Keep a record of any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it.”

All incidents involving the use of restraint will be recorded, investigated and reported as previously explained. Incident forms will be audited as part of our quality assurance process

References

1. Adults with Incapacity (Scotland) Act. 2000. The Stationery Office. Edinburgh
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3. Regulation of Care (Scotland) Act 2001. Scottish Statutory Instrument 114. www.scotland-legislation.hmsso.gov.uk
4. Mental Welfare Commission for Scotland COVID-19 (version 17, 15 October 2020) <https://www.mwscot.org.uk/node/1432>
5. Mental Welfare Commission for Scotland. 2008 *Rights, Risks and Limits to Freedom*. www.mwscot.org.uk
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7. The Mental Health (Care and Treatment) (Scotland) Act 2003, s329 Rights, Risks and Limits to freedom - Care Inspectorate Hub <https://hub.careinspectorate.com/media/1607/rights-risks-and-limits-to-freedom>
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9. Royal College of Nursing (RCN) 2008 *Lets Talk About Restraint; Rights, Risks and Responsibility*. www.rcn.org.uk
10. <http://www.scotishhumanrights.com/news/commission-flags-human-rights-implications-of-coronavirus-emergency-laws/>
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12. <https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>
13. https://www.mnwscot.org.uk/sites/default/files/2019-10/Seclusion_GoodPracticeGuide_20191010.pdf
14. <https://www.alzscot.org/sites/default/files/2020-04/Coronavirus%20-%20Coming%20Into%20Hospital.pdf>