



RESTRAINT AND RESTRICTIVE PRACTICES REDUCTION POLICY & PROCEDURES

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RESTRAINT AND RESTRICTIVE PRACTICES REDUCTION

POLICY & PROCEDURES

1. Introduction

This policy provides guidance and information, in line with the Mental Health Act Code of Practice, Seni's Law and other professional guidance that relates to the safe and minimal use of restraint in providing our services.

2. Purpose

The purpose of the policy is to identify for staff what actions constitute restraint and restrictive practices and to ensure we develop a single approach to the systematic application of everyone, all steps necessary to plan collaborative care and to avoid restraint and restrictive practices.

3. Scope

This policy sets out the processes and procedures by which A+bility seeks to prevent incidents arising which would otherwise lead to restraint and to support our staff in the positive and safe management of aggression, violence, self-harm and distress in the workplace. (See Restraint and Restrictive Practices Reduction Plan).

Our nominated Restraint Reduction Lead is Fiona White, Director. She is supported in this by Alan Walker, Training Manager; Allyson Scott, Staff Development Manager; Sadie Paul, Practice Manager and Jan Herbert, Compliance Officer. It is hoped to be of use to all our Stakeholders. (See Stakeholder Engagement Policy).

4. Aims

The aim of this policy is to contribute to a safer working environment by:

- ✓ Improving service user care and outcomes
- ✓ Reducing restraint by reducing its causes, whether staff, service-user related, environmental or organisational
- ✓ Recognising and protecting everyone's entitlement to human rights
- ✓ Supporting the prevention and/or de-escalation of potentially violent situations in order to reduce the need for the use of restrictive interventions
- ✓ Identifying the training needs of all staff to encourage a sensitive and flexible approach to work and relationships – to help minimise aggressive, violent, harmful and distressing incidents safely and effectively.
- ✓ Explaining how to best report such incidents and how to utilise post-incident review processes to enhance learning and reduce future risk to reduce both restraint and restrictive practices.

5. A+bility Values & Ethos

A+bility supports vulnerable adults, children and young people to reach their potential and develop resilience through the provision of consistent, professional care. Our core value is to ensure that everyone thrives.

A+bility is committed to Restraint and Restrictive Practices reduction. Aspirationally we are a non-restraint company, whilst recognising that we have a duty of care to protect service users, staff and others from harm. Undesirable as it may be we recognise that in exceptional circumstances and, as a last resort, restraint may be necessary to ensure safety.

Our values incorporate the FREDAs principles of human rights (fairness, respect, equality, dignity and autonomy). The company ethos is that all our service users and staff are of equal value and deserve the highest standard of care and concern.

A+bility's Directors are involved in the day-to-day management of the business and are the decision-takers for the company. We have always subscribed to the importance of taking into account the views of all stakeholders.

6. Definitions

6.1 Restraint – CQC Definition

Physical restraint: any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Prone restraint: (a type of physical restraint) holding a person chest down, whether the individual 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.

Chemical restraint the use of medication which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Mechanical restraint: the use of a device (e.g. belt or cuff) to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control.

6.2 Restrictive Practices – Department of Health Definition

A Restrictive Practice is making someone do something they don't want to do or stopping someone doing something they want to do.

6.2.1 Blanket Restrictions

These are rules that applied to a group of individuals (usually for the convenience of others), such as a prescribed time to get up, or non-access to mobile phone.

6.2.2 Safety Restrictions

These are rules which are applied to service users for their own safety, such as locking up cleaning products or medications, or portion control and administration of healthy foods.

6.2.3 Treatment or Care Restrictions

This refers to the provision of essential care, support or medical treatment. This could be an emergency, or the administration of medications that may have restrictive side effects – such as sleeping tablets.

6.3 Restrictive Interventions – Department of Health Definition

A Restrictive Intervention restricts an individual's movement, liberty and/or freedom to act independently in order to:

- ✓ Take immediate control of a dangerous situation
- ✓ End or reduce significantly the danger to the person or others
- ✓ Contain or limit an individual's freedom for no longer than is necessary

6.4 Prevention

In addition to the individual Care Plan which all staff must be familiar with before working with a service user, we have a 'Guidance for Staff' document which provides a précis in an at a glance format. This should be used by staff to refer to for a quick reminder to effective prevention practices with an individual service user. These can be found in the individual service users' electronic folders and in the Additional Information Restraint Reduction on the P: Drive in the Policies folder.

6.4.1 Primary Prevention

Primary prevention promotes the need to understand the cause rather than simply to address the underlying symptom of aggressive, challenging or distressed behaviour. It is proactive and involves engaging with the stakeholders to identify triggers and jointly agree supportive interventions.

6.4.2 Secondary Prevention

This relies on the need for effective observation, early intervention, engagement and positive communication using conflict resolution and de-escalation skills. Care Plans should stress that de-escalation should be employed EARLY in any situation.

6.4.3 Tertiary Prevention

These strategies are employed to safely manage an incident and are always individual to that incident and must only be used using the principles of least restrictive intervention. We recognise that in such cases post-incident reviews are essential and the necessary procedures are in place to ensure lessons are learned to prevent the risk of reoccurrence.

6.5 Care Plans

Care plans are the starting point for understanding and providing the highest standard of care to our service users. They must reflect individual needs and address the primary, secondary and tertiary interventions as necessary. The use of positive behaviour support must be in place and should be regularly reviewed. All stakeholders should be involved in drawing up Care Plans. Care Plans should use plain language and should be careful in attributing the content to service users or staff. It is important not to use technical language that a service user would not be familiar with in the form of a quote from that service user.

7. Responsibilities

Our Board of Directors retains ultimate accountability for the health, safety and well-being of all service users, staff and visitors. (See H&S Policy). This includes identifying training needs, reporting, recording, investigation and review.

Our Restraint Reduction Lead, Fiona White, supported our Training Manager, Alan Walker; our Staff Development Manager, Allyson Scott, our Practice Manager, Sadie Paul and our Compliance Officer, Jan Herbert, has the responsibility to ensure the day-to-day operational service areas. This includes effective management/escalation of risk; investigation of complaints and incidents; post-incident review and support procedures, compliance with policy and staff training needs.

The team has responsibility to ensure that the resources and support necessary to adequately implement and maintain the policy are made available.

Every member of staff has a responsibility to ensure that we are jointly reducing restraint. They are required to be familiar with Care Plans, to understand the importance of engagement and observation and to adhere to the agreed practices and procedures of the company.

Taking into account individual capacity as identified in the Care or Support plan, service users also have a responsibility not to abuse others verbally or physically. They should report, where possible and using their preferred communication method, any concerns regarding the safety and security of themselves or others.

During the drawing up of the Care Plan, service users, where possible, should engage with staff in identifying triggers to aggression, challenging or distressed behaviours. They should be supported in understanding that harmful incidents may result in action by staff that may restrict liberty and that staff may initiate legal processes.

8. Recording

All incident and near misses and/or use of restrictive intervention must be reported by staff immediately by phone to the office or on call and electronically via the service user specific Email Updater system. This information is then recorded in an Accident, Incident, Near Miss Form (AINM) that is either written in a first-hand account by the member of staff involved or by our Compliance Officer, Jan Herbert.

Staff must record the context – what was happening before, during and after the incident in the service user's chronological record. Care Plans must be reviewed after any/each incident to check the interventions have been correctly understood and applied. The Risk Assessment must also be updated.

A detailed record of the type of restraint or restrictive practice or intervention used must be recorded together with the duration. A body map should also be completed to identify any physical contact or holds used and any marking or injuries sustained.

9. Monitoring & Review

Our Compliance Officer, Jan Herbert, monitors every report of every contact with our service users and brings any items of concern to the attention of the Directors.

All serious incidents are reviewed immediately by one or more of our Directors, and the Board of Directors reviews every AINM at the monthly Board meeting.

10. Training

All staff will receive ongoing training in line with their occupational role. For our support workers this will include BILD and UKAS accredited Positive Approaches To Challenging Behaviour training, in line with the Restraint Reduction Network (RRN) Training Standards (2019). The training includes Positive Behaviour Support framework and strategies i.e. primary, secondary and tertiary restrictive and non-restrictive techniques.

Our current assessment indicates that our staff require a 3-day initial course, backed up with annual 2-day refresher courses. However, the training will be regularly reviewed, and the content adapted, to meet the changing needs of our service users and staff.

All staff must be made aware of the mechanisms of death in restraint: crush injury, airway obstruction, restriction of breathing and exhaustion; how to avoid them and detect them. They must also be aware of the importance of physical monitoring after a restraint incident – particularly if there has been a prolonged or violent struggle.

A+bility Limited has been approved as an Affiliate Organisation of PRICE Training in order to deliver BILD ACT Certified training and updates in-house.

11. Additional Information

11.1 Restraint Reduction Network

Further helpful information, including links to other resources and useful Tools can be found on the [RRN website](#).

11.2 Supporting Policies:

MCA & DOLS; Stakeholder Engagement; Duty of Candour; Whistleblowing; Complaints, Concerns and Compliments and Staff Supervision Policies.

11.3 Other Useful Information

On the Shared P: drive within the Policies folder there is a sub-folder called Restraint Reduction. It contains:

A+bility Restraint and Restrictive Practices Reduction Plan

Department of Health: Skills for Care: Restrictive Practices

Guidance for Staff – at a glance prevention advice for individual service users.