

Reducing Restrictive Practice Policy

| | | | |
|-------------------------------|----------------|---|-------------------------------------|
| Policy Reference: | | CS06 | |
| Effective date: | October 2020 | Review date: | February 2023 |
| Approved by P&PRG: | September 2020 | Approved by BoM: | October 2020 |
| Owner: | Colin Phillips | Job Title: | Assistant Director – Care & Support |
| To be issued to: | | Board of Management ARK Management Care & Support Staff | |
| Method of Delivery: | | Email LearnPro | |

Version Control

| Date | Owner | Version | Reason for Change |
|-----------|----------------|---------|--|
| June 2020 | Colin Phillips | 3.0 | Cyclical review New policy template |

Summary of Changes

| Section | Change |
|-----------------|---|
| Legal framework | Addition of most recent Mental Welfare Commission guidance and removal of historic versions, addition of Equality Act 2010. |
| All | Updated terminology e.g. 'service users' to 'supported people' |
| All | Removal of mandatory PBS training as this is not in place |
| All | Moved procedural information into relevant procedure |



Ark[®]
People
Housing
Care

Reducing Restrictive Practice Policy

Contents

| | |
|---|---|
| 1.0 ARKs Values | 3 |
| 2.0 Purpose | 3 |
| 3.0 Policy Statement | 3 |
| 4.0 Scope | 3 |
| 5.0 Legal/Regulatory Framework | 4 |
| 6.0 Responsibilities | 4 |
| 6.1 Board of Management | 4 |
| 6.2 Executive Team | 4 |
| 6.3 Senior Leadership Team | 4 |
| 6.4 Managers | 4 |
| 6.5 All Staff | 5 |
| 6.6 Third Parties | 5 |
| 7.0 Reducing Restrictive Practice | 5 |
| 8.0 Related Policies & Procedures | 6 |
| 9.0 Equality Impact Assessment (EIA) | 6 |
| 10.0 Data Protection Impact Assessment (DPIA) | 6 |
| 11.0 Stakeholder Consultation | 6 |
| 12.0 Monitoring and Review | 7 |
| 12.1 Monitoring | 7 |
| 12.2 Review | 7 |

1.0 ARKs Values

Our organisational values are the basis for everything that we do; from providing housing, care and support to tenants and supported people, to ensuring that all our employees have clear standards of performance set. ARK believes that everyone should have the opportunity to lead a happy, healthy and safe life. We value:

- The worth of each person
- Trusting relationships
- Understanding difference
- Challenging oppression
- Personal and organisational accountability
- Caring for our physical environment
- Enjoyment

2.0 Purpose

This policy and its associated procedure explains how ARK Care & Support services will implement, record and monitor any restrictive practices used while supporting people.

3.0 Policy Statement

It is the responsibility of all ARK Care & Support workers to uphold supported people's rights to autonomy and liberty, while protecting them from harm and abuse.

There may be circumstances where a supported person's rights are restricted in order to protect them or others from harm, or maintain their health, safety and/or wellbeing.

Any restrictive practice will always be lawful, reasonable, proportionate, and of the least restrictive method required.

4.0 Scope

This policy and associated procedure applies to all Care & Support teams. It includes agency staff, volunteers and students undertaking direct practice with supported people on behalf of ARK.

5.0 Legal/Regulatory Framework

This policy and associated procedures are written with regard to the following:

- Human Rights Act 1998
- Equality Act 2010
- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Management of Health & Safety at Work Regulations, 1999
- Health (Tobacco, Nicotine, etc. and Care)(Scotland) Act 2016
- Rights, Risks and Limits to Freedom (Mental Welfare Commission, 2013)
- Use of Seclusion: Practice Guide (Mental Welfare Commission, 2019)
- Codes of Practice for Social Services Workers and Employers (SSSC, 2016)
- Health and Social Care Standards (Scottish Government, 2017)

6.0 Responsibilities

6.1 Board of Management

ARK's Board of Management is responsible for consideration and approval of this policy, and for ensuring that its decisions are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.2 Executive Team

ARK's Executive Team is responsible for ensuring that this policy is reviewed in accordance with ARK's schedule for review of policies, or sooner if required. The Executive Team is responsible for ensuring that its decisions, and that the decision of officers, are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.3 Senior Leadership Team

ARK's Senior Leadership Team is responsible for review of the policy, and for ensuring that its decisions, and that the decision of officers, are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.4 Managers

ARK Care & Support Managers, Registered Operations Managers and Area Managers will be responsible for the effective implementation of this policy within their area of responsibility.

They must also ensure that all Care & Support staff are made aware of this policy and participate in relevant training.

6.5 All Staff

All ARK Care & Support staff are required to familiarise themselves with this policy and comply with its provisions as well as undertake any training required as part of this policy or associated procedures.

6.6 Third Parties

All agency staff, volunteers and students undertaking Care & Support duties are required to familiarise themselves with this policy and comply with its provisions.

ARK will ensure that the Public Sector Equality Duty is complied with when third parties, such as contractors, are carrying out functions on behalf of ARK.

7.0 Reducing Restrictive Practice

The Mental Welfare Commission (2013) explains that “restraint is taking place when the planned or unplanned, deliberate or unintentional actions of care staff prevent a person from doing what [they] wish to do and as a result limits [their] freedom of movement”

Any practices that place a limit on the individual’s rights to autonomy or liberty can be described as ‘restrictive’. This ranges from physical restraint (holding someone safely) to restricting an individual’s access to items belonging to them (for example, their medication being stored in a locked cabinet they cannot open).

All ARK Care & Support workers will be clear on what constitutes restrictive practice, when it may be used and their obligations and responsibilities relating to its use.

ARK Care & Support teams will always aim to reduce the use of restrictive practices by seeking opportunities for supported people to increase their skills, abilities and independence.

No restrictive practices will be undertaken without the prior agreement of the relevant multi-disciplinary team and will be subject to scrutiny and regular review. The review must evidence how restrictive practices are being reduced as the individual’s skills increase.

8.0 Related Policies & Procedures

- HS01 Health & Safety
- HS03 Risk Assessment
- HS04 Incident Reporting
- HS15 Whistleblowing
- CS02 Personal Planning
- CS04 Risk & Vulnerability
- CS05 Support with Money
- CS08 Support with Medication
- CS17 Behaviours of Concern
- G34 Equality
- G36 Keeping People Safe
- G57a Adult Support & Protection

9.0 Equality Impact Assessment (EIA)

Please see relevant Equality Impact Assessment.

10.0 Data Protection Impact Assessment (DPIA)

Please see Care & Support Data Protection Impact Assessment.

11.0 Stakeholder Consultation

- ARK Board of Management
- ARK Senior Leadership Team
- ARK Area Managers group
- ARK Health & Safety Adviser
- ARK Working Group

12.0 Monitoring and Review

12.1 Monitoring

ARK's Executive and Senior Leadership Teams will monitor implementation of this policy on an ongoing basis and ensure that relevant decisions within ARK are taken in line with the obligations and expectations set out in this policy.

12.2 Review

This policy will be reviewed within 3 years from the date of approval by our Board of Management, in accordance with ARK's policy review framework.