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## Reducing Restrictive Practice Procedure

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## 1.0 Introduction

A positive and proactive approach to supporting people requires consideration of the practices, methods and models used by Care & Support teams to ensure that their actions and behaviours do not infringe on an individual's Human Rights and their ability to move freely and make choices.

**Appendix 1 – Restrictive Practice Definition** contains a list of examples of restrictive practices.

### 1.1 Restrictive practice and human rights

Any practice that places a limit on an individual's rights to liberty and autonomy is, by its nature, restrictive. All Care & Support teams must be aware of their obligation to uphold the rights of the supported person, while keeping them safe from harm and abuse.

Where a staff member has concerns over an infringement on a person's rights, staff should refer to Ark's Safe Guarding Policy (G36 Keeping People Safe), Adult Support and Protection (G57a) and Whistleblowing (HR15) Procedures.

Supported people may make choices that seem unwise to others. This does not mean that they are not free to make that choice.

Any restriction of a person's liberty or choice must only be in place because it would put them at an unacceptable level of risk otherwise. Restrictive practices are never used as a form of punishment.

Further guidance: **Appendix 2 - Human Rights Framework for Restraint** (Equality & Human Rights Commission, 2019)

### 1.2 Legal authority and consent

It is against the law to interfere with the actions of an adult without legal authority to do so.

An adult who lacks the capacity to keep themselves safe may require the intervention of others to do so. The authority to undertake an intervention must be legally obtained through The Adults with Incapacity (Scotland) Act 2000 or Mental Health Care and Treatment (Scotland) Act 2003 for example; Welfare Guardianship, Community Treatment Order. A Supported Person's Legal Status, including the named Legal Proxy and relevant decision-making powers, or an intervention order granted by a sheriff, will be detailed in the person's Care Plan, including any powers delegated to Ark Care & Support. ([Section About Me/Legal Powers](#)). See **G36 Keeping People Safe** and **G57a Adult Support & Protection**

Any intervention must be of the least restrictive method required to remove the risk or reduce it to an acceptable level. Alternative methods that avoid restricting an individual must be explored and used wherever possible.

Any restrictive practice that is undertaken without authority to do so, or is not in the best interests of the individual may be considered assault and/or a breach of the individual's human rights. This may result in disciplinary proceedings and the involvement of the police and social work, and referral to the Scottish Social Services Council.

Consent to undertake any restrictive practice or restraint should be obtained from the supported person or their Legal Proxy.

A Supported Person who has capacity, may make the decision in their best interest to place restrictions as part of support. These will be detailed in the individual Good Life Support Plan/R&V.

It is a reasonable adjustment (**Equality Act, 2010**) to discuss the use of restrictive practices and seek consent from the individual through alternative and augmentative communication methods including the use of gesture, visual supports, body language and any other method of communication the individual uses.

The person's has the right to remove the need for these restrictions at any time and this will be further detailed in the persons' Good Life Support Plan/R&V.

## 2.0 Care Planning and Reviewing

The introduction of any restrictive practice as part of an individual's support must be agreed by a multi-disciplinary team. This should include any legal guardian, relevant family, the individual and any relevant health or social care professional. It should also ensure the Supported Person is involved in the decision making process, where possible, incorporated in Person Centred Care Planning.

If the Supported Person has an advocate, they will be included in the development and reviewing of the Care Plan, to ensure the wishes of the Supported Person is incorporated in the approach. Where the person does not have an advocate, the Care Support Manager will seek the support from advocacy services at the Supported Person request or where they feel this would be supportive.

### 2.1 Care Planning

All supported people must have Care Planning that details their personal outcomes, needs and wishes, see: CS02 Care Planning.

It is essential that the risks of restrictive practices and restraint are assessed and reviewed as part of the Care Planning process.

Serious injury and death can occur from poorly-planned or inappropriate use of restraint.

Restrictive practices that are not physical in nature also carry risk. An incorrect restriction on a person's autonomy may result in psychological harm, including the effect of trauma, a loss of skills or abilities, and/or have an impact on their sense of self-efficacy or self-esteem. This may also affect the individual's behaviour and have a counter-productive effect.

Where it has been assessed and agreed by the multi-disciplinary team that restrictive practices are required, these must be detailed in the person's Good Life Support Plan/R&V's. The Good life Support Plan must consider potential impacts of the proposed restrictive practice on the behaviour of the individual, their dignity, and how it may affect their relationships with others.

It is the responsibility of all Care & Support staff to read, understand and follow what is stated in the person's Care Planning and to contribute to it as required.

All Good Life Support Plans/R&V must indicate if restrictive practice forms part of the support. Where this is the case, the Support Plan/R&V should include as a minimum:

- The members of the multi-disciplinary team
- The category of which the Restrictive Practice Forms, including sub categories
- The exact practice that is required and why
- Who has consented to its use
- The circumstances in which it may be used
- How the effectiveness of the practice will be monitored
- When it will be reviewed, and by whom

**Additional measures in relation to Physical Intervention/Restraint are required, please see Section 3**

Historical restrictive practices that are no longer in use should never form part of the individual's Care Planning. This may create an unrealistic impression of the supported person and change others' perceptions of them.

## 2.2 Reviewing

As part of the Care Planning Review process, we must evidence, where restrictive practices are forming part of a Good Life Support Plan/R&V and how these are being reduced as an individual's skills and abilities increase and/or risk reduces. This will be detailed on the Good Life Support Plan Review/Section Restrictive Practice.

A **Restrictive Practice Reduction Log (Report) (Care Planning/3 lines top left/Reports)** will be available, and will collate information from the restrictive practice review section of the review form.. This must be reviewed, as a minimum, every 6 months by the Care & Support Manager (CSM)/ Operations Manager (OM).

**Additional measures in relation to Physical Intervention/Restraint are required, please see Section 3**

## 3.0 Physical intervention and restraint

Ark acknowledge that all forms of restrictive practice can have an impact on a person's liberty and rights however the use of Physical Restraint can have significant risks to a person psychological and physical wellbeing, including fatality. 'Physical Restraint' means any technique that stops an individual from moving their body or part of their body.

A proactive, person centred, approach to supporting people must be explored prior to the planning or use of Physical Restraint, and this means that de-escalation techniques and other less-restrictive methods are used before Physical Restraint is considered.

Ark Care & Support services will only use CALM-accredited physical intervention/restraint techniques.

### 3.1 Authorisation

Agreement in the use of CALM Physical Intervention will first be sought from the Supported Person's Legal Representative i.e. Welfare Guardian. The Legal Representative must have the legal power to authorise the use of Physical Restraint. Part 6 of the Adults with Incapacity (Scotland) Act 2000 Code of Practice does not envisage the use of force or detention by guardians therefore guardians and Power of Attorneys must apply for specific authorisation from a sheriff for the use of physical restraint or detention. This should be detailed specifically in the Welfare Guardianship or Power of Attorney document.

The Legal Representative must grant delegation of this power in the execution of the Physical Restraint to Ark Care & Support, whilst retaining the responsibility for the powers performance. The delegation of this power will be recorded in the Supported Person Care Planning/About Me/ Customer Profile/ Legal Powers/ Delegation of Powers

### 3.2 Care Planning

Any Supported Person where CALM Physical Intervention is being considered as part of a Support Person's Good Life Plan, must have a Positive Behaviour Support Plan in place; see **CS17a Behaviour of Concern** and a multi-disciplinary meeting must take place to explore:

- The Behaviour of Concern and Risk the intervention seeks to reduce, including frequency of incidents in the last 2 years
- Any less restrictive support measure to reduce the need for Physical Intervention
- Any physical and/or psychological health matters, including experience of trauma, which the Support Person may face in the execution of physical intervention
- Agreement of the CALM Techniques to use and in what circumstances
- Length of time in which each technique will be used
- Support needs after the physical intervention, including health and emotional needs, for the person
- Reviewing period and who will be involved in the review

This will be detail in the Supported Person's Good Life Support Plan/R&V – Behaviour of Concern/Physical Intervention Management Plan.

Ark's in-house CALM instructor **must** be part of the multi-disciplinary team for individuals who are subject to physical intervention/restraint in order to discuss appropriate CALM techniques as well as the service CSM/OM.

### 3.3 Recording

All incidents of Physical Restraint will follow Ark's Incident Reporting Procedure **See HS04 Reporting of Incidents**

As part of the incident reporting process, details of the physical intervention will be recorded which will be collated within the services Physical Intervention Monitoring Log (Report). Each entry will detail:

- CALM or Emergency Unplanned Restraint
- Technique used
- Length of time in the hold
- Other proactive methods used/attempted
- Outcome for the Supported Person

Every instance of physical intervention or restraint must be explained to the supported person using their preferred format.

The individual's welfare guardian or relevant family may wish to be informed of any instance of physical intervention or restraint. This must be documented in the individual's Physical Intervention Management Plan

After every incident where Physical Intervention has been used, the staff member will engage in a Briefing Session with a CSM/OM. This will allow for the monitoring of the staff member's physical and emotional wellbeing as well as inputting into the review of the incident, future Care Planning and any learning required.

### 3.4 Monitoring & Reviewing

Where an individual has been assessed as requiring physical intervention (for example, a particular hold), the frequency of use is particularly important in deciding whether it is still required and the least restrictive method.

In addition to the guidance detailed in section 2.2, if a particular intervention has not been used for 12 months, there should be a multi-disciplinary meeting to decide whether the intervention is still needed. If not, it must be removed from documentation.

It is not acceptable for a restrictive practice that has been unused for more than 12 months to remain open to use for that individual 'just in case' it is needed again in the future.

## 4.0 Emergency restraint

Ark Care & Support workers have a duty of care. If an individual's disability, condition or other care needs puts them at risk, staff must do what is reasonable and proportionate to keep them safe. If, for example, an individual went to step out onto a busy road, it would be reasonable for the worker to verbally alert them to the danger. If this didn't work, it could be reasonable to physically stop them. Another example may be the removal of items intended to cause harm to the person or another i.e. locking away medication after a threat of overdose.

In exercising the duty of care, there may be emergency situations where a Care & Support worker who has not completed CALM training may be involved in a physical intervention / restraint.

The intervention must still be reasonable, proportionate and required to protect the individual from harm.

Emergency restraint may be an Adult Support and Protection issue, see **G57a Adult Support & Protection** and **G36 Keeping People Safe**.

The Behaviour of Concern and any other associated Good Life Support Plan/R&V must be reviewed and updated as required.

Any instance of emergency restraint must be treated as an incident, see **HS04 Incident Reporting**, and recorded in the **Restrictive Practice Reduction Log and Physical Intervention Log if required**.

## 5.0 Training and support

### 5.1 Training and learning



All Care & Support Managers and Frontline Support staff will complete Understanding Restrictive Practice training as part of their Mandatory Training

CALM Physical Intervention and Escapes will be delivered by in-house instructors. Instructors will complete annual reaccreditation from CALM Training Ltd at which point a review of all techniques Ark require for current and future training resource will be reviewed. This will be a collective decision between, Ark Care & Support and Learning & Development and CALM Training Ltd.

Ark in-house CALM instructors will deliver CALM Physical Intervention and/or Escapes to frontline Care & Support staff and managers. A Training Needs Analysis (Appendix 3) will first be completed by the requesting Care Support Manager and authorised by the Operations Manager prior to any CALM training being carried out.

Any Care & Support staff member must have completed the following training before any CALM Physical Intervention and/or Escape techniques are taught.

- Understanding Restrictive Practice
- Positive Behaviour Support
- Adult Support & Protection
- Moving & Handling Theory
- First Aid

It is the responsibility of both the individual staff member and their line manager to ensure that their CALM accreditation remains valid. The Learning & Development team hold a list of accreditations.

## 5.2 Support and supervision

After any episode of physical restraint, the Care & Support workers involved should meet with their CSM/OM to discuss the incident as part of a briefing session.

Staff who have been involved in Physical Intervention/Restraint will be offered support from Ark's Employee Assistance Service.

As part of a Care & Support Worker's supervision and/or team meeting, all restrictive practice within a key team will be discussed to support the review of the approaches in use. This will include, ensuring these are the least restrictive, developing the Supported Person skills in areas where restrictive practice is evident and enhancing the staff member's knowledge and practice surrounding human rights and restrictive practice.

## 6.0 Monitoring and analysis

It is the aim of all Care & Support teams to minimise the use of restrictive practices. The use of restrictive practices will be monitored both at a local level by the CSM/OM and organisationally and reported to Ark's Board of Management.

### 6.1 Local Monitoring and Analysis

As part of the CSM/OM quarterly audit, any restrictive practice will be reviewed to ensure that any approaches are delivered within an agreed legal framework.

Care Planning 6 monthly review will review any restrictive practice agreed within a legal framework. See section 2.2 Care Planning Review

### 6.2 Organisation Monitoring and Analysis

At an organisational-level, all incidents are collated by Ark's Health & Safety Adviser and anonymised data reported on a quarterly basis to the whole organisation, including Ark customers. This data is also presented to the Board of Management via the Audit sub-committee.

Annual monitoring and reporting will take place on whole organisation use and reduction of restrictive practices. This data will be presented to the Board of Management and external stakeholders.

## 7.0 Implementation and Review

### 7.1 Implementation

CSMs/OMs are responsible for the implementation of these procedures by their Care & Support staff.

### 7.2 Review

Ark Regional Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy (**CS06 Reducing Restrictive Practice**) as a result must be submitted to the Board of Management for approval.