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CR17 - Restraint Policy and Procedure

Purpose

- To manage Residents who may harm themselves or maybe vulnerable to harm and for whom restraint may be a care option.

- To give guidance to staff in relation to legal protection offered by Mental Capacity Act 2005.

Policy

- Respecting people's rights to dignity, freedom and respect underpin good quality social care. People may need support in managing their care and making decisions but they have the right to make choices about their lives and to take risks. Decisions regarding restraint need to be taken as part of the process of managing risk.

- People using care services are free to do what they want, and go where they want unless limited by law.

- Where people in care services have capacity, restraint may only take place with their consent or in an emergency to prevent harm to themselves or others, or to prevent a crime being committed.

- The following guidelines should be adhered to when it can be demonstrated that, for an individual in particular circumstances, not being restrained would conflict with the duty of care of the service and that the outcome for the individual would be harm to themselves or to others otherwise restraint may not be used and any acts of restraint could be unlawful.

- Staff will receive basic training (MAPPA) and certification on restraint techniques, which will be re-certified on an annual basis.

Definitions

- Restraint is the act of restraining a person's liberty, preventing them from doing something they wish to do. The definition included within *Showing restraint: challenging the use of restraint in care homes* (Counsel and Care UK, 2002), restraint is defined as 'the intentional restriction of a person's voluntary movement or behaviour.'

- The Mental Capacity Act 2005 describes restraint as the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm. This policy should be read in conjunction with Mental Capacity Act 2005 Policy and Procedure.

- Restraint that amounts to a deprivation of liberty contravenes Article 5 of the Human Rights Act 1998 and would only be lawful where a Deprivation of Liberty Safeguards authorisation had been sought and obtained. Therefore anyone who applies any form of restraint must be prepared to justify the restraint. This policy should be read in conjunction with Deprivation of Liberty Safeguards Policy and Procedure.

- The following definitions should guide you to thinking whether any of the interventions you use could be considered a constraint, whether any of their use could be avoided, whether there is a less restrictive alternative, or whether the continued use of one or more of these constitutes a deprivation of the person's liberty:

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- **Physical restraint:**

    - **Physical restraint** can be defined as stopping an individual's movement by the use of equipment that is not specifically designed for that purpose. This could be through the use of bed restraints, belts, tables or chairs etc.

    - **Mechanical restraint** is the use of belts, arm cuffs, splints or helmets to limit movement to prevent self-injurious behaviour (SIB) or harm to others.

    - **Physical intervention** is direct action by one or more members of staff holding or moving the person, or blocking their movement to stop them going where they wish. This should not be confused with interventions such as guiding and prompting that are intended to support the person.

- **Environmental restraint** is designing the environment to limit people's ability to move as they might wish. This could be through locking doors, using coded electronic keypads, complicated door handles, narrow doorways, not providing corridor rails, steps or stairs, poor lighting or heating etc.

- **Chemical restraint** is the use of drugs and prescriptions to change or moderate people's behaviour. This is also known as covert medication.

- Section 5 of the Mental Capacity Act 2005 offers protection for staff against civil or criminal actions, where decisions about care and treatment are made in the best interest of someone who lacks the capacity to make those decisions themselves. In addition, there is similar legal protection for staff, who in the process of making best interests decisions, restrain someone, as long as two further conditions are met, namely,

    - It is reasonable to believe that it is necessary to restrain the person to prevent harm to them; and

    - Any restraint is a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm.

- This policy should be read and applied in conjunction with Mental Capacity Act 2005 Policy and Procedure. In addition, the following good practice should be borne in mind in the context of restraint:

    - Anyone can make decisions on behalf of someone who lacks the capacity to do so. You should consider who is the decision maker in each context, for example: *A Care assistant can legitimately decide what clothes a person should wear if they do not have the capacity to make the decision themselves.*

    - The more complicated or serious the implications regarding the capacity issue, the more safeguards there should be put in place to prevent abuse of the decision-making process.

    - The fact that someone does not have capacity does not mean that restraint or other practices to limit a person's freedom can be freely used.

    - If someone does not have capacity then the Mental Capacity Act (and its Code of Practice) defines a clear process that care services should follow in order to assess and record decisions that are being made on a person's behalf.

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- If it has been agreed that someone lacks capacity then the decisions made on their behalf must be clearly defined. This is because it is important that services do not assume someone lacks capacity in all situations as this could result in people being unnecessarily restrained.

Procedure

- Restraint, in all cases, should very much be seen as the 'last resort', with other techniques and strategies always being employed before restraint is considered as an option.
- Staff should consider what is acceptable restraint, unacceptable restraint (where less restrictive alternatives are not considered) and unintentional (where staff do not realize their interventions constitute restraint).
- Families must be aware restraint may be required due to the challenging behaviour of the resident and be in full agreement to the Provider using restraint if deemed appropriate by their staff by giving their consent on an annual basis.
- The Provider undertakes to only use restraint as a last resort when the resident is in danger of causing severe injury to themselves or other service users or staff.
- Once restraint has been used the Registered Manager, in consultation with staff members, must record the incident in the Restraint Log detailing:
    - The problem behaviour which caused restraint to be considered and used including whether it affected any other persons;
- Restraint must be time limited and noted as such.
- All restraint sheets must be kept in the register, and be available for inspection.

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
R.E2 – Is consent to care and treatment always sought in line with legislation and guidance?	✓		✓
R.C1 – How are positive, caring relationships developed with people using the service?		✓	✓
R.W1 – How does the service promote a positive culture that is person centred, open, inclusive and empowering?		✓	✓

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