Reducing Restrictive Practice

Abu Idris & Rosalyn Mloyi

Why the focus on restrictive practice?

Recent UK national and local drivers

- Winterbourne View (2011)

- MIND report (2013)

- RCN guidance (2013)

- Positive and Proactive Care (2014)

- MHA Code of Practice (2015)

- NICE Guideline 10 (2015)

- Media

- CQC

- Public

Impact on the frontline

- Still a wide spread use of restrictive practice (CQC)

- An increase in assaults in mental health services year on year (NHS Protect)

- Approximately 70% of all reported assaults on NHS staff occur within the mental health sector (NHS Protect)

CYGNET

- 11 restraints per 1000 bed days compared to 9 the previous year

- 6.2% increase in seclusion

- Overall figures of incidents that led to a restrictive interventions such as restraint are comparative to other organisations (NHS Benchmarking Network)

- Board level audit found use of restrictive interventions that could be reduced or eliminated

What we did

- Staff questionnaire on understanding of restrictive practice

- All hospitals covered apart from nursing homes

- Method and limitations

- Variable range of understanding of restrictive practice

Initial Questionnaire results
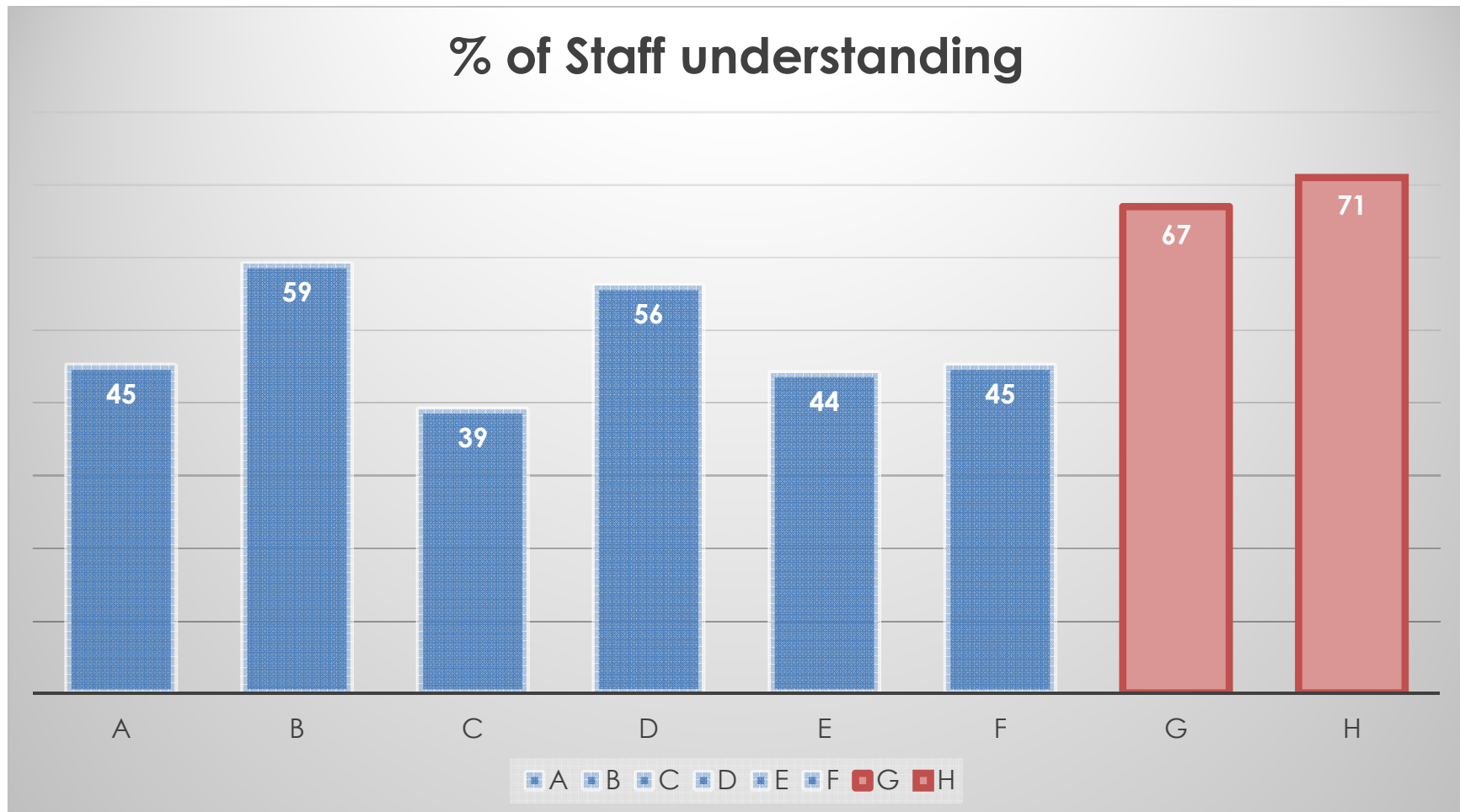
"Restricting people's ability to do everyday things usually because of policy or safety"

"Practice that may restrict or limit what patients can and cannot do"

Cygnet
Health Care

"If a staff member restricts access without proven rationale or justification or as a blanket rule these would be deemed restrictive"

"When a person's rights or freedoms are controlled"

"A form of managing behaviour which is deemed risky and as a result certain privileges are lost in order to maintain the safety of the individual and others"

"Restricting people from exercising their basic human rights"

"Nursing in a way that takes away rights, it is mainly to do with risk"

"Interventions which limit a service user's opportunity to engage in certain behaviours, usually behaviours which would cause harm to themselves or others"

"When you don't allow patients to do things that they would normally do if they were in their own environment"

"Following rules"

"Got to do with managing aggression and prevention"

Cygnet
Health Care

"Got to do with PMVA"

"It is to stop service users from pushing boundaries, if I say smoking is on the hour it will be on the hour"

"Restraint"

"It is when you are being bossy to a patient"

"Depends on the person; secluding and segregation"

"It is what I am restricted to"

"The bounds that are put in place to restrict people if they have capacity"

"Heard of it, prevention of…can't remember"

"Guided by some of the rules"

"Practice within limits"

What is restrictive practice?

Definitions

- Restrictive interventions are deliberate acts on the part of other person(s) that
- restrict a patient's movement, liberty and/or freedom to act independently in order to:
- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and
- end or reduce significantly the danger to the patient or others.

   (MHA CoP, 2015)

- Restrictive practice is making someone do something they don't want to do or stopping someone doing something they want to do

   (Skills for Health, 2014)

What we did

- Reducing Restrictive Practice Strategy

- Updated policies

- Restrictive Practice awareness campaign to support staff in understanding the meaning of restrictive practice and its impact

- Reducing restrictive practice training package was developed and delivered to PMVA Instructors as leads in the 'least restrictive option' agenda

- Modified scenarios in PMVA syllabus to focus more on least restrictive options

- Audit and evaluation of each service/ward, looking into procedures, ward rules and blanket restrictions, measuring it against the risk it was meant to address

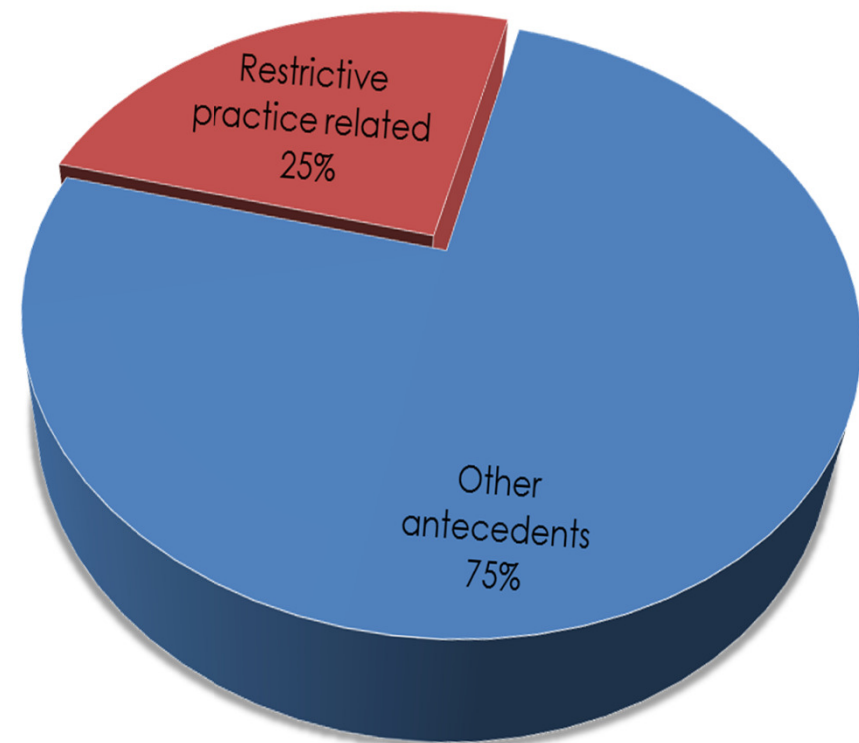- Exploring with service managers and staff available alternatives (negotiable and non-negotiable boundaries).
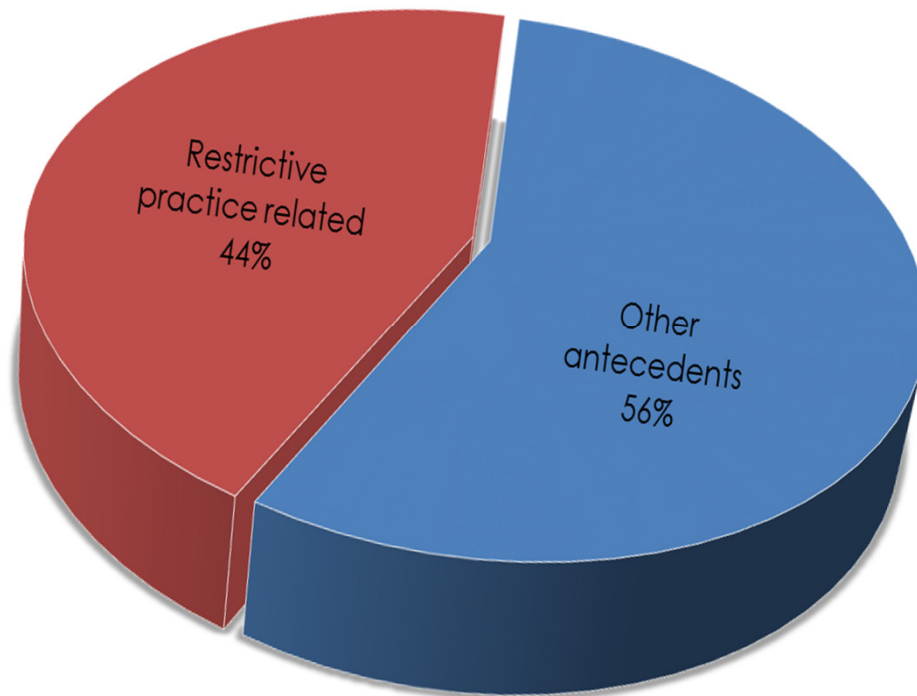
Interim data

Way Forward

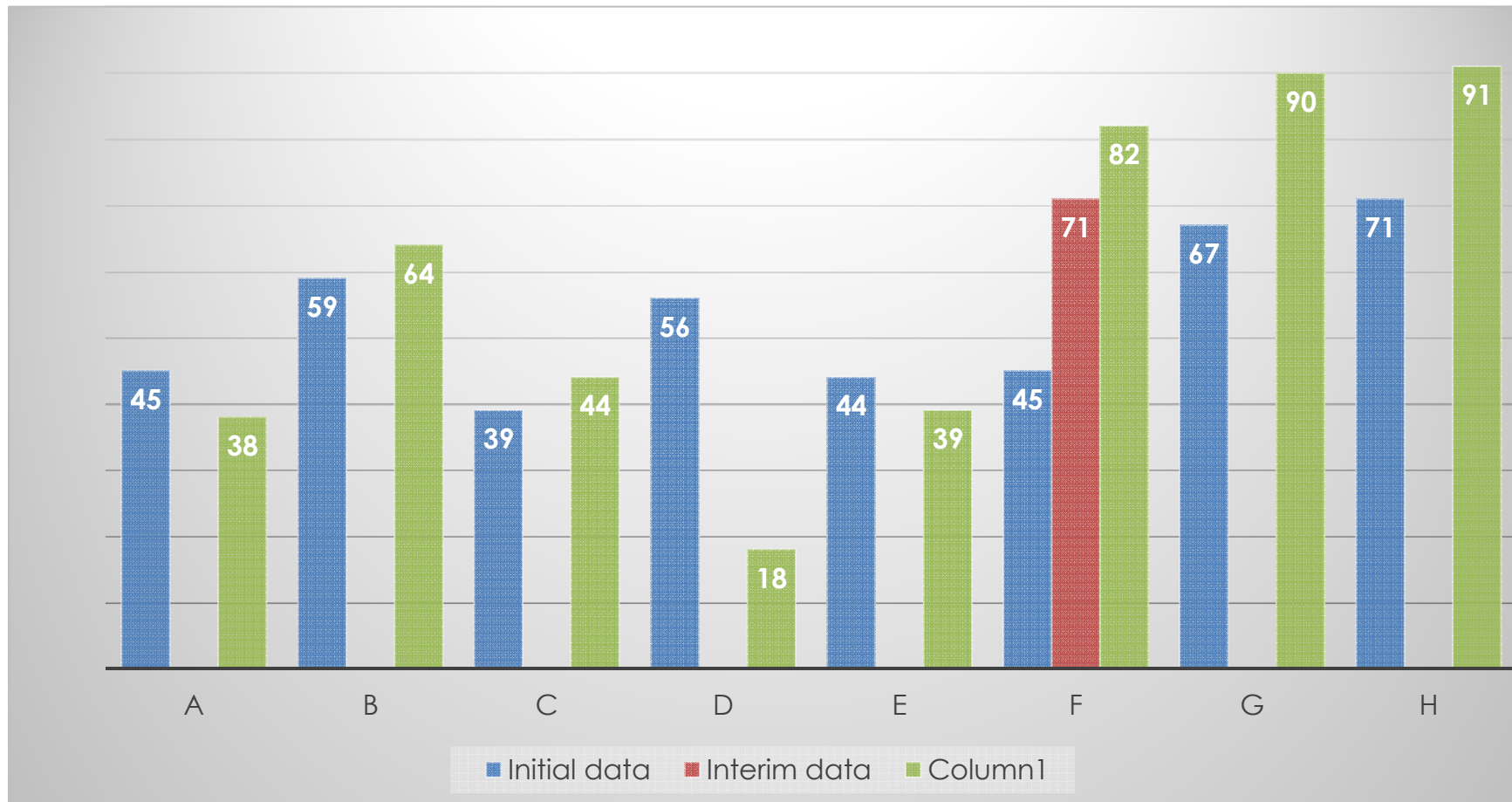- Restrictive practice and violence reduction lead role approved by the Board

- Strategy roll out in progress via restrictive practice project board

- Continue to report restrictive practice data to NHS benchmarking, the Board and Integrated Governance

- Replicate good practice from pilot site at other units

- Restrictive practice audit pilot ongoing (qualitative and quantitative)

- Roll out of restrictive practice and updated PMVA training package ongoing

- Repeat of survey 6 months after embedding changes

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