RESTRICTIVE PRACTICE POLICY

Policy Name: Restrictive Practice	Issue date: October 2023	Version No: V1
Authorised	Next Review date: October 2025	Page of

Policy Control/Monitoring

Version:	V1.0
Approved by: (Name/Position in Organisation) **Date:**	Director for Health and Wellbeing
Accountability: (Name/Position in Organisation)	PBS Lead
Author of policy: (Name/Position in organisation)	PBS Lead
Date issued:	September 2023
Revision Cycle:	Every 2 years
Revised (Date):	September 2025
Target audience:	All Staff working within the Foundation
Amendments/additions	Review:
Replaces/supersedes:	

Associated Policies/Documents:	Terms of Reference Safeguarding Adult Policy Safer Recruitment Policy Whistleblowing Policy Managing Peoples Money Policy Social Media Policy Duty of Candour Policy
Associated National Guidance:	Mental Health Act, 1983 (as amended 2007); Mental Health Act Code of Practice Safeguarding Vulnerable Groups Act, 2006; Public Interest Disclosure Act, 1998; Protection from Harassment Act 1997 Family Law Act 1996 Part IV National Health Service Act 2006 The Care Standards Act 2000 Health & Social Care Act 2008 (Regulated Activities) Regulation 2014 Mental Capacity Act 2005 Genera

5. Policy

5.1 Key principles underpinning the guidance:

• Compliance with the relevant rights in the European Convention on Human Rights13 at all times

• Understanding people's behaviour allows their unique needs, aspirations, experiences and strengths to be recognised and their quality of life to be enhanced

• Involvement and participation of people with care and support needs, their families, carers and advocates is essential, wherever practicable and subject to the person's wishes and confidentiality obligations

• People must be treated with compassion, dignity and kindness

• Health and social care services must support people to balance safety from harm and freedom of choice

• Positive relationships between the Foundation and the people they support must be protected and preserved

5.2. **5 types of restraint described:**

Physical restraint involves one or more members of staff holding the person, moving the person, or blocking their movement to stop them leaving.

Mechanical restraint involves the use of equipment. Examples include everyday equipment, such as using a heavy table or belt to stop the person getting out of their chair; or using bedrails to stop a person we support from

Cultural restraint is using cultural norms to make a person do something they don't want to do or stopping them from doing something they do want to do. I.e stopping a person from expressing their cultural views or preferred ways of being.

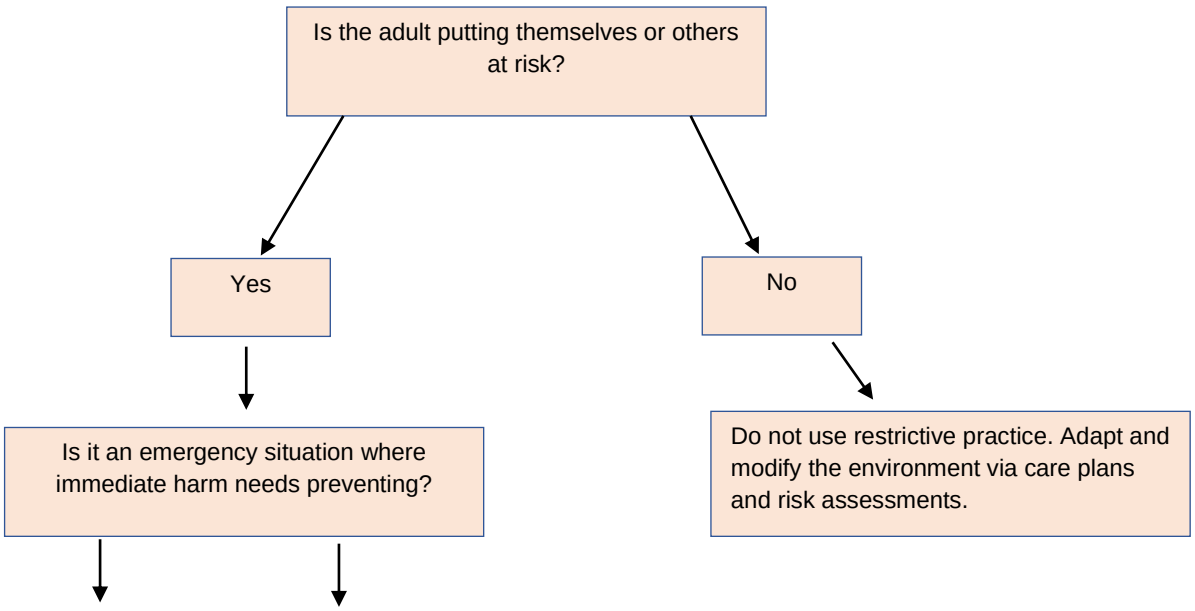
Environmental restraint is using the physical environment to make someone do something they don't want to or stop them from doing something they doo

People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

If there is a situation relating to the use of restrictive practice/restraint within the Percy Hedley Foundation, we will ensure that it is explicit and clearly documented in the relevant notes . We will also have a written care plan

The Restraint Reduction Network created a self-assessment tool which is intended for use by organisations. The tool has been designed to assist organisations to identify and consider those aspects of performance that can be celebrated and shared, and to understand which aspects of performance are weaker or not fully implemented. By undertaking this assessment, it is hoped that this information can be used to inform the organisation's improvement/development plans. The self-assessment tool has also been developed to enable organisations to share their performance so t08871 841.(o)-3(rga)Qq0.00

Restrictive Practice flowchart (Adults)



Common law uses reasonable force to protect under the circumstances to prevent

6. Documents needed to record the restrictive practice

For individuals over the age of 16 who lack capacity to engage independently in the completion of an assessment for any form of restrictive practice then conversations are necessary regarding any known preferences and wishes and estimating what the person would want should be discussed between their relatives, carers and health professionals. This should be done via the best decision-making process in line with MCA 2005. The agreed information should then be documented in a clear format and supported by MCA best interest decision making documentation.

part of this form allows a capacity assessment to be documented. If the individual does not have capacity for a specific care decision.

The **MCA2** part of the form follows the requirements of the Mental Capacity Act best interests process.

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- o Mental Health Act, 1983 (as amended 2007); http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf
- o Safeguarding Vulnerable Groups Act, 2006; https://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf
- o Public Interest Disclosure Act, 1998; https://www.legislation.gov.uk/ukpga/1998/23/pdfs/ukpga_19980023_en.pdf
- o Mental Capacity Act, 2005 (including the Dep