



# Reducing Restrictive Practice Bulletin 10

**This was the last meeting of the RRP CQUIN as this has now finished. We will have a follow up meeting later in the year—date TBC**

At the last meeting of the Reducing Restrictive Practice CQUIN meeting on the 10th April we started off with a presentation from Bradley Complex Care. This is on page 2.

We then had a presentation from LYPFT about their Respect initiative and positive behavior support. This is on page 3. After the break we

heard from Moorlands View about changes to some of their restrictions and we did some group work looking at changes that everyone has made. This is all on pages 4 and 5. We then finished with a presentation from Cheswold Park which is on page 6. The final section of the agenda was not done as RRP is no longer going to be a CQUIN for a 3rd year as originally thought.

The presentations can be found in full on the original email or can be provided on request!



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restraint reduction network

### Reducing Restrictive Practice CQUIN Group Agenda

Sandal Rugby Club Wakefield  
Tuesday 10<sup>th</sup> April 2018



13.30 – 15.30

WELCOME

**1. Welcome and Introductions**



**2. Presentation – Bradley Woodlands**

- Reducing Restrictive Practice



**3. Presentation - LYPFT**

- RESPECT – help us help you



**4. Group Work –RRP planning group, Humber Centre, Moorlands View and Amber Lodge**

- Changes to common restrictions – timelines and journeys



**5. Presentation – Cheswold Park**

- Our Achievements

**6. Discussion – New CQUIN Guidance 2018/19**



Dates for the rest of the year to be confirmed

# Presentation – Bradley Complex Care Reducing Restrictive Practice



## Reducing Restrictive Practice

Our Journey at Bradley

Full presentation available  
on request!



### Bradley Woodlands

- 23 Beds
- For people with a learning disability and/or autism
- 1-4 bedded apartments rather than wards each, with a kitchen and lounge-diner
- Mixed gender hospital, with single gender apartments.



### Where are we headed now?

- We will stop being a Low Secure Hospital at the end of the month.
- We are becoming a complex care service.
- Many of our patients and staff are stepping down with us.



# Presentation – LYPFT RESPECT—help us help you

## Positive Behavioural Support



A Day in the Life of Staff and Patient cartoon showing a staff member pushing a large grey ball towards a patient. A pyramid of icons labeled 'RESOURCES' includes a clock, pencil, soccer ball, and others. A welcome card for Clifton House, Leeds and York Partnership NHS Foundation Trust, with the text 'Welcome to our service:' and a photo of the building.

## In- House Projects



R- Recovery	R- Responsibility	R- Resources
E- Empowerment	E- Empathy	E- Encourage
S- Support	S- Safety	S- Sociable
P- Personal Space	P- Planning of Care	P- Positive Risk Taking
E- Equality	E- Explanations	E- Education
C- Compassion	C- Collaborative	C- Communication
T- Togetherness	T- Time	T- Teaching

Full presentation available on request!

### Help us, help you

Shared expectations for helping and supporting each other

Recovery  
Responsibility  
Resources

**R**

**E**

Empowerment  
Empathy  
Encourage

Support  
Safety  
Sociable

**S**

**P**

Personal space  
Planning of care  
Positive risk taking

Equality  
Explanations  
Education

**E**

**C**

Compassion  
Collaborative  
Communication

Togetherness  
Time  
Teaching

**T**

integrity | simplicity | caring

# The Restrictive Practice Journey at Moorlands View



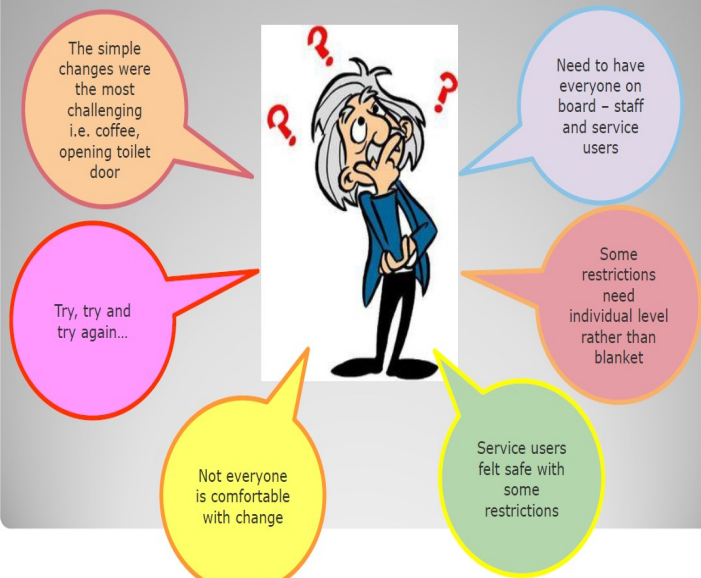
## Where we were



## Where are we now



## What did we learn



# Group Work—RRP Planning Group

## Takeaway

Only secure services can put restrictions on takeaways if it interferes with therapeutic sessions.

B.W - takeaways banned

Forest Lodge - 2 takeaways per week

Wednesday and Saturdays

2 yrs 1 per fortnight £7 limit

Forest thinking how we can reduce restriction about this

Amber- Lodge breakfast takeaway in addition 1/14. 1 yr 1 week £10

As long as its on the planner people can order no limit

Forest still the same

BW 1 Week No Limit

There's always a need for things to keep going – processes in place

Takeaways- process-outcome.

Paid work for service users

Established processes in last 2 years

What else can we do? Process in place

H/S on agenda in organisation anyway

Embedding processes

Staff understanding- inductions

Lots of difference in different hospitals

Internet access

Regional RRP forum

Working together to improve and change

Continue service user and staff

reducing restrictive practice meetings

anyway

## The Takeaway

**1 year ago** - Once a week

Pros—Treat. Promote healthy eating. Save money

Cons—Not normal. Lack of choice

**3 months later** - Everyday

Pros—Being in control. No hospital food (yes!!)

Cons—Expensive. Borrowing. Weight gain. Difficulty maintaining discipline

**Now** - by mutual agreement - twice a week

Pros—Having the conversation, recognising community needs. Healthier

Cons—Could end up being prescriptive/restrictive



2 years ago

Hot Drinks cooled to 50 degrees

No hot drinks from midnight to 7 am

Caffeinated = hospital provides decaffeinated

Depending on individual care plans some service users still have 50 degree drinks

Sometimes some staff who weren't radio trained couldn't let patients in courtyard

No internet access

Now—Drinks now 75 degrees

Allowed hot drinks 24 hours

Allowed caffeine if you buy your own

Pinpouts been put in courtyard so any staff can let us in

Internet suite available and provided staff training to support service users

# Cheswold Park – Reducing Restrictive Practise

## Our Achievements



## New Points raised

- SMART TVs in communal areas – Approved in clinical risk, if the TV has built in wifi. Staff are to order the correct size TV surround when they order the TV to prevent a delay in them being placed on the ward.
- Purchase of new patient vehicle due to patient leaves being cancelled – Finance looking into costs, hire, taxi fees, type of vehicle. Patient to feedback on the number of leaves that have been cancelled due to the vehicle on their wards – ongoing
- Patient request for more hours provided by the Independent Advocacy Service Voiceability – Service Level Agreement to be reviewed. Sub-group to be formed to discuss what patients are requesting to be fed back to SMT.
- Different wards have a different number of take aways per month, can this be consistent across wards – to managers and agreed this should be discussed and agreed in community mtgs.
- More smoking times/fresh air breaks to be offered - To Managers mtg and Governance – feedback received that the times will not be changed - closed
- Patient creating Restrictive Practice Newsletter – GG/RS – template has been produced - ongoing

**Full presentation available  
on request!**



## **Reducing Restrictive Practice CQUIN Group**

**This was the last meeting of the RRP CQUIN as this CQUIN has now finished. We will have a follow up meeting later in the year as it is still important that we continue this work and reduce any restrictive practices where possible —date TBC**

### **Role Description for attending Yorkshire and Humber Network meetings:**

**Represent your service and share experiences and ideas**

**Celebrate achievements and share learning**

**Find out what is happening in other services**

**Give your perspective**

**Meet staff and service users from other services**

**Take back and share what you have learnt with people in your service**

