April 2016

Yorkshire and Humber Involvement Network

Least Restrictive Practice Bulletin 2

Next meeting: 31st May 2-4

We started the last meeting of the Least Restrictive Practice CQUIN group on the 11th March by looking at where we are up to. All the services present at the meeting spoke about what they are doing so far in relation to reducing restrictive practice. This bit of group work can be found on pages 2 and 3.

We then had a presentation from Dave King at the Humber Centre and the slides from this can be found on pages 4 and 5.

We then did some group work to finish off looking at what the barriers may be to reducing restrictive practice. This can be found on pages 6 and 7.

The CQUIN Guidance can be found on page 8.

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Reducing Restrictive Practice Agenda

11th March 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Group work** – Where are we now?
3. **Presentation** – Humber Centre

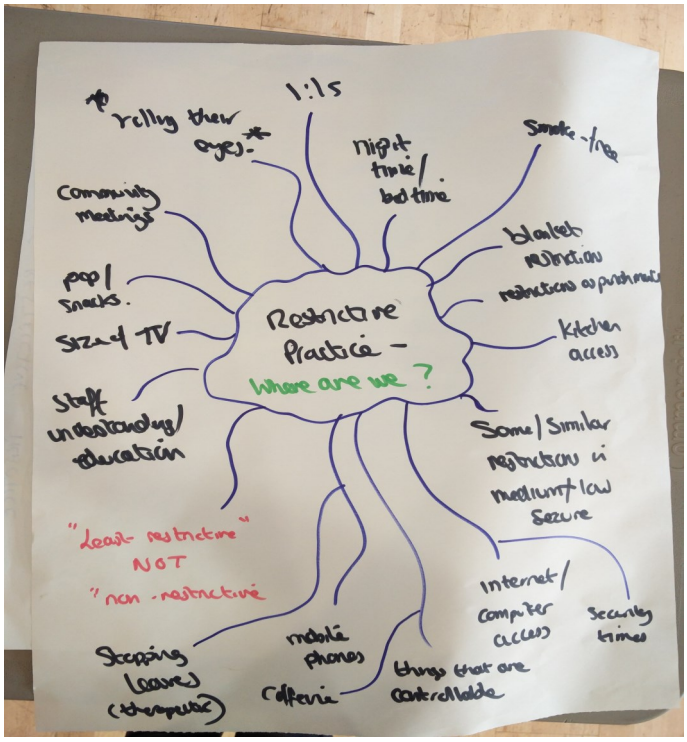
4. **Group work** – What might be the barriers to reducing restrictive practice and how can we overcome them?
5. **Creative Thinking** -

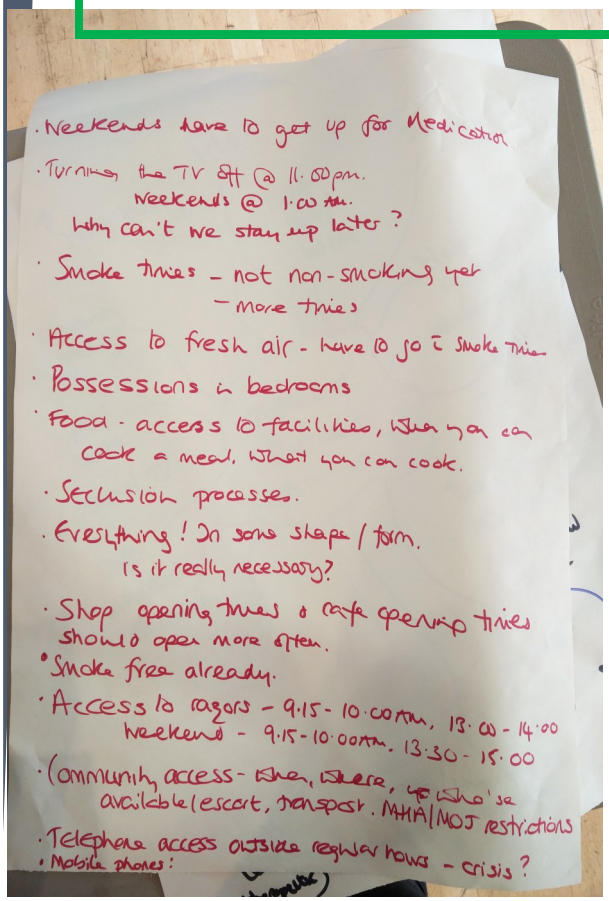
Next meetings: 31st May, 6th September

Developed by Holly Alix and Jo Harris on behalf of the Yorkshire and Humber Secure Services

Restrictive Practice—where are we?

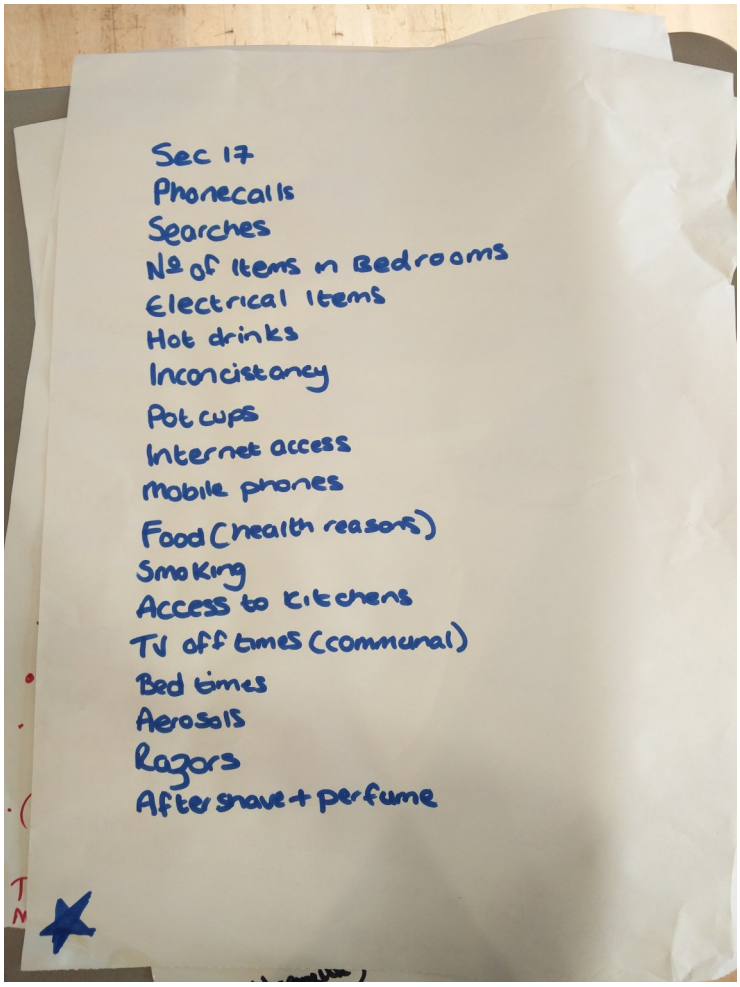
Rolling their eyes
1:1's night time/ bed time
Smoke free
Blanket restrictions
Restrictions as punishment
Kitchen access
Some/ similar restrictions in medium and low
Community meetings
Pop/snacks
Size of TV
Staff understanding and education
Least restrictive not Non restrictive
Stopping leaves (therapeutic)
Mobile phones
Caffeine
Things that are controllable
Internet/ computer access
Security times





Weekends have to get up for medication
Turn the TV off at 11pm. Weekends at 1am—why cant we stay up later?
Smoke times—not non smoking yet—more times
Access to fresh air—have to go at smoke times
Possessions in bedrooms
Food—access to facilities, when you can cook a meal, what you can cook.
Seclusion processes
Everything! In some shape/ form. Is it really necessary?
Shop opening times and café opening times—should be open more often.
Smoke free already
Access to razors—9.15-10am. 13.00—14.00. weekend—9.15—10am. 13.30—15.00
Community access—when, where, who is available to escort. Transport. MHA / MoJ restrictions
Telephone access outside regular hours—crisis? Mobile phone.

Section 17
Phone calls
Searches
Number of items in bedrooms
Electrical items
Hot drinks
Inconsistency
Pot cups
Internet access
Mobile phones
Food (health reasons)
Smoking
Access to kitchens
TV off times (communal areas)
Bed times
Aerosols
Razors
After shave and perfume



Restricting Restriction at the Humber Centre

The implications of;

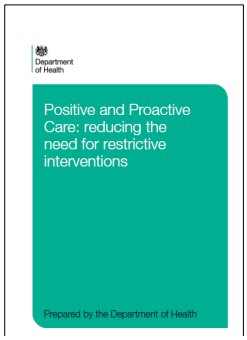
The revised Mental Health Act Code of Practice and Positive and Proactive Care

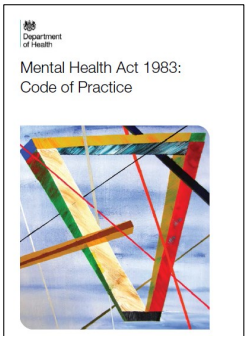
Background

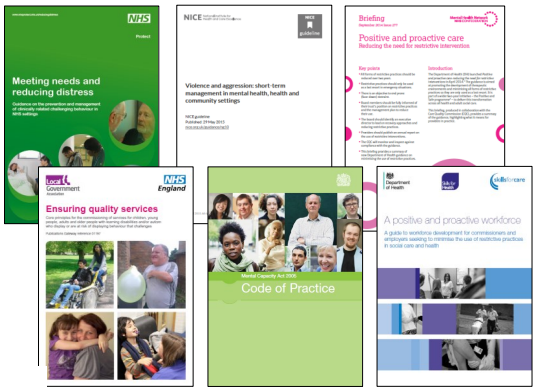
RCN Congress 2013

Forensic Nursing Forum Resolution;

"That this meeting of RCN Congress asks Council to lobby the health departments of government in the United Kingdom to review, regulate and accredit the models of physical interventions (restraint) that are used in mental health and learning disabilities services."

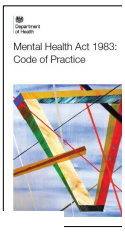






MHA Code of Practice

- **Guiding Principles** – "1.6 Restrictions that apply to all patients in a particular setting (blanket or global restrictions) should be avoided……Blanket restrictions should never be for the convenience of the provider."
- **Chapter 8** – Privacy, safety & dignity
  - •Locked doors,
  - •Searches,
  - •Telephones, internet, e-mail
  - •Private property
  - •Separate facilities
- **Chapter 26** – Safe & therapeutic responses to disturbed behaviour



Care Quality Commission 2013

- Searches
- Managing patient's mail

Our Journey So Far

Carer events – every two months

Two staff workshops

One patient workshop, next one planned for 11th April (first day of the CQC inspection!!)

Patients views from the Humber Centre

- "We have no responsibility – the nurses do everything for us!"
- "We have to ask nurses to de everything for us – I'm a fifty year old child!"
- "People want to be independent….I hate having to ask"
- "If I have unescorted leave, I can buy my own newspaper – but if I don't, then I can't."
- "In a minute" – a Humber Centre minute is half an hour or longer
- Mealtimes are inflexible – Christmas dinner at 1200!
- A knee jerk restriction can last forever – that patient has gone, but we still pay the price for what he did
- Why? I don't understand why that rule is there!
- Why can I have a pen but not a plastic teaspoon?

Shaun said "Even small changes can make things like this worthwhile, and maybe then more people will get involved"

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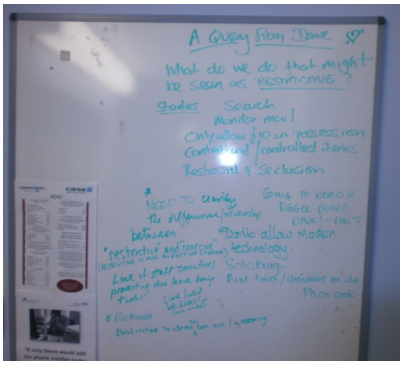
Carers views from the Humber Centre

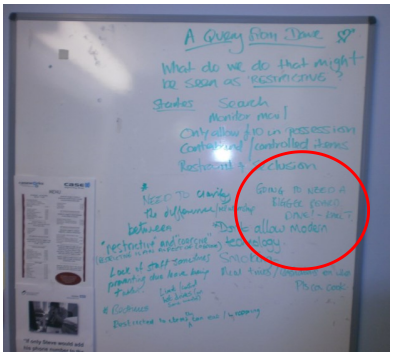
- Visits
- Contraband – what we can / can't bring in
- It's nicer visiting prisons
- We (carers) don't know enough

Staff views from the Humber Centre



November 2014

Staff views from the Humber Centre



Staff views from the Humber Centre

- What do you think?
- One ward's team day……..

(Time for Dave's thoughts about why nurses love restriction!)

So what have we changed?

- Search procedures
- Reviewing ward security profiles
- Internet & gaming access
- Shaving
- Visiting procedures
- Information sharing – leaflets, the big telly, teleconferencing
- Safewards approaches
- Capacity, Capacity, Capacity!

Exercise – the alternative to NO

In pairs, taking turns, read a statement to your partner and wait for their response.

They cannot say 'no'.

They might even just say 'yes'.

Yes with a contingency

"Of course you can, just as soon as the next member of staff is available"

Alternative choice

"I'm afraid that we can't do that this afternoon, but we could do this instead"

Yes with a consequence

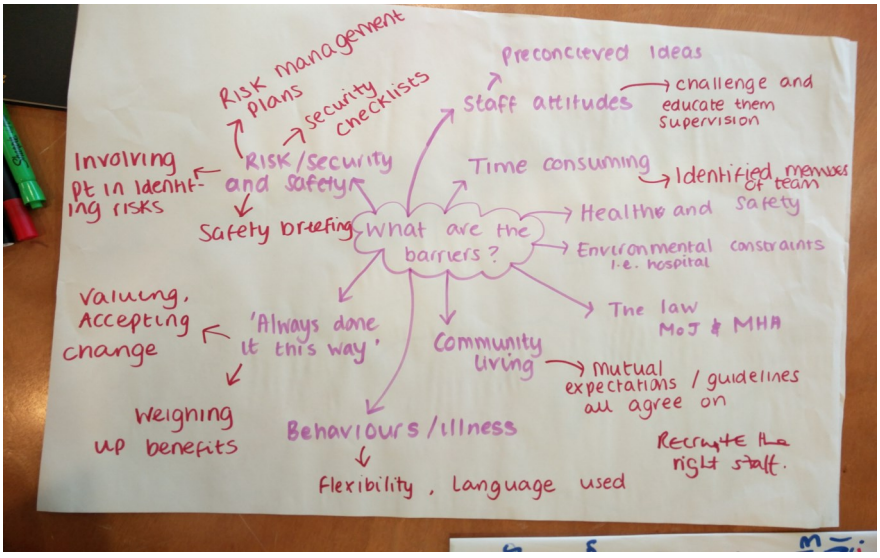
"If you want to, but remember what happened last time you had eighteen pints"

Or just

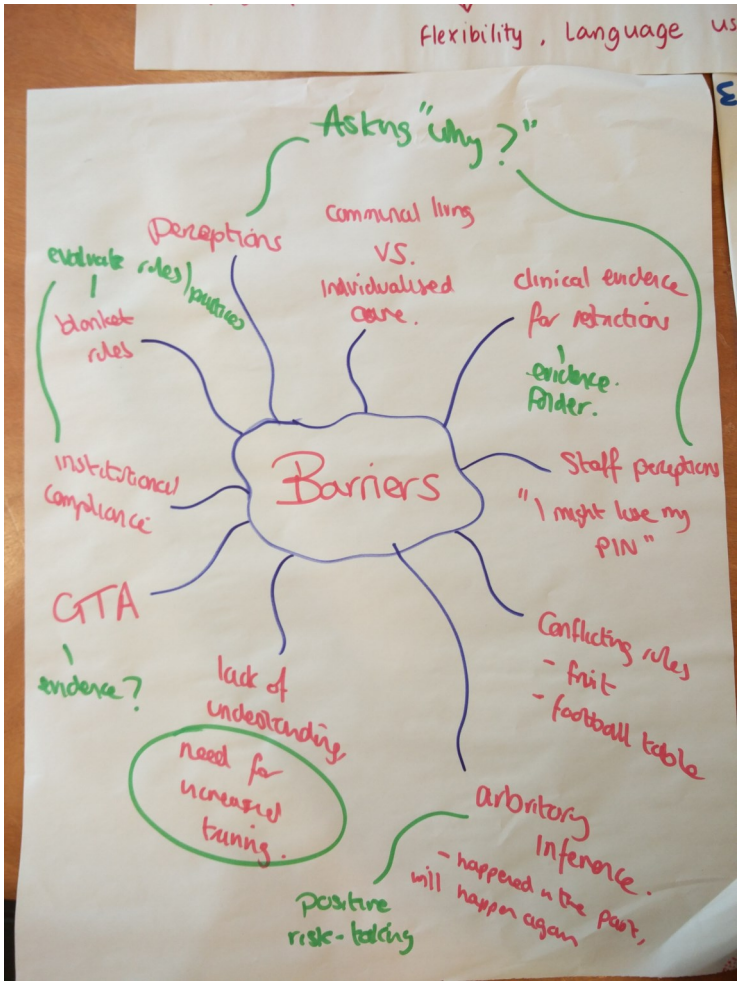
"Yes"

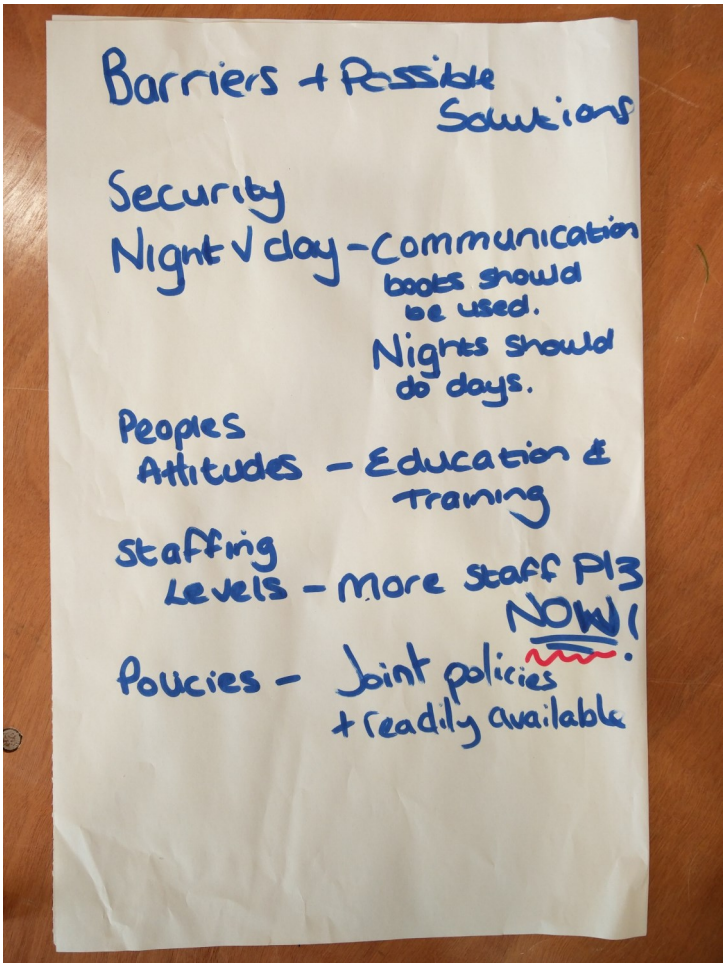
What are the barriers and solutions to reducing restrictive practice?

Risk security and safety
Risk management plans
Security checklists
Involving patients in identifying risks
Safety briefing
Always done this way
Valuing and accepting change
Weighing up the benefits
Behaviours and illness
Flexibility
Language used
Community living
Mutual expectations/ guidelines all agree on
Recruit the right staff
The law
Ministry of Justice and Mental Health Act
Environmental constraints i.e. hospital
Health and safety
Time consuming
Identified members of a team
Staff attitudes
Preconceived ideas
Challenge and educate them.
Supervision



Communal living vs. individualised care
Clinical evidence for restrictions
Evidence folder
Staff perceptions “I might lose my pin”
Conflicting rules—fruit, football table
Arbitrary inference—”happened in the past so it will happen again”
Positive risk taking
Lack of understanding
Need for increased training
Evidence?
Institutional compliance
Blanket rules
Evaluate rules/ policies
Perceptions
Asking why?





Barriers vs. possible solutions
Security
Night vs. day
Communication books should be used
Nights could go on to days
Peoples attitudes
Education and training
Staffing levels
More staff please—NOW!!!
Policies
Joint policies and readily available

MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

YEAR 1 (2016/17) Quarter 1

Develop a working group which includes service user representation which will be responsible for developing the framework.The Framework should be designed to allow future consideration of additional restrictive practice issues as they arise. It should identify how service users and staff will identify new areas/issues that need to be considered and reviewed and the process by which this may take place.

Identify restrictive interventions, practices and blanket restrictions in service and gather baseline policy information including with respect of to the following eight areas, in the expectation that introduction of the framework will:

1) Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself.
2) 2) Reduce episodes of supportive observations by developing an appropriate framework e.g. care zoning.
3) 3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.
4) 4) Reduce episodes of medication-led restraint.
5) 5) Increase positive ward culture by developing conflict reduction practice based initiatives e.g. positive handovers, 'saying No Audits' (Safewards); developing a psychologically- informed Sense of Community.
6) 6) Increase the involvement of service users, carers and their advocates in these initiatives and including them in the development of training for staff to deliver these objectives.
7) 7) Ensure robust evaluation of outcomes and governance is in place to monitor the progress of the improvement strategies.
8) 8) Ensure the application of blanket restrictions which are no more than proportionate, measured and justified responses to individuals' identified risks, and which restrict patients' liberty and other rights as little as possible. These will include reference to:

Courtyard/grounds access
Access to telephones including mobile phones
Access to money
Incoming or outgoing mail
Bedroom/personal searches
Kitchen/Laundry facilities access
Supervised visits/visiting hours
Access to the internet
Access to certificate 18 media

Produce an action plan outlining the development of the framework which will outline: a process for staff/patient engagement; staff/patient training; piloting of new policies; implementation and evaluation process.

Baseline Data/Monitoring Information: collecting monitoring data flows covering the eight areas identified in Trigger 1.

Monitoring outcomes: Design and implementation plan for collecting the following monitoring data flows i.e. develop a data collection template :

% of service users that show positive outcomes in outcome-focussed CPA plans, in particular focused on improved mental health, reducing problem behaviour and developing insight.

% service users involved in discussions around individualised least restrictive practice and managing individual risk

% of service users in particular focused on improved mental health, reducing problem behaviour and developing insight.

Service user feedback in respect of positive outcome of in-patient experience - % of service users who believe they have been listened too in respect of their needs being met where restrictions are necessary.

Quarter 2

Preparation for implementation of action plan, including: engagement, training of staff, adoption of policies, evaluation plan.

Provision of training in accordance with Positive and Proactive Workforce (2015) to ensure staff are committed to and have the necessary skills and competencies to deliver change. Progress report on action plan. Evaluation report of staff/patient engagement process

Quarter 3

Incorporate learning from Q2 into the framework and implement across service.

Monitoring data flows identified in Q1. For large/multi-site providers a pilot phase can be implemented prior to roll-out across all services, subject to agreement with NHS England contract/commissioner lead.

Quarter 4

Implementation to continue

Provide detailed evaluation report showing what changes in practices have occurred. This should include a description of any good practice initiatives that have occurred from the introduction of the framework and monitoring data.

Get Involved!

Yorkshire and Humber Network

Least Restrictive Practice

CQUIN Group

Tuesday 31st May

Tuesday 6th September

Sandal Rugby Club Wakefield

2 – 4 pm - Refreshments Provided

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