

## Restrictive Practice Policy

Policy Number	Policy Developed by	Date Developed
06 – Schedule 5	Restrictive Practice Committee	01/10.2017
Version	Amendments	
3	Full review of Restrictive Practice Policy to support change of practice and guidance to Human Rights Based Approach.	
Reviewed by		Review completed
Liz O'Neill, Mirjam Lettner, Marian Fitzgerald & Yinka Ogbonmide		07.02.2022
CEO signature (Interim)		Next Review Date
		07.02.2024

### Mission Statement

Utilising our resources and skills to provide intentional supports for the people we support; enabling them to live full and inclusive lives by contributing to and enriching the fabric of their local communities.

SPC partners with external agencies and community services to facilitate '*ordinary lives in ordinary places*'

### Vision Statement

People supported will live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

## Contents

1. Policy Statement .....	3
2. Purpose and Scope of the Policy.....	3
3. Definitions.....	4
4. Guiding Principles .....	6
5. Emergency use of Restrictive Practices .....	8
6. Responsibilities .....	8
7. Training & Mentoring of Employees.....	12
8. Governance and Management of Restrictive Practices.....	12
9. Final Statement.....	14
10. References .....	14
11. Appendix A Designated Centre Restrictive Practice Register .....	15
12. Appendix B Restrictive Practice Management Plan.....	16
13. Appendix C Review of Restrictive Practice Management Plan.....	17
14. Appendix D Restrictive Practice Committee Review Meeting.....	18

## 1. Policy Statement

- 1.1. St. Patricks Centre Kilkenny (SPC) is committed to promoting a restraint free environment by adopting a Human Rights Based and Person-Centred approach, based on the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy, supporting the people living in SPC to self-directed living based on the theory of practice of Social Role Valorisation (SRV).
- 1.2. SPC is committed to managing risks for people supported by maximising the safety for the people supported and minimising harm.
- 1.3. Everyone has a fundamental right to freedom and SPC respects and promotes this right alongside the person's other rights. It is acknowledged that the use of restrictive practices is an imposition on individuals' rights and dignity; therefore, such practices will only be used minimally and must to be subject to regular reviews through SPC Personal Planning Framework.
- 1.4. However, it is acknowledged that in a small number of exceptional cases and as a measure of last resort the use of restrictive practices may be required for the purpose of protecting a person's well-being and/or well-being of others. As such, it is necessary to provide for the possibility of restrictive procedures, being cognisant of the fact that they will only be used in limited circumstances; the guiding principle of this policy is that each individual's rights and dignity are respected.
- 1.5. This policy is to be read in conjunction with SPC Personal Planning Framework Policy and SPC Positive Behaviour Support Policy.

## 2. Purpose and Scope of the Policy

- 2.1. The purpose of this policy is to provide guidance to employees, people supported and their families in relation restrictive practices. The policy details the roles and responsibilities of provider, managers and employees in relation to the use of restrictive practices and guidance around review of same in line with best practice.

2.2. The potential benefits of any restrictive practices must outweigh the possible negative effects on the person subject to the restriction (HIQA, 2016, Guidance for Designated Centres, Restraint Procedures).

2.3. This policy is applicable to all SPC employees. This policy has been developed on the following guidance documents and regulations:

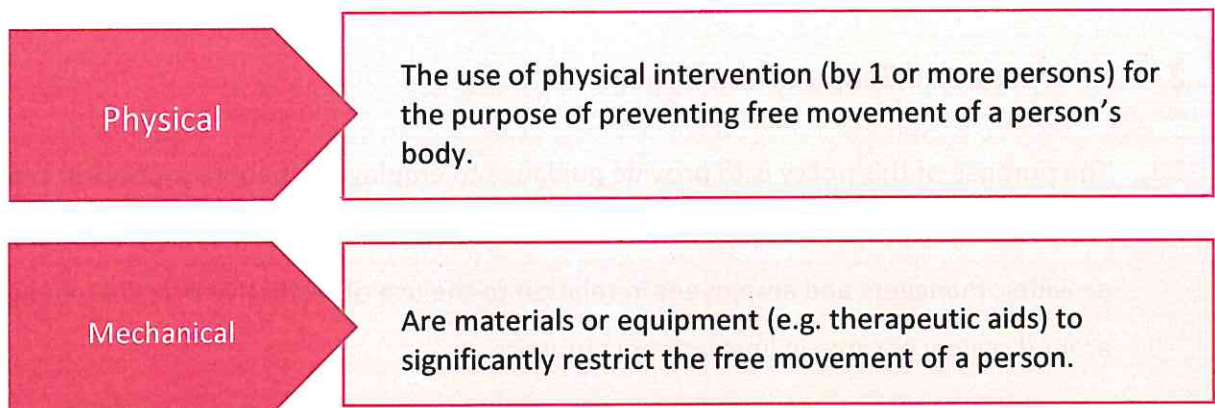
- *National Quality Standards for Residential Care and Guidance for Designated Centres*
- *Health Act 2007 (Care and support of residents in designated centres for persons with disability) Regulations 2013*
- *HIQA guidance Restraint Procedures (HIQA, 2016)*
- *Guidance on promoting a care environment that is free from restrictive practices (HIQA, 2019)*
- *Preventing the Need for Restrictions – Guiding Principles (HSE, 2021)*
- *Guidance on a Human Rights-based Approach in Health and Social Care Services, HIQA 2019*

### 3. Definitions

3.1. A restrictive practice is a practice that:

- Limits the person's movement, activity or function.
- Interferes with the person's ability to receive positive reinforcement.
- Results in the loss of objects or activities that a person values or
- Requires a person to engage in behaviour that the individual would not engage in given freedom of choice

3.2. Restrictive interventions are described as follows:





### Emotional and Psychological

Emotional or Psychological restraint: 'Verbal, Non-Verbal or physical intimidation that is purposefully used to alter or restrict a person's choice of behaviour or to actively discourage a particular behaviour'.

### Chemical

Is the use of medication to control or modify a person's behaviour when no medically identified condition is being treated or the intended effect of the drug is to sedate the person for convenience or disciplinary purposes? Medication treatments for medical or psychiatric conditions which underline the disturbance are not included. SPC does not use chemical restraint.

### Environmental

Is the intentional restriction of a person's normal access to their environment, for example being unable to open doors and/or cupboards. Other examples include:

- Denying a person an environment with enabling supports such as rails and other environmental adaptations, which would enable the person to independently mobilise in their home.
- Denying a person their normal means of communicating, such as accessing the telephone/ pictures/ objects which they use to communicate.
- The intentional taking away of ability to exercise civil and religious liberties.
- The use of monitoring systems such as door alarms or monitoring systems.

### Seclusion

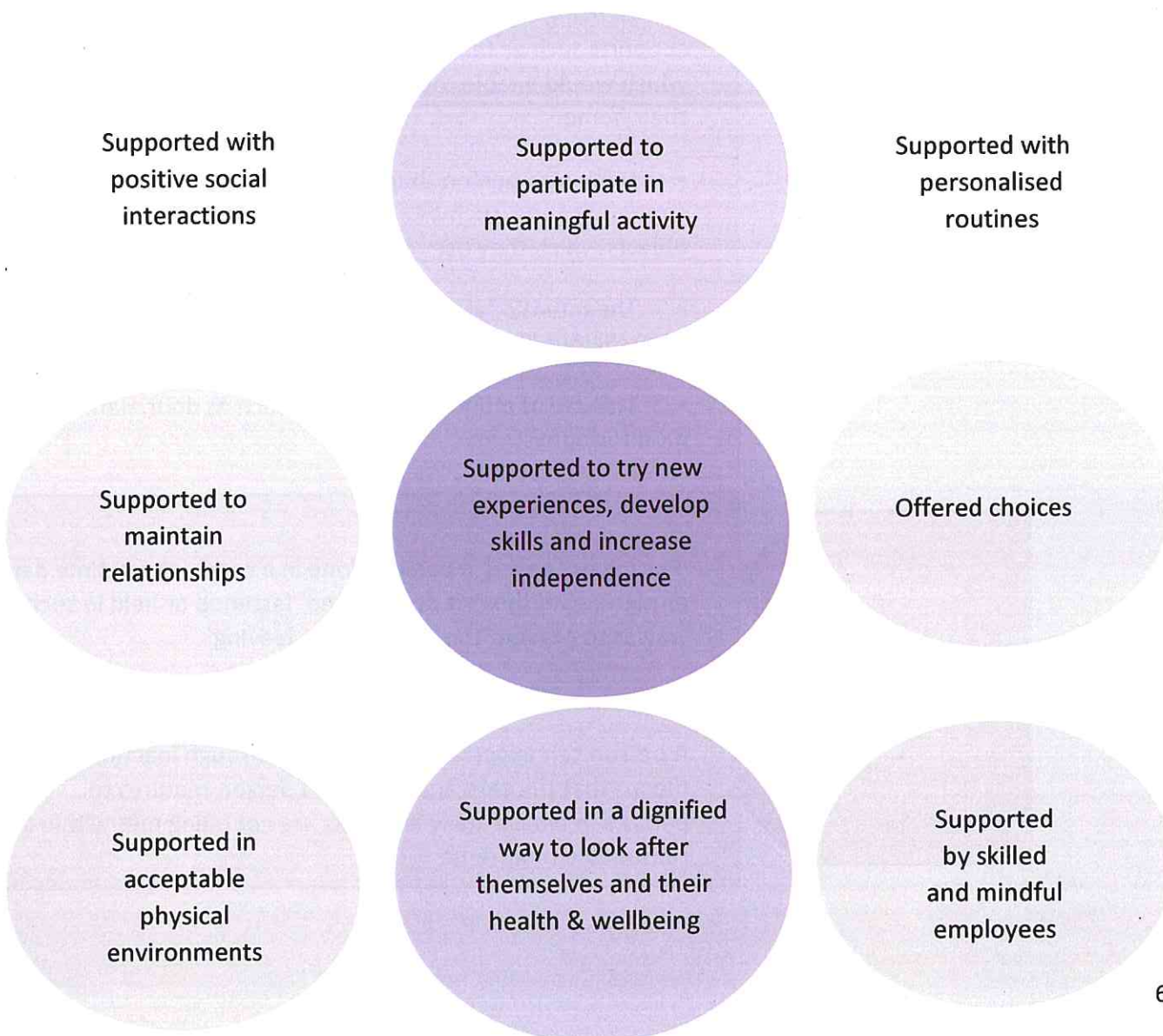
'Placing or Leaving a person alone in a room, at any time day or night, with the exit door locked, fastened or held in such a way as to prevent the person from leaving'

### Rights Restraint

A person can experience restrictions through inaction. This means that the care and support a person requires to partake in typical daily activities are not being met within a reasonable timeframe.

## 4. Guiding Principles

- 4.1. SPC practices a Human Rights Based approach based on the FREDA principles of Fairness, Respect, Equality, Dignity & Autonomy in supporting the people living in SPC to live a good, self-directed life. Each person has the right to take risks in the context of their cognitive and physical ability in order to maintain their independence and autonomy.
- 4.2. The implementation of a restrictive practice must be a full team decision. The team includes the person supported and their staff team, managers, clinical professionals, families and significant others (circle of support).
- 4.3. Emphasis will be on developing a '**capable environment**' in which the focus is on improving the quality of supports rather than implementing restrictions. The following characteristics outline how a person is supported in a capable environment:



- 4.4. **Notice:** Psychotropic medications and medications which have a sedative effect administered either on a PRN basis or routinely do not constitute 'chemical restraint' when they are prescribed therapeutically for a particular condition or mental health issue. In this instance the prescriber must clearly state that the medication is prescribed therapeutically for a stated mental health condition, clearly stating when to administer based on the person's presentation.

When these medications are prescribed, it must be done through the Personal Planning Framework and in conjunction with a person's support plan and/or a PRN protocol. The persons behaviour support plan must clearly state all positive interventions and strategies to reduce the necessity for the prescribed medication. Please refer also to SPC Positive Behaviour Support Policy and policy on medication management.

- 4.5. Restrictive practices should only be used:

- When all other strategies have been exhausted for a person supported.
- With the aim of using the least restrictive practice for the least amount of time with the goal of eliminating the restriction.
- In conjunction with clinical supports and clinical support plans where necessary. e.g. occupational therapy may be required in one case, psychology in another, behaviour support in another- it is dependent on the person's circumstances.
- If the restrictive practice requires the use of a prescribed piece of equipment outside of the reason for prescription, the professional who prescribed the piece of equipment must be part of the decision to introduce the restrictive practice.
- When it is subject to regular reviews and recorded in line with policy.
- Emergency use of a restrictive practice to protect a person from serious harm.
- Physical interventions are to be used in line with the person's behaviour support plan.
- When using restrictive interventions to manage the risks associated with a person's behaviour, employees face the dilemma that the specific intervention used may compromise the welfare and safety of those involved and as such it is important that



restrictive interventions are applied within a context of best practice in order to minimise harm.

4.6. Restrictive Practices should never be used

- Due to lack of adequate employee support and supervision.
- To convenience employees.
- As a consequence; to punish or negatively reinforce challenging behaviours.
- To cause injury, pain and/or distress.
- To undermine a person's rights and dignity.

5. Emergency use of Restrictive Practices

- 5.1. In an emergency situation where there is an immediate risk of harm to the person and/or others, the use of unplanned restrictive practice may be required. In this situation, an exceptional restrictive practice may be employed without prior discussion.
- 5.2. The authorisation of an emergency use of a restrictive practice has to follow SPC line management structure (PIC, CSM/PPIM, Emergency Governance) to ensure appropriate steps are taken for the person supported and employee's safety.
- 5.3. Incident reporting via SPC incident reporting system (DMS), safeguarding internal notification, HIQA notification to be completed by employees involved and relevant PIC and PPIM.
- 5.4. In the event of use of an unplanned restrictive intervention it is necessary that:
- The least restrictive option available to the risk is used to ensure the safety of all involved.
  - The unplanned restrictive intervention is discussed within 48 hours with the PIC/PPIM and is followed up by an assessment including a 'risk assessment' and plan detailing actions to be taken in a similar situation.
  - A debriefing session for employees/people supported to offer support following any unplanned restrictive practice to assist them to reflect on their practice and ultimately to encourage and promote best practice approaches.



- Review and challenge what else has to be put in place for the person supported in the future.

## 6. Responsibilities

### Provider level

It is the provider's responsibility to oversee governance & management of restrictive practices within all designated centres in SPC and ensure management of risks and restrictions for people supported in line with the outlined guiding principles in this policy.

The provider nominates employees to carry out **annual** and **6 monthly unannounced visits** to all designated centres in line with Health Act Regulations to ensure restrictive practices are managed in line with this policy.

The provider ensures the review of each person's restrictive practice on a 6 monthly basis through the **Restrictive Practice Committee Review**. The review team comprises of the following employees:

- Director and Assistant Director of Service
- Positive Behaviour Support Specialist
- Community Services Manager
- Quality Manager
- A PIC/PPIM representative
- Other as appropriate

The Restrictive Practice Committee Review Team will meet 4 times a year (which will ensure review of each person's restrictions twice a year) and invite PICs of SPC designated centres to present their relevant restrictive practices to the team to discuss and review. The Restrictive Practice Committee Review Team will evidence the review and recommendations of the meeting in *Appendix D – Restrictive Practice Committee Review Meeting*.

Other relevant SPC functions (H & S, Finance, HR) will be invited to attend the meeting if required for the review of specific restrictions.

### **Designated Centre level**

The PPIM, PIC and team of each designated centre ensure the completion of the *HIQA Self-Assessment Tool for Restrictive Practices* (please refer to SPC Q drive) on an annual basis to **asses and identify** any restrictions in place for the people living in SPC.

Following the completion of the HIQA Self-Assessment tool, the documents below have to be developed within the designated centre:

- *A Designated Centre Restrictive Practice Register (Appendix A)* is developed to outline all restrictions in place in the house.
- *A Restrictive Practice Management Plan (Appendix B)* is then developed for each person supported and reviewed as part of the annual review in line with SPC Personal Planning Framework.

The PIC has to ensure quarterly reviews of the above Appendix A and B documentation for the designated centre and people supported, using *Appendix C – Review of Restrictive Practice Management Plan* as part of submission of **HIQA quarterly monitoring notifications**

The PIC and team will send *Appendix A – Designated Centre Restrictive Practice Register* and a copy of the HIQA Quarterly Returns to the Restrictive Practice Review Team prior to the scheduled meeting of the Restrictive Practice Committee Review.

# SPC Ways of working for Restrictive Practices

## ANNUALLY

### PROVIDER

Review of Restrictive Practices as part of Annual unannounced visit to designated Centre.

### DESIGNATED CENTRE

Complete HIQA Self-Assessment for Restrictive Practice for Designated Centre

As per Personal Planning Framework: review person's Restrictive Practice Management Plan during annual review

## 6 MONTHLY

### PROVIDER

Restrictive Practice Committee Review of Restrictive Practices for each Designated Centre.

Team (QM, PBS, ADOS, PIC and PPIM representative) to meet 4 times a year.

Oversee and review all restrictions, presented by the PIC.

Review of Restrictive Practices as part of 6 Monthly unannounced visit to designated centre.

### RELEVANT PIC'S

Attend Restrictive Practice Committee Review of Restrictive Practices for their Designated Centres.

## QUARTERLY

### DESIGNATED CENTRE

Review of person restrictions as part of HIQA quarterly monitoring notifications

Update house register on changes as they occur

## 7. Training & Mentoring of Employees

It is the responsibility of SPC to provide On the Job Mentoring and training for all employees on this policy. Appropriate training on the prevention of and use of restrictive interventions is essential for all employees in order to:

1. Minimise the use of restrictive interventions.
2. Ensure, when necessary, the safe use of restrictive interventions.
3. Ensure that employees have the skills and training to provide appropriate support for people supported.
4. Ensure that all employees are aware of, understand and adhere to the Policy.

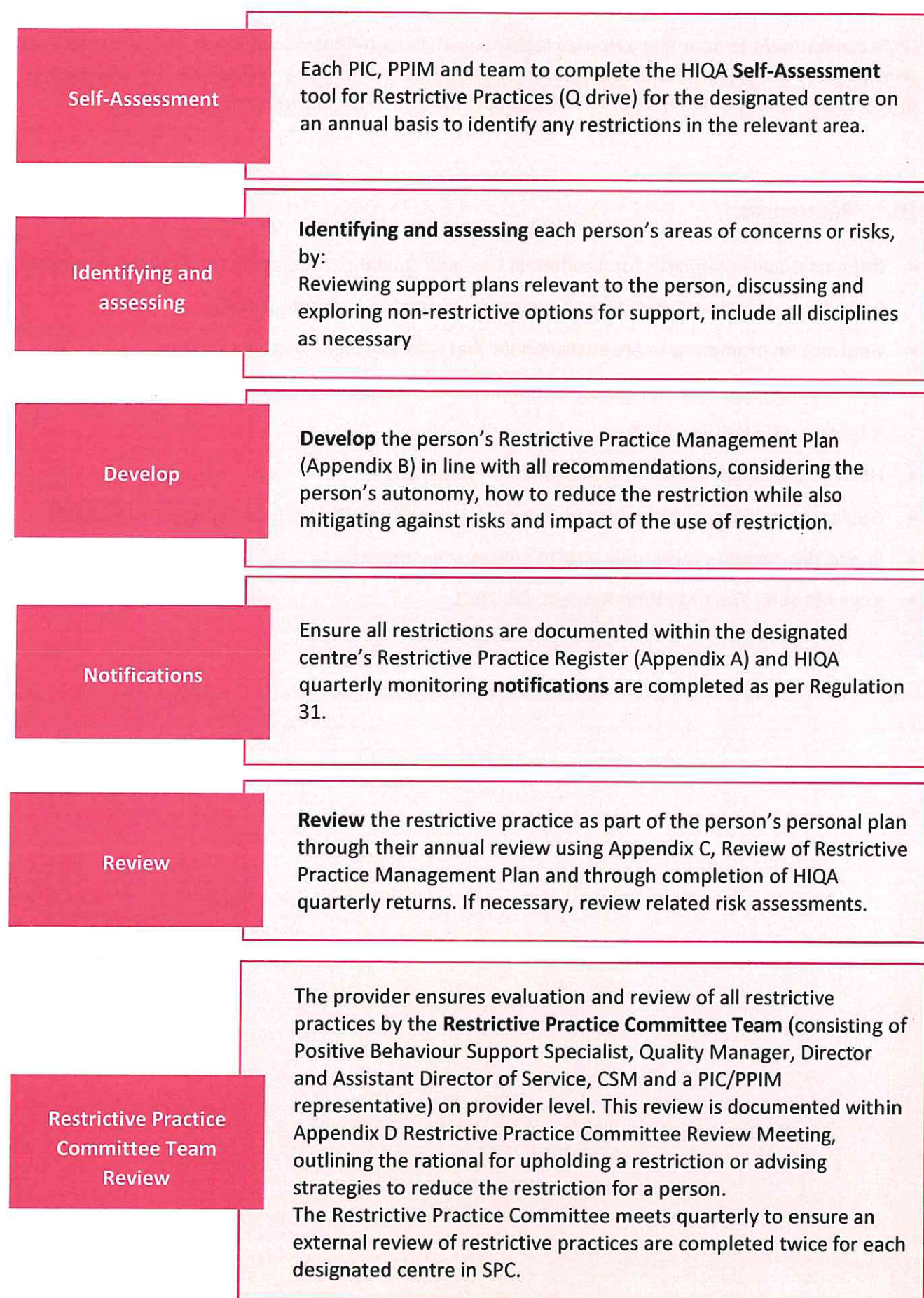
## 8. Governance and Management of Restrictive Practices

Ongoing reviews as outlined in section 6 will promote a restraint free environment for the people supported in SPC. Annual, quarterly and 6 monthly reviews as outlined in the SPC Ways of working for Restrictive Practices in Section 6 ensures discussions to eliminate restrictions in place.

Based on the guiding principles SPC ensures good oversight and governance on managing risks, implementation, monitoring and reduction of restrictive practices by following the steps as outlined on the next page.



## SPC Pathway for Restrictive Practices:



## 9. Final Statement

SPC's commitment to adopting a Human Rights Based, Person-Centred approach, based on the FREDA principles and using Social Role Valorisation (SRV) as theory of practice, will ensure the standard of supports and quality of life & safety for the people living in SPC will continuously improve.

## 10. References

- National Quality Standards for Residential Care and Guidance for Designated Centres; Restraint Procedures developed by Health Information and Quality Authority (HIQA).
- Guidance on promoting a care environment that is free from restrictive practice.
- Best Practice Guidelines for Occupational therapists: Restrictive Practices and People with Intellectual Disabilities, 2010
- HIQA Guidance on Medicines Management – HIQA, 2014
- Guidance on a Human Rights-based Approach in Health and Social Care Services, HIQA 2019
- Supporting People's Autonomy – HIQA guidance document
- Keep Me Safe, Treat Me With Respect, CPI 2021

# 11. Appendix A Designated Centre Restrictive Practice Register



Designated Centre Restrictive Practice Register			
Policy	Restrictive Practice Policy		
Appendix	A		



Designated Centre Name	
Date	
The PIC to send this register to External Review Team prior to scheduled 6 Monthly Review	

Person supported unique identifier number	Restrictive Practice	Date of implementation	Date of restrictive practice assessment personal management plan	External review date	The rationale for the restrictive practice	What measures have been taken to reduce the restriction	Date of review of restrictive practice	Signature



## 12. Appendix B Restrictive Practice Management Plan

<b>Restrictive Practice Management Plan</b>	<b>Policy</b>	Restrictive Practice Policy
	<b>Appendix</b>	B

<b>Designated Centre Name:</b>			
<b>Person Supported Name:</b>			
<b>Date of Birth:</b>			
<b>Completed by:</b>		<b>Date</b>	
<b>PIC Signature</b>		<b>Date</b>	



<b>People involved in developing the plan? If the person supported is not involved, please give reason.</b>
<b>Identify restrictive practices for the person supported.</b>
<b>Purpose of using this restrictive practice. <u>(i.e. what is the intended outcome)</u></b>
<b>Has a Risk Assessment, (Behaviour) Support Plan been completed?</b>
<b>Comments:</b>
<b>Next review date:</b>



### 13. Appendix C Review of Restrictive Practice Management Plan

<b>Review of Restrictive Practice Management Plan</b>	<b>Policy</b>	Restrictive Practice Policy
	<b>Appendix</b>	C

<b>Designated Centre Name:</b>			
<b>Person Supported Name:</b>			
<b>Date of Birth:</b>			
<b>Completed by:</b>		<b>Date</b>	
<b>PIC Signature</b>		<b>Date</b>	

<i>This review is to be completed in line with SPC Personal Planning Framework Annual review and as part of HIQA quarterly monitoring notifications.</i>			
People involved in review?			
What restrictive practices are currently present in this <u>person's</u> life?			
How often has the restrictive practice been used since the last review?			
Outcome of the review.			
Any necessary actions to be taken.			
Next review date:			

<b>Restrictive Practice Committee Review Meeting</b>	<b>Policy</b>	Restrictive Practice Policy
	<b>Appendix</b>	D

<b>Designated Centre Name:</b>			
<b>Person Supported Name:</b>			
<b>Date of Birth:</b>			
<b>Completed by:</b>		<b>Date</b>	
<b>PIC Signature</b>		<b>Date</b>	
<b>Mandatory attendees:</b>	Quality Manager, Behaviour Support Specialist, Assistant Director of Service, PPM, PIC for each cluster.		



<b>Oversight on short and long term restrictions for each person in this designated centre.</b>
<b>Rationale for Restriction</b>
<b>Describe the impact on the persons due to this restriction</b>
<b>Criteria for discontinuing the restriction</b>
<b>Other comments</b>