



Promoting Inclusion for People with Intellectual Disabilities

Restrictive Practices Policy

KARE Policy Document.

Policy Owner: Psychology.

Rev. No.	Approved by the Policy Management Committee	Approved by KARE Board/Sub-Committee	Launched at Heads of Units	Operational Period
Rev 4	August 2023	August 2023	12 th September 2023	September 2023 -

** Previous revisions noted at the end of the document.

Section 1: Policy

1.1 Background to this Policy

Kare acknowledges the human rights of Individuals are paramount to the Quality of Life to the people we support. Kare aims to promote a restriction free environment across its services, but acknowledges that some restriction may be used in certain circumstances.

The use of Restrictive practices is an imposition on an individual's rights and dignity. "the use of restrictive practices is warranted when there is a real and substantial risk to a person and this risk cannot be addressed by non-restrictive means". (HIQA Guidance 2023)

Kare acknowledges that sometimes restrictions are used to enhance Quality of Life for Individuals using the service. Restriction can be used to enable an Individual.

This policy is aligned to and underpinned by legislation, regulation and guidance:

- Bunreacht na hÉireann (Irish Constitution) (1937)
- Health Act 2007: S.I. No.367 of 2013, (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations.
- European convention on Human Right (ECHR) (2010)
- The United Nations Convention on the Rights of Persons with Disabilities (2006). Note: This states that one must promote, protect and ensure the full and equal enjoyment of human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity (Human Rights Council Resolution 7/9 2008).
- "Towards a Restraint Free Environment in Nursing Homes" (HSE) (2011)
- HIQA National Standards for Residential Services for Children and Adults with Disabilities (2013).
- Safeguarding Vulnerable Persons at Risk – National Policy and Procedure
- HIQA Guidance on Promoting a care environment that is free from restrictive practice March 2019
- Assisted Decision Making Act – 2015
- Decision Support Service – Codes of Practice [Codes of Practice | Decision Support Service](#)
- HSE National Consent Policy
- HIQA – Guidance on promoting a care environment that is free from restrictive practice (Disability Services) June 2023)

The following Kare policies are particularly relevant to this policy:

- Individualised Planning
- Supporting people with behaviours that Challenge
- Risk Management
- Matters relating to Sexuality
- Kare Safety Statement
- Safeguarding Vulnerable People at Risk of Abuse
- Child Protection and Welfare Policy
- Trust in Care Policy
- Safe Administration and Management of Medications Policy

- Manual Handling Policy
- Managing Service Users money/Property
- Kare Case Review Guidelines Document

1.2 Aim of this Policy

The aim of this policy is to promote a human rights based approach and empower Individuals to realise their rights in line with their will and preferences. The aim of this policy is also to promote a restriction free environment and a best practice approach which ensures restraint is only used to enable someone's Quality of Life.

A positive risk taking approach occurs on an occasional basis with very clear rationale as to why restriction is used. A further aim of the policy is "to look beyond basic compliance with regulations on using restrictive practices".

1.3 Scope, Non-Scope and Definitions

1.3.1 Scope of this policy

This policy applies to all Kare staff, Community Employment (CE) and Local Training Initiative (LTI) participants, volunteers, students on placement and all others working on behalf of Kare with exceptions outlined below.

1.3.2 Non-Scope of this policy

This policy does not apply to home share settings where families provide respite to service users of Kare.

CDNT have stand-alone policy on restrictive practice.

1.3.3 Definitions of Restrictive Practices

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 provides a definition for what constitutes a restrictive practice:

"means the intentional restriction of a person's voluntary movement or behaviour".

A definition is also provided in the Department of Health's Towards a Restraint Free Environment in Nursing Homes policy document. This definition describes restraint as "the intentional restriction of a person's movement or behaviour".

Such practices may be physical or environmental in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe.

A restrictive practice is one that:

- limits an individual's voluntary movement, activity or function
- interferes with an individual's ability to acquire positive reinforcement
- interferes with access to objects or activities that an individual values
- requires an individual to engage in a behaviour that they would not engage in given freedom of choice

Restrictive Practices are broken down into three main categories as follows:

Physical restraint is any manual method, or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove that restricts freedom of movement or normal access to one's body.

Examples of physical restraint include:

- a MAPA hold (Management of Actual or Potential Aggression)
- holding an individual's body part during a medical/dental/personal care procedure.
- use of straps or mechanical devices during a medical/ dental/personal care procedure.
- angel clip/harness,
- use of bed rails including use for personal care
- use of a splint, helmet, wheelchair strap or lap belt which has not been prescribed by a clinician for therapeutic purposes
- recliner chairs or other furniture where they are used in such a way as to prevent individuals who are otherwise mobile, from being able to get off the furniture.

Note: The use of standard seatbelts in a vehicle is not considered restraint, as they are a legal requirement.

Environmental restraint is the intentional restriction of a person's normal access to their environment, or denying a person their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties.

Examples of environmental restraint include:

- locked external and internal doors, cupboards, fridges, gates,
- restricting the individual from normal access to places/activities
- restricting the individual from access to their finances/possessions
- screens between driver and passengers on buses
- single separation/isolation
- restricting internet access or access to passwords

Chemical restraint is the use of medication to control or modify a person's behaviour when no medically identified condition is being treated, or where the treatment is not necessary for the condition or the intended effect of the drug is to sedate the person for convenience or disciplinary purposes.

Quality of life is a highly subjective self-assessment of an individual's overall well-being. Factors that affect quality of life include financial security, job satisfaction, and health.

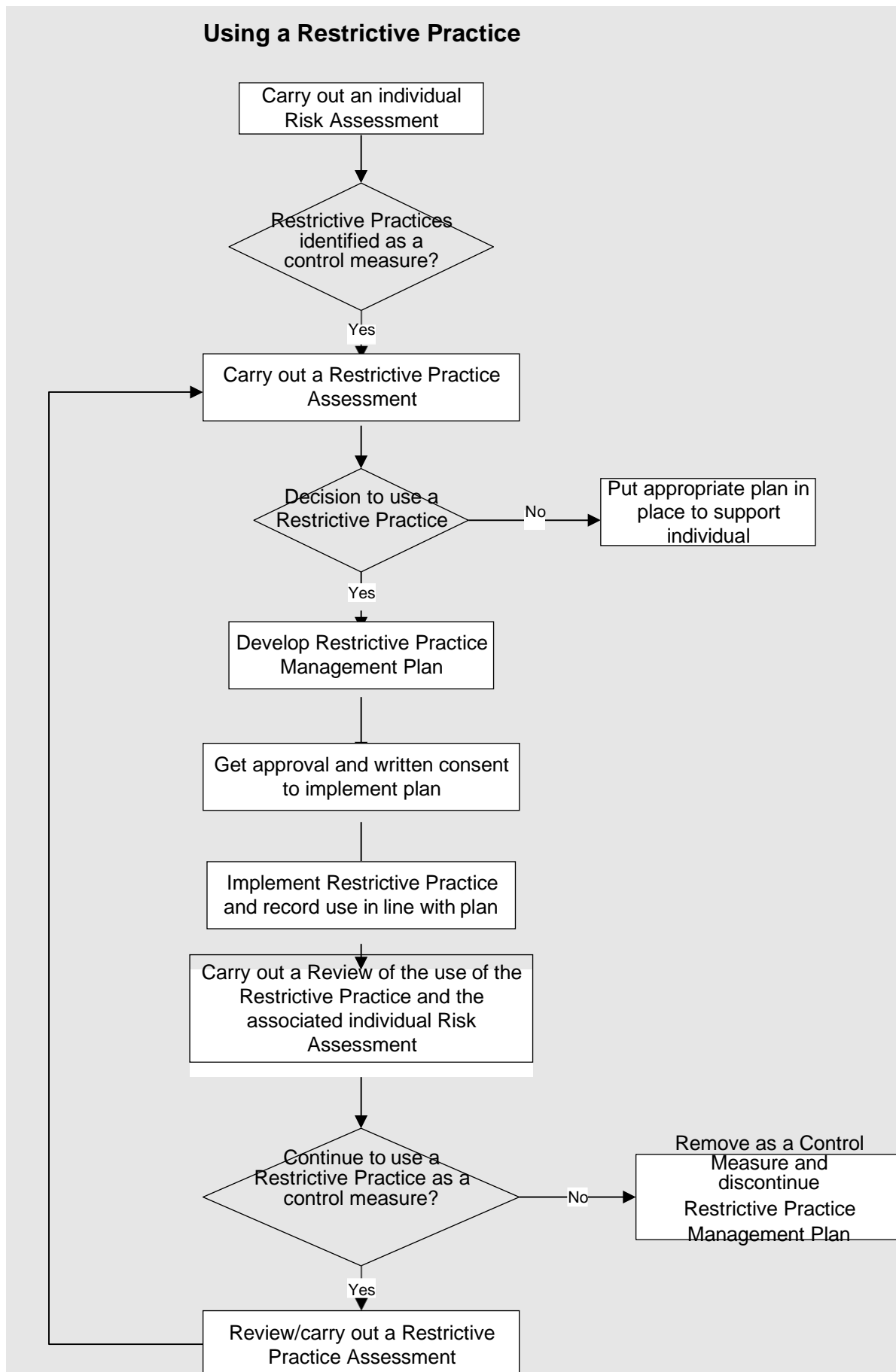
1.4 Policy Statements

1.4.1 General Policy Statements

- 1.4.1.1 Kare will promote a positive behaviour approach to supporting individuals who use the service and will use individualised planning to ensure an individualised response which upholds the rights and dignity of each person. Kare will seek and record an individual's will and preference and informed consent to any Restrictive Practice being considered.
- 1.4.1.2 Kare recognises that restrictive practices are an imposition on an individual's rights and dignity. Restrictive practices will only be used when absolutely necessary and in specific circumstances after alternative non-restrictive options have been fully considered. Every effort will be made to maintain an environment that is free from restriction, and where there are restrictions, to reduce and eliminate their use at the earliest possible opportunity.
- 1.4.1.3 Kare staff will not knowingly or intentionally use a form of restriction which humiliates, degrades or causes pain or discomfort to the person and will always seek to uphold the dignity of the individual.
- 1.4.1.4 Kare staff will not use a restrictive practice to force an individual's cooperation or compliance, as a form of punishment, for their own convenience, or to overcome a lack of adequate supervision.
- 1.4.1.5 Kare promotes a positive approach to risk and restriction of an individual's rights may not be used to stop them choosing to take reasonable personal risk in line with their will and preference.
- 1.4.1.6 Every effort will be made to ensure a restrictive practice put in place to manage an identified risk does not negatively impact on other people using the service. e.g. locked doors, gates, cupboards etc.

Where a restrictive practice is put in place the level of risk to which the person and others are exposed should clearly exceed the negative effects of the use of the restrictive practice being considered
- 1.4.1.7 Kare considers the intentional misuse of restraint/restriction by a staff member as a form of abuse and will investigate such alleged misuse as a safeguarding matter and in adherence with the Kare's Trust In Care Policy.

Section 2: Process



Section 3: Procedures

- 3.1.1 Where a restrictive practice is considered to be necessary, it will be fully assessed and planned in consultation with the individual and/or their representative. Whenever possible, specific episodes of restriction will be implemented with the informed consent of the individual. This is documented for each restriction, for each individual.
- 3.1.2 A concern regarding the inappropriate use of a restrictive practice should be reported as a safeguarding matter in line with the Child Protection and Welfare/Safeguarding of Vulnerable People at Risk of Abuse Policy and the Trust in Care Policy.
- 3.1.3 Kare staff have a duty to report any observed or suspected inappropriate restrictive practices in family homes in line with the Safeguarding of Vulnerable People at Risk of Abuse Policy.

3.2 Using Restriction as an intervention/reactive strategy

- 3.2.1 Where an Individual Risk Assessment identifies a restrictive practice as a potential control measure a Restrictive Practice Assessment should be carried out. This assessment should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the behaviour/issue for which the restrictive practice is being proposed. The assessment should fully evaluate the need for such a practice before finalising the decision to use the restriction including that
- there is an understanding of what may be contributing to the behaviour/issue causing the risk
 - all other non-restrictive or less restrictive options have been considered
 - the proposed restrictive practice is proportionate to the level of risk identified.
- 3.2.2 The Line Manager should ensure the Restrictive Practice Assessment is carried out in consultation with:
- the individual and/or their family /representative as relevant
 - the team around the person which may include other relevant leaders, key worker, staff, clinician/s.
- Note: The membership and size of the group involved in the restrictive practice assessment will depend on the nature of the risk however no one person should complete a Restrictive Practice Risk Assessment on their own.
- 3.2.3 Where an individual is transitioning into Kare services and has a restrictive practice in place, the Line Manager will ensure that an individual risk assessment is carried out to establish if a restrictive practice is still required as a control measure.

Where possible the restriction will be not be continued, however, if a restriction is deemed necessary a Restrictive Practice assessment will be carried out in the new location to ensure the least possible restriction is used.

3.2.4 Where the outcome of a Restrictive Practice Assessment is a decision to use a restrictive practice, a Restrictive Practice Management Plan will be developed in consultation with the team around the person, the individual themselves and or their representative as appropriate. The plan will aim to ensure the restrictive practice is only used when absolutely necessary and for the shortest duration possible.

3.2.5 Prior to finalising and implementing a proposed Restrictive Practice Management Plan, the Line Manager will ensure that:

- the plan is approved by a psychologist promptly
- consent is obtained from the individual or their representative

The psychologist will respond to the proposed restrictive practice management plan with approval or clarifications as soon as possible, but no later than 2 weeks of the request being made.

Note: approval and documented consent must be obtained for any change to the plan.

3.2.6 In some cases, it may be necessary to introduce a restrictive practice on an emergency or urgent basis. Where this is the case, a restrictive practice may be authorised, on a temporary basis, by an Operations Manager. Where this occurs, the plan will be submitted to Psychology immediately, indicating it is already in place on an emergency basis

Out of hours, this temporary authorisation may be given by the Residential On-call, subject to it being reviewed by an Operations Manager at the earliest possible opportunity.

3.2.7 The Line Manager will ensure the Restrictive Practice Management Plan is reviewed at least annually. The aim of the review is to discontinue or reduce the restriction where possible.

Note: In the case of medication or chemical restraint, only a GP or medical professional can withdraw medication. However it can be recommended that medication should be reviewed and considered for discontinuation in line with reducing restrictions.

We acknowledge that each individual can choose to refuse medication.

3.2.8 The review of a restrictive practice should follow the Case Review Guidance Document, and include a review of the criteria as described in the Restrictive Practice Management Plan.

It should also review the individual risk assessment to establish the current risk rating and ensure the least restrictive controls are in place to manage the risk.

Where it is deemed there is still a risk, consideration should be given to trialling alternatives that are less restrictive and/or for a shorter period of time.

If it is deemed that a restrictive practice is still required, a Restrictive Practice Assessment should be completed/existing assessment updated in consultation with the relevant people.

The final stage of the review is updating the existing or creating a new Restrictive Practice Management Plan.

- 3.2.9 The Line Manager will ensure that all relevant staff are made aware of and receive appropriate support in the implementation of an individual's Restrictive Practice Management Plan.

The support required by staff implementing the plan will be documented in the individual's Restrictive Practice Management Plan.

- 3.2.10 The Line Manager will identify the most appropriate person to provide support to staff. Support may include specific training in line with the training and development policy.

- 3.2.11 Where a restrictive practice that has been put in place as an intervention for one individual has an impact on other individuals using the service, the Line Manager will ensure that other service users and their family/representatives are informed as relevant and that every effort is made to minimise any negative impact.

- 3.2.12 Kare staff will only use a restrictive practice as outlined in a Restrictive Practice Management Plan. However, staff may use 'unplanned' restrictive practice with an individual in an emergency situation or where the individual's behaviour places them and/or others in imminent danger. In such situations the staff member will:

- use restriction that is proportionate to the risk of harm
- where possible follow recognised techniques such as MAPA
- report the use of the unplanned restriction to the Line Manager as soon as possible
- document the use of restrictive practice in the Unit Restrictive Practices Register and in the individual's record.

- 3.2.13 Where an unplanned restrictive practice has been used the Line Manager will organise a review at the earliest possible opportunity, this should include a debrief with the individual and staff, identification of any learning and carrying out a risk assessment to establish controls to manage the risk into the future.

3.3 Communication, Information and Training

- 3.3.1 The Line Manager will ensure that staff and others who support individuals in their area have access to and adhere to this policy.

- 3.3.2 The Line Manager will ensure that people using the service and their families/representatives are informed of Kare's commitment to upholding the human rights of individuals who use the service and of only using restriction when no other alternative is available. This policy will be made available to individuals and their family/representative and individuals will be supported to understand the policy as it relates to them. An accessible version of this policy will be made available to all individuals.
- 3.3.3 The Line Manager will ensure that staff understand the specific needs and preferences of an individual and have the appropriate training in carrying out an intervention which involves the use of restriction prior to a restrictive practice management plan being implemented.
- 3.3.4 Kare will provide information and training to staff on the rights of individuals, Assisted Decision Making, Positive Behaviour approaches, Safeguarding Adults and intervention techniques to manage escalating behaviour.
- 3.3.5 Kare staff will ensure that they are familiar with and adhere to this policy and that they have received appropriate training and supports prior to using restriction with an individual.

3.4 Reporting and monitoring the use of Restrictive Practices.

- 3.4.1 The Line Manager will ensure that each restrictive practice, including episodic and unplanned restrictive practices, are recorded.
The log of use of each restrictive practice will be detailed in the restrictive practices management plan.
Once a restrictive practice management plan is in place for an individual, this will be displayed on Kare CID for each location.
The Register can facilitate the monitoring of trends for restrictive practices in place in the organisation.
The log of use supports the reporting of restrictive practices to the relevant regulatory bodies.
- 3.4.2 The Line Manager will report the use of restrictive practices to regulatory bodies as required e.g. quarterly notifications to HIQA.
- 3.4.3 Kare's Quality Department will carry out annual audits which include Restrictive Practices to establish compliance with this policy, the findings of the audits will be used to inform improvements required at local and organisational level.
- 3.4.4 Kare will have a Restrictive Practice Monitoring Group. The role of the group will include:
- monitoring the trends in the use of restrictive practices in the organisation including the type of restrictions and the length of time they are in place
 - carrying out reviews of specific restrictive practices that are in place
 - identifying organisation learning and areas for improvement.
 - Identifying how to proceed if consent is not given
- This group will report to the Quality, Risk and Safety Subcommittee of the board on a quarterly basis.

*** Previous versions of the policy

<i>Rev. No.</i>	<i>Approved by OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of Units</i>	<i>Operational Period</i>
Rev 1	November 2014	January 2015	February 2015	Feb 2015 – Feb 2017
Rev 2	January 2017	March 2017	March 2017	Mar 2017 – April 2018
Rev 2.1	March 2018	April 2018	May 2018	May 2018
Rev 2.2	Amended to make accommodations for COVID-19-19-19 Crisis – as per on page 2 Approved by SPG April 8th 2020			
Rev 3	April 2020	May 2020	June 2020	June 2020 -