

# ENABLING RESTRICTION FREE PRACTICES AND ENVIRONMENTS POLICY

(AS WE SUPPORT INDIVIDUALS WITH  
AREAS OF CONCERN OF RISK OF  
SERIOUS HARM)

16

**SJOGCS16 Enabling Restriction Free Practices and Environments Policy  
(as we support Individuals with areas of concern of risk of serious harm)**

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<ul style="list-style-type: none"> <li>The title has been changed to 'Enabling Restriction Free Practices and Environments'</li> <li>The term Restriction is used.</li> <li>Additional Definitions have been added, e.g. governance, care and support plan, two staff work together.</li> <li>The policy has a focus on how to understand and support the 'area of concern'</li> <li>Additional Appendices and flow charts have been created.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on our commitment to supporting areas of concern of risk of serious harm without the need for restriction whenever possible.</li> <li>In keeping with HIQA's Lexicon for Social Care 2024</li> <li>To add clarity to the policy.</li> <li>The previous policy named the 'risk of harm'.</li> <li>To assist with the implementation of the policy.</li> </ul>

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## 1. Introduction

This policy is about understanding and supporting an individual with an area of concern of risk of serious harm.

It is about always trying to support the area of concern without using a restriction.

We support people to make their own decisions. This is a human right.

A restriction is when an individual's freedom of movement and choice is controlled.

Each individual we support should be as 'free' in their choices, movement, and activities as far as possible.

## 2. Purpose

The purpose of this policy is to always try to support an individual without using a restriction.

We have to try to support the area of concern without using a restriction.

If a restriction is being used, it must be the safest and least restrictive one.

It is only used for the shortest time.

There must be a care and support plan for the area of concern, and if a restriction is being used, the focus of the care and support includes ways to reduce and/or remove the restriction.

## 3. Scope

This policy is for all staff /agency staff/ volunteers working in our services who support an individual (children /adults) with an area of concern of risk of serious harm.

The area of concern should always be supported with a risk assessment.

The risk assessment will help guide the care and support plan.

A care and support plan will have a number of supports/strategies in it.

If a care and support plan include a restriction, a restriction protocol has to be written.

Types of restrictions are:

1. Environmental Restriction
2. Mechanical Restriction.
3. Physical Restriction (and Clinical Holding)
4. Medication used as a Restriction.

(see Appendix 17)

#### **4. Policy Objective**

To always try to support the individual with an area of concern of risk of serious harm without using a restriction.

Where a restriction is being used, consent is noted. For the adult, this will include their will and preference and in the case of the child, their best interest, including their voice in relation to the decision that is commensurate with their age.

Where a restriction is being used, this policy will support staff to use a restriction safely.

Where a restriction is being used, this policy will support staff to try to reduce and remove a restriction.

#### **5. Policy Review Committee**

See Appendix 24

## 6. Supporting Evidence: Key Guiding Principles

The National Guiding Principles Group, under the auspices of the National Quality Improvement Office, HSE Disability Operations, has identified eight (8) Guiding Principles 'Preventing the Need for Restrictions'.

See Appendix 3

## 7. Glossary of Terms and Definitions - see Appendix 16 (Expanded Definitions) for more detailed definitions and examples)

### **Area of concern of risk of serious harm:**

Any situation where someone has an area of concern which has the potential to put their safety and/or the safety of others at risk of serious harm.

This includes physical, emotional, psychological safety.

Serious harm can happen suddenly or over a period of time.

### **For example,**

***Imminent:*** means 'coming or likely to happen very soon'. for example, running across the road into oncoming traffic, choking, hitting another individual.

***Enduring:*** Enduring means 'lasting over a period of time with a constancy'; for example, hitting a part of their body off a bed rail on more than one occasion.

***Cumulative:*** Cumulative risk of serious harm could be understood in relation to an individual who is at risk of diabetes, having had borderline diabetes blood results in the last 12 months.

These are areas of concern where risk of serious harm could arise, and a specific care and support plan may be required.

- Postural (for example breathing, digestion), Mobility and Movement: sitting, standing, walking, bending, steps, lying and sleeping.
- Medical procedures including dental care and/or personal /intimate care.
- Access: to personal items, food/drink, environments.
- Behavioural Support Needs. (including sexuality and intimate relationships)

**Restrictive Practices:** refers to 'the intentional restriction of a person's voluntary movement or behaviour'.

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Equal Basis with others:**

Each individual is equal in terms of their rights and supports.

This means each individual supported should be treated with the same rights as every other individual.

**Environmental Restriction:** The restriction of an individual's environment. For example, a locked door, a remote control for the TV is out of reach.

**Physical and/or Mechanical Restriction:** An individual or a mechanical device restricts someone's freedom of movement or access to their own body.

**Physical Restriction** is when an individual, for example a staff member physically holds an individual and restricts an individual's freedom of movement. For example, holding an individual to stop them from doing something or to make them do something. For example, to hold a person's hands/arms to stop them from picking a scab.

**Clinical Holds:** when an individual is physically held to support a medical /dental procedure and/or to provide personal /intimate care. Clinical Holds are a restriction.

**Mechanical Restriction** the use of a device to restrict someone's movement. For example, an angel guard, use of a splint, a body suit.

Mechanical Restriction includes 'not using a piece of equipment as it should be used' for example, putting the brakes on someone's wheelchair to prevent them from moving freely around the room.



### **Medication used as Restriction:**

When a **doctor, nurse prescriber, or other healthcare professional** prescribes or oversees the giving of a specific medication, they can provide guidance on whether that prescription or the way the medication is given might be considered a **restriction**.

### **Care and Support Plan (for an area of concern of risk of serious harm)**

A care and support plan for the area of concern includes a number of supports and strategies. The plan helps meet the needs and preferences of the individual. The plan is based on assessment(s). The assessment(s) helps everyone understand what the individual is trying to tell us through their actions/behaviour. The plan will include all the supports that are needed to support the area of concern. If a restriction is in use, it has to be part of a care and support plan, and has a written protocol attached to the care and support plan. If a restriction is being used, the focus of the care and support includes ways to reduce and/or remove the restriction.

How the individual was involved and made aware of the care and support plan is documented. Examples of care and support plans are, a 'falls' care and support plan, a behaviour support plan, a personal evacuation plan (fire evacuation), an intimate care plan.

These plans can make up the suite of personalised care and support plans, and together with the person-centred plan, come together in the individual's personal plan.

### **Enablers**

An enabler can support an individual's function and participation.

An enabler can include equipment, devices or furniture.

### **For a 'support/strategy' to be an enabler it has to meet all four criteria here:**

- a) Be voluntary, the individual supported agrees with, and says/indicates 'yes' to the support (and they show no distress or resistance)
- b) It supports the individual's function and participation.

- c) The individual supported can remove the piece of equipment/device/intervention or if they can't physically remove it, communicate in any way that they want to remove the piece of equipment /device/intervention and it is removed immediately.
- d) It does not restrict or monitor or limit or control an individual's free movement or behaviour.

**Note:** If the use of 'a piece of equipment, device or use of furniture' does not meet all of the four criteria above, it may be restriction. If you are unsure talk to your line manager.

**Multi-Disciplinary Approach:** refers to staff with different roles and expertise working together to identify and develop the care and support plan with the individual supported.

**Multi-Disciplinary team (MDT)** is a group of healthcare professionals who are members of different disciplines each providing specific services to individuals supported.

**Governance:** refers to all quality and safety processes in place to support the delivery of a high quality, consistent and safe service for the individuals we support. Governance is **everyone's** responsibility. This means that we each have a responsibility to write down our practice, sign and date assessments and plan's including care and support plans/intervention. If/when an area of concern is being reviewed by a committee for governance, the documentation and/or minutes are approved by the members of the committee.

**All SJOGCS governance processes for areas of concern of risk of serious harm are designed** to support an area of concern of risk of serious harm without using a restriction. If a restriction is part of a care and support plan, the care and support plan has governance structures and processes in place to ensure that the support being provided is in line with best practice.

Front-line staff, line manager, supervisor, person in charge, coordinator, programme manager, MDT member and committees tasked with governance in relation to areas of concern of risk of serious harm where a restriction is part of the care and support plan are each responsible to document and sign their practice.

**Health and Social Care Records / Care and Support Records:** are legal documents.

- They document the care and support provided to an individual over a period of time.
- All care and support provided to an individual must be documented and signed.
- Health and social care professionals must sign and date documentation.
- A signature indicates agreement with what is written in the document.
- A signature indicates an acknowledgment that the person signing the record has read and understands it and is satisfied that it outlines best practice for the individual.

A health and social care record/document must:

- Be discussed/communicated with the individual supported in an accessible way and documented that this has taken place.
- The health and social care professional(s) who has completed the assessment and/or developed the care and support plan is known as the author(s). They have written down their findings and the advice.
  - The authors must sign the assessment and the plan.
  - The authors must include their job title.
  - The author should include evidence of the decision-making process /consent, in relation to the assessment and the plan.
- The health and social care record should evidence how the plan is implemented. The line manager will oversee the implementation of the plan.
- The health and social care record should evidence the review of the plan and be signed by the health and social care professional who has completed the review. The line manager will oversee the review of the plan.

- Where multidisciplinary meetings or committees occur, all members present should be identified. Governance and responsibility are shared, and the notes/minutes are agreed by the members and signed by the chair.
- When additional support is required, the responsibility for the care and support of the individual remains with the line manager and other health and social care professionals as appropriate. *HSE (2010) Code of Practice for Healthcare Records Management*

**Seclusion:** Seclusion is “the placing or leaving of an individual in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent a person from leaving” **Seclusion is prohibited in all SJOGCS Intellectual Disability Services.**

**‘Two Staff work together with expertise in the area of concern of risk of serious harm’:** It is recognised that assessing and supporting an area of concern of risk of serious harm can be complex. When two staff work together, they can bring different education, training and experience to the table. They can support each other as they complete the assessment and the plan.

If any staff member is unsure about their ability to provide support, including completing an assessment and developing a plan with an individual with an area of concern of risk of serious harm, they should speak to their line manager as soon as possible.

## 8. Policy Context

This Policy is informed by relevant legislation and national policy. (See Appendix 23)

### 8.1 Consent and Decision Making

Our service respects each individual’s (children and adults) right to make decisions and to be supported to make decisions including what may be considered an unwise decision.

This is in keeping with a Human Rights Based Approach and the principles of Assisted Decision Making, and the HSE National Consent Policy.

It is also noted, that if an individual supported consents to a restriction, this does not mean that the intervention is not a restriction. (see note below)

The **Assisted Decision-Making (Capacity) Act 2015** is a law that establishes a new legal framework for supported decision-making in Ireland. It allows an individual supported – adult to make legal agreements on how they can be supported to make decisions about their individual welfare, property, and affairs. Decision support arrangements only apply to people aged over 18.

All children have the right to express their views freely with their views being given due weight according to their age and maturity. In order to realise their rights, children with disabilities must be provided with disability and age-appropriate assistance.

**We always evidence the individual's decision-making /consent process. See Appendix 4.**

Note: 'A resident may request and/or consent to the use of a restrictive practice. This does not mean that the practice is not restrictive. For example, if a resident requests bed rails and is aware of the risks of use then this is appropriate but should still be treated as a restrictive practice and reported as same. Similarly, if a resident refuses the removal of a restrictive practice or the trailing of a less restrictive alternative, having been given the appropriate information by the centre, then these wishes should be respected.' *Ref. HIQA Frequently Asked Questions: 2023*

## 8.2 Legal Context

We have a responsibility to support the individual in the way they would like to be supported. We are committed to supporting an area of concern of risk of serious harm without the need to use a restriction whenever possible.

If we use restriction inappropriately, this may be a safeguarding concern. The use of restriction, without consent, may be unlawful and is always a human rights issue.

## 9. Why this policy is important, the key points:

### 9.1 Together we try to understand the area of concern of risk of serious harm.

**We support the area concern without the need for restriction, whenever possible.**

‘Always ask, do we understand the reason for the ‘area of concern of risk of serious harm’, and can the care and support plan be developed without the use of restriction? In the past, areas of concern of risk of serious harm were seen as safety issues. This meant that the focus was on the risk and trying to reduce the risk. Now the focus is on understanding the area of concern and supporting the unmet need.

We want to reduce the risk of serious harm with a commitment to the non-use of a restriction where possible. We want to support the individual in a safe way, in keeping with their decision-making /consent. This honours the rights of individuals supported.

For example, in the past,

If an individual was trying to get out of bed in the morning and was at risk for falling,

- a bed rail might have been assessed for and put in place.
- This focus of the assessment was on the ‘fall’ and the ‘bed rail’ as opposed to trying to understand ‘why the individual was trying to get out of bed’.

Now we try to understand ‘Why the individual is trying to get out of bed in the morning’. What is the individual trying to communicate, what need are they trying to meet.

- Let’s say, that the individual wants to get up to get a cup of tea.
- So instead of considering ‘getting out of bed and the risk of a fall’, the focus is now on, ‘how can the individual be supported to get out of bed at a time that they would like and be supported to have a cup of tea in the morning.’
- When the need is understood, we can see that there is no need to use a ‘bed rail’.

Here is another example: where the focus is on the area of concern 'an individual tries to stand up **because** they have a pain in their lower back from sitting for a long time.'

They are at risk of falling because they need help to stand as they attempt to alleviate the pain in their back.

The care and support plan is focused on 'I would like to stand and change position now please' and now includes for example, re-positioning every 20 minutes; a walking frame as prescribed by the physio therapist, a call button for help; pain management, referral for back pain.

In this example, a lap belt might have been considered to 'reduce the risk of falling'. We can see here that the focus was on the risk of a fall. The focus is now on and should always be on 'why is the person trying to stand'. If we focus on supporting the individual to stand, there is no need to consider a restriction, for example a lap belt. A lap belt is a restriction as it prevents the individual from standing. This is not best practice.

## **9.2 These are areas of concern where risk of serious harm could arise, and a specific care and support plan may be required.**

- Postural (for example breathing, digestion), Mobility and Movement: sitting, standing, walking, bending, steps, lying and sleeping.
- Medical procedures including dental care and/or personal /intimate care.
- Access: to personal items, food/drink, environments.
- Behavioural Support Needs. (including sexuality and intimate relationships)

Note: If there is an issue with access to personal items where there is not a risk of serious harm please refer to SJOGCS11 Equality and Human Rights Policy (Adults)  
SJOGCS 39 Equality and Human Rights Policy (Children)

**Note:** We acknowledge that health care professionals, for example the occupational therapist, physiotherapist may recommend the use of a lap belt on a wheelchair, when in motion, in line with manufacturers guidelines, for example.

A lap belt and other seating accessories may also be recommended by the occupational therapist for postural purposes. They are enablers, as per the definition. They are not a restrictive practice.

This may also be relevant when pieces of equipment are prescribed to support positioning, for example standing frames to support movement and repositioning; groin straps to support seating and positioning.

The health care professional, for example the Occupational Therapist, Physiotherapist will advise on whether or not any aspect of the care and support that they are providing is a restriction. If you are unsure, you should ask.

The misuse of any recommended appliance/piece of an equipment may be a restriction, for example, if an individual can propel their wheelchair to access their environment, and due to lack of staff to support their safe movement, the brakes are applied to control their movement. The application of the brakes is a restriction, as it is limiting the free movement of an individual, and this policy is followed. This is an example of how the area of concern – ‘free movement in my wheelchair’ was not considered in a person-centred rights-based way, in line with the individual’s decision making /consent. The individual’s voluntary movement was controlled and restricted.

Front-line staff /line managers: should not use or purchase pieces of equipment e.g. bed rail without an assessment completed by two staff with expertise in the area of concern of risk of serious harm including expertise with the piece of equipment.



### 9.3 Risk Assessment 'starts' the gathering information for the care and support plan

When an area of concern of risk of serious harm is identified, the individual supported, keyworker /circle of support complete a risk assessment as per the local procedure. The risk assessment may identify if a more detailed assessment is needed. We consider positive risk taking and we try not to be risk adverse.

**If the front-line staff identify that more support is needed;** they should talk to the front-line supervisor / line manager (Programme Manager/Person in Charge). For example, if appropriate, a more detailed and thorough assessment may be required. The line manager considers what expertise is required. The line manager is responsible to identify the two staff who will complete the assessment and plan.

**If the line manager and front-line staff agree that together (with the individual) they have the expertise to conduct the assessment and develop the plan for the area of concern of risk of serious harm, the line manager co-signs the assessment and plan with the front-line staff.**

**If there is a restriction protocol as part of the care and support plan, the line manager must access their next point of governance (for example their line manager, E&HRs Committee, PBSC or other) to ensure best practice. There is documentation that evidences governance has occurred. This can be in the form of a signature /co-signature on the protocol and the care and support plan or notes from a review committee.**

The assessment guides and informs the care and support plan for the area of concern of serious risk of harm. (see Appendix 10 and 12)

#### **9.4 A Multi-Disciplinary Approach: ‘Two Staff work together’ (of different disciplines/grades)**

Every staff member in SJOGCS has different expertise and experience.

Staff members will know if they have the expertise/experience needed to support an area of concern of risk of serious harm. A staff member will always work with at least one other staff member when supporting an area of concern of risk of serious harm.

Staff members work within their own professional guidelines, code of ethics and scope of practice. If a staff member is unsure about their ability to support an area of concern of risk of serious harm, they should talk with their line manager, and team as soon as possible.

If two front-line staff are working together with the individual to complete the assessment and plan, the line manager co-signs the assessment and plan. If a restriction protocol is in place, the line manager also signs the restriction protocol and accesses the next point of governance.

#### **9.5 Staff should always identify if an Area of Concern of Risk of Serious Harm is being caused by a Failure or Inaction to meet an Individual’s supported basic needs.**

We can use other policies to help for example:

- Ask the individual supported what they want and how they would like to be supported (SJOGCS30 Person Centred Approach Policy: A Policy on the development of Personal Plan which include a Person-Centred Plan and a Personalised Care and Support Plan (Intellectual Disability Services))
- SJOGCS13 Policy on using a Total Communication Approach
- Respect each individual’s supported rights and treat them fairly (SJOGCS11 Policy on Equality and Human Rights (Adults), SJOGCS39 Policy on Equality and Human Rights (Children) (Promotion and Protection))

- Do we understand the behavioural support need? (SJOGCS08 Positive Behaviour Support Policy (Children and Adults Intellectual Disability) and SJOGCS07 Sexuality and Intimate Relationships Policy)
- Speak up for an individual or help individuals speak up for themselves (Advocacy)
- Think with an individual about the possible benefits and risks of their choices (Assisted Decision Making and Risk management)
- Protect individuals from abuse or neglect (Safeguarding)
- Build trust and good relationships (Trust in care)

#### **Restriction must not be used**

- for convenience
- for the purpose of discipline
- because there are not enough staff /resources
- because the staff team do not have the skills/training.
- Because the environment is not suitable.

If restriction is being used for any of these reasons, tell your front-line supervisor / line manager.

### **9.6 Interventions that may cause distress:**

- We should always think about how our actions affect someone (and the people around them).
- We should always try not to do anything that makes someone unhappy, distressed or upset.
- Any Intervention including any Restrictions that Cause an Individual supported Distress, must be reviewed by the Individual supported, Circle of Support (as appropriate) and Relevant members of the local MDT Team.

The restriction protocol template will help us with this. Appendix 11 and Appendix 13.

### **9.7 Practices to demonstrate power, make someone do something they do not want to do, (Coerce, Enforce, Seek Compliance), to inflict pain, harm, to punish or discipline an Individual supported are prohibited.**

This includes psychological or psycho-social Restriction.

- For example, attempting to exert control or make someone do something they do not want to do by what is said or how it is said to them. For example, saying 'if you do that, I will tell your 'family member''.
- and/or the use of body language and nonverbal methods of communication, for example pointing at someone, gesturing someone to 'be quiet' are equally restrictive, are a restriction and are prohibited.
- Blanket restrictions; for example; a blanket restriction is when a house rule is in place, for example 'everyone goes to bed at the same time'. This rule is a restriction.

### **9.8 A Restriction used for a low threshold of harm or where no threshold of harm is identified cannot be used.**

**For example:** An individual supported likes to buy a takeaway coffee every day. They love trying different types of coffee and flavours. A member of the individual's circle of support has expressed that the individual is 'wasting their money and drinking too much coffee'. This person has told the individual this and now asks that staff limit takeaway coffees each week.

In this example, there is no evidence of risk of serious harm. On an equal basis with others, and in keeping with the individual's rights, this individual can choose how they spend their money and how much coffee they might like to drink. They could be offered information about their spending and coffee drinking, however, this may or may not be something that is important to them at this time.

**Note:** If any of the above as noted in 9.5- 9.8 are observed in practice tell your front-line supervisor / line manager.

## 9.9 Enablers, such as Specific pieces of Equipment /Devices must only be used following Appropriate Assessment

The assessment is completed by the healthcare professional(s) with expertise in the area of concern and the piece of equipment.

**For example**, by an occupational therapist and social care staff/line manager, occupational therapist and psychologist; a physiotherapist and a nurse.

### **An Enabler, if mis-used may be a restriction.**

If a piece of equipment is not used as prescribed and in line with the manufacturers' guidelines, it may be a restriction.

**For example**, if a lap tray is provided by an occupational therapist for an individual to use on their wheelchair or comfort chair when engaging in activities and mealtimes, then it is not a restriction. However, if the individual indicates that they are ready to move, and the lap tray is now preventing them from doing this, this may be a restriction and could indicate insufficient staffing to support person centred care.

Always check to see if any support/strategy is an enabler or a restriction.

The two staff who have completed the assessment and are recommending the supports/strategies as part of the care and support plan developed to support an area of concern of risk of serious harm must identify if any of the supports/strategies meet the criteria for a restriction.

The flow chart at Appendix 9 will help.

## 9.10. If any support in the care and support plan for the risk of serious harm is a restriction, the following must occur.

- Document the individual's involvement in the decision.
- A restriction protocol is developed.
  - Every time a restriction occurs it is recorded in the care and support plan.  
If a restriction is always in place, for example, a locked front door, this is noted in the individual's plan.

**9.11 Notification is made to the Equality and Human Rights Committee** for good governance, **only** when the care and support plan for the area of concern has been developed **and** if the care and support plan includes a restriction.

The individual together with the front -line staff always work together to support the area of concern, without the need for a restriction, whenever possible. If a restriction is included in the care and support plan, then a notification to the Equality and Human Rights Committee is made.

**Note:** All Equality and Human Rights Committees have at least one member from the MDT with experience in supporting areas of concern of risk of serious harm. This facilitates a multi-disciplinary governance review.

**9.12 All use of the Restriction is notified to the Relevant Parties,** for example:

- The front-line supervisor / line manager /Programme manager /Person in Charge for additional governance and oversight.
- Relevant committee, for example the local
  - Governance of Restriction Committee or other.
  - Positive Behaviour Support Committee.
  - Equality and Human Rights Committee.
  - The Quality and Safety Committee.
- MDT healthcare professional if appropriate.
- All use of the restriction is notified to the relevant national agencies, for example HIQA.

## 10. Roles and Responsibilities

### 10.1 Front Line Staff

It is the responsibility of all staff to:

- 10.1.1 Read this policy and follow it.
- 10.1.2 Support and make restriction free practices and environments possible.
- 10.1.3 Tell their front-line supervisor / line manager about any area of concern of risk of serious harm **and** complete a risk assessment.
- 10.1.4 Support the individual in the decision-making process about the supports they need.  
**Note:** check to see if there are any decision support arrangements in place. (as per the ADMA)
- 10.1.5 Be familiar with the individual's supported Care and Support Plans, for example, Falls Plan, Behaviour Support Plan, Intimate Care plan, Nutrition Plan.
- 10.1.6. If appropriate, and only in agreement with the line manager (or designee) two staff members complete an assessment on the area of concern of risk of serious harm. (With the individual supported and their circle of support.)
  - Based on the assessment, a care and support plan is written. The plan may need to consider environmental supports, skills teaching, focused/direct supports and how to support the area of concern without the need for a restriction. Staff together with the individual supported will develop or help with the writing of a care and support plan to support the area of concern of risk of serious harm.

The plan should be in a format which is accessible to the individual supported and/or document how the individual participated in the care and support plan.

- Write a protocol for each support/strategy, as required.

- 10.1.7 If more help is needed, talk to the line manager. The front-line supervisor / line manager will help identify the next steps. For example, if support is required from the GP, a member of the MDT or other.
- 10.1.8. Work closely with other professionals as required, the individual supported and the circle of support to support the area of concern and implement the care and support plan for the area of concern, without using a restriction, where possible.
- 10.1.9 Based on the assessment, (including additional support as required) if a restriction is recommended as a short-term measure, there is evidence/documentation of the individual's participation in the decision-making process/informed consent.
- 10.1.10 In keeping with a multi-disciplinary approach, two staff with expertise in the area of concern will write 'restriction' on the strategy /intervention that is a restriction.
- Two staff write a restriction protocol on how the restriction is to be used and documented.

The two staff writing and signing the restriction protocol are responsible for the governance of the restriction and the care and support plan, supporting the area of concern of risk of serious harm. If two front-line staff are writing a restriction protocol, this protocol is also signed by the line manager.

**Note:** Front-line staff and line manager may have expertise in recommending an 'environmental restriction' as part of a care and support plan for the area of concern of risk of serious harm. They cannot recommend a physical, mechanical or medication used as a restriction.

- The protocol includes: (see Appendix 11 and 13)
- Title: Written Restriction protocol.



- Description of the restriction.
- Rationale/reason for a restriction
- Evidence of the decision-making process
- The risks and benefits of using /not using the restriction are written down.
  - The risk and benefits of the restriction on others is assessed and documented.
  - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
- When and how to implement, including staff induction/training.
- Document when the restriction is used, the duration of its use, including additional observations as required.
- Date the restriction expires.
- Signatures of staff writing the restriction protocol and the line manager's signature.
- Monitoring and review information.
- Governance, due process and notification information.

10.1.11 If the care and support plan for the area of concern of risk of serious harm has a restriction the Equality and Human Rights Committee is accessed for governance.

10.1.12 If the plan has a restriction the local regions governance /oversight committee is accessed (for example, Governance of Restriction Intervention Committee, Positive Behaviour Support Committee, Quality and Safety Committee, MDT governing restrictions) as per the local procedure in place in each service.

10.1.13 Complete an incident report (NIRF) and/or behaviour report form for each occurrence of an 'area of concern of risk of serious harm.'

10.1.14 If a restriction was used, fill in the Data restriction form and any other recording forms required. This includes all use of a planned or unplanned/emergency restriction.

10.1.15 Participate in a review of any incident in relation to the area of concern

of risk of serious harm.

- 10.1.16 Staff follow and implement the care and support plan for an area of concern of risk of serious harm.
- 10.1.17 Staff use a planned restriction with the protocol and/or training staff have received.
- 10.1.18 Staff use emergency restriction with the training they have received.
- 10.1.19 The care and support plan is evaluated by the staff who developed the care and support plan, together with the individual, the line manager and others as appropriate.
- 10.1.20 The care and support plan is evaluated and considers if the area of concern is being supported, the risk of serious harm is reducing and if a restriction is being used, that there is evidence in a reduction in the use of a restriction, if applicable. (Appendix 6)
- 10.1.21 The evaluation identifies any challenges with implementing the care and support plan, including any complications /needs related to the restriction.
- 10.1.22 The plan is updated, based on each review and evaluation.
- 10.1.23 Help an individual supported to make a complaint and/or access advocacy support.
- 10.1.24 When a restriction is in place, based on assessment and as part of a care and support plan: staff implement a care and support plan for the area of concern. The goal of the care and support plan is to reduce (and if possible, eliminate) the use of restriction.
- 10.1.25 Attend review meetings and training as required.
- 10.1.26 Staff members are responsible to work within their own scope of practice. If a staff member needs help or support, they speak to their front-line supervisor / line manager.

## 10.2 Front Line Supervisors and Line Managers

Front Line Supervisor / Line Manager support areas of concern of risk of serious harm without using a restriction, whenever possible. Line managers are supported by their line manager: programme manager, person in charge. Line managers are responsible to report areas of concern of risk of harm to their line manager.

The front-line supervisor / line manager

- 10.2.1 Reviews the *Enabling Restriction Free Practices and Environments* policy with all staff. The front-line supervisor / line manager supports the team to implement this policy.
- 10.2.2 Reviews all risk assessments completed for an area of concern of risk of serious harm.
- 10.2.3 If a more comprehensive assessment is required,  
The line manager organises for two staff to complete an assessment of the area of concern and develop the care and support plan.
- 10.2.4 If the line manager together with front-line staff agree that two front-line staff work together with the individual to complete the assessment and plan, the line manager co-signs the assessment and plan.
- 10.2.5 If the two front-line staff recommend a restriction, as part of the care and support plan, the line manager co-signs the restriction protocol with the front-line staff.
- 10.2.6 the front-line supervisor / line manager supports the staff to implement the care and support plan and write protocols.
- 10.2.7 if more help is needed, the line manager, together with the individual and staff team talk about what might help.  
The individual is included in the decision-making process.  
The front-line supervisor / line manager identifies a referral, for example, a GP, a member of the MDT, a therapist, a dietician and/or other.
- 10.2.8 If a restriction is recommended: the line manager has governance and signs the care and support plan, including the restriction protocol.  
The line manager ensures the following:

- that an assessment for the area of concern has been completed by at least two staff.
- The individual is included in the decision-making process.
- There is a care and support plan to support the area of concern. The plan should be in a format which is accessible to the individual or evidence how the individual participated in the development of the plan.
- If any support/strategy is a restriction, a restriction protocol is written. (As per the template Appendix 11 and Appendix 13).

10.2.9 To audit and review the care and support plan for the area of concern including the use of planned restrictions and/or each use of an emergency restriction and to take account of all areas included in 10.2.8

The care and support plan will say when the review takes place. (Appendix 17)

The audit and review checks to see:

- if the 'understanding' of the area of concern is being supported.
- if there is a reduction in the risk of serious harm.
- if there is a reduction in a restriction, if applicable.
- The impact and outcomes of the care and support plan for the individual.
- If there are any problems with implementing the plan.
- The plan is updated and signed.
- An action plan is developed arising from the Audit /Review with timelines for implementation.

10.2.10 if a staff member makes a recommendation, that when implemented results in a restriction.

**For example**, an SLT recommends 'no bread diet, due to assessed risk of choking'. Access to food items may require a further assessment and a care and support plan for 'access to bread' in an individual's home may be required. This assessment is completed in line with a Human Rights Based Approach, and evidence of the decision-making /consent process.

The area of concern in relation to 'access' may result in an assessment recommending as a control measure that the bread cupboard is locked at certain times to prohibit unsupervised access to bread. If this happens, the line manager reviews this policy.

The front-line supervisor / line manager tries to support the recommendation without the need to use a restriction. If extra help is needed, the line manager together with the individual, and circle of support, consider who could provide this help, for example a GP, social worker and/or other, and make the appropriate referral.

- 10.2.11 If an individual has a restriction as part of their care and support plan, the impact of the restriction on the individual has been assessed and is documented as part of the restriction protocol. (benefits and risks, including impact of the restriction on the individual)
- 10.2.12 The impact of an individual's restriction, on the rights and/or experiences of other individuals is assessed. The front-line supervisor / line manager puts a plan in place to address any rights /safeguarding issues. If extra help is needed, the front-line supervisor / line manager asks for this, while respecting the confidentiality of all individuals(s) supported.
- 10.2.13 Ensures that all use of a restriction is recorded on the restriction log (see sample at Appendix 21)
- 10.2.14 Reports all restriction data to the local committees, Governance of Restrictions, Equality and Human Rights, the Quality and Safety Committee, Risk Committee.
- 10.2.15 Reports restriction data to HIQA, as required.
- 10.2.16 Check to see if there are any legal issues for the individual supported. Check to see if there are any decision support arrangements in place.
- 10.2.17 Give staff time to talk about the supports in place for areas of concern of risk of serious harm. Talk with staff about restrictions.
- 10.2.18 Support staff to attend workshops and education on enabling restriction free practices and environments.

- 10.2.19 Write down any problems with supporting areas of concern of risk of serious harm in their location. Develop an action plan on how to address these problems.
- 10.2.20 Supports staff to talk about each incident of risk of serious harm. Supports staff to discuss any concerns they might have in relation to the assessment and/or the care and support plan. Supports staff to get extra help and support if they need it.
- 10.2.21 Front Line Supervisors / Line Managers report areas of concern of risk of harm to their Line Managers, including any restriction protocols.

## 11. Multi-Disciplinary Approach

When supporting an individual with an area of concern of risk of serious harm, a multi-disciplinary approach is used.

**This means at least two staff, with different roles and expertise, working together with the individual supported.**

The two staff have experience in the area of concern of risk of serious harm, for example, expertise in considering these areas:

- Postural (for example breathing, digestion), Mobility and Movement: sitting, standing, walking, bending, steps, lying and sleeping.
- Medical procedures, dental care and personal /intimate care.
- Access: to personal items, food/drink, environments.
- Behavioural Support Needs. (including sexuality and intimate relationships)

**For example,**

- any two staff members (with different roles and expertise; social care, health care assistant, instructor, nurse, line manager, supervisor, programme manager, person in charge) with the necessary expertise and experience and within their scope of practice, can assess an area of concern of risk of serious harm, and develop a care and support plan.

If assessed as required, it may be within their scope of practice to recommend the use of an **environmental restriction** as a last resort, when supporting an area of concern of risk of serious harm, as part of a care and support plan. If this occurs, the front-line staff and the line manager sign the assessment and plan. The line manager's signature ensures governance and best practice has occurred and is in place for the individual supported and the staff team.

A psychologist/psychiatrist/medical practitioner/behavioural practitioner/director of nursing together with one other discipline/role(staff), with the necessary expertise and experience and within their scope of practice can assess for an area of concern of risk of serious harm and make recommendations. If assessed as required, it may be within their scope of practice to recommend the use of a **physical restriction** as a last resort, as part of a care and support plan. The trainer in the physical intervention can also be consulted, as required. A behaviour support plan may be developed, and this informs the care and support plan developed by front-line staff. If this occurs, the psychologist/psychiatrist/medical practitioner/behavioural practitioner/director of nursing together with one other discipline (line manager) together have the responsibility to ensure governance; best practice.

The following practitioners, occupational therapist, a nurse, a psychologist, a behaviour practitioner/specialist, a social care staff, a social worker, a physiotherapist with one other discipline (staff) with the necessary expertise and experience and within their scope of practice can assess an area of concern of risk of serious harm, and as part of the plan, it may be within their scope of practice to recommend the use of a **mechanical restriction** as a last resort, as part of a care and support plan when supporting an area of concern of risk of serious harm.

If this occurs, occupational therapist, a nurse, a psychologist, a behaviour practitioner/specialist, a social care staff, a social worker, a physiotherapist with one other discipline (staff) together have the responsibility to ensure appropriate governance and best practice.

A **doctor, nurse prescriber, or other healthcare professional**, together with one other discipline, with the necessary expertise and experience and within their scope of practice can assess an area of concern of risk of serious harm and as part of the plan, it may be within their scope of practice to recommend the use of medication as a restriction, as a last resort, as part of a care and support plan when supporting an area of concern of risk of serious harm. If this occurs, the doctor, nurse prescriber or other healthcare professional have the responsibility to ensure governance, best practice.

**Note:** If any area of concern of risk of serious harm is not within a staff members scope of practice, the line manager is informed, and other supports or referral pathways are considered with and for the individual.

**11.1 The two staff** completing the assessment will evidence and document the decision-making process that the individual was supported with in relation to the assessment and plan.

- Complete/review the risk assessment initially.
- Develop a plan from the risk assessment.
- Complete an assessment to understand the area of concern.
  - An assessment should consider physical, medical, psychological, emotional, social and environmental issues which may be contributing to the area of concern of risk of serious harm. The plan should be in a format accessible to the individual or evidence how the individual participated in the development of the care and support plan.



- Based on the risk assessment and any additional assessments, (for example, a falls assessment, an eating and drinking assessment, a behavioural assessment) a care and support plan is developed for the area of concern of risk of serious harm.
- If as a result of these assessments, a restriction is being recommended, the two staff recommending this will ensure:
  - that they are working within their scope of practice and
  - specify and name which support/strategy in the care and support plan is a restriction.
  - seek consent /evidence the decision-making process engaged in with the individual supported regarding the care and support plan and the recommended restriction.
  - assess for the impact, risks and benefits, of the use of the restriction, including not using the restriction, with the individual. (and others)
  - write the restriction protocol (as per the template)

**Note:** The restriction should be but one part on an overall care and support plan for the area of concern. A restriction should be a temporary measure only.

- Where there is a recommendation for a restriction, based on assessment, the local team together with the individual supported will develop a care and support plan based on the recommendations of the assessment.  
The goal of the care and support plan is to support the area of concern and reduce the use of restriction if possible. This is monitored, reviewed and notified within the specified timelines identified. (See Appendix 6)
- The two staff recommending the Restriction as part of the care and support plan (e.g., Keyworker/Line Manager; psychologist /line manager) together with the individual notify the local Equality Human Rights Review Committee of the planned use of restriction.

- The two staff recommending the restriction (e.g., keyworker/front line supervisor) notify the line manager and together access governance, through a local governance committee.

**11.2** If the two staff identify that additional support/advice/ assessment is required, this is discussed with the individual and the line manager and an appropriate referral pathway is identified, and actioned, for example a GP, a member of the MDT or other.

**11.3** At times, SJOGCS staff will be required to consult and work with other professionals from external agencies (for example Young Adult Teams, CDNTs, Adult Mental Health, MHID) to support an area of concern of-risk of serious harm for an individual receiving supports from SJOGCS. In these cases, the HSE Guiding Principles on Preventing the Needs for Restriction are adhered to, which this policy is aligned to.

If an individual is new to SJOGCS, as part of the Supports policy (Committee), a screening for areas of concern of risk of serious harm is conducted.

This screening should include asking if there are any areas of concern or risk of serious harm that have as part of the care and support plan an environmental, physical, mechanical and/or medication used as a restriction currently in place with the individual supported.

If there is evidence of either a risk of serious harm and/or restriction this policy is consulted and guides SJOG staff.

**11.4** Each service/region conducts an annual review of the areas of concern of risk of serious harm and considers good practice and service improvement. This annual review is designed to ensure a commitment to supporting areas of concern of risk of serious harm in the context of enabling restriction free practices and environments. Each service /region identifies how this will occur in line with their local governance processes and committees.

## **12. The Governance of 'the Care and Support Plans for Areas of Concern of Risk of Serious Harm which may or may not include Restriction'**

**12.1** Staff are responsible for their practice. Good governance is everyone's responsibility. There are seven points of governance in this policy. Governance is concerned with best practice and effective care and support for the individuals supported. At each point of governance, the staff involved are responsible for their professional practice in relation to supporting areas of concern of risk of serious harm and enabling restriction free practices and environments.

**Point 1 for Governance: Front-line staff together with the line manager.**

**Point 2 for Governance: The line-manager and their line manager(s).**

**Point 3 of Governance: The Equality and Human Rights Committee and the Governance of Restrictions Committee or equivalent or an MDT healthcare professional(s).**

**Point 4 of Governance: The Local Regions Quality and Safety Committee**

**Point 5 of Governance: SJOGCS Quality and Safety Committee.**

**Point 6 of Governance: SJOGCS audit by Programme, Quality, Safety and Risk /Quality Advisors.**

**Point 7 of governance: HIQA Thematic Inspections, HIQA reports and HIQA Audits.**

**12.2** Care and support plans that have a restriction must be reviewed with the individual. This is to ensure that the individual's rights are upheld. This review will include how the area of concern of risk of serious harm is being supported and how the restriction is impacting on the individual, including the monitoring of its use and how the care and support plan is reducing/removing the use of the restriction.

All restrictions must be notified to the Local Equality and Human Rights Committee.

All restrictions will be reported to the Local Quality and Safety Committee.

All restrictions will be reported to the local committee responsible for the governance of restrictions.

All restrictions will be reported to SJOGCS Quality and Safety Committee.

All restrictions are reported to HIQA and HSE, as required.

**12.3** Each Region will develop a local Procedure based on this policy, if required.

The local Procedure will detail the governance and support provided by different disciplines, MDT members and committees.

**12.4** The front-line supervisor / line manager will review all incidents of areas of concern of risk of serious harm including those that involve a restriction, including restrictions used in emergency situations. The aim of the review is to make sure that if a restriction is used that good governance and practice occurs.

**13. In an Emergency: Area of Concern of Risk of Serious Harm occurs with /without the use of Restriction**

***Note: Always ask the question 'Are there any Decision-Making Arrangements, for example, Advance Healthcare Directives in place?'***

In an emergency a restriction can be used to stop an imminent risk of serious harm. For example, an individual attempts to run out onto a busy road. A staff member holds their arm to prevent them from running out onto the busy road.

A restriction may also be used if urgent medical care is required, and there is no advance healthcare directive in place. For example, emergency first aid.

If a restriction is used in an emergency or in an urgent medical situation, then staff will

**13.1** ensure the safety of the individual.

**13.2** evidence a commitment to enabling restriction free practices and environments.

- for example, use the least restriction, for the shortest possible time.

**13.3** Support the individual and others if required.

**13.4** Look for additional supports.

**13.5** Report it to their front-line manager/supervisor and complete reports.

**13.6** Review the incident with the individual and their circle of support.

**13.7** Make a plan with the front-line supervisor / line manager.

## **14. Staff Support, Education and Training**

**14.1** Local Managers and staff teams will identify and make a plan for staff support, inputs, workshops, mentoring for example, to support areas of concern of risk of serious harm.

**14.2** Local Managers and staff teams will review care and support plans to ensure that where applicable, the plans include strategies to reduce the use of restrictions.

**14.3** Local Managers and staff teams will identify what training is needed to support the areas of concern.

**14.4** Each region will identify their training needs to implement this policy. Each region will co-ordinate and action their training needs.

## **15. Implementation**

Each region will develop a plan to implement this policy. This plan will include training and education for all staff.

## **16. Monitoring, Audit and Evaluation**

### **16.1 Monitoring**

Data on areas of concern of risk of serious harm and the use of a restriction is collated, reviewed and actioned monthly by each region and reviewed by the Regional Quality and Safety Committee and by each Front Line Supervisors / Line Managers/PICs.

### **16.2 Audit**

This policy is audited and audit reports are reviewed and actioned.

- 16.2.1 Annually by each region. In accordance with each regions local procedures, for example Regional Quality and Safety Committee.
- 16.2.2 SJOGCS Programme Quality and Safety Department collate data on restrictive practices from all regional services for review at the Quality and Safety Executive Committee, complete an audit as required, for example thematic inspection on restrictions /areas of concern of risk of serious harm.
- 16.2.3 Internal Audits (Unannounced Audits) conducted by the Programme, Quality and Safety Department are facilitated within Designated Centres with a comprehensive report and action plan included for implementation.
- 16.2.4 HIQA inspections are facilitated within Designated Centres with an accompanying report.

### **16.3 Evaluation**

The outcomes of this policy will be reviewed once a year by the Local Service's Quality and Safety Committee.

## 17. Revision and Update

- 17.1 The Director of Programme Quality and Safety will request this policy to be updated by May 2027
- 17.2 In the event that new legislation, regulations, or evidence-based practices emerge, The Director of Programme Quality and Safety will request the policy to be amended.

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**St. John of God Community Services clg.**




# **Enabling Restriction Free Practices and Environments Policy SJOGCS16**



	<p>This policy is for everyone in Saint John of God Community Services, Intellectual Disability Services.</p> <p>This includes you, staff and families.</p>
	<p>A policy is like a book of rules.</p>
	<p>This is a policy about your service in Saint John of God and restrictions</p>
	<p>A restriction is when you are stopped from doing something.</p>
	<p>We do not want to use restriction in our service.</p>



	<p>We will do everything we can to help you live safely and well.</p>
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## This policy is about Four Types of Restriction



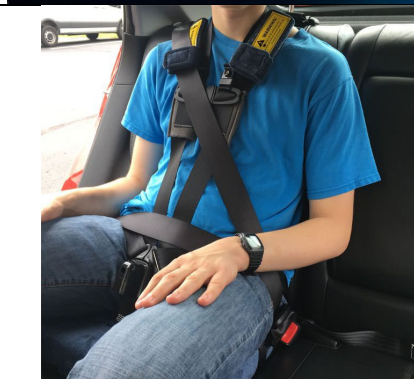
### **Environmental restriction**

For example, a lock is put on the fridge to stop you from getting a snack or a drink.



### **Physical restriction**

For example, when someone holds your arm to stop you from hitting another individual.



### **Mechanical restriction**

For example, a harness in the bus/car.



### **Medication used as a restriction.**

Sometimes medicine can be used as a restriction.

The doctor/nurse prescriber will let you know if your medication is being used as a restriction or if the way it is being given is a restriction.



## Risk of Harm



Staff will try to help you to stay safe and well, without using a restriction.



You should have a plan so that you do not hurt yourself or another individual.

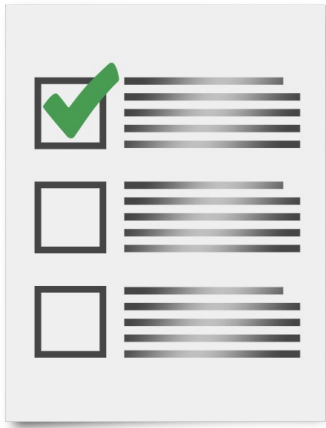


If a restriction is used; you have to be part of the decision. You can say yes or no.



A restriction can only be used as a last resort.

A restriction can only be used when we do not know any other way to keep you safe.



Staff must write down when a restriction is used.



There must be a plan to stop using the restriction.


## Emergency Restriction



An emergency is when something happens that was not planned.



In an emergency staff will always try to keep you and everybody safe without using a restriction.

	<p>If staff do need to use a restriction in an emergency, they will talk to you and others about what happened.</p>
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	<p>Restriction is a Human Right(s) issue.</p>
	<p>If you have a restriction in place, you can ask the Equality and Human Rights Committee to review it.</p>
	<p>We do not want to use restriction in our service.</p>
	<p>We want people to be happy and safe.</p>

## Appendix 2 : The Desired Outcomes for this Policy

1. Supporting an area of concern of risk of serious harm while Enabling Restriction free practices and environments whenever possible.
2. Evidence the individual is included in all decisions relating to their wellbeing. For adults, in line with 9 ADM Guiding Principles and for children, in line with the National Consent Policy (See Appendix 4)
3. Evidence a multi-disciplinary approach, two disciplines complete the assessment and develop the care and support plan, where required, for areas of concern of risk of serious harm.
4. An area of concern of risk of serious harm is supported by a detailed assessment (**Note:** A risk assessment does not suffice).
5. If an area of concern of risk of serious harm is assessed and as part of the care and support plan a restriction is recommended, this recommendation should also include documentation to:
  - 5.1 Evidence the individual's supported participation in the decision-making process including consent.
  - 5.2 Supports and strategies in the care and support plan designed to reduce and where possible remove the Restriction.
  - 5.3 A specific a restriction protocol is in place, which includes recording and notification procedures.
    - a. Written Restriction protocol.
      - Description of the restriction.
      - Rationale/reason for a restriction
      - Evidence of the decision-making process
      - The risks and benefits of using /not using the restriction are written down.
        - The risk and benefits of the restriction on others is assessed and documented.
        - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
      - When and how to implement, including staff induction/training.

- Document when the restriction is used, the duration of use, including additional observations as required.
- Date the restriction expires.
- Signatures of staff writing the restriction protocol and the line manager's signature.
- Monitoring and review information.
- Governance, due process and notification information.

5.4 The restriction is monitored by the staff members /individual(s) supported who assessed the need for and recommended the restriction.

6. A Local Equality and Human Rights Committee is in place to support and ensure due process for all Restrictions.
7. Restriction practices adhere to the legal requirements for use. Always check to see if there are any decision-making arrangements in place, in keeping with the ADMA.
8. Areas of concern of risk of serious harm are collated on the Risk Register (RMS) in each local region and reviewed by the regions Quality and Safety Committee.
9. Data relating to restriction use in SJOGCS is collated by the local region's Quality and Safety Committee. Each regions Quality and Safety Committee reviews the use of a restriction in their region and evidences a strategy to enable Restriction free practices and environments thus preventing, reducing, and removing the Restriction in the context of supporting the area of concern of risk of serious harm.
10. Each region has an on-going education and support plan for all staff/Individuals supported/families on good practice in enabling a Restriction free practices and environments in supporting area(s) of concern of risk of serious harm.

### Appendix 3: Preventing the Need for Restrictions Guiding Principles HSE

The National Guiding Principles Group, under the auspices of the National Quality Improvement Office, HSE Disability Operations, has identified eight (8) guiding principles to assist organisations in developing and revising local policies and procedures for the prevention, reduction, elimination and under very limited circumstances the use of restriction(s) (HSE 2021)

#### **Eight Guiding Principles:**

1. Services practice a Human Rights Model (HRM): Supporting individuals to live lives of their choosing. A HRM is delivered through a Human Rights Based Approach.
2. Compliance with current legislation, national policy, research and human rights framework, and any relevant future amendments to support individuals to live according to their will and preference.
3. A Service Evidence a 'capable environment' approach.
4. Governance and Sufficient oversight: Service evidence the four stages for care and support for an area of concern of imminent risk of serious harm: (see Appendix 6 for more information)
  - Stage 1: Assessment: Identification and Assessment of the area of concern is evidenced and completed by two disciplines. (See definition)
  - Stage 2: Plan: The development of the Plan, to include the process of decision-making and consent.
  - Stage 3: Implementation: The implementation of the plan is supported and evidenced, and the correct notification has occurred.
  - Stage 4: Evaluation
5. Ongoing practice development and support.
6. Positive Risk Taking: A Service evidences a commitment to positive risk taking.
7. Emergency: Imminent risk of serious harm is included.
8. Language and terminology are considered.

## Appendix 4: Consent and Decision Making

SJOGCS respects an individual's right to make decisions including what may be considered as an unwise decision and are implementing all policies to reflect this position in line with the Assisted Decision Making (Capacity) Act 2015.

**Capacity** and **information** have been identified as elements important to informed consent.

Informed consent is central to all assessments and supports provided as part of an individual's support for an area of concern of, risk of serious harm.

'Capacity' refers to the ability of the individual to engage in the decision-making process. (Aka decision making capacity) 'Information' concerns the individual's access to the facts necessary to make a decision and the individual's ability to understand the facts and circumstances relevant to a given situation/ decision and communicate their decision in any means appropriate for them. All information related to any specific decision must be presented to the individual in a medium the individual understands, in line with the guiding principles listed below.

**Assisting Decision Making must be in line with the Nine Guiding Principles of the Act which are:**

1. Presume every individual has the capacity to make decisions about their life.
2. Support people as much as possible to make their own decisions.
3. Don't assume an individual lacks capacity just because they are making, have made or are likely to make what might be considered an unwise decision.
4. Only take action where it is really necessary.
5. Any action should be the least restriction on an individual's rights and freedoms.
6. Give effect to the individual's will and preferences.
7. Consider the views of other people, where necessary.
8. Consider how urgent the action is.
9. Use information appropriately.

**For informed consent, the individual must demonstrate that they can:**

- Understand the information relevant to the decision in question.
- Retain that information long enough to make the decision.
- Use or weigh that information as part of the process of making the decision.
- Communicate his or her decision.

If Decision Making support is deemed to be required- refer to HSE National Consent Policy /SOP SJOGCS and/or HSE (including Decision Support Service) resources.

[www.decisionsupportservice.ie](http://www.decisionsupportservice.ie)

Individual Support plans for an area of concern of, risk of serious harm will also consider the impact of the support plan on the individual and on other individuals, for example peers, staff, family members who live with/spend time with an individual. For example, if an individual's sleeping /waking needs are supported using a floor alarm mat, the impact of this alarm on the individual and on the 'sleep' of others will be considered and may constitute a Human Rights issue or a safeguarding concern for them.

Where an individual declines, including does not consent, to a support plan for an area of concern of risk of serious harm this will be acknowledged and the needs of others for example, the individual's sharing the environment, and staff will be considered and supported in line with all relevant policies, specifically, Supports Policy, Risk, Safeguarding, Violence Harassment and Aggression in the work place, Complaints Policy. The decision-making process will be evidenced, and a second opinion may be sought.

**FOR CHILDREN:** The ADM 2015 does not apply to children however, all children have the right to express their views freely with their views being given due weight according to their age and maturity. In order to realise their rights, children with disabilities must be provided with disability and age-appropriate assistance (HSE National Consent Policy, 2022)



Where children are unable to give valid consent for themselves, they should be as involved as possible in the decision-making process. Even very young children may have opinions about their healthcare and have the right to have those views taken into consideration. This is in line with the Irish Constitution and UNCRC. (In SJOGCS Policy on Children's Rights and specifically Lundy's model of Participation in Decision Making)

## Appendix 5: STEPS for Front Line Staff, Front Line Supervisors / Line Manager(s), Oversight and Governance Committees

1. Area of Concern of risk of serious harm has been identified.
  - a. TALK TO FRONT LINE SUPERVISOR / LINE MANAGER
2. Complete risk assessment using ICC (Impact, Cause, Context) and other forms as required.
3. Arrange meeting with the individual and circle of support (as appropriate) to discuss area of concern and review and update the care and support plan as appropriate.
4. If required, the line manager identifies two staff to complete a more detailed assessment of the area of concern 'to understand the area of concern- for example 'why is the individual trying to get out of bed with a risk of falling?'; 'Why is the individual going outside their home without telling anyone?', 'Why is the individual trying to stand up when travelling in the bus?'

If it is identified that the individual requires additional support /expertise the front-line supervisor / line manager together with the front-line staff, and the individual agree the next steps to be taken and make a referral for additional support.

Otherwise, the front-line staff together with the front-line supervisor / line manager

- a. Complete an Assessment: *it is recommended that the assessment consider the following:* physical, medical, psychological, emotional, social, and environmental issues should be assessed in relation to the occurrence and non-occurrence of the area of concern of risk of serious harm.
- b. Plan: the care and support plan should include supports/strategies in the areas of environmental supports, skills teaching, direct interventions/focused supports (when is the area of concern more likely /less likely to occur) and how to support the area of concern without the need for a Restriction. If a Restriction is assessed as being required, see number 6 and 7 below.
- c. Implementation: the care and support plan is implemented with written protocols and skills teaching procedures available.

- d. Evaluation: the care and support plan is evaluated to review if the area of concern of risk of serious harm is being supported and the risk is reducing. If a Restriction is being used as a control measure, the use of this Restriction is documented and reported on in the context of a commitment to reducing the use and removing the Restriction where possible.

If the individual requires additional support, the front-line staff together with the individual, and the line manager work with other colleagues, disciplines to develop the care and support plan for the area of concern.

- 5. The two staff completing the assessment and developing the care and support plan with the individual are responsible to identify if any of the supports/strategies are a restriction.
- 6. If there is an agreement that a support/strategy is a restriction and is being used as a control measure (as part of the care and support plan) to help manage and/or reduce the risk, then the following must be in place:
  - 6.1 Evidence that the following was considered and is documented:
    - a. The individual has been included in the decision-making process and informed consent is evident.
    - b. A review of all incidents relating to the area of concern risk of serious harm has been completed and learning discussed.
    - c. For an adult; the 9 principles of ADM, including the individual's will & preference in relation to the area of concern of risk of serious harm, are evidenced.
    - d. For a child; all children have the right to express their views freely with their views being given due weight according to their age and maturity. In order to realise their rights, children with disabilities must be provided with disability and age-appropriate assistance. See Appendix 4.
    - e. The individual's communication documentation has informed the whole process.
    - f. There is an overall care and support plan for the identified area of concern of risk of serious harm, which is based on an assessment.

6.2 Restriction Documentation is in place:

a. Written Restriction protocol includes.

- Description of the restriction.
- Rationale/reason for a restriction
- Evidence of the decision-making process
- The risks and benefits of using /not using the restriction are written down.
  - The risk and benefits of the restriction on others is assessed and documented.
  - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
- When and how to implement, including staff induction/training.
- Document when the restriction is used, the duration of its use, including additional observations as required.
- Date the restriction expires.
- Signatures of staff writing the restriction protocol and the line manager's signature.
- Monitoring and review information.
- Governance, due process and notification information.

6.3 Staff induction/training in the restriction protocol is planned for and occurs.

6.4 Reported to the following for oversight and governance:

- a. Local 'area of concerns of risk of serious harm care and support committee' for example, risk forum, quality and safety committee, governance of areas of concern of risk of serious harm, where a restriction is used as a control measure.
- b. Programme Manager/line manager.
- c. Equality Human Rights Committee: All restrictions are notified to the EHRC.
- d. HIQA (as required)

6.5 Local Governance oversight committees consider the following:

- a. Governance Review completed with reference to the following best practice standards:
  - Risk assessment.
  - Decision making /consent (For adult/child)
  - Assessment of the area of concern
  - A Care and Support plan for the area of concern of risk of serious harm.
  - Review the supports/strategies in the care and support plan for the area of concern to determine /confirm if any meet the criteria of a Restriction.
  - Implementation: the implementation of the care and support plan for the area of concern is documented, with any challenges to the implementation noted.
  - Evaluation: the evaluation of the care and support plan for the area of concern is presented, specifically noting how the area of concern is being supported, if risk of serious harm is reducing and if a restriction is being used as a control measure, how the plan is supporting the restriction to be reduced/removed.
  - All Restriction documentation is available, including each use and the reporting process.
  - Evidence of governance /oversight is in place, which can include due process support as part of the Equality and Human Rights Committee as part of the individual's care and support plan.

## 'AREA OF CONCERN OF RISK OF SERIOUS HARM'

### 4 STAGES: Assessment Plan Implementation Evaluation

#### Stage 1: Assessment

1. Identify the area of concern of risk of serious harm
2. Complete a risk assessment on the area of concern.
3. Circle of support together with the person will review the current supports in place and update as required.
4. If a more detailed/comprehensive assessment is required, two staff, should complete this.
5. Include the person (and others as appropriate) in the assessment.
6. Work with/access other disciplines/staff who have expertise /experience in the area of concern if needed.

#### Stage 2: Plan: Care and Support Plan:

7. The care and support plan is based on an assessment. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the area of concern of risk of serious harm.
8. The person, (and others as appropriate) including staff with expertise/experience in the area of concern assist in the development of the care and support plan.
9. The plan may need to consider environmental supports, skills teaching, focused/direct supports and how to support the area of concern without the need for a restriction.
10. Based on the assessment, if a restriction is recommended, there is evidence of the person's participation in the decision-making process/informed consent.

#### Stage 4: Evaluation.

15. The care and support plan is evaluated for supporting the area of concern and a reduction in the risk of serious harm.
16. The care and support plan is evaluated for a reduction in the use of a restriction, if applicable.
17. The evaluation identifies any challenges with implementing the care and support plan, including any complications /needs related to supporting the area of concern,
18. The plan is updated, based on each review and evaluation.

#### Stage 3: Implementation:

11. Each 'support/strategy' in the care and support plan is trialled /implemented.
12. If a support /strategy is a restriction. A restriction protocol is developed and written, as per the guidelines/template.
13. If the care and support plan has a restriction the Equality and Human Rights Committee is accessed; governance oversight is accessed through a local governance committee., and notification of use of a restriction occurs to the quality and safety committee(s) and HIQA as required.
14. The risk factors of the restriction on the individual and other persons is assessed, documented with actions implemented as necessary.

ADAPTED FROM: Arkansas Foundation for Medical Care Inc. (AFMC)

## Appendix 7: Commonly Noted Areas of Concern of Risk of Serious Harm and the Disciplines who can Assist.

	<u>Postural, Mobility, Movement</u>	<u>Medical</u>	<u>Access</u>	<u>Behavioural Support Needs</u>
<b>Examples of what areas might need to be supported:</b>	Falling when; Sitting, walking, sleeping, standing, bending, steps, running, breathing, digestion, Sitting when traveling in a vehicle.	Medical intervention/support Routine medical procedures (phlebotomy). Drop seizures. Post-surgery care; medical intervention (catheter for example); Mental health needs; swallowing/ eating; diet; breathing, this may also include personal /intimate care.	Access to; Household harmful items/substances; cleaning supplies/knives/window openings/doors opening to outdoors; rooms/ offices; access to individual items (e.g., Lighter) foods/drinks (for example allergies and risk of choking)	Physical Harm to self/others; physical /verbal aggression, self-neglect.  Emotional/psychological harm to self/other.  Sexuality and intimate relationships
<b>Disciplines /roles with expertise in these areas.</b>	GP, Physiotherapist Occupational Therapist Behaviour practitioner (e.g., Psychologist, Behaviour Specialist, CNS in Behaviour) Line manager /Instructor/ Nursing/Health care assistant/Social Care/ Person in Charge/Supervisor.	GP, Consultant, Nurse, Advanced Nurse Practitioner (ANP) Speech and Language Therapist, Physiotherapist, Psychiatry Occupational Therapist Clinical Nurse Specialist/ Behaviour practitioner (e.g., Psychologist, Behaviour Specialist, CNS in Behaviour) Social Worker/Line manager /Instructor/ Nursing/Health care assistant/Social Care/ Person in Charge/Supervisor.	Line manager /Instructor/ Nursing/Health care assistant/Social Care/ Behaviour practitioner (e.g., Psychologist, Behaviour Specialist, CNS in Behaviour) Occupational Therapist, Social Worker, Speech and Language Therapist, Physio-therapist/ Psychologist / Person in Charge/Supervisor.	Behaviour practitioner CNS, ANP, Psychologist, Line manager /Instructor/ Nursing/Health care assistant/Social Care/ Occupational Therapist Psychiatrist/ Nurse, Social Worker Psychotherapist, Speech and Language Therapist/Person in Charge/Supervisor.

Note: remember a minimum of 2 staff members (with experience in the area of concern) should always be involved in providing care and support to an individual presenting with an area of concern of risk of serious harm.

## Appendix 8: Guidance for Specific Areas of Concern of Risk of Serious Harm

- 1. Postural, Mobility, Movement:** If you are supporting an individual with a risk of serious harm as they mobilise e.g., walk, stand, sit, use stairs, move their limbs/joints; sleep (falling from bed, choking/breathing difficulties) move from one position to another, use a car/bus (sit in, get in and out of); do the following:
  - 1.1 Stay with the individual to ensure they are safe.
  - 1.2 Document the area of concern of risk of serious harm, complete a risk assessment and notify the Line Manager
  - 1.3 Consult the falls prevention policy.
  - 1.4 Locally, two staff, review and update the individual's plan of support for postural/mobility/movement and complete a preliminary assessment.
  - 1.5 If additional support is required, discuss this with the line manager to identify an appropriate referral pathway, for example, public health nurse, nursing, GP physiotherapy, occupational therapy, to request an assessment and plan.
  - 1.6 Implement the plan.
  - 1.7 Do not use pieces of equipment or devices that have not been assessed for and recommended and purchased for use with the individual.
  - 1.8 If a piece of equipment or a device is required, discuss this with the line manager to identify where a referral can be made.
  
- 2. Medical procedures, dental appointments, personal /intimate care** If you are supporting or are likely to be supporting an individual with an area of concern of risk of serious harm as they participate in a necessary medical procedure, e.g., eye drops, blood work, sutures; dental appointment, personal /intimate care needs etc.
  - 2.1 Stay with the individual to ensure they are safe.
  - 2.2 Document the area of concern of risk of serious harm, complete a risk assessment and notify your line manager.
  - 2.3 Unless it is an emergency; consider if it might be necessary to postpone the support/intervention.
  - 2.4 If it is an emergency, consider all first resort, preferred strategies.



- 2.5 Locally, two staff review and update the plan of support for support/intervention procedures and complete a preliminary assessment and review of what additional supports might help.
- 2.6 If the staff team require additional support, this is discussed with the line manager, and an appropriate referral pathway is identified and actioned, for example, public health nurse, nursing, GP, Psychology, social work, to request an assessment and plan.
- 2.7 Implement the plan, which may include the following:
  - Desensitisation, skills teaching and coping skills: front-line staff lead out on teaching skills; relational based /gender-based care for example. If front-line staff require support to do this, this is discussed with the front-line supervisor / line manager and supports required are agreed, and a request for support is made, for example, MDT.

**3. Access:** If you are supporting an individual with a risk of serious harm as they access their environment (both in their home and community) their individual possessions, Household harmful items/substances; cleaning supplies, knives; window openings/doors opening to outdoors; rooms/ offices; to individual items (e.g., Lighter) foods/drinks (for example due to allergies) do the following:

- 3.1 Stay with the individual to ensure they are safe.
- 3.2 Document the area of concern of risk of serious harm, complete a risk assessment and notify your line manager.
- 3.3 Locally, two staff, in agreement with the line manager, complete further assessments and/or review and update the individual's care and support plan for access in relation to risk of serious harm.
- 3.4 Consult relevant policy (Dysphagia, Person Centred Approach, Positive Behaviour Support Policy, Sexuality and Intimate Relationships, Safeguarding Policy etc.)
- 3.5 If additional support is required, this is discussed with the line manager, and an appropriate referral pathway is identified and actioned, for example, Public Health Nurse/Behaviour Practitioner/Occupational therapy /Physiotherapy/ Psychology and/or Nursing (or MDT) for example.

- 3.6 Implement the plan. If any intervention is a restriction, a restriction protocol is required. The line manager signs this restriction protocol.
- 3.7 Do not use pieces of equipment or devices that have not been assessed for and recommended and purchased for use with the individual.
- 3.8 If a piece of equipment or a device is required, discuss this with the line manager to identify where a referral can be made.

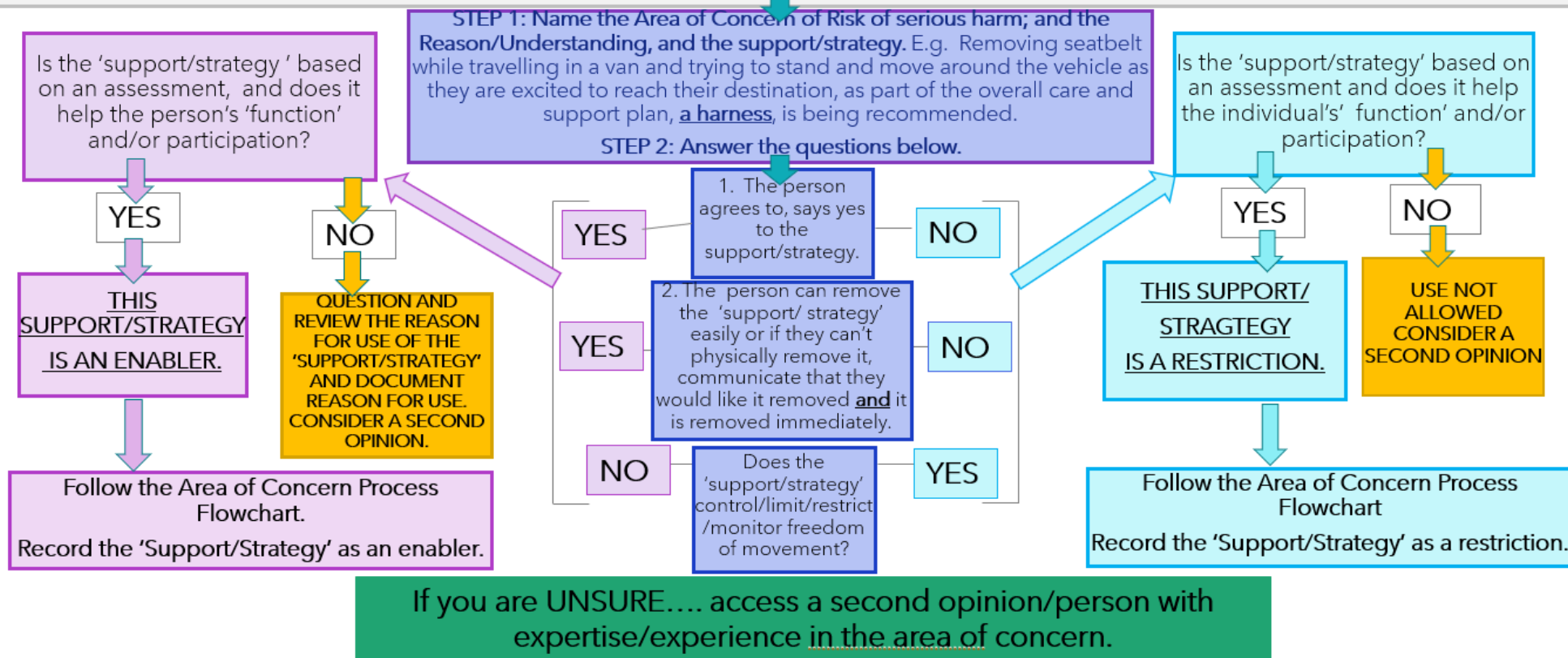
**4. Behavioural Support Needs** If you are supporting or are likely to be supporting an individual with area of concern of risk of serious harm due to behavioural support needs: (Self-Injurious Behaviour; physical aggression to another individual supported; including sexuality and intimate relationships etc.)

- 4.1 Check to see if the individual has a behaviour support plan for the behavioural support need and review the implementation of the plan.
- 4.2 If they **do not** have a behaviour support plan or other plan for the area of concern of risk of serious harm document the risk of harm, complete a risk assessment, and notify your supervisor/line manager.
- 4.3 Locally, two staff review and update the risk assessment and supports for behavioural support needs. If additional support is required, the front-line team refer to the Positive Behaviour Support policy and two staff complete the 5 Pillars and STEP 1 using the Wheel of Optimal Living/or Using Your Environment and develop a plan.
- 4.4 If STEP 1 is not effective, this is discussed with the line manager, and an appropriate referral pathway is identified and actioned, for example complete a referral form for STEP 2 supports as outlined by the PBS Policy.
- 4.5 Positive Behaviour Support Policy (and the Multi-Element Behaviour Support (MEBS) Model) of Positive Behaviour Support (PBS) for Behavioural Support Needs: SJOGCS is committed to using de-escalation strategies in order to support a behavioural support need. Front line staff have access to eLearning modules and online/face to face training and can talk to their line manager about what they might need.

## Appendix 9 Flowchart - Is the Support/Strategy an Enabler or a Restriction?

# IS THE SUPPORT/STRATEGY AN ENABLER OR A RESTRICTION?

Complete a risk assessment on the area of concern of risk of serious harm. This will help identify what else is needed. If a more detailed /comprehensive assessment is required to understand the area of concern, two staff with expertise/experience in the area of concern should complete this with the individual. A care and support plan for the area of concern can now be developed. If any support/strategy as part of this care and support plan could be a restriction, use this flow chart to identify if the support/strategy is a restriction or an enabler.



## Appendix 10: Sample Risk Assessment LL

### Risk Assessment Form

<b>Division: SJOGCS</b>			<b>Source of Risk:</b> Eating 'treats' frequently throughout the day, (3 to 4 times) which includes eating peers preferred items /treats and refusing main meals. This is an area of concern of cumulative risk of serious harm.					
<b>HG/CHO/NAS/Function: CHO X</b>			<b>Primary Impact Category: Harm to Person</b>					
<b>Hospital Site/Service: Avonwood</b>			<b>Risk Type: Operational</b>					
<b>Dept/Service Site: SJOGCS X</b>			<b>Name of Risk Owner (BLOCKS): KP</b>					
<b>Date of Assessment: Dec 2022</b>			<b>Signature of Risk Owner: KP</b>					
<b>Unique ID No: 123 ABC (LL)</b>			<b>Risk Co-Ordinator: OM (PIC)</b>					
<b>Objective being impacted: Person Centred Care and Support</b>			<b><sup>1</sup>Risk Assessor(s): KP and JJ (social care and CNS)</b>					

<sup>2</sup> HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES				ACTIONS [ADDITIONAL CONTROLS] REQUIRED	<sup>3</sup> ACTION OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Poor diet/malnutrition Accessing non-nutritious snacks at a high frequency each day.</li> <li>Safeguarding: Eating food items that do not belong to them, resulting in a safeguarding concern for peers.</li> <li>This is a risk assessment for the Individual LL,</li> <li>2 peers (separate safeguarding reports made for each peer)</li> <li>malnutrition symptoms- weight loss of 5% over the last 3 months.</li> <li>ICC summary: the impact of this risk is reduced weight, poor diet/malnutrition and safeguarding, causal and contextual factors include staff changes, and change in meals/snacks offered.</li> </ul>			Medical review with GP and Dental review Food and fluid intake monitoring chart. Toileting chart: bowel/urine. Pain chart Weekly weight and other observations as recommended. Assessment of area of concern – eating treats and refusing main meals to occur (with two staff) A list of preferred meals and snacks and drinks is in place and are available. Offer opportunities for meal and cooking/food preparation. Small-preferred meals offered. His own unlocked cupboard for his preferred treats.				Wheel of Optimal Living/Using Your Environment  Activity sampling for relationships, fun and outdoors  Communication skill- I would like a snack.	KK and JJ	8.8.2023

<sup>4</sup> Inherent Risk			<sup>5</sup> Residual Risk					<sup>6</sup> Target Risk	Risk Status		
Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Open	Monitor	Close d
	4	20	3	2	6	2	2	4	X		

### HSE Risk Assessment Tool

<sup>1</sup> Risk Assessor required for OSH risks only.

<sup>2</sup> Where the risk being assessed relates to an OSH risk, please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.

<sup>3</sup> Person responsible for the action.

<sup>4</sup> Rating **before** consideration of existing controls.

<sup>5</sup> Rating **after** consideration of existing controls.

<sup>6</sup> Desired rating **after** actions.

## St John of God Community Services clg

### Appendix 11: Care and Support Plan for LL

**Care and Support Plan(for):** Eating sweet treats and refusing main meals, with weight loss.

**Name:** LL

**D.O.B.:** XX/XX/1990

**Support need:** Eating sweet treats and refusing main meals, with weight loss.

<b>1. How I make decisions about Eating sweet treats and refusing main meals</b>
I go to the kitchen and open the press where treats are kept and take my preferred item. I look at my meal, I don't taste it and push my meal away, I get up and go to the fridge and take a yogurt.
I say 'biscuit, biscuit', a couple of times an hour. I walk into the kitchen and open lots of presses; this can occur throughout the day approx. 5/6times. This generally does not occur if I retire to bed for the night. If my peers are enjoying a treat, I can take it from them. I have been pushed by my peers and I did get a fright.
<b>2. How I consent to getting help with eating treats and refusing my main meals:</b>
I like my keyworker to talk to me and show me pictures and objects.
<b>3. My decision making (will and preference) with regards eating treats and refusing my main meals:</b>
I love treats and I am refusing my dinners and main meals. Last year, I ate roast chicken dinners with lots of gravy.
<b>4. Assessment: will identify any physical, medical, psychological/emotional, social, communication and environmental issues which may be contributing to the area of concern of risk of serious harm.</b> <b>(Include the risk rating and details of any other assessment used that were completed by another colleague, for example SLT, Psychology, Behaviour Practitioner/Specialist)</b>
<b>Description or focus of assessment:</b>
L has experienced weight loss of 5% of BMI in the last three months. L is eating sweet treats throughout the day and often refusing their main meal. The area of concern is health, weight loss and adequate nutrition. The risk assessment is currently scored at a red 20.
<b>Physical Health and Medical:</b>
L met with the GP on 01/01/2023 and blood sample obtained. Blood sample is normal. GP has recommended a food diary is completed and a referral to a dietician to be made.
<b>Psychological/emotional/social/environmental:</b>
L has experienced some changes to their staff team supporting them with new staff joining the team. This has coincided with L often refusing the dinners they cook. L does not like to be offered a healthy snack and prefers a sweet treat. If offered a healthy snack, he refuses and he has taken a sweet treat from a peer on two separate occasions.
<b>What have we learned together:</b> L is missing staff and how they prepared meals. He does not like it when he is offered 'healthy snacks', preferring sweet treats. He has a sweet tooth.

**5. Plan and Implementation: The plan should consider how the environment could support the need, skills that could help the individual to meet their need; key supports that might help meet the need while also reducing risk and/or times/activities when the risk does not occur could be increased; and how to support the area of concern without the need for a restriction.**

**Environmental Supports:**

- Complete daily food and fluid intake monitoring chart, for 5-7 days.
- Referral to dietician.
- L has a list of preferred meals, snacks and drinks all of which are available on a daily basis.
- Dental review/appt to be made for L.
- Personal Plan review which could include reviewing any other care and support plan that may be relevant, for example eating and drinking, Wheel of Optimal Living, Using Your Environment, PBS plan or other.
- Activity sampling for relationships, fun and outdoors.

**Skills Teaching:**

- Weekly meal planning with L to include preferred meals.
- Offer opportunities for L to be included in cooking/food preparation.
- Communication skill- I would like a snack.
- Support and encourage daily exercise, preferred by L.
- L is to be supported in education on healthy eating using food pyramid.
- Pain chart in place for L

**Focused Supports:**

- Staff to familiarise themselves with how L likes their dinners to be prepared as per 'how the previous staff did it'.
- All staff to be trained in how L likes their food prepared.

**Responding:**

- L has his own unlocked cupboard for his preferred treats which he can access at any time.

**6. Check for Human Rights and Decision Making (consent)**

**Is any intervention meeting criteria of a restriction- No**

**If yes, State which intervention. N/A**

**If yes, pause, meet with the individual and the team, and consider can the area of concern be supported without restriction.**

**If yes, write the restriction protocol and include it as part of the care and support plan.**

**7. Is the plan OK, how do we know L agrees with it?**

Staff who know L well tell L about one support at a time, using pictures and a script, and ask him to communicate if it is ok to do this, using a thumbs up sign or a thumbs down sign.

**8. Do we need anything else to help implement the plan?**

Line manager and keyworker will review this care and support plan on a weekly basis. Each support will have a protocol or a skills teaching procedure for staff to follow. The keyworker will write these with L's input. L will have a review with his GP in 6 months.

**Staff supporting me with this document: KP and JJ**

**Date: 8.7.2023**

[illegible]



## Appendix 12 Sample Risk Assessment HH Risk Assessment Form

<b>Division:</b> SJOGCS	<b>Source of Risk:</b> <u>HH is removing their seatbelt when in the van with peers/staff and a driver, H will then stand up, and move towards the door when the van is moving.</u>
<b>HG/CHO/NAS/Function:</b> CHO X	<b>Primary Impact Category:</b> Harm to Person
<b>Hospital Site/Service:</b> Hollyview	<b>Risk Type:</b> Operational
<b>Dept/Service Site:</b> SJOGCS X	<b>Name of Risk Owner (BLOCKS):</b> BB
<b>Date of Assessment:</b> 11 <sup>th</sup> Nov 2023	<b>Signature of Risk Owner:</b> BB
<b>Unique ID No:</b> 123 XYZ (HH)	<b>Risk Co-Ordinator:</b> VP (Line manager)
<b>Objective being impacted:</b> Person Centred Care and Support	<b><sup>7</sup>Risk Assessor(s):</b> BB and JJ (social care and CNS)

<sup>8</sup> HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED	<sup>9</sup> ACTION OWNER	DUE DATE			
<ul style="list-style-type: none"><li>• HH is removing their seatbelt when in the van with peers/staff and a driver, H will then stand up, and move towards the door when the van is moving.</li><li>• This is a risk assessment for the Individual HH/ 3 other peers travel with H, along with 2 staff and a driver.</li><li>• The driver has had to pull over at the side of a busy road on two occasions in the last 2 weeks.</li><li>• The driver could become distracted, or H could interfere with the driver as they approach the door, which is directly behind the driver. There is a risk of a car accident.</li><li>• The peers have become upset and are anxious when in the van with H.</li><li>• Staff are uncertain about H travelling with a group in the van.</li><li>• ICC summary: the impact of this risk is anxiety for all, with the risk of an emergency stop, causal and contextual factors include increase in traffic, H having information on where she is going; H having preferred items to engage with.</li></ul>			<p>H sits beside the window in the van and brings a pillow/cushion to rest her head against.</p> <p>H has a social story on ‘wearing a seatbelt’ in the van which is reviewed a few times a week.</p> <p>A staff member sits beside H.</p> <p>The radio is off.</p>			Assessment is required to understand why H is taking her seatbelt off and approaching the door of the van.	BB and JJ	11.12.2023			
<sup>10</sup> Inherent Risk			<sup>11</sup> Residual Risk			<sup>12</sup> Target Risk	Risk Status				
Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Open	Monitor	Closed
4	4	16	3	4	12	2	2	4	X		

[HSE Risk Assessment Tool](#)

<sup>7</sup> Risk Assessor required for OSH risks only.

<sup>8</sup> Where the risk being assessed relates to an OSH risk, please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.

<sup>9</sup> Person responsible for the action.

<sup>10</sup> Rating **before** consideration of existing controls.

<sup>11</sup> Rating **after** consideration of existing controls.

<sup>12</sup> Desired rating **after** actions.



## Appendix 13: Care and Support Plan for HH

**Care and Support Plan:** HH is removing their seatbelt when in the van with peers/staff and a driver, H will then stand up, and move towards the door when the van is moving/travelling along often very busy roads, with one occasion where she opened the slide door on the van when it was moving.

**Name:** HH

**D.O.B.:** XX/XX/2002

**Support need:** HH is removing their seatbelt when in the van with peers/staff and a driver, H will then stand up, and move towards the door when the van is moving/travelling along often very busy roads, with one occasion where she opened the slide door on the van when it was moving.

<p><b>1. How I make decisions about:</b> removing my seatbelt when in the van with peers/staff and a driver, I will then stand up, and move towards the door when the van is moving. I did open the van door once when the van was moving.</p>
<p>I like to seat in the van by the window, and I put my cushion against the window so I can rest my head on it. I do not like noise in the van and I do not like waiting in traffic. I like to be on the move. When the van stops, I like to take off my seatbelt and get out. If the van stops and it is not time to get out, I am confused. I like to get to where I am going, quickly!</p>
<p><b>A. How I consent to getting help with travelling on the van</b></p>
<p>I like my keyworker to talk to me and I like to look at videos.</p>
<p><b>B. My decision making (will and preference) with regards; travelling on the van and taking off my seatbelt.</b></p>
<p>I like to 'get where I am going'. When the van stops, I know the journey is over. I do not like to be on the van for long journeys, I like journeys that are 15 -20 minutes long.</p>
<p><b>2. Assessment: will identify any physical, medical, psychological/emotional, social, communication and environmental issues which may be contributing to the area of concern of risk of serious harm.</b></p> <p><b>(Include the risk rating and details of any other assessment used that were completed by another colleague, for example SLT, Occupational Therapy, Psychology, Behaviour Practitioner/Specialist)</b></p>
<p><b>Description or focus of assessment:</b></p>
<p>HH is removing their seatbelt when travelling in the van. Everyone is very anxious when this happens, and this does not help H. H becomes confused and does not like that they have not yet arrived at their destination.</p> <p>The risk assessment is currently scored at a red 16.</p> <p>Occupational Therapist and Psychologist completed a consultation report dated 25<sup>th</sup> November 2023. (See report on file)</p>
<p><b>Physical Health and Medical:</b></p>
<p>H is in good physical health, H has photosensitivity, and likes a quiet journey.</p>
<p><b>Psychological/emotional/social/environmental:</b></p>
<p>H loves going out and really looks forward to walks on the beach, takeaway coffee, going horse-riding and coming to the day hub. The 2 incidents occurred on the way to the beach, with one incident involving a detour thus increasing the journey time. This area of concern has occurred in the past, in September, and coincided with increase in traffic on the roads with everyone returning to work and schools after the summer holidays. H has a good sense of time, and it is possible that she feels 'when 15-20 minutes has passed' and that the journey should be over.</p>

**What have we learned together:** H likes to travel on a quiet van for 15-20 minutes at a time. She likes to 'get where she is going'. If H has clear information and something to do on the van this could help. An angel guard on her seatbelt could also offer added security for everyone and prevent H from removing her seatbelt.  
 Note: If an angel guard is to be used, OT and/or Psychology/Behaviour Practitioner will need to assist and assess for this as an angel guard is a restriction.

**3. Plan and Implementation: The plan should consider how the environment could support the need, skills that could help the individual to meet their need; key supports that might help meet the need while also reducing risk and/or times/activities when the risk does not occur could be increased; and how to support the area of concern without the need for a restriction.**

**Environmental Supports:**

- Cushion
- Lap blanket with textures and soft items to hold and fidget with (attached to the blanket).
- Handbag- with lip balm, noise defenders, hand cream, mobile phone, sun glasses, tissues, tic-tacs and purse.
- Picture of where we are going.

**Skills Teaching:**

- Route planner: Velcro strip with pictures; key landmarks identified.
- Communication skill- Are we here?
- Seatbelt check- with clipboard.
- Skill of 'putting on a seatbelt' when asked.
- Why we wear our seatbelts- social story.
- Communication skill: 'can we stop for a 5-minute pitstop?'
- Using a timer; to show the passing of time.

**Focused Supports:**

- Angel guard: H to be given information about an angel guard.
- Staff to have an interaction ready for 13-15 minutes into a journey, for example, would you like a tic-tac; shall we put on some hand cream.
- Plan for a pitstop;

**Responding:**

- H is reminded that 'yes we can have a pitstop'

**Check for Human Rights and Decision Making (will and preference)**

**Is any intervention meeting criteria of a restriction- YES**

**If yes, State which intervention. Angel guard on the seatbelt**

**If Yes, pause, meet with the individual and the team, and consider can the area of concern be supported without restriction. If a restriction is required, Appendix 1: Restriction Protocol is required.**

**If yes, write the restriction protocol and include it as part of the care and support plan.**

**Is the plan OK, how do we know H agrees with it?**

Staff who know H well tell H about one support at a time, using video and a script, and ask her to communicate if it is ok to do this, using a thumbs up sign or a thumbs down sign.

**Do we need anything else to help implement the plan?**

Line manager, keyworker and H will make a referral to OT and Psychology/Behaviour Practitioner to review this care and support plan and discuss if an angel guard is required. Each support will have a protocol or a skills teaching procedure for staff to follow. The keyworker will write these, with support if needed and with H's input.

**Appendix 1: Restriction Protocol is attached if required.**  
**Staff supporting me with this document: LL and PP**  
**Date: 30<sup>th</sup> November 2023**

Implementation, Evaluation and Review	Date & Signature
<ul style="list-style-type: none"> <li>➤ The Velcro strip with pictures of key landmarks has been used on 3 occasions in the last 2 weeks to good effect. H really likes this.</li> <li>➤ H also likes the lap blanket and enjoys having fidgets available, H may also like to add to this blanket.</li> <li>➤ H has included many personal items in her hand bag, her favourites are tic-tacs and hand cream.</li> <li>➤ We have role-played the skill of 'are we there yet' with two staff doing this with H listening. The staff are using a picture of a 'question mark' to ask this.</li> <li>➤ H has also viewed a video on 'keeping our seatbelt on' and we have a picture /screen shot of this which we use as part of the 'seatbelt check' on the van.</li> <li>➤ Staff are planning the trips well and using route planner to see if there are any traffic delays on the planned journey.</li> <li>➤ There have been no incidents of H taking off their seatbelt in the last 2 weeks, and H has had 28 trips on the van during this period.</li> <li>➤ The restriction protocol is being developed and an angel guard has not been used in the last 2 weeks.</li> </ul>	<b>3.12.2023 LL and PP</b>

## Sample Restriction Protocol:

Name: HH

Address: Hollyview

Date of Protocol: 6.12.2023

**1. Describe Restriction:** HH to have an angel guard applied to her seatbelt when travelling in SJOG bus/transport.

**2. Rationale/reason for a restriction;** This is a mechanical restraint that has been assessed as required by the (INSERT NAME) OT and Psychologist/behaviour practitioner as part of the care and support plan in place for HH when travelling in SJOG bus /transport. (see notes on file)

It is only one intervention, as the care and support plan has many supports and strategies that will require some time to put in place, for example environmental supports, skills teaching, focused supports and how to respond should the area of concern arise, all included in the plan. By implementing the care and support plan, the need for the restriction will be reduced and in time removed, where possible.

In the absence of using an angel guard, H and other's safety is at risk.

The current protocol outlines the use of the angel guard from 6.12.2023 (insert date) to 6.3.2024 (insert date).

**3. Evidence of the decision-making process, including consent.**

The decision-making process that was engaged in with HH regarding use of or not using an angel guard is as follows:

- A social story was developed with HH on wearing a seatbelt in the bus and what an angel guard is used for.
- The social story also included information on 'how to ask, 'are we there yet' and what to do when told no, not yet.
- The social story included using the picture strip.
- The angel guard was demonstrated on a seatbelt.
- H was asked if it would be OK to put an angel guard on her seatbelt.
- H indicated 'yes' with thumbs up.

**4. The risks and benefits: (consider the risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other, including previous history of restriction including indicators of distress after a restriction),**

**a. for the person,**

Risks of using an angel guard:	Benefits of using an angel guard
If H tries to undo her seatbelt and tries to stand up, she may become distressed at not being able to stand. H may try to slide under the seat belt or extend the seat belt so that she can move and stand. This risk is being mitigated for by basing the	The angel guard is a control measure. H will be less likely to put herself or others at risk of an accident by undoing her seatbelt and standing up in the car/bus when it is moving.

care and support plan on the understanding that H likes short journeys, she likes to know where she is going and likes to have things to do on the car/bus all of which are included in the plan. Each use will be recorded, and H will be asked if this is ok to use and observations will also be noted. If any distress is observed, the use of an angel guard in the context of the care and support plan will be reviewed. Using an angel guard is a mechanical restriction and a human rights issue.	The angel guard may facilitate some of the other supports to be put in place which over time will support the reduction and the possible removal of the use of an angel guard.
---	--

Risks of not using an angel guard:	Benefits of not using an angel guard
In the absence of an angel guard as a control measure it is imperative that the team trial and implement the other supports and strategies identified in the care and support plan to support this area of concern. If these supports and strategies are not implemented, it may appear that an angel guard is the only option when in fact it may not be the least restrictive support available.	By not using a restriction- an angel guard, we will facilitate a human rights-based approach. It is desirable that H can be and should be supported without the need to use an angel guard.

b. Risks and benefits for others on the use of an angel guard with H:

- Staff: Staff have expressed concern that H may not wish to have the angel guard applied, and as such, the decision-making process and the other supports identified in the care and support plan will continue to be reviewed and implemented. The benefit of using the angel guard from a staff point of view is that it reduces staff feeling anxious in relation to the safety on the bus. The first aid kit in the bus will include a belt cutter, for use in an emergency.
- Peers/individuals supported: H has been supported to let her peers/friends know about the angel guard and what other supports she will have.
- Members of the public: N/A

**5. When/how (steps) to implement.**

H is informed that she is going to the bus (verbally) and shown a picture of where she is going, the picture strip of 3 landmarks and her communication aid 'are we there yet'. She is offered to check if her handbag has everything, she needs in it and her lap blanket is offered to her.

*Staff ensure that they have the angel guard.*

When H gets into the bus, the clipboard for seatbelt check is used, and once H has her seatbelt on the angel guard is applied.

When H arrives at her destination staff will undo the angel guard and H will then remove her seatbelt.

Staff will receive training on how to use the angel guard and also how to implement the social story and ask H if she is ok for the angel guard to be put on. This training will be facilitated by the line manager and OT.

**6. Document the use of the restriction.**

Staff record on the attached tracking sheet each time the angel guard is used.

Record any attempts H makes

- to get out of her seat.
- to remove the angel guard,
- to remove her seatbelt.

Staff must record in the comments section any different observations (e.g., change in H's compliance/agreement, any change in her presentation, any distress, risks or additional areas of concern) whilst H has an angel guard in place on the van. Staff must sign using their full name. (Initials will not suffice.)

#### 7. Monitoring and Review:

- Use of an angel guard is documented for each journey, with observations and comments noted.
- The care and support plan, which includes this restriction protocol is reviewed **at least** every 3 months by the staff who completed the care and support plan and restriction protocol,
- The person in charge reviews the documentation in relation to the area of concern at least monthly, this includes the risk assessment, the care and support plan implementation and the use of the restriction protocol.

#### 8. Governance, due process and notification:

Governance committee: This care and support plan with a restriction protocol has been referred to the (INSERT COMMITTEE NAME RESPONSIBLE FOR GOVERNANCE OF RESTRICTIONS) on (INSERT DATE) by (INSERT NAME)

Equality and Human Rights Committee: A request has been made by BB( Keyworker) for a Due process review with the Equality and Human Rights Committee on the 7<sup>th</sup> of December 2023.

Notification: Local Notification: the restriction protocol usage is reported to the local quality and safety committee on a monthly basis.

External Notification: the use of the restriction will be notified to HIQA as per quarterly notification requirement.

Staff writing the protocol.

GG, Psychologist	AA, Occupational Therapist	BB Keyworker
HH	VP	MM, PIC
HH	Line manager	Person in Charge

Date this restriction protocol expires: 6<sup>th</sup> March 2024

Recording: Angel Guard HH

Date	Journey	Time on	Time off	Comment (observations, including any attempts)	Staff signature



Physical environment	Programme of activities, hobbies, fun and relaxation.	Physical & emotional health
<ul style="list-style-type: none"> <li>Improved lighting</li> <li>Lights that are easy to use</li> <li>Non-slip flooring in high-use areas</li> <li>Ensure a clear pathway.</li> <li>Easy access to safe /sheltered outdoor areas.</li> <li>Activity areas.</li> <li>Lowered bed height.</li> <li>Music systems that are easy to turn on/off.</li> <li>Appropriate mobility aids close at hand (railings on the wall, trapeze to enhance mobility in bed)</li> <li>Appropriate signage and visual/object reminders to aid orientation (e.g. use pictures)</li> <li>Seating options.</li> <li>A quiet area/ 'Snoezelen' room.</li> <li>Reduce environmental noise.</li> <li>Safe areas for walking.</li> <li>Preferred /familiar staff.</li> <li>Snacks and drinks.</li> <li>Sensory zones/objects, for scent, touch, sound, sight, taste and movement.</li> <li>Call button.</li> <li>Walking aids.</li> <li>Provide familiar objects for individuals (e.g. photo albums, preferred furniture etc)</li> <li>Consider electronic doors and key fobs.</li> <li>Assistive technology.</li> </ul>	<ul style="list-style-type: none"> <li>Access to Personal Items</li> <li>Participate in Food preparation.</li> <li>Self-care and personal care opportunities.</li> <li>Household tasks.</li> <li>Opportunities for Hobbies and fun.</li> <li>Exercise</li> <li>Evening and Night-time activities planned.</li> <li>Spending time with family, friends, staff.</li> <li>Planning an event, for example a trip to the cinema with a friend.</li> <li>Out and about in the community: Shopping, banking, visiting the library, going to a soccer game.</li> <li>Relaxation.</li> <li>Individual and group social activities- in home and out and about.</li> <li>Sensory based activities- baking, massage, dancing.</li> <li>Jobs, volunteer and work opportunities. Appropriate outlets for industrious people (e.g. gardening, folding linen)</li> <li>Use of social media and mobile phone.</li> <li>Use of technology, for example an iPad, a robot.</li> <li>Facilitate safe walking both within and outside the home.</li> <li>Activities box containing, for example, laundry to fold, stuffed animals, purse/wallet.</li> <li>Offer a change of seating arrangements at regular intervals with consent.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive physical check-up (screen for infection)</li> <li>Comprehensive medication management review</li> <li>Pain assessment/management</li> <li>Support Nutrition, hydration and constipation (review diet, meal plan and drinks.)</li> <li>Support sleep hygiene (e.g. bath, massage, warm milk, soothing music)</li> <li>Support mood, anxiety or worries as required.</li> </ul>
	<div data-bbox="775 1013 1438 1066">Support, Teach and Maintain Skills</div> <p>Support, teach and maintain skills in:</p> <ul style="list-style-type: none"> <li>Communication.</li> <li>Coping and tolerance.</li> <li>Social skills and friendships.</li> <li>Relaxation skills.</li> <li>Hobbies and interests.</li> </ul> <p>And other skill areas important to and for the individual, for example, fire safety, personal care, preparing for a medical appointment/procedure.</p>	<div data-bbox="1456 590 2011 675">Staff Practice</div> <ul style="list-style-type: none"> <li>Get to know each individual, their likes and dislikes and read their Personal Plan.</li> <li>Implement care and support plans for areas of concern of risk of serious harm.</li> <li>Spend time with individuals in a fun and relaxed way.</li> <li>Support individual according to their preferences and their routines.</li> <li>Know each individual's communication preferences, and use pictures/objects/ LAMH, technology, social stories to assist communication and sharing information as appropriate.</li> <li>Use active listening.</li> <li>Advocate for additional resources and/or help as required.</li> <li>Check when an area of concern of risk of serious harm is more likely and try plan to support the area of concern preventatively, and check when the area of concern is less likely to occur and plan to increase these occasions.</li> <li>Complete a risk assessment and a NIRF whenever a new area of concern of risk of serious harm presents.</li> </ul>



## Appendix 15: Sample Supports/Strategies that Meet (or may Meet) Criteria for a Restriction:

Environmental Restriction	Mechanical Restriction	Physical Restriction	Medication used as a Restriction
<ul style="list-style-type: none"> <li>• Locked front doors.</li> <li>• Surveillance technology, audio monitors, GPS/ tracking device, Visual monitors CCTV where data is stored.</li> <li>• bed alarms.</li> <li>• pressure mats.</li> <li>• Door sensors</li> <li>• alarm mats.</li> <li>• door and/or Wind chimes</li> <li>• 1:1 Supervision.</li> <li>• Infra-red Beams; infra-red door alarm.</li> <li>• locked presses.</li> <li>• locked rooms.</li> <li>• Search of individual's supported bags.</li> <li>• Lack of independent access to toilets – school.</li> <li>• Lack of access to personal finance. (money locked away)</li> <li>• Fobs on doors</li> <li>• Locked cupboards/presses/wardrobes, in kitchen, sitting room, bedroom.</li> <li>• limited choices (activities/outings etc.) because of staff shortages.</li> <li>• Locked medication box in apartment.</li> <li>• Locked door to kitchen/ Restricted access to kitchen</li> <li>• TV locked.</li> <li>• Smoking and access to cigarettes is controlled.</li> <li>• Curfew.</li> <li>• Fire exit doors are all alarmed; and are used to monitor egress also (seen as a control measure) -</li> <li>• Time for bed; and time to get up.</li> </ul>	<ul style="list-style-type: none"> <li>• Bed rails.</li> <li>• Bed bumpers.</li> <li>• child lock-car</li> <li>• (Angel guard for example).</li> <li>• lap belts.</li> <li>• groin belts.</li> <li>• arm gaiters.</li> <li>• onesies- all in one body suits.</li> <li>• wheelchair belts.</li> <li>• Transport vest.</li> <li>• Chest Belts</li> <li>• Helmet/cap/ head protector.</li> <li>• Transport harness.</li> <li>• Splints (arm)</li> <li>• Lap Belts</li> <li>• Limb splints and AFO's</li> <li>• 'Second Skin' for postural support</li> <li>• Weighted blankets</li> </ul>	<ul style="list-style-type: none"> <li>• CPI physical holds to hand/arms.</li> <li>• Physically using body to 'Head off' redirect an individual.</li> <li>• CPI disengagements /Low-level release holds (MAPA)</li> <li>• Clinical Holds</li> </ul>	<ul style="list-style-type: none"> <li>• Prescribed Medication (which may include PRN) used as a Restriction.</li> </ul>

<ul style="list-style-type: none"> <li>• No visitors after a certain time; locked bedroom door.</li> <li>• Industrial kitchen: access is restricted – individual supported. kitchenette available for tea/coffee/snacks-cereal/toast/fruit only.</li> <li>• No alcohol allowed in the home.</li> <li>• Clothes: limited /supervised access to clothes /with room locked where clothes are stored.</li> <li>• No rubber gloves in apt – restriction in relation to response time to intimate care.</li> <li>• Not able to leave a resident alone when going out with other resident (medical reasons). So, the resident has to come also.</li> <li>• Food out of reach</li> <li>• Locked doors throughout the house.</li> <li>• House alarms (to keep people in)</li> <li>• community access limited.</li> <li>• access to certain foods/drinks/ individual possessions (for example cigarettes, alcohol, money, play station, iPad, mobile phone /charger) limited, monitored, controlled.</li> <li>• heavy doors (where the individual does not have the physical. strength to open it).</li> <li>• 1:1 staff supervision (to prevent /limit)</li> <li>• sensor beams.</li> <li>• financial limits.</li> <li>• limits set on food- drinks-fizzy drinks.</li> <li>• House rules, for example everyone goes to bed at 9:30 p.m.</li> <li>• Perspex glass divider on a bus.</li> <li>• limits to environmental access- stairs/doors/rooms/upstairs.</li> </ul>			
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<ul style="list-style-type: none"> <li>• support to have a relationship is limited or prevented.</li> <li>• codes on alarm pads inaccessible.</li> <li>• wheelchair access to certain areas of the environment is limited.</li> <li>• restrictions to apps/social media.</li> <li>• seating plans on the bus /meal times.</li> <li>• limited access to enjoyable activities.</li> <li>• diets and weight management controls</li> <li>• over encouraged to participate in an activity (for the group).</li> <li>• prevented from independent travel.</li> <li>• inter positioning / blocking with object.</li> <li>• No driver on duty (Covering skill deficit)</li> <li>• Choices reduced (to cover service deficits).</li> <li>• Restrictions on social / community activities</li> <li>• Restriction on accessing MDT services.</li> <li>• Limited /no Access to transport</li> <li>• Restrictions on social / community activities</li> <li>• Limited /no access to MDT services</li> <li>• Money management programmes- collecting and monitoring spending;</li> </ul>			
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## Appendix 16: Expanded Definitions

**Equal Basis with others:** Is understood to mean, every individual should be treated in the same way as every other individual without “Any form of discrimination on the basis of disability”. This means any distinction, exclusion, or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. For example, if an individual has identified that they would like a mild sedative to assist them as they participate in a medical procedure, the mild sedative is not deemed to be ‘medication used as a Restriction’ but rather, if a mild sedative is available to any individual, this support is provided ‘on an equal basis with others. It should be noted that the context in which ‘a decision is being supported on an equal basis with others’ needs to consider if there are any other rights issues which are now influencing a particular decision to be made at this time. For example, if an individual is experiencing anxiety due to an unsupported safeguarding concern (from a peer that they are currently living with) and psychotropic medication is being recommended, this decision is being influenced by a potential ‘abusive’ situation and as such, the decision to access medication is not being made ‘on an equal basis with others’, as the individual’s right to live in a home where they are free from abuse is not being upheld.

**Environmental Restriction:** The intentional restriction of an individual’s normal access to their environment, with the intention of stopping them from leaving. This also includes denying an individual their normal means of independent mobility, means of communicating, or the intentional taking away of their ability to exercise civil and religious liberties. (Department of Health’s Towards a Restriction Free Environment in Nursing Homes).

For example, these supports/strategies may meet the definition for an environmental Restriction; use of locked doors; Furniture arranged to impede movement; Use of cameras/CCTVs, listening monitors; 1:1 support, Alarms, Bells, sensor mats, Safety gates, Electronic Mats, Individual items controlled; for example access to Mobile phone, alcohol, money, cigarettes, iPad; locked fridge; preferred items out of reach, iPad; wandering technology including GPS, Continuous monitoring /supervision, this list is not exhaustive. This can also include such blanket restrictions, or rules that result in rights restrictions, for example, there is a rule that 'everyone goes to bed at the same time, because that is the rule in this house' is an example of a blanket Restriction, in that it is applied to everyone, without any assessment, rights considerations or review.

Environmental Restrictions including blanket Restrictions are the most frequently used a Restrictions in intellectual disability services. For example, bedtime is 10:30 p.m. for everyone; no food after 9:00 p.m.; the kitchen is closed between 1:00 p.m. and 4:00 p.m.

- a. Note: pieces of equipment should not be purchased or used without an assessment completed by two staff with expertise in the area of concern of risk of serious harm including expertise with the piece of equipment, for example, a nurse for sleep hygiene together with a physiotherapist for falls and mobility.

## Appendix 17: Practice Guidelines in Specific Areas of Restriction

### 17.1 Environmental Restriction

The intent of the use of an environmental restriction, for example to keep the individual safe; does not mean that it is not a Restriction; so, ask does the environmental support meet the HIQA definition as a restrictive practice in that does it 'prevent, monitor or control an individual's normal access and free movement to and within their environment' if yes, then it is an environmental restriction and it is governed by this policy.

If an environmental support enables an individual to function more independently and does not 'prevent, monitor or control an individual's normal access and free movement to their environment' then the support is not a restriction and the two disciplines who completed the assessment and plan together with the individual and team monitor and review the care and support plan. For example, if an individual has and is able to use a key pad on their bedroom door to prevent another individual entering their private space; (bedroom/apartment); this is not an environmental Restriction; however, in this example it is a safeguarding concern as the individual is living in an environment where their privacy, individual integrity and individual belongings are not safe, and as such a safeguarding report is made.

An environmental support/strategy can help an individual function, while also being a restriction. For example, a GPS tracking device is activated on an individual's mobile phone, with the individual's consent when the individual goes out alone, this is a Restriction (as it is monitoring the individual's movement) and this policy is adhered too.

If **Environmental Restriction** is being considered for an area of concern of risk of serious harm the following must apply:

1. There are two disciplines available, with expertise in the area of concern of risk of serious harm to complete an assessment and plan, in consultation with the individual supported, their family and team as appropriate.

For example, an individual supported is leaving the house without support they need, the area of concern of 'leaving the house without support' is assessed. If additional support is required, this is discussed with the line manager, and an appropriate referral pathway is identified and actioned.

2. Staff are trained in PBS/MEBS when supporting behavioural support needs. This should be identified and supported by the front-line supervisor / line manager.
3. If an environmental restriction has been recommended, as a result of an assessment for a behavioural support need, Positive Behaviour Support is also provided.
4. If an environmental restriction has been recommended, as a result of an assessment for a behavioural support need, in the area of sexuality and intimate relationships, the SJOGCS Sexuality and Intimate Relationships Policy is consulted.
5. If an environmental restriction is being recommended as part of the care and support plan for the area of concern; The two disciplines write the Restriction protocol. This is signed by the two disciplines completing the protocol and is but one part of the care and support plan for the area of concern.

#### 5.1 Written Restriction protocol.

- Description of the restriction.
- Rationale/reason for a restriction
- Evidence of the decision-making process
- The risks and benefits of using /not using the restriction are written down.
  - The risk and benefits of the restriction on others is assessed and documented.
  - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
- When and how to implement, including staff induction/training.
- Document when the restriction is used, the duration of its use, including additional observations as required.

- Date the restriction expires.
  - Signatures of staff writing the restriction protocol and the line manager's signature.
  - Monitoring and review information.
  - Governance, due process and notification information.
6. Staff are trained in the protocol (use of the environmental Restriction).
  7. The impact of an environmental restriction on others sharing the environment is also assessed and responded to. For example, safeguarding reports, human rights, advocacy considerations and the individual's participation in decision making.
  8. A staff member is identified during an incident of planned environmental Restriction; they undertake responsibility to ensure.
    - 8.1 that the individual supported is safe and monitored during the use of the environmental restriction; as per the protocol written.
    - 8.2 they document the use of the restriction /complete the incident report, if required.
    - 8.3 oversee the review of the incident.
    - 8.4 notify their front-line supervisor / line manager (and other individual as per the protocol for example if a child, the guardian)
    - 8.5 debrief is completed; (review is scheduled if required or as per the review guidelines)
    - 8.6 and a record of this process is placed in the individual's supported file.
  9. Recording of a restriction: each incident of environmental restriction should record the following:
    - 9.1 the reason for its use
    - 9.2 date and duration of use.
    - 9.3 alternative supports/strategies that were tried and unsuccessful and the reasons why.



9.4 impact of the environmental restriction on the individual (and others if applicable, for example individuals sharing the environment, staff members, others)

9.5 Names of the staff involved in the use of the environmental restriction.

10. If an environmental restriction is being used in an emergency and where the individual poses a risk of serious harm to them-selves and/or others and all other supports/strategies have been tried and deemed ineffective, see emergency use of a restriction.
11. The care and support plan includes strategies for removing/reducing the use of environmental a Restriction, developed by the two disciplines who completed the assessment for the area of concern of risk of serious harm.
12. If a planned restriction has not been used in a 3-month period, it is removed from the individual's supported plan.
13. Environmental restrictions are reviewed, for example, every 12 months, or as agreed by the team, including the two disciplines who completed the care and support plan, along with individual supported.
14. The front-line supervisor / line manager initiates this review.

## 17.2 Physical Restriction (including clinical holding)

**Physical Restriction** should be avoided, if at all possible, not used for prolonged periods and should be ended at the earliest opportunity. NICE NG10 (1.4.29, 1.4.30).

1. If **physical Restriction** was used in an emergency; document this on a behaviour incident form/behaviour report form, a NIRF form, a Restriction record form if applicable; and arrange for a review to be completed for the area of concern of risk of serious harm. This is also a notifiable event to HIQA (see use of emergency a Restriction).
2. All use of an Emergency CPI disengagement requires a NIRF (NIMS), a behavioural incident form, and a review of the area of concern of a risk of serious harm, this is recorded on the individual's supported plan. If using a CPI dis-engagement, it signifies an area of concern of risk of serious harm and the need for additional assessment/supports.

The line manager reviews the incident and together with the individual and the team determine if the disengagement meets criteria for a Restriction (using HIQA restriction criteria); if yes, it is a notifiable event.

3. If physical restriction is being considered or has been used (in an emergency) for a behavioural support need, a referral is made to access /review Positive Behaviour Support (with MDT input as required) for the individual.
4. If a clinical hold (physical restriction) is being considered or has been used (in an emergency) for a medical reason, including dental care, or intimate personal care, the front-line staff together with the individual and the line manager complete a risk assessment and together identify if any additional support is now required. A NIRF form, a Restriction record form if applicable are completed; and a review is completed for the area of concern of risk of serious harm. This is also a notifiable event to HIQA (see use of emergency a Restriction).
5. If a planned CPI disengagement is assessed as required and recommended, it is recommended that a psychologist or a psychiatrist or a ANP in PBS, GP (or other, behaviour practitioner, director of nursing) is involved in the assessment and plan.
6. A planned physical restriction can only be used when all of the following are in place:
  - 6.1 when an assessment and Positive Behaviour Support plan or other plan, for example “dental care’ care and support plan’ and “intimate care’ care and support plan’ is completed and a psychologist, or other discipline (a nurse, CNS, advanced nurse practitioner in PBS, psychiatrist, behaviour practitioner, GP, regional director of nursing) with competence in Positive Behaviour Support or other in consultation with the individual supported, their family and team as appropriate recommend a planned physical restriction
  - or**
  - 6.2 when an assessment is completed for medical/dental/intimate care needs by two professionals, together with the individual (their family and team as appropriate) who have the competency to assess the area of concern.

- 6.3 There is a written planned restriction protocol, developed by the two disciplines who completed the assessment and plan.
- b. Written Restriction protocol.
- Description of the restriction.
  - Rationale/reason for a restriction
  - Evidence of the decision-making process
  - The risks and benefits of using /not using the restriction are written down.
    - The risk and benefits of the restriction on others is assessed and documented.
    - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
  - When and how to implement, including staff induction/training.
  - Document when the restriction is used, the duration of its use, including additional observations as required.
  - Date the restriction expires.
  - Signatures of staff writing the restriction protocol and the line manager's signature.
  - Monitoring and review information.
  - Governance, due process and notification information.
- 6.4 Only a psychologist, psychiatrist (or other, GP, director of nursing) can make a recommendation for a physical Restriction, and this recommendation is based on an assessment. (**Note:** A CPI trainer cannot recommend a physical Restriction.)
- 6.5 there are staff trained in the restriction protocol (CPI), the opt out sequence is known, and no physical restriction is held for more than 10 minutes.
- 6.6 The care and support plan (PBS plan/other, for example intimate care and support plan) includes strategies to reduce and/or remove the use of physical Restriction.

7. A staff member is identified during an incident of planned physical Restriction; and they undertake responsibility to ensure:
  - 7.1 that the individual supported is safe during the physical restriction
  - 7.2 that the physical restriction is implemented by staff member(s) trained in the physical restriction
  - 7.3 they document /complete the incident report.
  - 7.4 oversee the review of the incident.
  - 7.5 notify the front-line supervisor / line manager (and other individual as per the protocol for example if a child, the guardian)
  - 7.6 debrief is completed.
  - 7.7 review is scheduled if required otherwise it occurs per the timeline outlined for review (at a minimum every 3 months)
  - 7.8 and a record of this process is placed in the individual's supported file.
8. Each incident of physical restriction should record the following:
  - 8.1 the reason for its use
  - 8.2 date and duration of use.
  - 8.3 impact of the physical restriction on the individual (and others if applicable, for example individuals sharing the environment, staff members, others)
  - 8.4 alternative supports/strategies that were tried and unsuccessful and the reasons why.
  - 8.5 if there is a behaviour support plan or other for the area of concern or risk of serious harm requiring the physical Restriction
  - 8.6 names of the staff involved in the physical restriction.
  - 8.7 Restriction record form is completed.
  - 8.8 HIQA notification is recorded and made as per the required timelines.
9. If a planned physical restriction has not been used in a 3-month period, it is removed from the individual's supported plan. Physical restrictions are reviewed for example every 3 months, or as agreed by the team and the individual.

### 17.3 Mechanical Restriction

If a **Mechanical Restriction** is being considered for an area of concern of risk of serious harm the following must apply

1. Two disciplines with expertise and competence in the area of concern for example (as per our multi-disciplinary approach, nurse, Physiotherapist, Occupational Therapist Clinical Nurse Specialist, Psychologist, Social Care, Instructor, Behaviour Specialist, Psychiatrist, Social worker, Health care assistant, speech and language therapist etc.) will work collaboratively to complete an assessment and plan for the area of concern of risk of serious harm, in consultation with the individual, their family and team as appropriate.
2. If a device, meets the HIQA definition of a restrictive procedure; it is noted as a Restriction and as such this policy is adhered to.
  - The two disciplines, who have completed the assessment and plan will note whether any of the supports/strategies in the care and support plan for the area of concern meet the definition of a restriction. The assessment will also consider the risk of using and/or not using the mechanical restriction as a control measure.

#### **For example: Are bedrails and lap belts always considered a physical a Restriction?**

The Chief Inspector provides the following clarification on the classification of bedrails and lap belts as a Restriction: “Where a resident can safely release themselves from a bedrail of their own volition in order to get in or out of bed, or can safely free themselves from a lap belt of their own volition, then the use of a bed rail or lap belt in this context does not need to be reported to the Chief Inspector as an occasion when a Restriction was used”. *Source: HIQA Monitoring Notifications Handbook February 2018.*

### ***‘The Use of Mechanical Device: Restraint vs Posture***

The definition of mechanical restraint adopted in these practice guidelines excludes the use of devices for therapeutic purposes relating to postural and orthopaedic needs, as this is never considered restraint.

For example, the application of a groin strap to manage extensor spasticity of an individual with cerebral palsy is considered a postural support and not considered mechanical restraint.

Whereas the application of a groin strap to secure a client with reduced mobility in a chair to prevent them wandering is a restrictive intervention as it limits their free movement through behavioural control.

Understanding why a mechanical device (e.g. wheelchair, splint etc.) is being requested for an individual will assist determine whether the device is being proposed for postural management or to act as a restraint.

The occupational therapist should always be explicit and transparent in their documentation regarding the purpose behind device use so that it can be appropriately managed and reviewed. This imperative to ensure items are not misused as restraint. Examples of postural supports being used incorrectly on a wheelchair could include: (i) brakes being applied to restrict a person’s ability to navigate their environment (ii) seatbelts not being removed when a person is not being actively transported or (iii) tilt-in-space/recline being applied solely to restrict someone getting out of a chair.

DRAFT from AOTI RR Guidelines 2024.’

- If the device/procedure does not meet the criteria as a Restriction; but rather is an enabler, the professional’s clinical guidelines and the protocol for the appropriate use of the procedure will be adhered to. If these clinical guidelines are not adhered to the mechanical device, aid or appliance as an enabler may be a restriction. For example, using a wheelchair for mobility may not be a restriction, but putting the brakes on an individual’s wheelchair to control their ability to self-propel is a restriction, leaving a lap tray on an individual’s supported chair when they have finished their meal to prohibit them from standing up.

- Should any staff member observe an enabler used as a Restriction, this is recorded and notified to the line manager, including the individual and their circle of support (as appropriate), the two disciplines who completed the assessment and care and support plan, recorded on the restriction register, and notified to the Equality and Human Rights Committee and HIQA as required.
3. If a mechanical restriction is being recommended for a behavioural support need, Positive Behaviour Support Policy is adhered to, and Positive Behaviour Support is provided.
4. There is a written mechanical restriction protocol, developed by the two disciplines who completed the assessment and plan, and it includes.
- a. Written Restriction protocol.
    - Description of the restriction.
    - Rationale/reason for a restriction
    - Evidence of the decision-making process
    - The risks and benefits of using /not using the restriction are written down.
      - The risk and benefits of the restriction on others is assessed and documented.
      - The risks of physical and psychological harm, medical vulnerabilities, history of trauma or abuse, sensory issues, culturally safe practices or other are considered.
    - When and how to implement, including staff induction/training.
    - Document when the restriction is used, the duration of its use, including additional observations as required.
    - Date the restriction expires.
    - Signatures of staff writing the restriction protocol and the line manager's signature.
    - Monitoring and review information.
    - Governance, due process and notification information.

5. A staff member is identified during the use of a planned mechanical restriction, and they undertake responsibility to ensure:
  - 5.1 that the individual is safe during the mechanical restriction
  - 5.2 that the mechanical restriction is implemented by staff member(s) trained in the mechanical restriction
  - 5.3 they document /complete the incident report.
  - 5.4 oversee the review of the incident.
  - 5.5 notify the front-line supervisor / line manager (and other individuals as per the protocol for example if a child, the guardian)
  - 5.6 debrief is completed.
  - 5.7 review is scheduled if required otherwise it occurs per the timeline outlined for review (at a minimum every 3 months)
  - 5.8 and a record of this process is placed in the individual's supported file.
6. Recording of a restriction: each incident of mechanical a restriction should record the following:
  - 6.1 the reason for its use
  - 6.2 date and duration of use.
  - 6.3 alternative supports/strategies that were tried and unsuccessful and the reasons why.
  - 6.4 impact of the mechanical restriction on the individual supported (and others if applicable, for example individuals sharing the environment, staff members, others)
  - 6.5 names of the staff involved in the use of the mechanical a restriction.
7. If a mechanical a restriction is being used in an emergency, (as in it has not been previously assessed for and recommended) and where the individual poses significant risk of harm to themselves and/or others and all other supports/strategies have been tried and deemed ineffective, see emergency use of a restriction.
8. The care and support plan for the area of concern of risk of serious harm includes strategies to reduce and/or remove the use of mechanical restriction.



9. If a planned mechanical restriction has not been used in a 3-month period, it is removed from the individual's supported plan. Mechanical restrictions are reviewed, for example every 3 months or as agreed by the team and the individual supported.

#### 17.4 Medication used as a Restriction.

'When a **doctor, nurse prescriber, or other healthcare professional** prescribes or oversees the giving of a specific medication, they can provide guidance on whether that prescription or the way the medication is given might be considered a **restriction**.

SJOGCS advocates for a biological-psychological-social environmental evidence-based model of mental illness with individuals with an intellectual disability.

1. Only a registered medical practitioner/nurse prescriber can prescribe a medication used as a restriction. They can be consulted regarding 'whether a medication meets the criteria for a medication used as a restriction.'
2. If medication used as a restriction is being recommended an assessment on the area of concern of risk of serious harm along with a care and support plan is completed, in consultation with the individual, their family and team as appropriate.
3. If medication used as a restriction is being considered for a behavioural support need, in keeping with best practice, Positive Behaviour Support (using the MEBS model) is also provided.
4. The staff member administering a Medication as a restriction, follow the medication administration policy.
5. If medication is used for a behavioural support need each administration is documented on the Kardex and a BRF/NIRF report is completed.
  - 5.1 notify their front-line supervisor / line manager (and other individuals as per the protocol for example if a child, the guardian, and prescribing clinician)
  - 5.2 debrief is completed.

- 5.3 A review is scheduled if required or as per the guidelines.
- 5.4 and a record of this process is placed in the individual's supported file.
- 6. Recording of medication used as a Restriction: Each incident of medication including PRN used as a Restriction should record the following on the Kardex:
  - 6.1 the reason for its use
  - 6.2 date of use
- 7. The care and support plan for the area of concern of risk of serious harm (PBS plan/other) includes strategies to reduce and/or remove the use of medication used as a restriction, developed by the registered medical practitioner(s) /nurse prescriber and one other discipline.
- 8. The care and support plan may also include for example: If a PRN medication used as a restriction for behavioural purposes is not required for a specified period (as written by the prescribing practitioner, for example 3 months) it is reviewed with the Psychiatrist and if appropriate removed from the individual's supported Kardex and individual plan.
- 9. Medication is administered and dispensed as prescribed, in conjunction with any protocol developed.
- 10. Medication should only be administered as prescribed. Any misuse of medication /medication error is reported in line with the medication policy.

## Appendix 18: CPI Training

### 18.1 CPI (or other physical intervention training packages approved by a director of a service)

1. SJOGCS uses CPI (*Crisis Prevention Institute*) as a model of crisis prevention training and intervention.

CPI modules include i.e.,

- a. Verbal Intervention™ (de-escalation)
- b. Safety Intervention Foundation™ (de-escalation and disengagements and physical holds)
- c. Safety Intervention Advanced™ (de-escalation, disengagements, and physical holds for higher risk situations)
- d. Clinical Holding™ 'Training provides the skills to deliver essential care safely and effectively. **Clinical Holding** involves the restriction of movement to deliver essential care and treatment. Clinical Holding can be used as a method of helping children or adults provided the individual consents to such action. Where an individual cannot consent due to the lack of capacity, clinical holding may be used provided such action is in accordance with current legislation and guidance and is the person's best interest.

It's for when the treatment for a person without capacity is necessary and, in the person's best interests, all while ensuring Care, Welfare, Safety and Security SM.'

'The CPI Clinical Holding™ 'Skills Lab' provides staff with an effective approach for safely delivering essential care and treatment to people with impaired capacity, who are undergoing certain aspects of care and treatment and are presenting challenges to staff that can result in potential harm to the individual and/or staff.'

Clinical Holding meets the definition of physical restriction.

2. Each Region will identify what CPI modules/training (if any) are required in each area of their region.

3. Physical Restriction and clinical holds should not be trained unless they are deemed absolutely necessary. Given our commitment to enabling restriction free practices and environments, the nine principles of ADM and our Equality and Human Rights Policy, every effort must be exhausted, before a physical restriction or a clinical hold is recommended.
4. CPI trainers cannot and do not recommend the use of a physical restriction or clinical holds for any individual supported. They can be consulted with if required.
5. Clinical Holding training is certified as meeting the Restraint Reduction Training Standards (UK) when delivered as part of the Safety Intervention™ training programme.
6. Each Region will identify what CPI modules/training (if any) are required in each area of their region.

## 18.2 CPI Trainers (informed by MEBS model of PBS)

To be a CPI trainer in SJOGCS all CPI trainers must have successfully undertaken and completed:

- a. The full Instructors Course provided by CPI.
- b. The eLearning module (minimum) on PBS using the MEBS Model with Callan Institute and desired; completed the Practice Certificate in MEBS with Callan Institute.
- c. Evidence on-going professional development.
- d. And maintain their certification by adhering to the standards identified by CPI and also attending the CPI trainer's refresher course(s) as required.

## Appendix 19: Restrictive Practices — General Principles and Guidance for Consideration

The following principles are informed by regulations, the National Standards, and the Department of Health's national policy Towards a Restriction Free Environment in Nursing Homes. ([Restrictive-Practice-Guidance DCD.pdf \(higa.ie\)](#))

- *Restrictive practices are an infringement of an individual's constitutional right to liberty and bodily integrity and should only be used when absolutely necessary.*
- *Providers should, in so far as is practicable, seek to reduce or eliminate the use of restrictive practices.*
- *Where restrictive practices are assessed as necessary, they should be implemented, where possible, in consultation with the individual receiving care and with their informed consent.*
- *Assessments should identify any physical, medical, psychological, emotional, social, and environmental issues which may be contributing to the use of restrictive practices.*
- *Any restrictive practice should be proportionate to the identified risk(s).*
- *The use of restrictive practices should be subject to ongoing review to determine if they continue to be necessary and should be removed as quickly as possible when no longer required. Reviews should also be used as an opportunity to trial alternatives that are less restrictive and or for a shorter period of time.*
- *Providers should: be aware of the use of restrictive practices in their centres be assured that they are used in compliance with the regulations and National Standards have a senior manager or a committee in place whose goal it is to reduce and or to eliminate the use of restrictive practices.*
- *Staff should have access to appropriate training on restrictive practices, including prevention and alternatives, and be supported in getting to know each individual's needs and preferences.*
- *Providers should collect and analyse data on the use of restrictive practices in order to identify patterns or trends*

## Appendix 20: Enabling Restriction Free Practices and Environments Audit Tool

Standard		Yes	No	N/A	Comment
1.	There is an easy read for individuals and families describing SJOGCS Enabling Restriction Free Practices and Environments (when supporting an area of concern of risk of serious harm) Policy.				
2.	There is a SJOGCS Enabling Restriction Free Practices and Environments Policy which staff can locate and talk about.				
3.	On interview staff can describe, name, and identify types of Restriction;				
4.	On interview staff can describe what to do if they identify an area of concern of risk of serious harm;				
5.	Individual records evidence assessment and care and support plans with alternative supports/strategies to restriction for an area of concern of risk of serious harm.				
6.	Individual records evidence a multi-disciplinary approach and the decision-making process the individual was supported with is documented.				
7.	Individual records evidence that the review of the care and support plan, with alternative supports/strategies to restriction (no restrictions used) is effective in supporting the area of concern and reducing the risk of serious harm.				
8.	Individual records evidence of an assessment for the recommendation of a restriction, as part of a more comprehensive care and support plan.				
9.	Individual records evidence that the care and support plan includes supports and strategies to reduce and remove the restriction with review and evaluation in place as required.				
10.	Individual records, the care and support plan, include a protocol for the use of the restriction; if required, to include a record of use and review.				
11.	Individual records evidence that the care and support plan review and evaluation has occurred as required, with evidence that the area of concern is being supported, the risk of serious harm reducing the use of a restriction is reducing/or has been removed.				
12.	Person Centred planning is evident in the individual's records.				
13.	The Quality and Safety Committee have oversight and ensure compliance of this policy as evidenced by the minutes, specifically data on areas of concern of risk of serious harm and restriction usage in the service.				

### Summary of Audit:

Signed by:

Date:

DATA ON THE NUMBER OF INDIVIDUALS WITH AREAS OF CONCERN OF RISK OF SERIOUS HARM WITH A CARE AND SUPPORT PLAN WHICH INCLUDES A RESTRICTION

**Appendix 21**

<b>Date:</b>	<b>Period of data: (e.g. Oct-Dec 2023)</b>	<b>Designated Centre or Area:</b>	
<b>Individual Completing this form:</b>			
Type of Restriction	Definition	Record data on the number of individuals supported who experienced an environmental restriction in the last 3 months. (either as an emergency or in a planned way)	
<b>Environmental Restriction</b>	The restriction of an individual's environment. For example, a locked door, a remote control for the TV is out of reach.	No. of individuals, in the last 3 months.	
		Example: 5 individuals	
<b>Physical Restriction  And  Clinical Holds</b>	is when a person (staff member for example) physically holds or uses a restrictive disengagement and restricts an individual's freedom of movement. For example, holding an individual to stop them from doing something or to make them do something. (this includes any use of physical restriction in relation to medical, dental, personal and intimate care aka as clinical holding)	Record data on the number of individuals supported who experienced a physical restriction and the number of times this occurred with each individual. (either as an emergency or in a planned way)	
		No. of individuals	No. of times a physical restriction was used with each individual in the last 3 months.
		Example: Individual 1	3 times
		Individual 2	8 times
		Individual 3	Clinical Hold for intimate care; used 5 times a day for the last 3 months. 3,150
		Total:	

<b>Medication used as a Restriction</b>	<p>is when medication is being used to control or change an individual's supported behaviour.</p> <p>When a <b>doctor, nurse, or other healthcare professional</b> prescribes or oversees the giving of a specific medication, they can provide guidance on whether that prescription or the way the medication is given might be considered a <b>restriction</b>.</p>	Record data on the number of individuals supported who experienced medication used as a restriction in the last 3 months and the number of times this occurred. (either as an emergency or in a planned way)	
		No. of individuals in the last 3 months.	Each occasion administered in the last 3 months.
		Example: Individual 1:	3 times
		Total:	
<b>Mechanical Restriction</b>	<p>The use of a device to restrict someone's movement. For example, an angel guard, use of a splint, a body suit.</p>	Record data on the number of individuals supported who experienced a mechanical restriction in the last 3 months (either as an emergency or in a planned way)	
		No. of individuals in the last 3 months.	
		Example: 3 individuals.	
		Total:	



## Note: COLLECT DATA PER INDIVIDUAL

It may also be useful for each region to consider what are the areas of concern restrictions are being used, for example:

Area of concern which could result in a risk of serious harm is not supported:

Definitions:

Postural/Mobility/Movement	For example: Falling when; Sitting, walking, sleeping, standing, bending, steps/stairs, running, Sitting when traveling in a vehicle/car/van.
Medical /dental care needs (including personal and intimate care)	For example: Medical intervention/support including personal and intimate care; Routine medical procedures (phlebotomy), Drop seizures, post-surgery care; medical intervention (catheter for example); Personal care, Mental health needs; swallowing/ eating; diet; breathing
Access (items/environments)	For example: Access to; Household harmful items/substances; cleaning supplies/knives/window openings/doors opening to outdoors; rooms/ offices; access to individual items (e.g., Lighter, money, mobile phone) foods/drinks (for example allergies, risk of choking)
Behavioural Support	For example: Physical Harm to self/others; physical /verbal aggression, self-neglect. Emotional/psychological harm/need to self/other, e.g. distress (for example grief), stress in relation to participating in an event/occasion; sexuality and intimate relationships.
Other(specify)	For example: safeguarding; two individuals being kept apart while living in the same home; sexuality.

## Appendix 22: Restriction Reduction Audit Resources HIQA

### Self-assessment questionnaire Restrictive practice thematic programme Disability Services HIQA

This self-assessment questionnaire has been developed by the Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) to aid service providers to prepare for the Chief Inspector's restrictive practice thematic programme.

[Restrictive practices Self-assessment questionnaire DCD \(hiqa.ie\)](https://www.hiqa.ie/restrictive-practices-self-assessment-questionnaire-dcd)

### Assessment judgment framework for thematic inspections of restrictive practices Disability Services Effective June 2023 HIQA

The assessment judgment framework for thematic inspections of restrictive practices is specifically designed for use in the thematic inspections of restrictive practices in designated centres for older people. This programme of inspections is focused primarily on the National Standards for Residential Services for Children and Adults with Disabilities (2013).

[Assessment judgment framework for thematic inspections of restrictive practices - DCD \(hiqa.ie\)](https://www.hiqa.ie/assessment-judgment-framework-for-thematic-inspections-of-restrictive-practices-dcd)

### Restrictive Practice Thematic Programme Quality Improvement Plan Designated Centres for People with Disabilities HIQA

The Quality Improvement Plan is specifically designed for use in the thematic inspections of restrictive practices in designated centres for people with disabilities. This document should be used in conjunction with the self-assessment questionnaire for restrictive practices. Once a provider or individual in charge has completed the self-assessment questionnaire, this plan provides an opportunity for the provider and individual in charge to target areas for improvement under each of the eight themes. This quality improvement plan is not required to be submitted to the Office of the Chief Inspector with the self-assessment questionnaire but will be reviewed during the inspection phase of the programme.

[Restrictive-Practice-Quality-Improvement-Plan DCD.docx \(live.com\)](https://www.hiqa.ie/restrictive-practice-quality-improvement-plan-dcd.docx)

### [Guidance on restrictive practice \(DCD\) | HIQA](https://www.hiqa.ie/guidance-on-restrictive-practice-dcd)

This guidance has been produced to assist registered providers of designated centres for people with disabilities and staff working in these centres to focus on quality improvement in the area of restrictive practice. Providers should use this guidance to promote a care environment that is free from restrictive practice, and to assess the use of restrictive practices in their centres with a view to reducing or eliminating their use.

[Restrictive-Practices-FAQ.pdf \(hiqa.ie\)](https://www.hiqa.ie/restrictive-practices-faq.pdf)

## Appendix 23: Policy Context

This Policy is primarily concerned with the following documents, which in turn are consistent with and informed by relevant legislation and policy.

- Health Act 2007 (as amended)
- Health act 2007 (Care and support of residents in designated centres for individuals (children and adults) with disabilities) regulations 2013
- Health Information and Quality Authority. National Standards for Residential Services for Children and Adults with Disabilities. Dublin 2013
- Health Service Executive. Policy on the Use of Physical Restrictions in Designated Residential Care Units for Older People. Dublin: HSE, 2010.
- Assisted Decision Making (Capacity) Act 2015
- Safeguarding Vulnerable Individuals at Risk of Abuse; National Policy and Procedures. Social Care Division HSE 2014. (2019)
- HSE Guiding Principles on Preventing the Need for Restriction (2021)
- SJOGCS39 Policy on Equality and Human Rights for Children (Promotion and Protection) (2021)
- SJOGCS11 Policy on Equality and Human Rights (Adults) (Promotion and Protection) (2020)

## Appendix 24: Membership of the Restraint Reduction Policy Review Committee

Elaine Fitzsimons (Dublin South East Services) Principal Clinical and Educational Psychologist

Dr Noel Hannan (Dublin South East Services /Liffey Services) Consultant Psychiatrist

Eucemia O'Leary (Dublin South East Services) Occupational Therapy Manager

Catriona Murphy (Kerry Services) Person in Charge; Children and Adult Respite Co-ordinator/Afterschool Co-Ordinator

Sinead Carey (Liffey Services) Programme Manager, Day Services

Gary Luckie (North East Services) Clinical Nurse Specialist, Positive Behaviour Support

Claire Blackmore (North East Services) Clinical Nurse Manager, Positive Behaviour Support

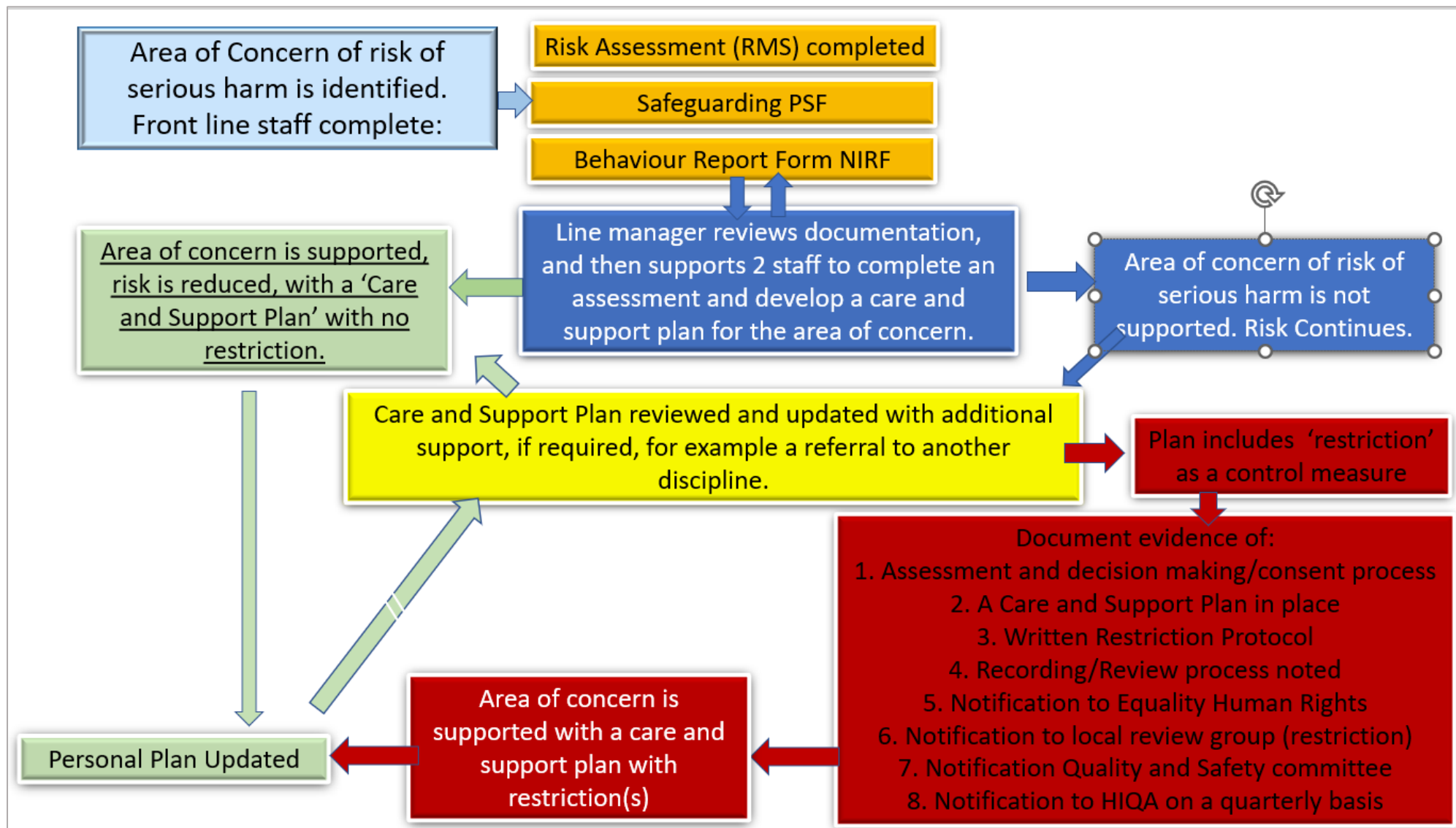
Erica Matthews (North East Services) Clinical Nurse Manager, Positive Behaviour Support

Mark Dockery (North East Services) Senior Physiotherapist

Lorraine Carolan, PA to Director Programme, Quality and Safety (Secretary)

**Chair:** Caroline Dench, Co-ordinator Callan Institute

**Appendix 25: Flowchart to be used to develop Local Guidelines which can then be attached to this Policy as required.**



## Staff Signature Sheet

I have read, understand, and agree to adhere to the 2024 SJOGCS Enabling Restriction Free Practices and Environments Policy (as we support Individuals with areas of concern of risk of serious harm) (SJOGCS16)

[illegible]