

# Reducing Restrictive Practice: De-mystifying the Principles

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# Why the focus on restrictive practice?

## Recent UK national and local drivers

- Winterbourne View (2011)
- MIND report (2013)
- RCN guidance (2013)
- Positive and Proactive Care (2014)
- MHA Code of Practice (2015)
- NICE Guideline 10 (2015)
- Media
- CQC
- Public



## Impact on the frontline

- Still a wide spread use of restrictive practice (CQC)
- An increase in assaults in mental health services year on year (NHS Protect)
- Approximately 70% of all reported assaults on NHS staff occur within the mental health sector (NHS Protect)
- Increase of nearly 17% in restraint from 2013/14 to 2015/16 (Nursing Times, 2016)

### CYGNET

- 11 restraints per 1000 bed days compared to 9 the previous year
- 6.2% increase in seclusion
- Overall figures of incidents that led to a restrictive interventions such as restraint are comparative to other organisations (NHS Benchmarking Network)
- Board level audit found use of restrictive interventions that could be reduced or eliminated



# Understanding the Problem

- Staff questionnaire on understanding of restrictive practice
- All hospitals covered apart from nursing homes
- Method and limitations
- Variable range of understanding of restrictive practice

**“Restricting people’s ability to do everyday things usually because of policy or safety”**

**“If a staff member restricts access without proven rationale or justification or as a blanket rule these would be deemed restrictive”**

**“Practice that may restrict or limit what patients can and cannot do”**

**“When a person’s rights or freedoms are controlled”**

**“A form of managing behaviour which is deemed risky and as a result certain privileges are lost in order to maintain the safety of the individual and others”**

**“Interventions which limit a service user’s opportunity to engage in certain behaviours, usually behaviours which would cause harm to themselves or others”**

**“Nursing in a way that takes away rights, it is mainly to do with risk”**

**“Restricting people from exercising their basic human rights”**

**“When you don’t allow patients to do things that they would normally do if they were in their own environment”**



“Following rules”

“Got to do with  
managing aggression  
and prevention”

“Got to do  
with PMVA”

“It is to stop service users from  
pushing boundaries, if I say smoking  
is on the hour it will be on the hour”

“Restraint”

“It is when you are being  
bossy to a patient”

“Depends on the  
person; secluding  
and segregation”

“It is what I am  
restricted to”

“The bounds that are put in  
place to restrict people if  
they have capacity”

“Guided by some  
of the rules”

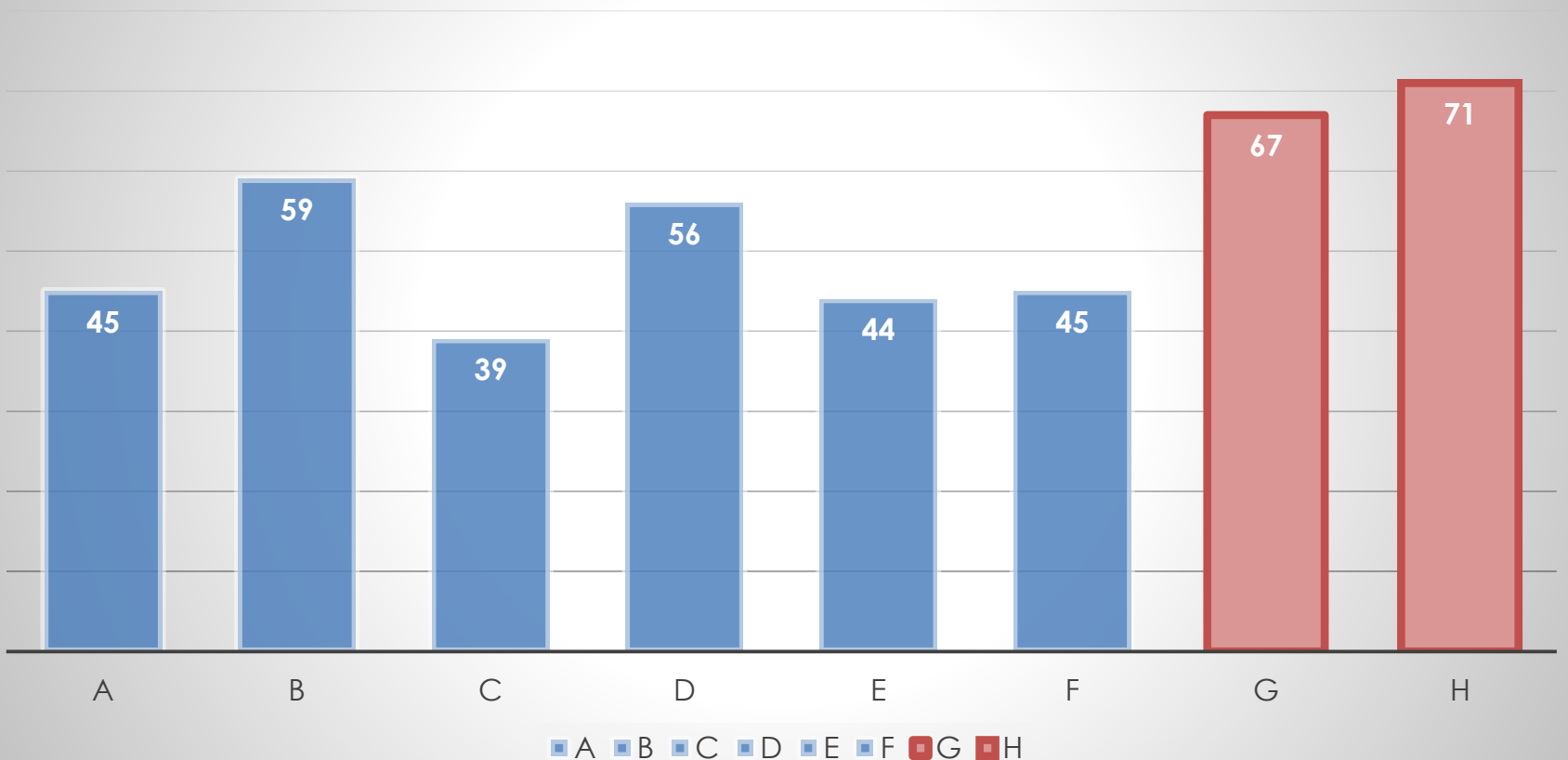
“Heard of it,  
prevention of...can't  
remember”

“Practice within limits”

# Initial Questionnaire results



**% of Staff understanding**





# What is restrictive practice?

## Definitions

- Restrictive interventions are **deliberate acts** on the part of other person(s) that
  - **restrict a patient's movement, liberty and/or freedom to act independently** in order to:
  - **take immediate control of a dangerous situation where there is a real possibility of harm** to the person or others if no action is undertaken, and
  - **end or reduce significantly the danger** to the patient or others.  
(MHA CoP, 2015)
- Restrictive practice is **making** someone do something they don't want to do or **stopping** someone doing something they want to do  
(Skills for Health, 2014)

# Restrictive Practice

## Role and effect in Health Care

Restrictive Practices are used mostly to prevent and/or manage challenging behaviours and sometimes to safeguard vulnerable service users from abuse or exploitation (DH, 2015).

### **These practices are known to:**

- Trigger flashpoints
- Cause conflict
- Lead to more restrictions
- Increase levels of stress
- Prolong recovery

# Least restrictive option

## What it is not ❌

**It is not** about letting vulnerable service users do whatever they want to do

**It is not** about getting rid of all rules and regulations

**It is not** about compromising staff and service user safety

## What it is ✅

**It is** about reducing risk and maintaining safety using the least restrictive option available

**It is** about promoting freedom autonomy and choice even in a restrictive environment

**It is** about showing empathy, respect, being helpful and taking responsibility for our actions

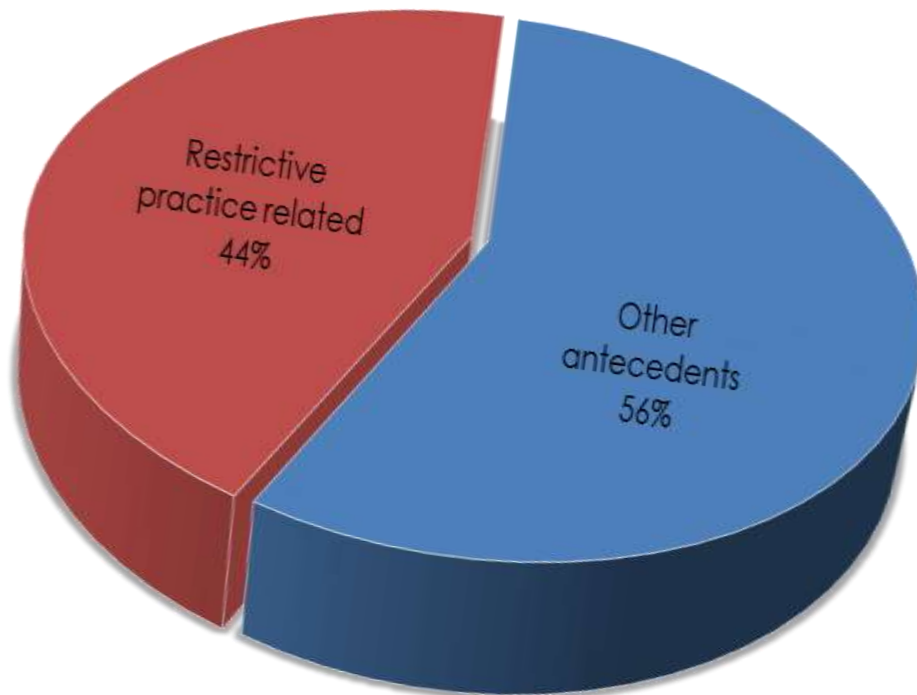
## What we did

- Restrictive Practice awareness campaign to support staff in understanding the meaning of restrictive practice and its impact
- Modified scenarios in PMVA syllabus to focus more on least restrictive options
- Audit and evaluation of each service/ward, looking into procedures, ward rules and blanket restrictions, measuring it against the risk it was meant to address
- Exploring with service managers and staff available alternatives (negotiable and non-negotiable boundaries).
- Reducing restrictive practice training package was developed and delivered to PMVA Instructors as leads in the 'least restrictive option' agenda
- Updated policies – PSTS, Seclusion and LTS
- Reducing Restrictive Practice Strategy and delivery plan

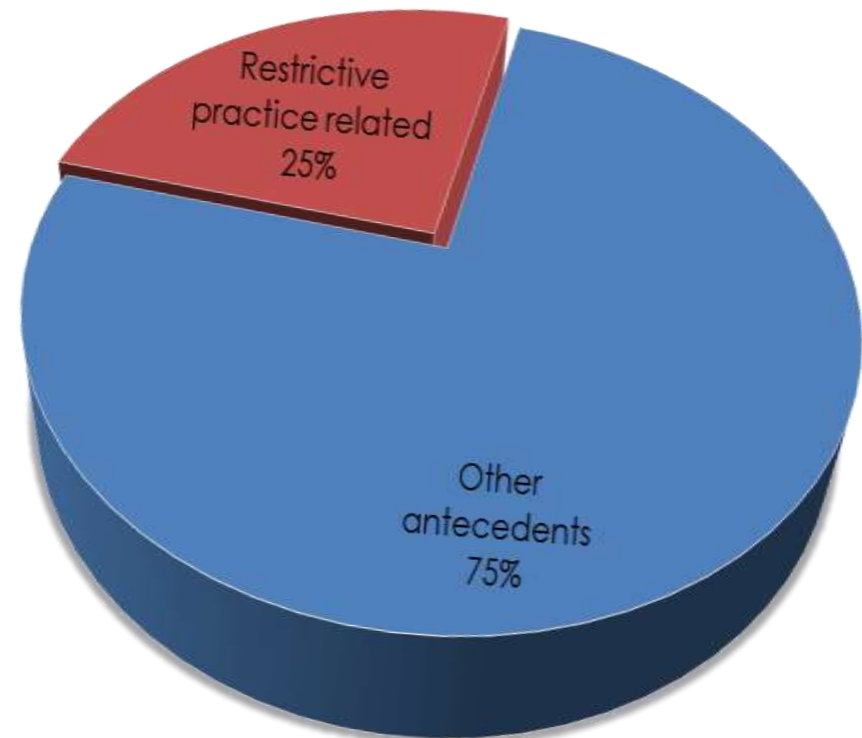
# Preliminary Results

## Pilot site

Jan –Sept 2014

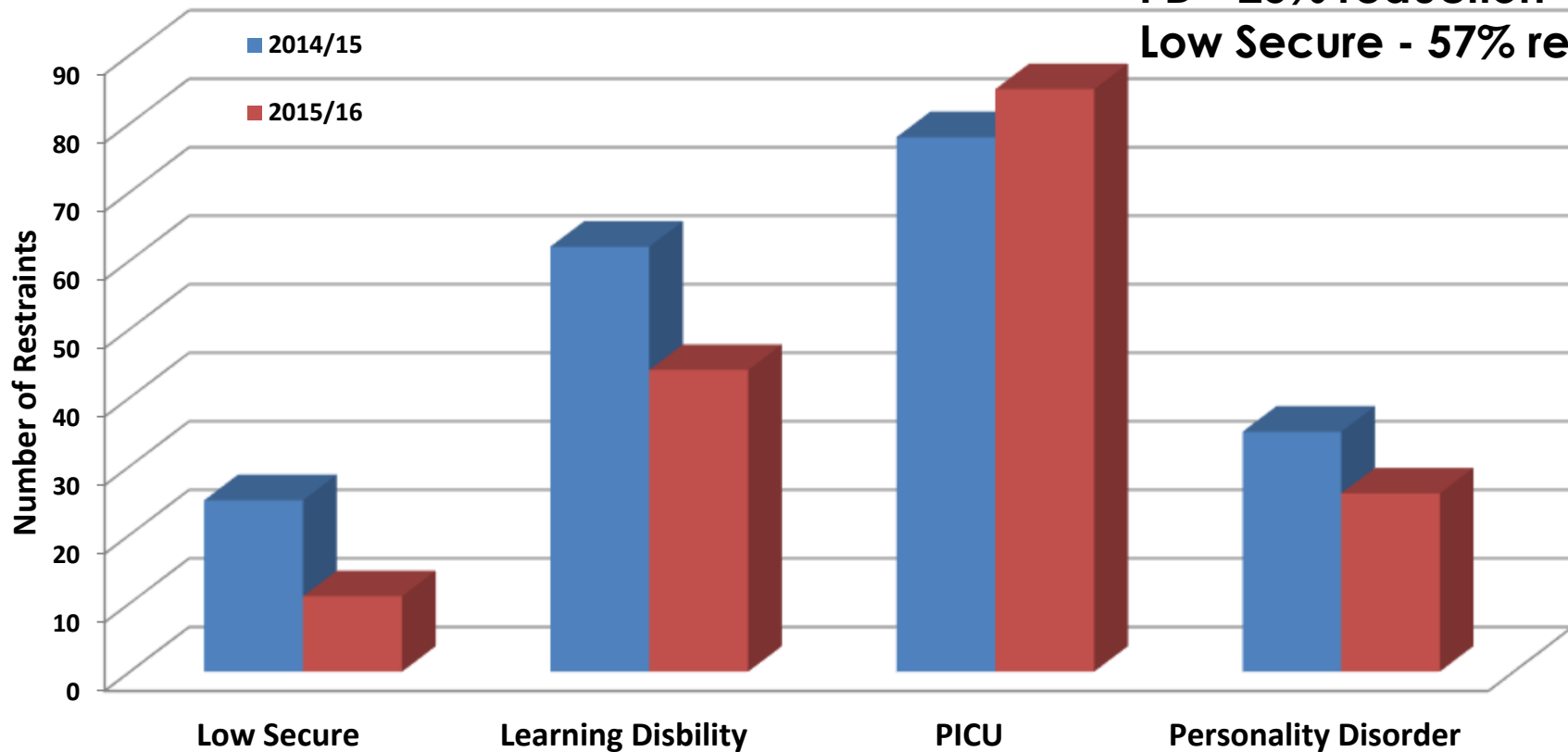


Jan – Sept 2015



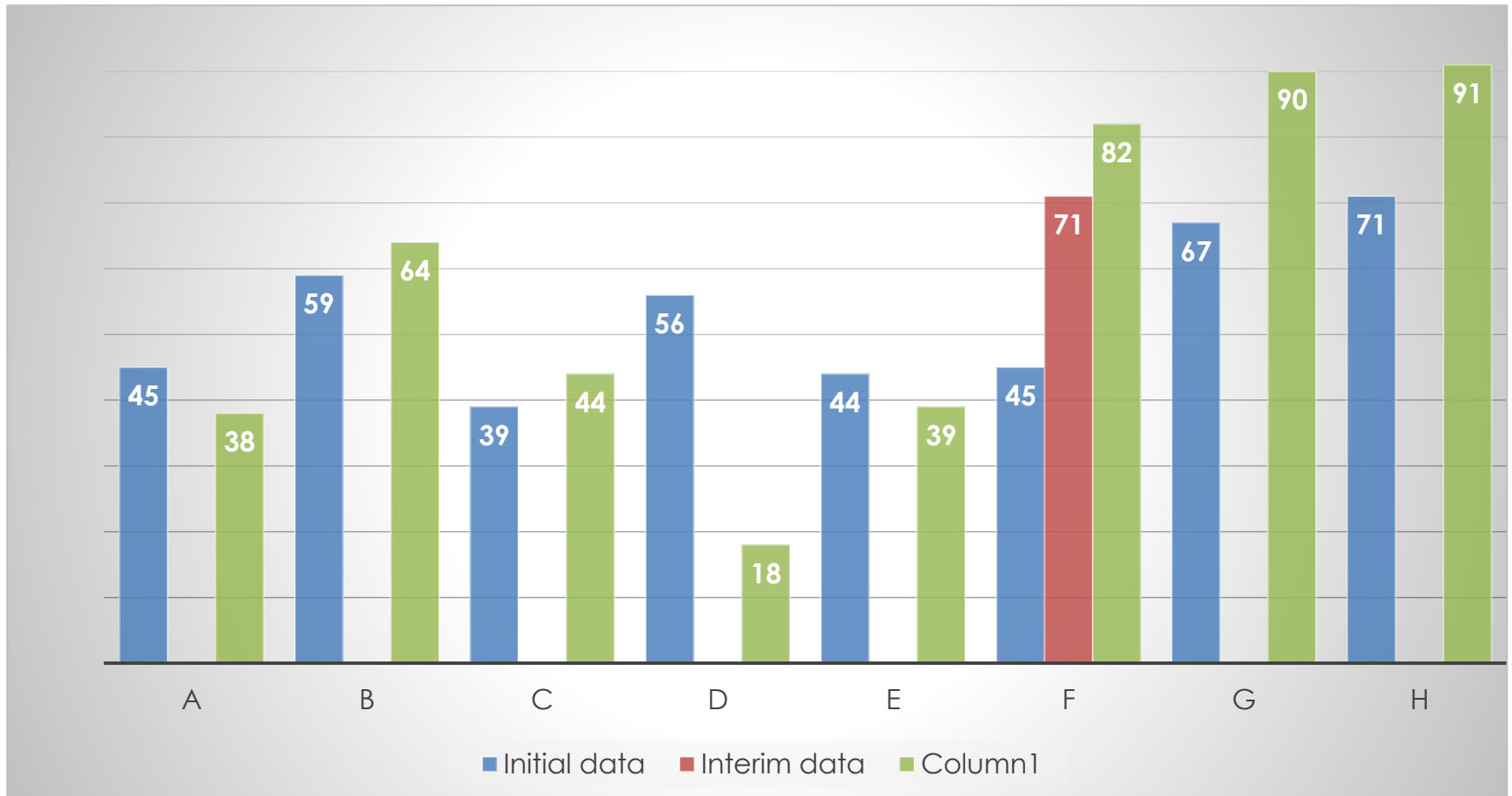
# Restraint per 1000 bed days 2014/15 compared with 2015/16

LD - 31% reduction  
PICU - 10% increase  
PD - 25% reduction  
Low Secure - 57% reduction



# Organisation Interim data

## Percentage of staff understanding



## Way Forward

- Reducing Restrictive Practice and violence reduction Lead roles approved by the Board and now in post
- Strategy roll out in progress via restrictive practice project board
- Continue to report restrictive practice data to NHS benchmarking, the Board and Integrated Governance
- Full time PMVA Instructors now in post
- Replicate good practice from pilot site at other units
- Restrictive practice audit (qualitative and quantitative) pilot completed and being rolled out across the organisation
- Roll out of restrictive practice and updated PMVA training package ongoing
- Repeat of survey at regular intervals to measure changes





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