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
Why? How?

Why? How?

Why? How?
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
“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”

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

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

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

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

“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”

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

“Restricting people from exercising their basic human rights”
“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; excluding and segregation”

“It is what I am restricted to”

“Guided by some of the rules”

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

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

“Practice within limits”
Initial Questionnaire results

% of Staff understanding

- A: 45
- B: 59
- C: 39
- D: 56
- E: 44
- F: 45
- G: 67
- H: 71
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
<table>
<thead>
<tr>
<th>What it is not</th>
<th>What it is</th>
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<tbody>
<tr>
<td><strong>It is not</strong> about letting vulnerable service users do whatever they want to do</td>
<td><strong>It is</strong> about reducing risk and maintaining safety using the least restrictive option available</td>
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<td><strong>It is not</strong> about getting rid of all rules and regulations</td>
<td><strong>It is</strong> about promoting freedom autonomy and choice even in a restrictive environment</td>
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<td><strong>It is not</strong> about compromising staff and service user safety</td>
<td><strong>It is</strong> about showing empathy, respect, being helpful and taking responsibility for our actions</td>
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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

Restrictive practice related 44%
Other antecedents 56%

Restrictive practice related 25%
Other antecedents 75%
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

A: 45%
B: 59%
C: 64%
D: 56%
E: 44%
F: 82%
G: 90%
H: 91%

Initial data  | Interim data  | Column1
---|---|---
A: 45%  |  |  
B: 38%  |  |  
C: 39%  |  |  
D: 44%  |  |  
E: 44%  |  |  
F: 39%  |  |  
G: 45%  |  |  
H: 18%  |  |  

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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
Questions?

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