Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation and Monitoring of Social Care Services

Guidance on promoting a care environment that is free from restrictive practice

Older People's Services

Effective June 2023

Safer Better Care

Contents

Section 1 — Overview

Introduction

The Office of the Chief Inspector within the Health Information and Quality Authority (HIQA) has produced this guidance to assist registered providers of designated centres for older people (hereafter referred to as 'providers') and staff working in these centres to look beyond basic compliance with regulations on using restrictive practices. The Office of the Chief Inspector believes this is an area of critical importance for people living in designated centres for older people.

Programme Aim

The aim of this thematic programme is to improve the quality of lives and the safety of people living in residential care. People have the right to live as independently as possible without unnecessary restriction. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices. Our inspectors will look for evidence that people's fundamental human rights are upheld, that their voices are heard, and that they are free to live in accordance with their choices and preferences.

Providers often struggle to balance residents' rights to autonomy and liberty with the need to ensure the health and safety of residents. While there are circumstances where the use of restrictive practices may be unavoidable and necessary to ensure a person's safety or the safety of others, restrictive practices are an infringement of a person's fundamental rights to personal liberty and bodily integrity. In recognising this, services should explore all measures to reduce or eliminate their use.

Providers should use this guidance to assess the use of restrictive practices in their centres with a view to reducing or eliminating their use. In cases where restrictive practices are assessed as being necessary, this document will provide guidance on ensuring the safety and wellbeing of residents.

Scope

Thematic inspections carried out by the Office of the Chief Inspector aim to promote quality improvement in a specific aspect of care — in this instance, restrictive practices. This programme of thematic inspections of restrictive practices in designated centres for older people is a quality improvement initiative using the *National Standards for Residential Care Settings for Older People in Ireland* (2016, hereafter referred to in this document as the 'National Standards').(1)

The thematic inspection programme focuses on assessing physical and environmental restraint as well as other forms of restrictive practices. Other forms of restrictive practice may include social, psychosocial or 'rights' restraints such as limiting a person's access to cigarettes or controlling their use of the internet. The use of chemical restraint will not be a feature of this thematic programme. In line with the definition from the Department of Health,(2) mechanical restraint is included in this programme under the heading of physical restraint.

The purpose of this thematic programme

The framework for the regulation of residential services for older people consists of the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013,(3) and the National Standards.(1)

Providers are required to comply with the regulations. This thematic programme will focus on the National Standards under a quality improvement framework to assess performance in the context of restrictive practices. The standards in this thematic programme will relate to particular key themes about the quality and safety of services in the context of restrictive practices. The purpose of conducting this themed approach is to promote quality improvement across services.

Thematic inspections endeavour to focus the attention of providers and persons in charge on certain critical aspects of care and service delivery. Because of this,

people living in residential services should experience care and support that is person-centred, promotes their rights, ensures that their privacy and dignity are respected and safeguards them against all forms of abuse.

Where it becomes evident that the findings on inspection are not consistent with what was indicated in the self-assessment and inspection preparation phase, the inspector will decide the direction of the inspection. For example, the inspection may change from a thematic inspection to a risk-based inspection.

When reading this guidance registered providers should also be cognisant of other relevant legislation pertaining to the service they are providing. This includes legislation which ensures that people are treated equally, have access to decision-making supports and also where the health and safety of staff is concerned.

What is restrictive practice?

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 provides the following definition for what constitutes a restrictive practice:

> "means the intentional restriction of a person's voluntary movement or behaviour".(3)

A definition is also provided in the Department of Health's *Towards a Restraint Free Environment in Nursing Homes* policy document. This definition describes restraint as "the intentional restriction of a person's movement or behaviour".(2) As such, this is broadly in line with the definition above, apart from the absence of the word 'voluntary'. Such practices may be physical or environmental in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe.

The Department of Health policy provides further definitions for physical and environmental restraint:

> **Physical restraint** is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove that restricts freedom of movement or normal access to one's body.
>
> **Environmental restraint** is the intentional restriction of a resident's normal access to their environment, with the intention of stopping them from leaving, or denying a resident their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties.

For the purpose of this thematic programme, these definitions will apply.

Note: The use of chemical restraint will not be a feature of this thematic programme.

National policy

The current national policy document on the use of restrictive practices is the aforementioned Department of Health's *Towards a Restraint Free Environment in Nursing Homes*, which was published in 2011. The policy states that all nursing homes should be committed to a restraint-free environment. This is to be achieved by:

- adopting a person-centred approach to care
- having staff that know residents' needs
- conducting comprehensive assessments
- monitoring, recording and reviewing the use of restraint
- having a policy which adheres to the principles of the national policy.

Review of literature

In preparation for this thematic programme, a literature review was conducted to better understand current trends and best practice in relation to restrictive practices. Much of the focus in contemporary research is on measuring the prevalence of restrictive practices, critiquing its effectiveness, describing the outcomes, and trialling alternatives. There has been a good deal of research on the negative consequences of various types of restrictive practices. Among these are: injuries or fatalities due to entrapment; functional impairment; pain; and negative emotions or experiences. In addition to this is the assertion that a person's fundamental human rights are violated when they are restrained.

The importance of good quality training and education is a recurring theme in the literature. Studies have shown that targeted education and training programmes have proved effective in the reduction of the use of restrictive practices in care settings. Effective governance and management is also critical in monitoring the use of restrictive practices and promoting a restraint-free culture. The literature review outlining all of the above research and evidence is available on the HIQA website: www.hiqa.ie

When is it appropriate to use restrictive practices?

As referenced earlier, it is national policy that providers should strive to deliver care in a restraint-free environment. However, in practice, there is an acknowledgement that this may not always be possible. The use of restrictive practices is warranted when there is a real and substantial risk to a person and this risk cannot be addressed by non-restrictive means. Some common examples of this may include:

- locking the door to a kitchen or sluice where a person may be assessed as being at risk of injury from scalding or coming into contact with harmful chemicals
- applying a device to during transport to prevent a person from unfastening their seat belt

- physically holding a person back to prevent them causing harm to themselves or another person.

In each of the above examples, a restrictive practice is used to prevent more serious harm occurring. As outlined in the national policy:

> "Any potential episode of restraint must be considered only where there is clear evidence that the potential benefit of restraint to the individual person, and the risk involved if restraint is not used, outweigh the possible negative effects on the person subject to the restraint."(2)

There are occasions where a person receiving care may wish to partake in an activity which may carry a certain element of risk (for example, a bicycle ride or a cookery course). This is sometimes referred to as positive risk-taking. It is important that people are supported to live meaningful lives while living in residential care. Part of living a meaningful life involves an element of risk. Again, the provider should weigh the potential risk (injury) against the benefits to the person (enjoyment, learning new skills, socialisation). Providers should not be overly risk-averse in this regard. If a person chooses to partake in something that involves a level of risk, and they are aware of these risks, then the provider should be supportive of their choice. Providers should undertake a full risk assessment to identify where they can mitigate the risks while still supporting the person to undertake the activity. See the later section on scenarios for more information.

Governance, leadership and management

Proper governance arrangements are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to human rights principles.

Providers must not only be concerned with ensuring the appropriate use of restrictive practices in their centres. They should adopt a leadership role in promoting a restraint-free environment and implement a strategy that seeks to continually reduce or eliminate the use of restrictive practices.

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 Restraint Free Environment in Nursing Homes.*

1. Restrictive practices are an infringement of a person's constitutional right to liberty and bodily integrity and should only be used when absolutely necessary.
2. Providers should, in so far as is practicable, seek to reduce or eliminate the use of restrictive practices.
3. Where restrictive practices are assessed as necessary, they should be implemented, where possible, in consultation with the person receiving care and with their informed consent.
4. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices.
5. Any restrictive practice should be proportionate to the identified risk(s).
6. 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.
7. 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.
8. Staff should have access to appropriate training on the use of restrictive practices, including prevention and alternatives, and be supported in getting to know each person's needs and preferences.
9. Providers should collect and analyse data on the use of restrictive practices in order to identify patterns or trends.

Policy

Designated centres for older people are required to have a policy in place on the use of restrictive practices. All designated centres are required to review this policy every three years. These policies should be in line with national policy and make reference to other relevant legislation, regulations or enactments. Policies should clearly guide staff on the prevention, appropriate use and management of restrictive practices so that they inform the quality and safe of care and promote autonomy(4) and the rights of residents. This should include:

- a commitment to promoting a restraint-free environment
- the process for
  - assessing the use of restrictive practices
  - monitoring, recording and reviewing the use of restrictive practices
- guidance on what to do if it is necessary to use a restrictive practice in an unplanned or emergency situation
- the governance arrangements for monitoring and auditing the use of restrictive practices.

Assessment

The decision to use restrictive practices should be appropriately assessed and subject to ongoing review. Carrying out a comprehensive assessment of a person's

health and social care needs is a key requirement to ensure that care is appropriate and safe – this includes occupational risk assessments where indicated.

Assessments should be multidisciplinary and may include the following:

- physical and functional assessment
- psycho-social assessment
- assessment of the physical environment
- assessments for delirium, depression and dementia.

In the context of the use of restrictive practices, an assessment should gather information on what current practices in relation to the person's care could be considered restrictive. Providers should adopt a questioning attitude to any restrictive practices that are in place prior to a person being admitted to a service. This will ensure that practices that have become routine or that are institutional in nature will be reconsidered in terms of their necessity and proportionality.

Over time, people's needs and requirements for support change — therefore ongoing assessment and review are essential to ensure that a person is receiving good care and that the service continues to be the appropriate placement for the person.

Consent

In keeping with the person-centred approach to providing care, providers should seek the informed consent of people prior to any use of restrictive practices. In order to obtain consent, providers should clearly explain the rationale for using any form of restrictive practice and outline the potential risks. This information should be communicated to people in a format that they can understand. Where a person does not have the capacity to consent, providers should consult with the person's legal representative or appointed decision supporter where appropriate.[1] Providers should

[1] A 'legal representative' in this context is a person who has been appointed by someone to make, or assist in making, decisions about their care. Such a person may have been appointed as a decision supporter under the Assisted Decision-Making (Capacity) Act.

ensure that all residents who require support with decisions should be facilitated to access such arrangements through the Decision Support Service. Where there is no appointed legal representative, providers should seek to consult with someone who would know the person's will and preference or a suitable independent advocate to ensure that the plan of care respects the resident's privacy, dignity and rights.

In line with the Assisted Decision-Making (Capacity) Act, 2015(5) capacity should be viewed in functional terms. This means that where a person lacks decision-making capacity in one matter at a particular time, it does not follow that they lack capacity in other matters or at another time. The capacity of a resident should be subject to ongoing and frequent review.

There may be occasions where a person requests the use of a restrictive practice. A frequent example of this is where someone asks for bedrails to be put up as they feel it is safer and prevents them falling out of bed. In such circumstances, a provider should strive to meet the needs and preferences of the person while also ensuring that they are fully aware of the potential risks of using any form of restraint and the available alternative approaches that meet the resident's support needs. The provider should ensure that the resident is fully aware of any potential risks such an intervention may pose, in order that the resident can make a fully informed choice and decision.

Circumstances may arise where it is necessary to use a restrictive practice without the person's informed consent. This can happen in an emergency situation where it is necessary to prevent harm or immediate danger to the person or other people. In cases such as these it is important to hold a de-briefing session as soon as possible after the event (see section on Person-centred Care and Support for further details).

Monitoring, recording and review

Quality reviews should be carried out on care practices that include the use of restrictive practices. Data collection, analysis and trending should be undertaken. Individual use of restrictive practices should be closely monitored, recorded and

regularly reviewed. Reviews must consider whether the use of a restrictive practice continues to be valid. They should also be seen as an opportunity to reduce or eliminate the use of restrictive practices and to trial alternatives. Outcomes of reviews should be made available locally and throughout the provider's organisation in order to share learning and drive improvements.

Emergency or unplanned use of restrictive practices

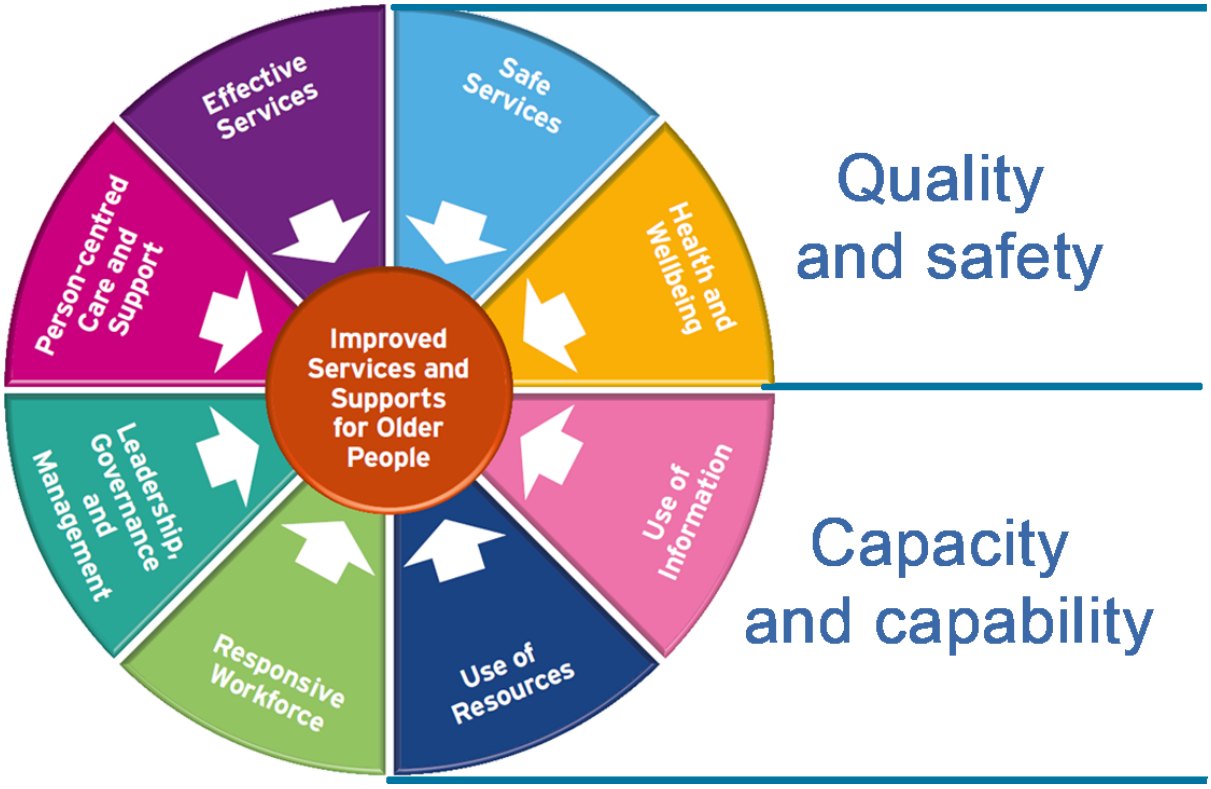
While every effort should be made to assess a person prior to the use of a restrictive practice, this may not always be possible. In cases of an emergency or crisis, it may become necessary to restrain a person in order to ensure their safety or the safety of others. Restraint may also be necessary to facilitate a person receiving urgent medical care (for example, the use of a physical hold in order to administer pain relief medication), with due regard to any advance healthcare directive which the person has in place.

In such circumstances, providers should ensure that staff have sufficient guidance and supervision in using unplanned restrictive practices. This should include providing training appropriate to the needs of residents and having a policy on the use of restrictive practices that gives clear guidance on what is acceptable in crisis or emergency situations.

Section 2 — The National Standards

This section of the guidance will outline the *National Standards for Residential Care Settings for Older People in Ireland.*(1) Only those National Standards which are relevant to restrictive practices will be included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety, as illustrated below.



There are four themes under each of the two dimensions. The Capacity and capability dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.

- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.

- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.

- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Quality and safety dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.

- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.

- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.

- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

Capacity and capability

This dimension of the standards focuses on the overall delivery of the service and how the provider is assured that an effective and safe service is provided.

This includes how the provider:

- makes sure there are effective governance structures with clear lines of accountability so that all members of the workforce are aware of their responsibilities and to whom they are accountable
- ensures that the necessary resources are in place to support the effective delivery of quality care and support to people using the service
- designs and implements policies and procedures to enable centres run effectively
- uses information as a resource for planning, delivering, monitoring, managing and improving care.

Theme: Leadership, Governance and Management

Standard 5.1

The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.

Standard 5.2

The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.

Standard 5.3

The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Standard 5.4

The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

What a service meeting these standards looks like

The provider has governance arrangements in place which constantly monitor the use of restrictive practices and ensure residents' rights are protected and promoted. Such monitoring focuses both on the individual and the service as a whole. Monitoring allows for trending of the use of restrictive practices and also ensures that reviews of practice are conducted with a view to promoting a restraint-free environment.

Any learning arising out of monitoring and reviews is communicated to all relevant staff and used as a means to reflect on practices which may have become

routinised. It provides assurance that restrictive practices are only used when all other options have been exhausted; are the least restrictive option; for the shortest period of time; and that staff are suitably trained to implement such practices. There is a focus on ensuring that any use of restraint is preceded, where practicable, by consultation with the person receiving care and with a multidisciplinary team.

Providers are clear about the type of service they are delivering and their ability to meet the needs of current and prospective residents. This is reflected in their statement of purpose. Management do not accept admissions where they determine that they do not have the necessary competencies or skills to meet people's needs. Managers and staff adopt a leadership role in promoting a restraint-free environment and implement strategies that seek to continually reduce or eliminate the use of restrictive practices.

Information on the use of restrictive practices is collected on a regular basis, both at individual and service level. This information provides senior management with an overview of the use of restrictive practices and helps develop measures to reduce their use. Senior management oversight provides assurance, both at the level of the individual and at the service level, that staff and management are actively seeking to minimise or eliminate restrictive practices. Providers have an established group or committee (for instance, a human rights committee or a restraint committee) that is responsible for reducing or eliminating the use of restrictive practices.

What this means for the resident

Residents and their representatives can be sure that the management of the service are committed to providing care which is, as far as is practicable, restraint-free. Any restrictive practices which are used are the subject of regular review and

oversight by management to ensure that they are in line with best practice and at all times protect and promote the rights and dignity of the person receiving care.

Sources of evidence

- centre's policy
- access to national policy
- access to national standards
- committee in place
- governance arrangements
- reporting mechanisms and accountability mechanisms
- records relating to supervision of staff
- a restrictive practice register.

Theme: Use of Resources

Standard 6.1

The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

What a service meeting these standards looks like

The provider ensures that no restrictive practices are used due to a lack of resources. In this context, resources relates to staff and equipment. At all times, the provider and person in charge ensure that staffing resources are planned and managed in a way as to ensure that all residents' needs are met in a restraint-free manner. People that need one-to-one or special support in order to move around or partake in activities are able to access this support. People's ability to exercise their choice and preference is promoted and resources are readily available in order to meet these expressed needs.

People have access to adaptive equipment and assistive-technologies which promote their dignity, personal liberty and autonomy. This equipment is available to residents in all circumstances where it would provide an alternative to the use of a restrictive practice. The physical environment in the centre maximises residents' capacity to move about independently and allows for access to all areas, with due regard for safety.

What this means for the resident

Residents live in a centre where resources are used effectively and in their best interests to promote their personal liberty and autonomy. No resident receives

care that is restrictive due to the unavailability of resources — be they staffing resources or access to equipment.

Sources of evidence

- sufficient staffing and skill-mix
- equipment (low-low beds, mobility aids, sensor mats, modified length bed rails)
- environmental (access devices, keypads, wandering alarms).

Theme: Responsive Workforce

Standard 7.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.

Standard 7.3

Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Standard 7.4

Training is provided to staff to improve outcomes for all residents.

What a service meeting these standards looks like

Each member of staff is committed to providing care which is restraint-free and is aware of the risks involved in using restrictive practices. Staff are conscious of the impact the use of restrictive practices has on a person's rights and liberty. They receive appropriate training in the management of responsive behaviour, conciliation and de-escalation techniques which are aimed at reducing the need for the use of restrictive practices.Training for staff also focuses on reducing or eliminating the use of restrictive practices. Such training is based on the particular needs of residents and appropriate to staff roles. It includes information on the alternatives to using restraint or on positive behavioural support. Whenever possible, providers ensure that key professional staff (such as behavioural support specialists, occupational therapists, psychologists, clinical nurse specialists in dementia) are consulted on the content of training programmes. Training is evaluated by the person in charge to ensure it is appropriate to residents' needs

and is providing the best outcomes in terms of promoting a restraint-free environment. The feedback of residents is incorporated into any such evaluation.

Staff are appropriately supervised by management to ensure that the care they are providing is restraint-free or, where necessary, restrictive practices are the least restrictive for the shortest duration. Staff have the time to get to know the people they are caring for and this allows them to develop an understanding of people's needs or behaviours. This, in turn, gives staff the knowledge to implement care practices that are restraint-free or that minimise the use of restrictive practices.

Where restrictive practices are deemed necessary, they are only applied or carried out by staff with the required skills and competencies to do so safely and in accordance with best practice.

What this means for the resident

Residents are cared for by staff that are focused on providing care and support which promotes their right to autonomy, dignity and safety. Staff are able to spend time with residents in order to fully understand their needs and preferences. Each staff member's knowledge of residents' needs and preferences allows them to avoid situations which may lead to the use of restrictive practices.

Sources of evidence:

- staff interviews (awareness of the impact and risks of restrictive practices, committed to restraint-free environment)
- training records (in relation to prevention, positive behavioural support, physical intervention training)
- staff supervision

- participation in de-briefing sessions (if a restrictive practice is used in an unplanned or emergency situation)
- staff knowledge of individual resident's needs
- residents' care records (periods of restraint removal).

Theme: Use of Information

Standard 8.1

Information is used to plan and deliver person-centred, safe and effective residential services and supports.

What a service meeting these standards looks like

The person in charge oversees the collection and analysis of comprehensive information in relation to restrictive practices. Information is collected for each individual resident and also for the service as a whole. The information is used to provide assurance that any restrictive practices are used in accordance with how they are prescribed. The information is also analysed with a view to reducing or eliminating the use of restrictive practices.

Information is collected on the use of restrictive practices includes:

- the time of day
- the staff member or staff members involved
- the location (such as a bedroom, kitchen or vehicle)
- the personal attributes of the resident (for instance, gender, religion, sexuality)
- the reason for restraint
- any alternatives trialled before restraint was used
- and any other information relevant to the instance of restraint.

Providers analyse this information in a systematic way in order to identify any notable features or trends. For example, are certain staff members involved in the

use of restraint more than others? Are there certain times of the day where a resident exhibits responsive behaviour requiring the use of a restrictive practice? The analysis of this information is used to establish a baseline and aids in setting targets for the reduction or elimination of restrictive practices in the service. Where restrictive practices are deemed necessary, there are detailed instructions available to staff. The instructions are contained in the same place for all residents (such as in a behavioural support plan and or a care plan) and all staff know where to find them.

What this means for the resident

Residents are assured that the service actively monitors the use of restrictive practices in the centre. The use of any restrictive practices is under constant review to ensure that people's rights are protected and their liberty and autonomy is promoted.

Sources of evidence

- records at individual and service level
- audits, trending and or reviews
- quality improvement programmes in relation to restrictive practices.

Quality and safety

The focus of this dimension of care is about the experience of the people using the service.

This includes how people:

- make choices and are actively involved in shaping the services they receive
- are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations
- receive effective person-centred care and support, at all stages of their lives
- are able to live in a safe, comfortable and homely environment
- have food and drink that is nutritious
- are protected from any harm or abuse.

Theme: Person-centred Care and Support

Standard 1.1

The rights and diversity of each resident are respected and safeguarded.

Standard 1.2

The privacy and dignity of each resident are respected.

Standard 1.3

Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.

Standard 1.4

Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.

Standard 1.5

Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

Standard 1.6

Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.

Standard 1.7

Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

What a service meeting these standards looks like

The right of each resident to live in an environment which is restraint-free is upheld and actively promoted by the provider and all staff. The provider encourages active conversations among management, staff and residents which reflect on the use of restrictive practices. The provider recognises that liberty and autonomy are fundamental human rights and these can only be breached in exceptional circumstances.

Residents also experience care that promotes their right to safety and wellbeing. If restrictive practices are deemed necessary, they are implemented in a way that does not unduly compromise the dignity and quality of life of the person.

Residents are empowered to exercise choice in their day-to-day lives, including taking part in activities that may involve an element of positive risk-taking. The person in charge makes every effort to facilitate a person's choices and preferences in a non-restrictive manner. Residents are free to engage in social activities and maintain links with the community without undue restriction.

Residents are supported to make decisions and choices about restrictive practices through the provision of accessible information. This includes occasions where a person is not satisfied with a proposed restrictive practice or when they wish to have a restraint applied where it is not considered necessary (for example, residents asking for bedrails to be raised). Where restrictive practices are proposed to be used, their rationale is fully explained to the person and their informed consent is sought. All concerns or complaints related to the use of restrictive practices are fully reviewed by the person in charge who must be assured that they are safe, proportionate and in line with best practice.

Where a person requires support to make decisions about their care or to consent to the use of restrictive practices, their legal representative is consulted. Services should be aware of any decision support arrangements (under the Assisted Decision-Making (Capacity) Act 2015) in place for residents in their care. Residents also have the benefit of access to an independent advocate.

Furthermore, there is an acknowledgment that the person's capacity is viewed in functional terms, that is to say, capacity is assessed only in relation to the matter in question and only at the time in question.

If a restrictive practice is used in an unplanned or emergency situation, it is followed by a de-briefing session as soon as possible after the event. The de-briefing involves the person receiving care, their legal representatives (where appropriate), a senior manager, the staff involved in using the restraint, and other relevant health or social care professionals. In the first instance, the de-briefing session serves as an opportunity to explain to the person receiving care the reason for using the restrictive practice. The person is also offered the opportunity to ask questions about the practice. The episode is discussed with a view to understanding what may have contributed to the need to use restraint in an unplanned way. The discussion also focuses on the type of restraint that was used and whether it was the least restrictive option for the shortest possible duration.

What this means for the resident

Residents experience care which upholds their right to liberty, autonomy and dignity. Residents only experience restrictive practices in cases where they are necessary to ensure the person's safety, health and or welfare – while also being mindful of other legislative requirements. Residents can exercise choice according to their will and preferences and are not restricted in any way by an overly risk-averse service. Where restrictive practices are assessed as being necessary, residents are provided with information on the rationale and possible risks associated with their use. The person in charge seeks the informed consent of the resident or their representative. Where a restrictive practice is used in an emergency situation or unplanned manner, the person is fully involved in a de-briefing which looks to understand what occurred and prevent its reoccurrence.

Sources of evidence

- observation (locked doors, restricted access, wandering alarms)
- resident interviews
- care plans
- risk assessments
- restrictive practice register
- complaints log
- de-briefing documentation
- consultation on assessment and or consent.

Theme: Effective Services

Standard 2.1

Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.

Standard 2.6

The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

What a service meeting these standards looks like

On admission

On admission to the service, each resident receives a comprehensive multidisciplinary assessment of their needs which includes all of the restrictive practices currently in place for the person. For example, if the person is coming to the centre from an acute setting, were bedrails in use? If they are moving from another care setting, were there environmental restraints in place which limited the person's access to certain rooms or areas? These practices are not simply accepted as routine in the admitting service. The person in charge, along with multidisciplinary input, reviews all current restrictive practices to determine whether they are necessary or whether there are less restrictive alternatives available.

Ongoing assessment

The care and or personal plan that arises out of the admission assessment should clearly identify the restrictive practices that are in place for the person receiving care. In addition, the plan should guide staff in the use of the restrictive practices that are assessed as being necessary. Over time, people's needs and requirements for support change and may necessitate the consideration, and reconsideration, of restrictive practices. For example, a person may experience functional decline; they may exhibit a change in behaviour that puts themselves or others at risk; they may come into conflict with another person which puts both parties at risk.

In such circumstances, the provider must conduct a comprehensive multidisciplinary assessment. Again, this should include the person receiving care as well as their legal representative. Following this assessment, a restrictive practice should only be approved when the risk to the person of not using it is greater than the risk of using it.

Review

If a restrictive practice has been assessed as being necessary, it is essential that the practice is closely monitored, recorded and regularly reviewed. All restrictive practices should be monitored to assess the person's response and ensure that they are implemented in accordance with the person's care and or personal plan.

All restrictive practices should be regularly reviewed in consultation with the person receiving care, their legal representative (where appropriate) and a multidisciplinary team. Such reviews should consider the appropriateness of continuing the restrictive practice and should be used as an opportunity to trial less restrictive alternatives.

What this means for the resident

Residents are assured on admission to a centre that the provider can meet their assessed needs without unnecessary use of restrictive practices. Residents are consulted with in a meaningful way when assessing what care and support they

require. They are not subject to any restrictive practices which have not been comprehensively assessed (except in the case of emergencies). Residents are assured that the person in charge is monitoring and reviewing their care to ensure that the use of any restrictive practice is reduced and eliminated.

Sources of evidence

- admission documentation
- assessments and or reviews
- care plans
- observation
- resident interviews.

Theme: Safe Services

Standard 3.1

Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.

Standard 3.2

The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.

Standard 3.5

Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

What a service meeting these standards looks like

Safe residential services look to ensure that people are protected from abuse and neglect while also promoting their safety and welfare. The person in charge ensures people are not subjected to a restrictive practice unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare. The registered provider and person in charge are aware of the risks inherent in using restrictive practices and make every effort to promote a restraint-free environment. People's right to personal liberty and autonomy is appropriately balanced with their right to safety and bodily integrity.

Residents are empowered to exercise choice in their day-to-day lives, including partaking in activities that may involve an element of positive risk-taking. The person in charge facilitates, in so far as is practicable, a person's choices and

preferences. The use of restrictive practices follows the centre's policy and procedures, and it follows best practice guidelines.

Restrictive practices are not implemented in a blanket fashion in relation to all people living in the centre. Furthermore, restrictive practices assessed as being necessary for the protection of one person's safety or welfare do not impinge on the rights of other people living in the centre. The use of restrictive practices does not result in any harm being caused to residents.

What this means for the resident

Residents feel safe and secure in their homes and, whenever possible, can make decisions or contribute to decisions about their own lives. They have a right to choose to take appropriate risks, as long as there is a sensible balance between their individual needs and preferences and the safety of themselves and other people living in the centre.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. No resident experiences a restriction as a result of a restrictive practice which has been assessed as necessary for another resident.

Sources of evidence

- incident log
- risk assessments
- complaints register
- restrictive practice/restraint committee notes and or minutes.

Theme: Health and Wellbeing

Standard 4.3

Each resident experiences care that supports their physical, behavioural and psychological wellbeing.

What a service meeting these standards looks like

The provider and person in charge are aware of the importance of the quality of life for residents in areas including health, physical and cognitive wellbeing, social and emotional development, relationships with family, staff and community; and material wellbeing. The person in charge ensures that care is provided in the least restrictive manner so as to maximise people's quality of life. In addition, where restrictive practices are unavoidable, they do not unduly impact on people's physical, behavioural and psychological wellbeing.

The provider makes provision for meaningful activities for residents which are engaging and offer opportunities for new experiences, if the residents wish to be involved. The activities are stimulating and promote opportunities for residents to remain active and involved in a community. They also reduce the likelihood of responsive behaviours which may result in restrictive practices.

What this means for the resident

Residents have a good quality of life which promotes their overall wellbeing while living in the service. They have access to stimulating and engaging activities which provide opportunities for social interaction, recreation and learning.

Sources of evidence:

- care plans
- resident interviews
- evidence of healthcare needs met
- evidence of psychological needs met
- access to meaningful activities.

Appendix A

Scenarios for the assessment and use of restrictive practices

Scenario	Appropriate?
A nursing home has a keypad lock on a door which provides access to the garden and external areas. The centre is adjacent to a busy road. All residents have access to the keypad code except for one. This person has been assessed as being at risk of leaving the premises unaccompanied and lacking any awareness of road safety. If they wish to access the garden they must ask a member of staff to accompany them.	**YES** This practice is in place to ensure the person's safety. Critically, the provider has ensured that all other residents are not subjected to the same restriction by giving them access to the keypad code.
A resident often likes to sit by a window in a corridor to take a view of the garden. The person is constantly re-directed to sit in the communal area adjacent to the nurse's station in order that they may be within sight of staff.	**NO** This practice is in place to suit the needs of staff as opposed to supporting the preference of the person to sit where they wish.
A person with severe cognitive impairment has a history of responsive behaviours which are challenging for staff and other residents. A full multidisciplinary assessment of the person failed to identify any reason or	**YES** In this example, the person in charge has made efforts to identify any underlying causes for the person's aggressive and violent behaviour. Physical holds are used by suitably

cause for these behaviours. The person's care plan describes how staff should respond if such behaviours occur, including the use of physical holds. Staff have received training on the safe use of physical holds which are used as a last resort when this person exhibits responsive behaviours which may endanger themselves or others.	trained staff as a last resort to protect the person and those around them from harm.
A nursing home resident who lacks capacity to make decisions but is fully mobile has bedrails raised while they are in bed. This practice was initiated at the request of the resident's family who were strongly of the view that this was necessary for their safety. An assessment found that the bedrails did not provide any reduction in risk to the resident.	**NO** In this case, the restrictive practice is in place at the request of the family, rather than to address a risk. While the views of a person's family may be taken on board in terms of their care (particularly where the person lacks capacity), the decision to use a restrictive practice such as bedrails must be made by a multidisciplinary team and should be solely for the purpose of controlling a risk.
A resident with dementia lives in a nursing home which has a large, open-plan communal area. This person enjoys walking around the area and interacting with other people who live there. Due to low staffing numbers, the person in charge is concerned that there is	**NO** This is an inappropriate practice. The rationale for the use of the reclining chair is to restrict mobility as opposed to an identified risk to the resident's safety and welfare, or to others.

inadequate supervision of this person while they are walking around. As a result, they place the person in a reclining chair which inhibits their ability to get up and walk about independently.	

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