

Use of Restraint Policy

MOONSTONE CARE UK recognizes the right of the individual Service User to live the lifestyle of his/her choosing, where it is felt that the Service User is safely able to do so and with due regard to his/her right to take risks. In general our Policy is one of 'no restraint'.

However, this Policy concentrates on the measures to be taken regarding the use of restraint of a Service User where there is a serious risk of harm to themselves or others. For completeness definitions of other forms of restraint are given and where staff becomes concerned that any of these forms of restraint may be in use, they should inform the manager without delay.

The Mental Capacity Act 2005 defines restraint as "the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist"

Definitions of different forms of restraint:

Physical Intervention involves the use of force to hold a person down or move them from one place to another against their will; or actions are taken to stop them doing what they want to do or go where they want

Forced Care entails coercing a person into acting against their will. The person is restrained in order to comply with an instruction or a request (e.g. service user refuses to change out of dirty clothes and is physically restrained so that care workers can change his/her clothes).

Physical and mechanical restraints are actions to restrict the ability of a person to move around as they wish by using devices such as belts or cords, sheets or blankets to tie or secure someone to a place such as a chair or bed from which they are unable to move (note: bed or side rails come into this category when not used as they were designed to be used).

Chemical restraints refer to the use of drugs and prescriptions to change people's behavior (note: be cautious when being asked to use 'as and when required' medication. Also, care support workers should avoid collusion with any improper use of medication).

Medical restraints are very specific forms of physical or mechanical restraints. They are used to prevent people with catheters or feeding tubes from removing them by using a restrictive device such as a splint. (Note: care/ support workers should always check the legality and justification of such devices by checking against the care plan, a risk assessment and ensuring less restrictive options have been explored first).

Environmental restraints refer to features built into a person's environment to limit ability to move about as they might wish. (Note: this includes locked doors or placing walking aids/wheelchairs beyond reach).

Electronic surveillance includes the fitting of electronic tags. If someone is tagged against their will, but could give their consent, their human rights are clearly being violated

Values¹

The following values should underpin any use of restraint:

Any form of restraint must

- Be lawful
- Only be used in the best interests of the service user.
- Be in line with MOONSTONE CARE UK policy
- Be undertaken with the consent of the person or a proper mental incapacity assessment
- Be based on a full risk assessment
- Be integrated into the Care Plan
- Be the least restrictive option

Service users should be treated fairly and with courtesy and respect.

¹ [Physical Interventions: A Policy Framework, Harris et al, 1996, published by BILD/NAS](#)

Reviewed 07/05/2017

Due for updating 05/ 2018

Service users should be helped to make choices and be involved in making decisions which affect their lives

There should be experiences and opportunities for learning which are appropriate to the person's interests and abilities.

The term “restraint” will be taken to mean exercising a measure of physical control of the Service User in exceptional circumstances. The management of MOONSTONE CARE UK acknowledges that there may be certain circumstances where restraint could be necessary to ensure the safety of a Service User. Occasions where this may arise are where there is a real risk of serious harm to himself/herself, or to a third party, including MOONSTONE CARE UK Staff.

Promoting the best interests of service users²

Physical interventions should only be used in conjunction with other strategies designed to help service users learn alternative non-challenging behaviors.

Planned physical interventions should be justified in respect of: what is known of the Service User from a formal multidisciplinary assessment; alternative approaches which have been tried; an evaluation of the potential risks involved; reference to a body of expert knowledge and established good practice.

The use of physical interventions should be subject to regular review.

Restraint will only be used where other methods of management have failed. In situations where the need to use restraint on occasion, can be predicted, the Service User's condition will be discussed with the Service User and advocate/family members/representative, including if necessary the Service User's GP and any other Health or Social Services staff involved with the care of the individual.

² [Physical Interventions: A Policy Framework, Harris et al, 1996, published by BILD/NAS](#)

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Care staff will receive specialised training in all aspects of restraint, as dictated by the needs of individual service users and this training will be recorded.

Training will focus upon the following aspects:

- Understanding the causes of violence.
- Being able to recognise possible “flashpoint” situations as potential causes of violent outbursts, and to take appropriate action to “de-fuse” the situation.
- The permitted physical techniques used for restraining a person (see below).

On deciding to use restraint, a member of staff must assess and record the following information in the Service User’s Care Plan:

- Behaviour patterns, and chief concerns.
- Why the behaviour is judged to be a problem.
- The proposed solution, including the method(s) of restraint advocated.
- The reason why restraint is the method of choice in preference to other solutions.

Prior to using restraint, the Service User will be warned that restraint is imminent, and the reasons given. This may be preceded by actions such as touching the Service User gently, e.g. placing a hand on his / her arm, without the need for actual restraint, in an attempt to de-fuse the situation away from the need for restraint.

Minimising risk and promoting the well-being of service users³

- Physical interventions should be employed using the minimum reasonable force.
- Any single physical intervention should be employed for the minimum duration of time.

³ [Physical Interventions: A Policy Framework, Harris et al, 1996, published by BILD/NAS](#)

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- For individual service users, physical interventions should be sanctioned for the shortest period of time consistent with his or her best interests.
- Physical interventions should not cause pain.
- Service users should have individual assessments to identify contra-indications of physical interventions before they are approved.
- Service users who receive a physical intervention should be routinely assessed for signs of injury or psychological distress.

The permitted techniques of physical restraint to be used are as follows:

- Restraint is limited to “holding” the person. Holding should be restricted to clothing rather than the limbs or body.
- If limbs have to be held, then this should be done adjacent to a major limb joint so as to minimise risk.

Vulnerable areas of the body must be avoided when holding/restraining. These will be fingers, head, throat, chest and sexual areas.

Holding must be just sufficient to control the outburst and not provoke further aggression. Staff must be aware of their own strength and take into account the age and frailty of the Service User.

Holding must be time-limited; i.e. once the situation has calmed the hold should be released. Similarly, staff must be aware of the possibility that holding may be misinterpreted and there may be an arousal of sexual expectations or feelings. Whenever there is an indication that the Service User may become sexually aroused the holding must cease IMMEDIATELY.

If the Service User continues to struggle, resist or demonstrably objects to the holding, then the hold must be immediately released. Care Staff will continue to closely monitor the Service User’s subsequent reactions and behaviour to ensure that the episode has ended. If the person is armed with an offensive weapon,

staff will not attempt to overcome or disarm him/her on their own. Assistance must be summoned and if necessary the Police called.

Each instance of restraint being exercised will be reviewed positively by the manager of MOONSTONE CARE UK in conjunction with the staff member or members involved, to see whether or not the situation was exacerbated by inappropriate staff action and what could have been done to avoid it. This is intended to be a positive approach for remedial and corrective action purposes.

The use of restraint will be restricted to the absolute minimum necessary to achieve Service User stability. Where behaviour patterns indicate an on-going problem, MOONSTONE CARE UK Manager will review this with the Service User, their advocate/family members/representative, including if necessary the Service User's GP and any other Health or Social Services professionals involved with the care of the individual.

Record of Restraint of a Service User

NAME OF SERVICE USER:		
Date / Time / Location of Incident:		
Details of Incident / Reason for Restraint:		
Staff Members in attendance:		
Action / Measures taken before Restraint:		
TYPE OF RESTRAINT EMPLOYED & DURATION:		
Duration of Restraint:		
ACTION TAKEN	OTHER AGENCIES INFORMED	
	Service User's G.P:	
	Legal representative:	
	Family / Next-of-Kin:	
	Social Worker:	
	CPN:	
	C.Q.C.	
	Police:	
OUTCOME		
Signature: _____ <i>(Manager)</i>		Date: _____