



Restraint/Restriction Reduction Plan – Malsis Hall – May 2024

Action Plan Lead & Responsible Person	Sally-Anne Redhead – Registered Manager	Date Initially Developed	16/08/21	Date of Last review	28/05/24 – v8
Review of Plan	Reviews of plan led by Sally-Anne Redhead with the rest of the Senior Management Team (SMT) and discussed monthly at SMT/Directors Meetings and bi-monthly at Governance Meetings.				

Involved Personnel

SAR: Sally-Anne Redhead, Registered Manager; LM: Lesley Montisci, Quality Assurance Lead; CC: Craig Chatburn, Care Home Manager; ASM: Andrew Shelton-Murray, Company Director/Nominated Individual; JW: James Waldock, Company Trainer; SB: Simon Bell, External Consultant; SA: Sandra Ashton, Mental Health Law Facilitator; LG: Lisa Gardner, Customer Relationship Manager.

Introduction to this Plan

Malsis Hall Limited are committed to the 12 principles of the Restraint Reduction Network including:

- 1. The treatment, care, welfare, safety, and security of the people we support will be maintained regardless of behaviours of concern that they may display. People we support will be treated with respect, dignity, and empathy. Emotional and physical support will be provided, and people will be encouraged and empowered to increase their choice and independence. We will ensure peoples safety by safeguarding vulnerable adults and working with the person to reduce risks of harm. We will work in collaboration with the person, their circle of support and external stakeholders to create safe, effective, and therapeutic relationships.**
- 2. We will provide bespoke care and support that puts the person at the centre of their assessed needs.**
- 3. We will listen to, and collaborate with the people we support, and significant others who are important in their lives to deliver high quality services and outcomes.**
- 4. Our leaders will take an active role in reviewing the use of all restrictive practices and will develop a range of organisational approaches to ensure all forms of restraint are minimised. Our leaders will support a positive culture and work alongside the**

staff teams to ensure that all restrictive practices are not misused or abused and remain the last, and not first, resort. As an organisation we do not support the use of supine or prone restraint.

5. We will make sure that all restrictive practice is recorded and reported in an open and transparent manner.
6. All those who have restrictive practice within their care and support plans will be supported to understand the legal framework this is authorised by (if they do not have capacity to consent to these restrictions), and who they can complain to about these restrictions if they are not in agreement or feel that they are not in their best interests.
7. All people we support who do not have an identified person they can speak to about their concerns around restrictive practice will be supported to gain an independent advocate.
8. The use of restrictive practice including restraint is a last resort, will be implemented in the persons best interests and only when there is risk of immediate or imminent harm.
9. When restrictive practice is in place, there will be clear justification to why this is required and a collaborative approach to review.
10. Restrictive practice will be planned according to the individual's preferences, physical and psychological needs. Malsis Hall Limited will be aware of and avoid blanket restrictions and have a policy in place to support this.
11. The use of any restrictive practice which is considered degrading, abusive or inhumane will not be tolerated and will be prevented. We will not implement or tolerate any restrictive practice that is likely to lead to avoidable pain or injury. Restrictive practice will never be used to enforce rules, punish, or coerce.
12. We will ensure that our staff are appropriately trained in the use of restrictive practices which is part of our wider commitment to ensure that our staff teams are knowledgeable and skilled in using non-restrictive interventions which are embedded in person centred thinking, positive behaviour support, recovery and social inclusion.

In addition, Malsis Hall is:

- Committed to minimising restrictive practices and particularly any use of force/physical intervention. This is done through the promotion of positive cultures, relationships and approaches which prevent the escalation of any distressed behaviour. Physical intervention is already rarely used and only in incidents where safety is severely compromised.
- Malsis Hall is committed to protecting human rights and freedoms and to minimising restrictive interventions recognising its potentially traumatising impact for all involved.

- This plan sets out our approach to reducing the need for restrictive practices including the use of force and any physical intervention. This includes the occasions where it is used, and the duration and level of restraint used. It utilises the Six Core Strategies for organisational performance which is based on a health promotion model as an approach to eliminating and minimising restrictive practices.
- To support this plan, we have Policies in place that reflect and support this philosophy. These include (but aren't limited to) our Safer Restrictive Physical Intervention Policy, Promoting Positive Behaviour Support in Practice Policy and Reducing Restrictive Interventions & Blanket Restrictions Policy.

Actions highlighted in blue are completed

Action	Lead Person(s)	Target Date	Outcome/Comments	Date Complete
Leadership				
1. We have identified the person responsible for the oversight and reduction of restrictive practices.	SAR	August 2021	Dr Steve Wilkinson was our original responsible person and led on reviewing this plan. The responsibility (November 2022) was passed over to Mark Quarmby who was the Registered Manager for the service at that time, but this has now changed to Sally-Anne Redhead who is the new Service/Registered Manager. This has also been updated in our supporting documents for the implementation of the Mental Health Units (Use of Force) Act 2018. These are available on the Malsis Hall webpage and were updated recently (May 2024) to reflect changes to terminology now we no longer have hospital beds.	August 2021, updated November 2022, and November 2023, and May 2024.
2. The Senior Management Team have set out a clear vision, their values and philosophy in regard to using restrictive practices and this is outlined on our website, brochures, training, team meetings, via supervision and underpinned by our policies and procedures.	SMT	April 2020	These were put in place when the service originally opened but have been refreshed as part of the implementation of the Mental Health Units (Use of Force) Act 2018. Our vision, values and philosophy are embedded in the CPI Safety Intervention training being delivered	April 2020.

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			(previously MAPA) and are supported by other training delivered i.e. Positive Behaviour Support. The 'Our Values & Approach' page of our website was updated in October 2023 to reflect feedback on our shared values.	October 2023
3. Any restrictive practices are recorded on our electronic incident/accident tracker and this data is reviewed at monthly SMT/Directors Meetings and any actions/learning recorded and monitored. The data is also reviewed at bi-monthly Governance Meetings.	ASM/SMT	April 2020	This has been in place since the service became operational. The monthly Service Performance Report that is used to report all data monthly has been updated to reflect the implementation of the above Act and the data required. All incidents involving restrictive/physical interventions are reviewed at the monthly SMT/Director's meeting and the management team declare if their use was appropriate to maintain safety, health and wellbeing.	April 2020 & policies reviewed annually.
4. As part of reducing restrictive practices, we review incident data monthly as detailed above and we reviewed the data for 2022/23 (full year) and there were 35 incidences of restrictive practices over the year with 28 including some level of physical intervention (mostly low level). Apart from 2 incidences it was felt the restrictive practice were appropriate and in line with care & support plans.	ASM/SMT	June 2024	We will review data year on year to look at trends. From the previous year's data, it is clear that a small number of people were having the highest level of incidences. This was mostly due to people's mental health deteriorating and the service no longer being able to meet their needs. The three people with the highest number of incidences moved on from the service to more acute services. The review is underway for 2023/4.	
5. Where there is any concern about restrictive practices that have been used the SMT or Company Director would commission an investigation into this using a Route Cause Analysis (RCA). The	ASM/SMT	April 2020 & On-going	RCA's are completed in line with our Incident & Accident Policy or can be commissioned by a member of the SMT or a Company Director in line with the Policy.	April 2020 & on-going.

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recommendations and learning from this are then shared with the entire team.			Any RCA's are included in the monthly Service Performance Report.	
6. All Policies that relate to restrictive practices have been reviewed to ensure they comply with the implementation of the Mental Health Units (Use of Force) Act 2018 and are then reviewed annually.	SA/ASM	August 2021	All have been reviewed and consultation with Service Users was completed in relation to these policies and also the guidance around the Act. There have been two further reviews of all policies carried out and updates made to reflect changes in personnel.	October 2021, November 2022 & November 2023.
Use of Data				
7. We currently use an electronic incident/accident tracker and the data from this is used for reviews and is analysed at monthly SMT/Director's meetings at an individualised level. It is also reviewed at bi-monthly Governance Meetings.	ASM/SMT	April 2020 September 2024	This is effective at recording incidents/accidents and there is also a log for all external reporting (safeguarding, CQC & HSE) and these are cross referenced monthly by the Registered Manager as part of the preparation for completing the Service Performance Report. Minutes of SMT/Directors Meetings can demonstrate that learning and actions have occurred as part of reviewing this data. The actual SPR report shows clearly where incidents/accidents have reduced or increased and any actions that are being implemented to reduce these. We are in the process of implementing an electronic care records system (CURA) which will make collating and analysing incident data much easier.	April 2020 & on-going.
8. The incident/accident log is being reviewed by an external consultant to ensure it is gathering the information required for the Mental Health Units (Use of Force) Act	ASM/SB ASM/SB/SA	October 2021 January 2023	This work was ready for the implementation of the Act in December 2021. We reviewed the NHS data reporting requirements and made sure we are compliant.	December 2021. January 2023.

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2018. This mostly relates to ensuring there is no discrimination or lack of equality.				
9. Complaints, Comments and Compliments are also recorded on a log, and these are also reviewed at the monthly SMT/Directors Meetings.	SAR/SMT	April 2020 October 2023	We also have Compliments, Comments & Complaints booklets available throughout the service. SAR is now responsible for maintaining the log with the support of LM.	April 2020. October 2023.
Workforce Development				
10. Training Needs Analysis	SMT	July 2021	Malsis Hall has a Training Needs Analysis which is reviewed regularly to reflect the needs of Service Users. The training reflects regulatory requirements but also training specific to meet the needs of Service Users. This has recently been reviewed (May 2024) to reflect admissions to the service and further training that is required.	May 2024.
11. All staff receive CPI Safety Intervention training (changed from MAPA training in October 2021), as part of their induction.	SAR/JW	April 2020	Compliance with this training is over 85% and the level of restrictive practice being used is very low. Any incidents of restrictive practices are reviewed to ensure that any that are used are in line with Care Plans and updated where required.	April 2020 & on-going.
12. All staff to receive training in Positive Behaviour Support.	SAR/LM SAR/LM	August 2024 March 2024	This is required to support the philosophy of the ECHO group, and also it is integral to our policies and the way we want staff to work at Malsis Hall. This has now been added to our eLearning (ELFY) and staff are underway with accessing the training and we have also now started to provide this training face to face. A PBS training pack has been developed and two staff at Malsis Hall are now delivering this training which has been received positively so far.	 May 2024.

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13. All staff have debriefs following an incident in line with our policies and also following any RCA's that have been completed.	SMT	April 2020	This ensures staff have the opportunity to reflect on any incidents and any potential learning. This includes looking at the impact of any restrictive interventions and how to use person centred approaches to reduce distress and loss of control.	April 2020 & on-going.
Use of Prevention Tools				
14. Anyone referred to Malsis Hall has a full biopsychosocial assessment completed with the input of our Multi-Disciplinary Team (MDT). This includes a review of risk and if a placement is offered a FACE risk profile (validated tool) is completed with the individual.	SMT/MDT	April 2020	We feel the assessment and FACE risk profile are valid and practical tools that identify the needs and goals of the person being assessed ensuring we are aware of how they need to be treated and supported.	April 2020 & ongoing.
15. Malsis Hall will work in partnership with the local community teams to ensure that the people we support are receiving professional support as required to proactively meet their physical health and mental health needs e.g psychology and OT.	SAR/LM/CC	April 2024	Relationships have developed further with our local GP practice, and they are now proactively involved with the service and working collaboratively. This will increase as we increase the number of our care home beds.	May 2024.
	SAR/ASM	March 2024	The relationship with the CMHT was damaged when we removed our hospital beds and increased our care home beds which will impact on their resources. We are hoping to meet with them in June to try and reconcile and work positively together.	
16. All care planning is carried out with the full involvement of the Service User utilising the information gathered at assessment where practically possible. These are written from their perspective and include any identified risks and how the person is supported with these.	SMT/Nurses	October 2021	All the Care Home care plans have been reviewed and are fully person centred.	December 2021.
	CC	September 2024	We are in the process of transferring to an electronic care record system (CURA). This will ensure care plans are reviewed regularly and will also enable direct access for Service Users and families.	

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<p>17. Our environment provides Service Users with various living options that are the least restrictive. We have a care pathway from care home with nursing to without nursing, with 13 of the care home beds being in an apartment model promoting independence and choice. In addition, we have extensive facilities and grounds which provide therapeutic spaces for everyone to utilise.</p>	SMT	<p>April 2020</p> <p>December 2023</p>	<p>The environment and the space provided has a really positive impact on people and we feel this contributes to the low level of restrictions that are required.</p> <p>We removed our hospital beds in January 2024 so there are now more options available in our care home pathway.</p>	<p>April 2020 & ongoing.</p> <p>January 2024</p>
Consumer Involvement				
<p>18. The views of Service Users are sought via Community Meetings, Independent Advocacy, formal consultation via surveys, at reviews and also individually via keyworkers.</p> <p>Families also contribute via reviews, complete annual questionnaires and individually with members of the internal and external team.</p> <p>Involvement and feedback are underpinned in our policies including our Duty of Candour Policy.</p>	SMT	April 2020	<p>We have processes in place that ensure the voices of Service Users and family/friends, impact on the delivery of our services and there is clear accountability in relation to how we perform.</p>	April 2020 & ongoing.
Debriefing Techniques				
<p>19. We have debriefing in place for everyone involved in an incident supported by our Debriefing Post Incident Policy and our Incident & Accident Policy.</p>	GM/CC/SMT	April 2021	<p>This is carried out routinely for anyone involved in an incident to ensure they feel supported and any adverse and potentially traumatising effects can be mitigated.</p> <p>Any restrictive practice is reviewed to see if lessons can be learnt so that instances can be reduced.</p>	April 2021 & ongoing.

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			All incidents and any restrictive practices used are reviewed in monthly SMT/Directors Meetings and also at individual peoples' reviews.	