

Title of Document	Restrictive interventions
Name of Department	Quality

What type of document is this?	Work Instruction (WI)	This is a simple guide to follow in order to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	NA	Index number of policy/SOP	NA

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	

Custodian of document	Group Managing Director	Committee/Group responsible for this document	Policy Committee
Approval date and committee chairperson signature	28.01.25	When is its next scheduled review?	28.01.28

Who does it apply to?	All staff working with clients					
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	No	Does it apply to third party contractors?	No

Purpose of the Work Instruction	<p>To carry out support safely, in line with best practice and with legislation, where individual customers may need to be restrained for their own safety or that of others.</p> <p>To give guidance to staff in relation to legal protection offered by Mental Capacity Act 2005- Definitions and principles (MCA) defines restraint as when someone “uses or threatens to use force to secure the doing of an act which the person resists or restricts a person’s liberty whether or not they are resisting”.</p> <p>Section 6 of the MCA states that restraining people who lack capacity will only be permitted if, in addition to it being in their best interests, the person taking action reasonably believes that it is necessary to prevent harm to the person. In addition, the amount or type of restraint used, as well as the amount of time it lasts, needs to be proportionate to the likelihood and seriousness of potential harm.</p>
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Content of Restrictive Interventions Work Instruction

1.0 Definition

1.1 Helping Hands always ensures the safety of those we care for along with respecting customers rights to dignity, freedom and respect to underpin good quality social care.

1.2 The types of restraints listed are intended for staff information only. **Under no circumstances should we implement the practices outlined below, as Helping Hands does not offer restraint training.**

1.2.1 Physical restraint: any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

1.2.2 Prone restraint: (a type of physical restraint) holding a person chest down, whether the patient placed themselves in this position or not, is resistive or not and whether the person is face down or has their face to the side. It includes being placed on a mattress face down while in holds; administration of depot medication while in holds prone and being placed prone onto any surface.

1.2.3 Chemical restraint: the use of medication which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

1.2.4 Mechanical restraint: the use of a cuff to restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control.

1.2.5 Mechanical restraint devices that can be used in Helping Hands: there are customers who may require the use of **mechanical restraint devices**, such as a wheelchair belt or bedrails (See Bedrails policy) to prevent or limit movement to maintain safety. For instance, a customer who uses a wheelchair and experiences tonic-clonic seizures may require this belt to be used, to prevent them from slipping out of the chair during a seizure, which could lead to significant injury to themselves or pose a risk to others. A person who falls out of bed regularly which could lead to injury may find a set of bedrails are advised by the occupational therapist or District Nursing team.

2.0 Principles

2.1 The legal and ethical framework that supports the use of restrictive interventions by organizations is based on eight fundamental principles:

- 2.1.1** Restrictive interventions should never be employed as a form of punishment or with the intention of causing pain, suffering, or humiliation.
- 2.1.2** There must be a genuine risk of harm to the individual, staff, the public, or others if no action is taken.
- 2.1.3** The methods used to impose restrictions must be proportionate to the potential harm and the severity of that harm.
- 2.1.4** Any action to restrict an individual's freedom of movement should be the least restrictive option that fulfils the necessary requirement.
- 2.1.5** Restrictions should be in place for no longer than necessary.
- 2.1.6** Actions taken, their rationale, and their consequences must be subject to audit and monitoring, ensuring transparency.
- 2.1.7** Restrictive interventions should always be considered a last resort.
- 2.1.8** Involvement from service users, carers, and advocates is crucial when reviewing plans for restrictive interventions.

3.0 Scope

- 3.1** We are committed to ensuring that any restrictive measures are implemented in accordance with these principles and best practices.
- 3.2** The types of restraint are for staff reference only, and under no circumstances should any restraint techniques be implemented, as Helping Hands does not provide restraint training.
- 3.3** With a best interest decision, the use of restrictive practices such as lap belts for safety should only occur following a risk assessment and adherence to relevant guidelines for their use.
- 3.4** Staff members are not trained to evaluate or implement restraint practices and should refrain from using restraining techniques. However, under common law, if there is a sincerely held belief that you or someone else is in imminent danger, you may apply reasonable and necessary force to avert that danger.
- 3.5** If staff members express concerns regarding the use of restraint in any situation, this should be documented in a customer notification, prompting an immediate reassessment of safety to minimize the risk of harm.
- 3.6** Once a best interest decision is made and a risk assessment is established, collaboration with the customer and the wider multidisciplinary team is essential to ensure the least restrictive option is utilized.

3.7 The registered manager or equivalent must assess and document in the customer's support plan the following:

- 3.7.1** The rationale for the restrictive practice.
- 3.7.2** The potential risks to the customer or others.
- 3.7.3** The circumstances under which the restrictive practice is necessary.
- 3.7.4** Evidence of the customer's consent to their own restraint, such as a lap belt, when they possess the capacity to make this decision. If a customer lacks capacity, refer to the Mental Capacity Act 2005.

4.0 Summary

4.1 Helping Hands do not advocate the use of restraint except:

- 4.1.1** Where mechanical restraints have been risk assessed by the OT or District nursing team as necessary such as lap belts and bedrails.
- 4.1.2** Where under common law, if there is a sincerely held belief that you or someone else is in imminent danger, you may apply reasonable and necessary force to avert that danger.

4.2 Any other forms of restraint being considered or recommended by other healthcare professionals must be discussed with the Quality team either the QABP or Clinical team, before any implementation.

Note – Equality Impact Assessments are not required for Work Instructions

What was the previous version number of this document?	Version 01	
Changes since previous version	Updated 1.0 – updated definition (concise) Added Principles into its own section 2.0 Added a summary section 4.0	
Who was involved in developing / reviewing/ amending this work instruction?	Clinical Team Quality Assurance Business Partner	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands
Associated Documents		