

Managing risk, minimising restraint

Session 1: Participant's Workbook



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Exploring restraint

Care homes criticised for restraints on residents

The Guardian, 18 December 2007

Pensioner missing from care home

BBC news online, 31 January 2007

Name:

Date:

This is a training session about the use of restraint in care homes.

A helpful general definition of restraint from the charity, Counsel and Care, is:

'Interfering with, or stopping, a resident doing what they appear to want to do.'

This session will help you to:

- think about what we know about restraint
- understand the legal background
- identify and avoid unintentional restraint
- know when we use intentional restraint.

This Workbook is designed to be used in a group training session. It fits alongside a free e-learning module on Exploring restraint which considers many of these points in more detail. Go online to <http://www.scie.org.uk/publications/elearning/index.asp> to find out more after this session has been completed.

If you are completing your NVQ in Care, this training session closely relates to the concepts of 'active support' in core unit HSC24. Show this workbook to your assessor.

Word watch

Proportional – this means the right amount for the situation.

Restrictive – this means limiting something, reducing the options available. To find the ‘least restrictive’ option means finding the solution that reduces the resident’s choices as little as possible so that they keep the most options open to them.

Consent – this is permission or agreement. We use the word to talk about when someone can, or cannot, understand all of the issues concerning a choice they have to make.

Last resort – this means when all other options have been tried.

If there are other words used that you are not sure about, please ask your trainer.

1. An introduction to restraint and your ideas

Is restraint acceptable?

Although a number of laws are relevant to this issue, the most important law on restraint is the Mental Capacity Act 2005. This Act says that restraint can be used, but it should only be used when it is necessary to protect the person from harm and is proportionate to the risk of harm (see Section 6(4)).

The law tells us that **in some situations restraint can be acceptable, but it should be used only as a last resort, and in the least restrictive way possible.**

Write this in your own words

End of Activity 1

When restraint is acceptable

There are three situations when it is acceptable to restrain:

1. When someone chooses it for themselves.

2. When it is part of a care plan agreed by all parties.
3. When the resident is at clear risk of harming themselves or others and the restraint is proportionate to the risk of harm.

Sometimes a resident gives you their consent for you to restrict them in some way.

For example, bed rails might make Mrs MacGregor feel safer, and she has asked that they are used at night. That's fine because she is **choosing** to be restrained. Circle which of the following is okay because it is voluntary restraint.

Mr Sangakkara doesn't go to watch the village cricket because there is no one to take him.

Mrs Grace has asked to only be given five cigarettes a day because she thinks it's good for her chest to cut down.

Restraint is okay if it is an *agreed* part of the care plan

For example, Mr Bayraktar has agreed not to shower without supervision as his son is worried he might fall. Mr Bayraktar and staff agree there is a risk he might. This is restraining him, but it is agreed by all parties and written into his care plan. Circle which of the following is okay because it is an agreed part of the care plan.

Jennie Jones has agreed to only walk as far as the churchyard on her own, because that is the range of her personal alarm, and further than that staff would not be able to help if she fell.

Mrs Wright doesn't go out to chapel on Fridays because that's the best time for staff to give her a bath.

Restraint is okay if there is a clear risk of a resident hurting themselves or others and the restraint is proportionate to the risk of harm.

For example, Mrs Blackford has moved to a secure dementia unit after wandering confused from her previous home in the night. She is restrained because she cannot operate the baffle doors to leave the premises, but this restraint is proportionate to

the risk of harm from her wandering. Circle which of the following you would consider appropriately restraining someone to prevent harm.

Last week Miss Guthrie hit out with her walking stick at another resident. Now, for the other residents' safety, her stick has been taken away from her when she is seated in the lounge or dining room.

A keypad is being fitted to the doors at the top and bottom of the stairs to prevent the residents and visitors using them.

End of Activity 2

All of the things considered on the clap-o-meter **could** be considered restraint. Always think, is there a more **empowering** alternative?

This is explored in more detail in the related free e-learning module at <http://www.scie.org.uk/publications/elearning/index.asp>.

Match the solution to the problem - empowering alternatives

Read through the five information boxes, and match them to the right resident. We've done one for you.

Dennis needs help to go to the toilet, but with no help being offered from the staff member, he may become agitated and upset as he feels uncomfortable and helpless.

Marie needs help to be able to hear better: it would help if the television was off, and if her hearing aid was checked to make sure it's working. This will help her to communicate and socialise easily with others.



Ron needs help to reach his walking frame: staff may (intentionally or otherwise) place a walking frame out of reach of the resident, making him effectively immobile.

Hilda needs help to move the furniture: items placed in front of a resident may make it difficult for them to get up from the chair and this may cause distress.

End of Activity 3

Want to know more about what residents, relatives and other care workers think about restraint? The free e-learning module at <http://www.scie.org.uk/publications/elearning/index.asp> explores this more

2. Making a start on minimising restraint

Story 1: Nell

Before coming to live in the care home, Nell always enjoyed her daily morning walk up to the local shops. She never missed a day. Chatting to a few of the shopkeepers, seeing the buses come and go, Nell had her routine. She knew her route and seemed to keep to it reliably, despite increasing memory problems.



Nell has now been at the home for a month. She is desperate to leave and constantly pulls at the front door. She is a very energetic person, and seems bored. The fact is, she never leaves the home.

How would you feel if you were Nell?

What do you think might help in this situation?

How do you think we as a care home would handle this situation?

HINT: It is important to try to find out as much as possible about Nell, and why it is that she is wanting to go for a walk. Is it talking to people that is important to her, or the fresh air?

Story 2: Bill

Bill becomes distressed after every visit from his wife, lashing out at staff verbally and sometimes physically. Care staff know it will happen, and it almost always does. Each staff member responds as best as they can in this situation - each person's approach varies, and the team are not sure what to do next.



How would you feel if you were Bill?

How do you think Bill's behaviour might make staff feel?

Do you have some ideas about what could help in this situation?

Can you think of a resident who finds it upsetting after their family leave?

ADVICE: By being consistent and offering extra support at times when residents have higher needs, we are more likely to prevent problems arising – such as the need for urgent restraint. Good care planning and teamwork can make a real difference.

Story 3: Lillian

Lillian has found it difficult to make friends since coming to the home a year ago, despite being a sociable woman. She is the only black woman living at the care home. Previously she was a cook at her local Caribbean lunch club and well-known to many. Other residents don't seem to talk much, and some of the staff have difficulties understanding Lillian's accent. She finds the food unappetising, especially since the Caribbean chef left recently.



Lillian has become quite withdrawn and doesn't participate in any activities at the home. Her daughter is becoming distressed about the situation. She feels the staff are not concerned enough about the change in her mother's situation and that they are not doing anything active to assist – they just seem to say 'That's how Lillian is now.'

How do you think this situation makes Lillian feel?

What should staff be trying to do now?

If you were Lillian's daughter, what would you try to do in this situation?

Do you have any residents that struggle to fit in?

ADVICE: Lillian is not being physically restrained here – but she is being unintentionally, or passively, restrained because she needs active support to keep up vital connections with her community and her past, and to feel at home.

3 Conclusion

Having completed this session, ask yourself the following questions:

1. What did you know already?
2. What do you know now?
3. How is this different?
4. In what ways will this change how you support your residents?

It is likely that this training will have raised some questions about the way you work. It is important that you talk to your manager and to the other participants on this course to work together to continually improve the care you deliver.

Further reading

If you would like to find out more, the further reading listed below may interest you.

Alzheimer's Society (2007) *Home from home*. London: Alzheimer's Society.

Alzheimer's Society (2008) *What standards of care can people expect from a care home?* Factsheet. Alzheimer's Society, London.

Brooker, D. (2006) *Person-centred dementia care: making services better*. Jessica Kingsley Publishers, London.

Clarke, A. and Bright, L. (2002) <i>Showing restraint: challenging the use of restraint in care homes</i> . London: Counsel and Care.
Commission for Social Care Inspection (2007) <i>Rights, risks and restraints</i> , London: Commission for Social Care Inspection.
Dementia Services Development Centre (2007) <i>Best practice in design for people with dementia</i> . Stirling: University of Stirling DSDC.
Department for Constitutional Affairs (2007) <i>Mental Capacity Act 2005 code of practice</i> , London: The Stationery Office.
Department of Health (2001) <i>National service framework for older people</i> , London: Department of Health.
Gallinagh, R., Nevin, R., McAleese L. and Campbell, L. (2001) 'Perceptions of older people who have experienced physical restraint', <i>British Journal of Nursing</i> , vol 10, no 13, pp 852–859.
Medicines and Healthcare Products Regulatory Agency (2006) 'Safe use of bed rails', <i>Device Bulletin</i> , available at: www.mhra.gov.uk .
Medicines and Healthcare Products Regulatory Agency (2007) <i>Bed rails and grab handles</i> , Device Alert 2007/009, London: MHRA, available at: www.mhra.gov.uk .
National Patient Safety Agency (2007) <i>Using bedrails safely and effectively</i> , Safer Practice notice 17, London: NPSA, available at npsa.nhs.uk .
National Institute for Health and Clinical Excellence and Social Care Institute for Excellence (2006) <i>Dementia: supporting people with dementia and their carers in health and social care</i> , London: NICE/SCIE.
National Care Homes Research and Development Forum/My Home Life (2007) <i>Quality of life in care homes: a review of the literature</i> , London: Help the Aged.
Nolan, M., Davies, S., Brown, J.M., Keady, J. and Nolan, J. (2004) 'Beyond "person-centred" care: a new vision for gerontological nursing', <i>Journal of Clinical Nursing</i> , vol 13 (s1), pp 45–53.
Nolan, M., Davies, S., Ryan, T. and Keady, J. (2008) 'Relationship-centred care and the "Senses" framework', <i>Journal of Dementia Care</i> , vol 16, no 1, pp 26–28.

Royal College of Nursing (2008) *Let's talk about restraint: rights, risks and responsibility*, London: Royal College of Nursing.

Social Care Institute for Excellence (forthcoming) *Literature review on restraint*. London: SCIE.

Social Care Institute for Excellence (forthcoming) *Practice survey on restraint*. London: SCIE.