

e-LEARNING RESOURCES

# Managing risk, minimising restraint

## Session 2: Participant's Workbook



# Restraint Session 2: Workbook

## Making decisions about restraint

Name:

Date:

This is a training session on how to make decisions about restraint in care homes.

A helpful general definition of restraint is:

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

This workbook is designed to be used in a group training session. It fits alongside a free e-learning module 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.

This session’s **learning objectives** are to:

- build on our understanding of avoiding unnecessary restraint from Session 1
- understand the five-step process that can help when making difficult decisions about restraint.

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.

**Objective recording** – this means writing down what happened without commenting on how you felt about it.

**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.**

## Introducing Reg

This is Reg. He was married to Bess and has two children, a son, David, and a daughter, Irene. When David and Irene were young, the family enjoyed caravan holidays in Anglesea. Most years they joined Bess's sister and her husband for a weekend in Blackpool where Bess loved ballroom dancing.

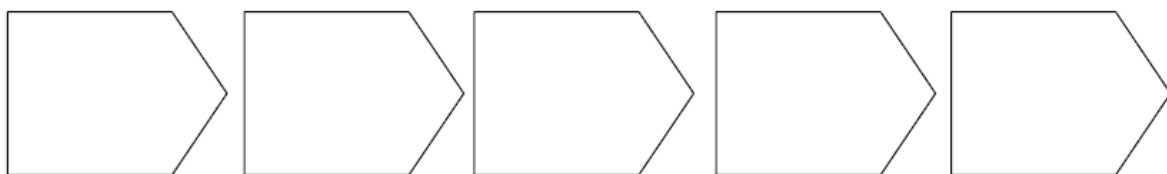


Reg ran a couple of betting shops locally, and was well known and popular. Horse racing was his biggest passion. He liked to make a trip to Aintree for the Grand National each year and loved the party atmosphere of the event. He always took guests and loved explaining the form to people new to the sport.

We are going to work together with Reg, as he gets older and in need of care and support, to improve the way we make decisions about restraint.

There are five steps which help us make good decisions. See if you can work out which order you think these steps should be in, and write them into the boxes below.

- monitor and review the plan
- do some detective work
- observe
- consider the options and make a decision
- implement the plan



Need a hint? Look at the back page of the Workbook.

## Why do we need this process?

Which of the following do you think is true? Use your voting stickers when you decide.

- We need a process to make decisions about restraining people so that it is fair.
- Common sense is just as good as a process – but not everyone feels confident about acting on instinct.
- The law requires that we can show how we made our decisions about restraining someone.

## When do we use the process?

Which of the following do you think is true? Use your voting stickers when you decide.

- Whenever we might end up restraining someone.
- Only when someone is behaving violently.
- Every time there is going to be a written change to the care plan.

The free e-learning module which is part of this training series gives an introduction to the different laws that you may have heard of, such as the Mental Capacity Act, and the Deprivation of Liberties Safeguards. You can access this online at [www.scie.nhs.uk/learning](http://www.scie.nhs.uk/learning)

**End of Activity 1**

## Back to Reg

### Background

Today, Reg is an outgoing 81-year-old widower who has lived at Elm Tree Lodge for two months. Before this Reg was living independently, until he had several falls while walking outdoors. He had a stroke 10 years ago, a matter of months after his wife's death in a car accident and was diagnosed with dementia three years ago.

David, Reg's son, now lives in Canada, and his daughter, Irene, lives nearby and visits weekly. She finds these times difficult. Reg's stroke has affected his walking – he walks with a slight limp, and relies on a walking frame. His hearing is getting worse. Reg has one old friend who visits him every few weeks.

He continues to enjoy watching horse racing on television and listening to music on the radio.

## The situation

Initially, the placement seemed to go well, but over the past few weeks Reg has become increasingly agitated and distressed. Staff have found Reg urinating in corridors, the dining room and other residents' bedrooms (including in their beds and wardrobes). When staff find Reg, he is angry and refuses to move away from the room or to change his clothing for some time. He shakes his fists and swears at length.

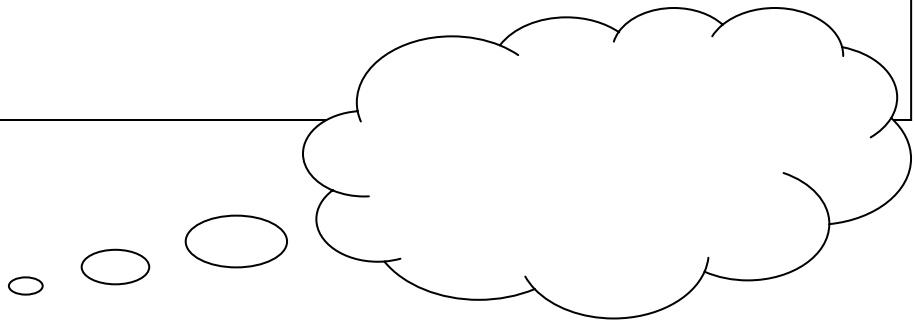
Other residents are becoming very distressed about Reg's behaviour and have started being aggressive towards him. No one wants to sit beside him at mealtimes, and so these have become more awkward for Reg too. He is no longer coming along to any activities. Staff also are becoming wary and tense with Reg.

The staff fear he will hit them at one of these times, and they need to make some decisions now about what they will do if the need arises to restrain him.

Now we are going to apply the five-step decision process to Reg.

## Step 1: Observe

As you listen to the Mary, the care home manager, write down a list all of the observations that she has made.



What type of feelings do you think the staff have about working with Reg?

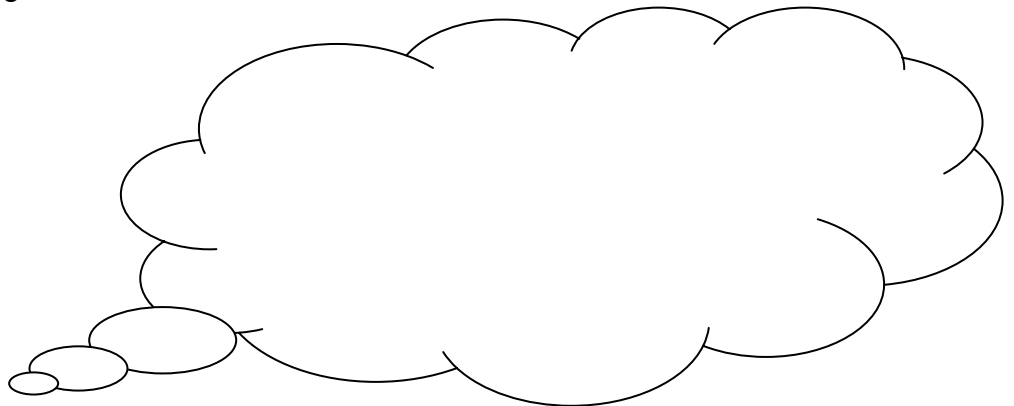
**Which of these is the most objective comment?** Use your voting stickers to decide.

- Reg was in a funny mood and difficult to work with.
- Reg didn't settle into any activities and rejected the help of staff who tried to involve him.
- Reg was happy to receive help from staff this morning, and incontinent incidents were avoided.
- Reg was great this morning and no 'accidents' happened.

## Step 2: Do some detective work

What extra information did the detective work produce? Add the new information here.

How do you think Reg feels about his social isolation?



## Step 3: Consider the options and make a decision

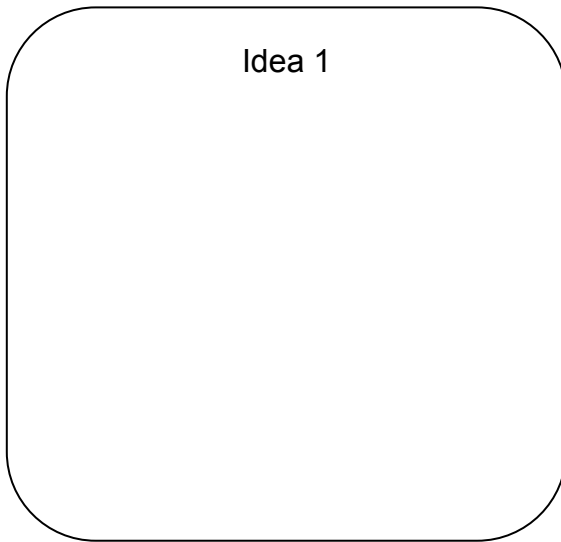
Can you think of something that might help Reg? If you are stuck for ideas, it may help if you talk to your partner about:

- What are the options for how the staff could respond?
- What works to help this person? When are they happiest?
- How can they help Reg feel at home?

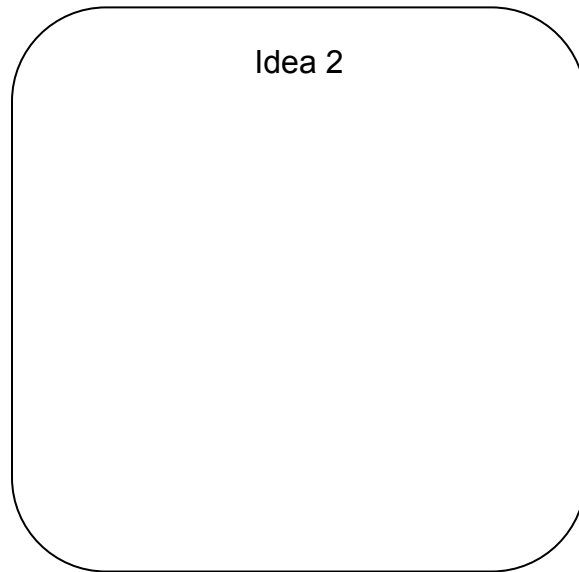
- Which is the least restrictive option if restraint is needed?

Note your ideas here.

Idea 1



Idea 2



### Step 4: Implementing the plan

Use your voting stickers to indicate what you think about the following.

- How happy would **you** be implementing this action plan?

I think it's a great plan       It'll never work!

You've just got to try haven't you – it's trial and error in this job.

- Would the staff be able to show an inspector that they were restraining Reg in the least restrictive way possible?

Yes       No

Only if they keep their records up to date

- If Reg's son David called one evening when your care Leader wasn't around, would **you** be able to explain what you would do if Reg was aggressive towards you?

Definitely       I'd do my best       I wouldn't feel confident to explain

## Step 5: Reviewing the outcomes

### **Two-week review**

At the two-week review Rosie shares how things have been going: there have been a further three incidents, but this is definitely fewer than before, and all occurred on the weekend. The GP has seen Reg and has decided, based on staff reports, that he'd prefer to wait to see how things progress before referring Reg for further specialist intervention. Rosie agrees to work a weekend shift and to spend time talking with staff then about the best approach for working with Reg, and responding when he becomes distressed. Staff are spending time with Reg, showing him around the home and helping him learn where things are. This seems to have made a big difference.

### **Four-week review**

At the four-week review, Reg's situation seems so much better. He's getting more involved in music sessions each week, and he's becoming friends with another resident, Bill, who used to use his betting shop. They now share all their meals at the same table. One of the photos on Reg's door prompted Bill's daughter to make the connection.

### **Six-week review**

The six-week review follows the Grand National celebrations, and Reg seems to be the star of the show.

### **Summary**

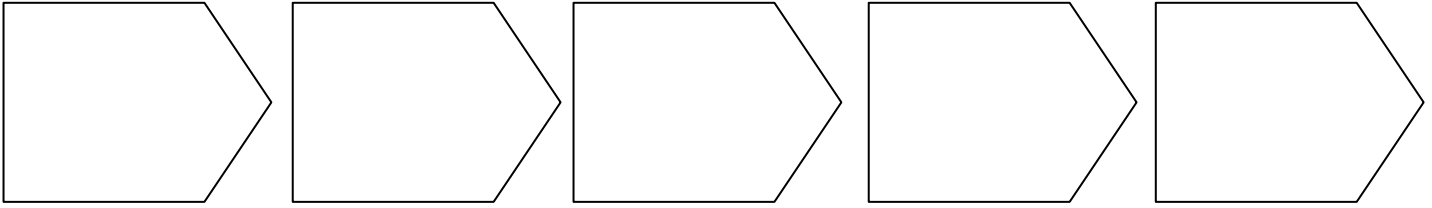
It seems all the interventions have played a part in improving the situation, although it turns out there was probably no medical basis for the concerns. Everyone seems to have benefited from the changes: Reg, most importantly, but staff too, and other residents and family. The extra staffing for morning shifts ended after a month. Some residents are still wary of Reg, and it will take time for some of them to get over the incidents. Finding out more about Reg, his personality and interests, and helping him link with other residents better is now the team's main focus.

**End of Activity 2**

## Conclusion

- Good decisions about restraint are more likely if care staff are positive, work together and keep good records.
- The five-step process will help when making difficult decisions about the use of restraint.

The five steps are *(fill them in one last time to help you remember)*:



If you would like to understand more in this area, we recommend the free e-learning you can find at <http://www.scie.org.uk/publications/elearning/index.asp>

Having completed this module, 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 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.

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## Further reading

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

Counsel and Care (2001) *Residents taking risks: minimising the use of restraint – a guide for care homes*, London: Counsel and Care.

Department of Health and Care Services Improvement Partnership (2006) *Let's respect*, London: DH/CSIP.

James, I.A. *et al.* (2006) 'Dealing with challenging behaviour through an analysis of need: the Columbo approach', In M. Marshall and K. Allan (eds) *Dementia: walking not wandering*. London: Hawker Publications.

National Institute for Health and Clinical Excellence and Social Care Institute for Excellence (2006) *Dementia: supporting people with dementia and their carers in health and social care*, London: NICE/SCIE.

Stokes, G. (2008) *And still the music plays: stories of people with dementia*, London: Hawker Publications.

**Hint:** Not sure what order the five-step process should be? Here is your hint: **look – think – act – think.**