

# Managing risk, minimising restraint

## Session 1: Trainer's pack



# Session1: Exploring restraint

## About this resource

This is a resource created by the Social Care Institute for Excellence (SCIE) to help care homes for older people deliver in-house staff training. It is envisaged that it will be used by a manager or senior member of staff to train small groups of between 5–15 staff members at a time. It may also be useful for training companies and trainers to deliver courses to staff in care homes. Depending on your group size and how much discussion you allow, you should plan to take between two and three hours for this session.

You do not need to be an experienced trainer to deliver this training session, but you should set aside time to prepare well by reading through the Trainer’s Pack and the Participant Workbook, and gather the different resources needed for the session.

There are three sections to this session:

1. an introduction to restraint and your ideas
2. making a start on minimising restraint
3. conclusion.

This session is part of a suite of free resources from SCIE about restraint. To work alongside this session you may find it useful to use one of the following:

- two other group learning resources
- three e-learning modules, available at <http://www.scie.org.uk/publications/elearning/index.asp>. This session relates to ‘Exploring restraint’.

## Intended audience

It is anticipated that this resource will be used to train all staff who have regular contact with residents. As well as direct care staff, hospitality and care-home based administrative staff will find this training valuable, as it will help to build a whole-team understanding of the importance of reducing restraint.

## What is included

To help you lead this session you will find on the webpage:

- Trainer's Guide, including Trainer's Printout pack (see appendix)
- Participant Workbook
- DVD clip.

A CD of all of SCIE's resources on restraint is available on request by calling 020 7089 6840.

## What is needed for the session

You will need a quiet room, and protected time when the participants will not be distracted by other duties, equipment to play the DVD, a flipchart, Blu-tac, pens, post-it notes, one printout of the Trainer's Printout Pack and a printout of the Participant Workbook for everyone attending.

## Learning objectives

By the end of this session participants should be able to:

- Explain that there are many different types of restraint, ranging from active physical interventions to failing to assist a person.
- Understand the legal background.
- Identify and avoid unintentional restraint.
- Know when we use intentional restraint.

## Preparing ahead

Well ahead of the session you need to identify the staff who will be attending the training, and when, so that the staff shifts can be prepared accordingly. It is important that you communicate both to the staff attending and the rest of the team

that this is protected training time, and no one should be called out of the session except in the case of an emergency.

Staff will need to attend both Sessions 1 and 2. You may plan to do both of these in one day, but this can be tiring for participants. A gap of no more than two weeks is recommended.

## Lesson plan for running the session

### Before the session starts

- Put out a large size post-it note pad (or part pad) and thick-tipped pen for each participant.
- Print out the Trainer's Printout Pack (see appendix) and find your Blu-tack.
- Either write the useful definition of restraint onto a flipchart/whiteboard or use page 1 from the Trainer's Printout Pack, ready with Blu-tack to put up on the wall (for a large group several copies may be needed so that they can all see it).

Restraint is 'interfering with, or stopping, a resident doing what they appear to want to do.'
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- Choose three to five of the possible 'clap-o-meter' restraints (see below), and write each of your chosen restraint factors on an individual sheet of the flipchart, with a clap-o-meter arc underneath. Choose from: **1. bedrails; 2. keypads for doors; 3. electronic tagging; 4. grabbing a resident's arm as they are about to strike another resident; 5. deep-seated chairs; 6. residents experiencing difficulty getting the attention of staff; 7. antipsychotic medication; 8. belts; 9. individual meal tables; 10. no activities on the weekend.**
- Print enough workbooks for the number of participants and one for yourself.
- Check the DVD works in your player.
- You may like to prepare a 'Do not disturb' sign for the door.

### Introducing the session

Welcome the group and explain that this session will help them to think about restraint. Explain that the session will have theoretical learning, and also practical learning, so at the end of the session they should UNDERSTAND the issues better,

but also BEHAVE in different ways with residents. You may like to agree some training ground rules with the group. Explain to the group that shared rules help everyone learn in a positive environment. If your organisation regularly uses training ground rules you should use the ones the participants are used to; if not, the Trainer's Printout Pack provides an example you could use.

Ask the group to go around and introduce themselves, saying their name and three things that they couldn't live without.

## Beginning the session

To begin the session, give out the Participant Workbooks. Read out the session aims, written on the front of the Workbook:

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

Ask the participants to read and complete the front page of their Workbooks and then to complete Workbook Activity 1 where they put the information '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**' into their own words.

Ask if everyone felt able to do that, and ask for two or three volunteers to share how they rephrased it.

Explain that the participants can find out more about the laws that affect restraint including the Deprivation of Liberties Safeguards in the related e-learning module (available at <http://www.scie.org.uk/publications/elearning/index.asp>) that they can complete at home after the session.

## What is restraint?

Display your prepared definition of restraint from the charity Counsel and Care, and read it out.

A helpful general definition of restraint is 'interfering with, or stopping, a resident doing what they appear to want to do'.
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**TIP:** Depending on your participants' English language skills you may need to check their understanding of all of these words.

Give out the post-its (and fat-tipped pens if you have them) and get everyone individually to write examples of restraint (or things they think might be restraint) onto the notes – only one example per note. Encourage them to write three or more if they can think of them.

**TIP:** It is useful to check back the group's understanding of what you are asking them to do here so that they are sure they are giving you examples of restraint, NOT reasons why you might restrain someone.

Write a few examples yourself of restraint in each category – for example, you might use some of these:

- removing someone's walking aid
- reclining a chair so a resident can't get out of it on their own
- residents being given sedatives because it suits staff to keep them quiet at night
- antipsychotic medication given without regular review
- long corridor without a hand-rail
- garden paths that are uneven/difficult to walk on
- keypad on the front door
- tagging devices
- staff repeatedly telling residents to 'sit down'
- taking post away from a resident rather than walking with them to drop it off.

After a few minutes, explain that restraint can be categorised into five different types:

1. physical
2. chemical
3. environmental
4. technological
5. passive.

Stick these headings up (from the Trainer's Printout Pack) as you explain what each means. The explanation is written on each.

Ask the group to think about the forms of restraint on their post-it notes, and now that they have seen the five types see if they can think of a couple more examples. Give them a few more minutes, then ask the participants to stick their examples up



on the wall in the relevant category. Stick yours up as well.

Then review them together, reading out the different types of thing that could restrain someone. It is likely that most of the restraint that they have thought about will be physical.

**Trainer note:** Your aim is to get the group to think about how things can be restraint that they have not considered before.

- Ask if anyone wasn't sure what category to put their post-it notes in, and discuss any difficult and complex examples. Sometimes a situation might cover more than one type.
- Ask the group if they had thought about the different types of restraint before.
- If there aren't many examples listed in a category, ask the group to suggest more, write them on new post-it notes and put them up.
- Point out that when they were introducing themselves the three things they couldn't live without were different for different people. In the same way, not having certain things restrains some people but not others.

## When restraint is acceptable

Divide the group into pairs to read through the Workbook Activity 2 on 'When restraint is acceptable' together, answering the questions together and completing their own Workbooks. This explains the legal background to appropriate restraint and the three situations when restraint is acceptable.

Give the pairs time to work through the questions and then ask them to close the Workbooks and call out the three general situations where restraint is justified. Keep this quick and light-hearted and it will reinforce the learning.

Tell them to return to their Workbooks and tell you which of the scenarios were **acceptable** restraint and why they thought that. The three justified answers are circled below.

## Empowering alternatives

Explain that the opposite to a restraining environment is an **empowering** one. Consider each of the 'wrong' answers where the example of restraint is *not* justified, and ask for suggestions for two things:

1. What type of restraint is this?
2. What would a more empowering alternative be?

Sample answers are shown in the boxes below – but there are many ways to empower residents and you should encourage all sensible suggestions.

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 their consent for you restrict them in some way.**

This is passive restraint.

More empowering alternatives would be to try to arrange for a volunteer or family member to take Mr Sangakkara sometimes.

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.**

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.

This is passive restraint.

More empowering alternatives would be to rearrange the bath rota so that Mrs Wright can go to chapel.

This is physical restraint.

Regularly removing her walking aid will seriously restrain Miss Guthrie, and is not in proportion with a one-off incident. Staff should explore the reasons for her violence, and see what more empowering alternatives there are to physical restraint.

**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.**

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.

### If a resident doesn't understand the issues

Explain to the group that care homes should be trying to use restraint as little as possible, if at all. However, if a resident can't give consent, it is still acceptable for restraint to be used if:

- it is very likely that they will harm themselves or others, and
- the restraint is as least restrictive as possible and used for the shortest amount of time.

Summarise what you have covered:

- the legal background and three situations where restraint is acceptable
- if restraint has to be used, it must be applied in the least restrictive way for the shortest amount of time.

**SUGGESTION:** Now might be an appropriate time to take a break.

## What is restraint clap-o-meter?

Tell the group that you want their reactions – how much do you think the following are restraint?

Ask them to clap a little if they think there is a small chance of restraint and loudly if there is a high chance of restraint. Ask a volunteer to record the results on your flipchart sheets, and get the group to demonstrate their clap volumes so the volunteer knows what the minimum and maximum clap-o-meter will sound like.

Go through each of the examples that you chose at the beginning of the session out of the possible 10, capturing reactions as you go. You will come back and think about each in turn soon.

The 10 possible options are:

1. bedrails
2. keypads for doors
3. electronic tagging
4. grabbing a resident's arm as they are about to strike another resident
5. deep-seated chairs
6. residents experiencing difficulty getting the attention of staff
7. antipsychotic medication
8. belts
9. individual meal tables
10. no activities on the weekend.

Tell the group that each of these things **could** be a restraint. Now, go through each and see how highly it scored on the clap-o-meter, and ask people:

- Why they thought it might or might not be likely to restrain a resident?
- Do we restrain people like this here?
- Could we improve in this area?

After each point, read out the guidance from SCIE on each point.

## Bedrails

If bedrails are used to reduce the risk of residents accidentally slipping, sliding, falling or rolling out of bed, they are not classed as restraint. If they are used for any other purpose – say, to discourage a resident from getting up independently – this would be viewed as restraint. While bedrails can prevent falls, using them incorrectly can be potentially dangerous, even leading to death. The most important thing is to complete a risk assessment based on an individual's needs, and to do a thorough review of the combination of equipment used (grab-handles, bed, mattress, bedrails).

## Keypads for doors

If a resident can't recall the keypad code and is therefore locked in, this is a form of restraint. All parties may decide that this is an acceptable restraint – for example, on a front door to a busy street – but not appropriate on a door to the home's back garden. The keypad may also be restricting for all residents, but only be required for a smaller number. In some cases, keypads are used in many places in a home, when actually they are only needed on the front door.

## Electronic tagging

Some say this gives people with dementia a greater quality of life, as they can walk out in the community independently with peace of mind for them and their caregivers. But in some instances, the tagging may lead to restraint: the person is coaxed into not leaving the home at all (perhaps because no one is available to respond if a problem arises outdoors), or a staff member gets involved to limit the person's activities in some way – for example, escorts the person away from the pub when they have gone there for a quick drink.

## Grabbing a resident's arm as they are about to strike another resident

This is clearly a form of restraint. On the face of it, it seems an appropriate one, if it is really clear the resident is just about to strike another resident, and it is not possible to remove the other person. Most care staff will be stronger than residents, so staff need to be careful that their actions are in proportion to the situation. The vital thing is that staff review a situation like this as soon as possible after it occurred: why did it happen, does it fit with any pattern or other presenting problems, and was there anything that could have been done to avoid the situation escalating to the point of assault?

## Deep-seated chairs

For many residents who have trouble walking, deep-seated chairs can be difficult to get out of, and onto, without help. Having to wait for someone else's help every time you want to get up or down can be very limiting, and in this sense is a form of restraint, particularly if staff are not available when needed.

## Residents experiencing difficulty getting the attention of staff

Sometimes it can seem that care home residents are happy enough minding their own business for long periods of time, and for some people this will be true. But many residents need closer levels of support due to their high levels of need. By failing to observe and engage with residents, staff are then not able to recognise or respond to their needs – which means they are very likely to be indirectly restraining residents (for example, by not promoting walking, not helping with regular visits to the toilet, not being aware of whether anyone is becoming upset or agitated, and so on).

## Antipsychotic medication

The value of antipsychotic medication for people with dementia is increasingly being questioned. Except in very difficult situations, it is now thought that many people with dementia would be better off if they were not taking antipsychotic medication, which can make people more likely to fall and to be drowsy during the day time. This medication can be seen to be restraining people, and has been described by some as a 'chemical cosh'. Many other, less restricting, ways of helping people should be tried before medication. If prescribed, antipsychotic medication should be reviewed regularly by a medical practitioner.

## Belts

A belt might be used to stop a person from getting up out of a chair, if the person has difficulties with getting up or walking, or is making frequent, unsafe attempts to do so: this is a form of restraint and is **not** acceptable. It's possible that a person who can give consent indicates a preference to use a belt, but this is still a form of restraint.

## Individual meal tables

Small, easily moveable meal tables are often at hand for residents to use, especially at morning and afternoon tea times. But what happens after they're not needed? For

some, these handy tables can become a form of restraint – effectively locking them in if they are unable to push the table away without help.

## No activities on the weekend

In many care homes the atmosphere of the home is quieter at the weekends, when fewer staff are about and perhaps no scheduled activities are running. Some residents come to dread this time of the week, and find the days long and depressing. In its widest sense, this too can be seen as a form of restraint – residents are not being helped to meet their full range of needs. Perhaps they need support to go to the local church? Perhaps they need to be linked with other locals with their interests, for example, fellow football supporters?

## Match the problem to the solution

Ask participants to individually turn to their workbooks on page 5 and match the solutions to the problems.

Check to see that everyone felt able to complete the activity.

## Making a start on minimising restraint

Explain to the group that this section will suggest ideas for making a start on minimising restraint by:

- valuing the person and providing care based on our knowledge of a person's needs, preferences and view of the world
- teamwork and good care planning
- valuing the views of relatives and friends involved with a resident.



**Play** the DVD clip of Des, to show how taking a positive approach can help avoid the need for restraint to be used.

Ask the group to explain to you how it made a difference to Des once the staff understood his situation. The clip shows that discussing the problem together, finding out about the person and their life history, and being prepared to try unusual ideas can all help to improve situations that seem impossible, and reduce or avoid the need for any restraint.

Next, divide the participants into three groups, and allocate one of the three stories, Nell, Bill or Lillian, to each group. Ask them each to work through the story and

answer the questions together. After they have answered the questions get a spokesperson from each group to read out their story and share their answers with everyone.

## Conclusion

Ask the participants to take a few moments each individually to ask themselves the following questions and record the answers in their Workbook:

- What did you know already?
- What do you know now?
- How is this different?
- In what ways will this change how you support residents?

Thank the group for their participation in the session, explain that this was just an introduction and further training in Session 2 will follow. This looks at decision-making processes and offers a five-stage framework to help with making difficult decisions about the use of restraint and to consider the alternatives.

Ask the group if they have any questions arising from the session they wish to discuss.

## Appendix: Trainer's Printout Pack

# Training ground rules

- Respect each other and listen to others
- Maintain confidentiality concerning shared experiences
- Be purposeful
- No question is a silly question – ask whatever you want
- Be open and honest
- Keep to times (when returning from breaks)
- Don't interrupt and speak one at a time

**Restraint is:**  
**‘interfering with,**  
**or stopping, a**  
**resident doing**  
**what they**  
**appear to want**  
**to do’**

# Aims

- Think about what we know about restraint
- Understand the legal background
- Identify and avoid unintentional restraint
- Know when we use intentional restraint

# Chemical restraint

This includes residents being given sedative or antipsychotic medication inappropriately, without regular review.

# Passive restraint

What you DO NOT DO to help residents be as independent as possible.

# Environmental restraint

Things which make it difficult for residents to find their way independently around a care home – for example, a complicated building layout, hard-to-use door handles or poor lighting.

# Technological restraint

Technology used to restrict movement, which for some residents may increase their safety, while limiting the movement of others.

# Physical restraint

Using force or physical barriers to restrict what a resident can do.