RESTRAINT POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

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1. PURPOSE

The Purpose of this Restraint Policy and Procedure is to provide clear guidelines on the use of restraint in supported living services provided by Primus PLUS Healthcare. The policy aims to ensure that restraint is applied only in exceptional circumstances, in compliance with UK legislation, and in the best interests of the service users, specifically adults with learning disabilities, mental health needs, and autism spectrum conditions. The policy emphasizes the use of least restrictive practices, ensuring that restraint is used as a last resort and in a manner that respects the rights, dignity, and safety of service users.

Key Objectives of this Policy:

1. To ensure that restraint is only used when absolutely necessary and when all other non-restrictive interventions have been exhausted. The policy prioritizes proactive, preventative, and de-escalation strategies, focusing on supporting individuals to manage their behaviour without resorting to restraint.
2. To promote least restrictive practices that protect the autonomy and well-being of service users. This policy is based on the principle that restraint, if necessary, should be the least restrictive option available and used in a way that causes minimal distress or harm.
3. To safeguard the human rights of service users while ensuring the physical and emotional safety of all individuals involved. The policy ensures that restraint is used lawfully, ethically, and in compliance with relevant legislation such as the Human Rights Act 1998, the Mental Capacity Act 2005, and the Care Act 2014.
4. To ensure compliance with CQC regulations: The policy supports the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulation 13, which mandates the safeguarding of service users from abuse and improper treatment. The policy also aligns with the CQC's key lines of enquiry (KLOEs), ensuring that restraint practices are safe, effective, and well-governed.
5. To provide clear roles and responsibilities for the authorized use of restraint. This includes identifying appropriate staff members and roles who can apply restraint, ensuring that staff are adequately trained, and safeguarding leads are involved in decision-making.
6. To ensure that restraint is only used when legally justified, taking into consideration the principles of proportionality, necessity, and the best interest of the individual. The policy ensures that all decisions regarding restraint are based on risk assessments and behaviour support plans, developed in collaboration with service users and multidisciplinary teams.
7. To outline a structured approach to aftercare, including post-restraint debriefing for both staff and service users, incident reporting, and care plan reviews. The policy ensures that service users are supported following any restraint incident, and that feedback is used to improve practices and avoid future use of restraint.
8. To promote continuous learning and improvement by regularly reviewing restraint incidents through monitoring, audits, and reporting to senior leadership, the CQC, and

other relevant bodies. The policy ensures that incidents are documented accurately and thoroughly, and that any necessary improvements are implemented in care practices.

9. To ensure service user involvement in care planning, including the use of restraint, where appropriate, through independent advocacy and family involvement. The policy ensures that service users' preferences, needs, and concerns are always considered when making decisions about their care, particularly when restraint may be involved.
10. To align with national guidance promoting the reduction of restrictive practices, as outlined in Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health and Social Care) and other relevant national frameworks such as the NICE Guidelines (NG10 and NG11) and SCIE's Deprivation of Liberty Safeguards (DoLS).

This policy reflects Primus PLUS Healthcare's commitment to providing high-quality care and support to individuals with learning disabilities, mental health needs, and autism spectrum conditions. By adhering to this policy, Primus PLUS Healthcare ensures that restraint is always considered a last resort, is used in the best interests of the service users, and is carried out with the utmost respect for their rights, dignity, and personal safety.

2. SCOPE

This Restraint Policy and Procedure applies to all individuals, staff, and service users within Primus PLUS Healthcare's supported living service, specifically designed for adults with learning disabilities, mental health needs, and autism spectrum conditions. It provides clear and structured guidelines for the use of restraint, ensuring it is conducted in a lawful, ethical, and best-interest manner, in compliance with relevant UK legislation and the standards set by regulatory bodies such as the Care Quality Commission (CQC).

The policy covers the following:

1. **Service Users:**
    - This policy applies to adults with learning disabilities, mental health needs, and autism spectrum conditions who are receiving supported living services from Primus PLUS Healthcare.
    - The policy is relevant to all service users who may exhibit challenging behaviours or require additional support in managing their needs, including those who may require restraint as a last resort to prevent harm to themselves or others.
    - It applies to individuals receiving support under the supported living without personal care model, where the focus is on promoting independence and providing assistance with daily living without direct personal care support.
2. **Staff and Roles:**

- This policy applies to all staff, volunteers, contractors, and managers employed or contracted by Primus PLUS Healthcare who are involved in the care and support of service users.
- Staff Roles covered by this policy include direct care staff, team leaders, managers, and designated safeguarding leads, who may be required to implement, authorize, or monitor restraint in line with this policy.
- The policy establishes clear boundaries for the roles and responsibilities of staff regarding the use of restraint, ensuring that only those trained and authorized in the proper techniques are permitted to apply restraint.
- Training requirements are outlined to ensure staff are equipped with the necessary skills to handle situations involving challenging behaviours and are aware of legal and ethical considerations regarding restraint.

3. Situations and Circumstances:

- This policy outlines when and how restraint may be used within Primus PLUS Healthcare, ensuring it is only applied when other, less restrictive options have been exhausted. Restraint should always be viewed as a last resort.
- Restraint should only be used to protect the safety of the service user or others from immediate harm, and it must always be proportional, necessary, and time-limited.
- The policy applies to situations involving aggressive or violent behaviours, or when a service user is at risk of self-harm or causing harm to others.

4. Types of Restraint Covered:

- This policy covers all types of restraint, including:
  - Physical Restraint: The use of physical force to limit the movement of a service user.
  - Mechanical Restraint: The use of physical devices or equipment to restrict movement.
  - Chemical Restraint: The use of medication to control behaviour, such as sedation, where appropriate.
  - Psychological Restraint: Verbal interventions or other psychological techniques aimed at controlling behaviour, such as providing clear boundaries or calming instructions.
- The policy ensures clarity on the difference between restraint and restriction, emphasizing that any restrictions placed on a service user's freedom must be justified, lawful, and in line with human rights principles.

5. Compliance with Legislation and Regulations:

- The policy reflects compliance with key UK legislation, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 13: Safeguarding service users from abuse and improper treatment.
- The policy is aligned with the Mental Capacity Act 2005, ensuring that decisions regarding restraint are made with full consideration of the service user's capacity and in their best interests.
- It adheres to the principles of the Human Rights Act 1998, particularly the right to liberty and security, and ensures that restraint is only applied in a manner that respects service users' dignity and autonomy.
- The policy also incorporates the Care Act 2014 and Equality Act 2010, ensuring that restraint practices are non-discriminatory and promote equality and fairness.

6. Policy Exclusions:

- This policy does not apply to personal care settings, where more direct physical interventions may be required for personal care tasks. It applies specifically to supported living situations where personal care is not provided but where individuals may still exhibit behaviours that necessitate restraint due to their conditions.
- It also does not cover emergency medical interventions or other clinical situations that may require a different level of intervention, such as the use of restraint in medical facilities or acute psychiatric settings.

7. Service User Rights and Advocacy:

- The policy recognizes the rights of service users to be involved in decisions regarding their care, including the use of restraint. It includes provisions for independent advocacy to ensure that service users have access to support and are able to have their voices heard during the decision-making process.
- Service users, where possible, will be informed about the potential use of restraint, and their preferences and concerns will be taken into account in care planning.

8. Staff and Stakeholder Involvement:

- This policy applies to all levels of staff and management, ensuring that the appropriate training, supervision, and support are provided for those involved in the use of restraint.
- Families and caregivers are encouraged to be involved in the care planning process, particularly when restraint may be considered, ensuring that their knowledge of the service user is considered in the decision-making process.

9. Regulatory Reporting and Monitoring:

- This policy establishes procedures for incident reporting and monitoring restraint practices, ensuring transparency and compliance with regulatory reporting requirements to bodies such as the CQC and other relevant stakeholders.

3. POLICY STATEMENT

The Restraint Policy and Procedure for Primus PLUS Healthcare is committed to ensuring that restraint is applied only when absolutely necessary, and under conditions where it is lawful, ethical, and in the best interests of the individual. This policy reflects Primus PLUS Healthcare's dedication to providing care and support that is centred around the rights, dignity, and safety of service users, particularly adults with learning disabilities, mental health needs, and autism spectrum conditions. It aligns with all relevant UK legislation, national standards, and regulatory frameworks to ensure that restraint is used safely, proportionately, and with respect for the individual's human rights.

This policy reflects our commitment to the following principles:

1. Last Resort Use of Restraint
   Restraint must only ever be used as a last resort when all other interventions, including de-escalation and behaviour management strategies, have been exhausted. The use of restraint must always be justified, proportional, and necessary to prevent harm to the service user or others. We are dedicated to the least restrictive practice, ensuring that the level of intervention is appropriate for the situation and causes the least possible disruption to the service user's freedom and well-being.

2. Commitment to Human Rights
   At Primus PLUS Healthcare, we recognize the fundamental rights of all individuals, including those with complex needs. This policy respects the Human Rights Act 1998, particularly Article 5 (right to liberty and security), and the Mental Capacity Act 2005, ensuring that restraint is only used in situations where it is legally justified and in the person's best interests. We will always seek to maintain service users' dignity and autonomy, ensuring that any action taken is respectful and upholds their rights.

3. Person-Centred Care
   Our approach is guided by Regulation 9: Person-centred care under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires services to tailor care to the needs and preferences of each individual. In situations where restraint may be required, we ensure that service users, their families, and other relevant parties (including advocates) are fully involved in care planning and decision-making processes, where possible.

4. Legal Compliance and Proportionality
   We ensure that our practices comply with relevant UK legislation, including the Care Act 2014, Equality Act 2010, and Deprivation of Liberty Safeguards (DoLS) as outlined by the Social Care Institute for Excellence (SCIE). All staff members must adhere to the legal

frameworks surrounding restraint, particularly the principles of proportionality and necessity. The level of restraint used must always be the least restrictive means required to prevent harm.

5. Staff Competency and Accountability
   Restraint can only be applied by staff who are appropriately trained in safe and legal restraint techniques. Staff must undergo mandatory training in de-escalation and restraint techniques, and ongoing supervision is provided to ensure that they maintain their competencies. Managers and safeguarding leads are responsible for overseeing the correct application of restraint, ensuring compliance with the policy, and maintaining staff awareness of their responsibilities under the law.

6. Safeguarding and Safety of Service Users
   The safety of our service users is our highest priority. Regulation 13: Safeguarding service users from abuse and improper treatment, under the Health and Social Care Act 2008, requires that services prevent any form of abuse, including inappropriate restraint. This policy includes stringent measures for monitoring restraint incidents, ensuring that any occurrence of restraint is appropriately recorded, reviewed, and reported to relevant bodies such as the Care Quality Commission (CQC) and safeguarding authorities.

7. Support Following Restraint
   After any incident involving restraint, Primus PLUS Healthcare ensures that both staff and service users receive a thorough debrief. This is to ensure that all parties involved have the opportunity to reflect on the incident, identify areas for improvement, and make necessary adjustments to care plans. Restraint incidents will be fully documented, and care plans will be updated as required to reflect changes in the person's needs or care approach.

8. Training and Continuous Improvement
   Our staff undergoes mandatory training in de-escalation techniques, safe restraint practices, and understanding mental health, learning disabilities, and autism spectrum conditions. Ongoing refresher training is also provided to ensure that staff remain competent in handling challenging situations safely and respectfully. Monitoring and audits of restraint practices will be conducted regularly to evaluate the effectiveness of the policy and to make improvements based on feedback from staff, service users, and external audits.

9. Monitoring, Reporting, and Governance
   Primus PLUS Healthcare is committed to maintaining strong governance over restraint practices. This includes regular internal audits, the use of comprehensive incident reporting systems, and periodic reviews by senior leadership to ensure compliance with the CQC regulations and other governing standards. Any incidents of restraint will be reviewed to ensure they were applied appropriately, and any necessary changes to care planning or staff training will be implemented.

10. Cultural and Individual Considerations
    This policy takes into account the cultural, disability, and communication needs of the service users, ensuring that restraint practices are tailored to the individual's preferences

and circumstances. The use of equality impact assessments ensures that service users are treated fairly and without discrimination, in line with the Equality Act 2010.

4. OBJECTIVES

The objectives of this Restraint Policy and Procedure are to ensure that restraint is used only when absolutely necessary, in compliance with relevant CQC regulations, UK legislation, and national best practices. The policy aims to protect the rights, dignity, and safety of all service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions, within Primus PLUS Healthcare's supported living services without personal care. The following objectives outline how Primus PLUS Healthcare ensures the use of restraint is ethical, proportionate, and used as a last resort.

1. **Minimize the Use of Restraint and Promote Least Restrictive Practices**
    - Objective: To minimize the use of restraint by promoting the use of de-escalation techniques and other non-restrictive interventions. Restraint must only be applied when all other alternatives have been exhausted and when there is an immediate risk to the safety of the service user or others.
    - Regulatory Reference: CQC Regulation 13 (Safeguarding service users from abuse and improper treatment) and NICE Guidelines NG11 on challenging behaviour.
2. **Ensure Restraint is Used Lawfully and in the Best Interests of Service Users**
    - Objective: To ensure restraint is used lawfully and in the best interests of the service user, in line with the Human Rights Act 1998 and the Mental Capacity Act 2005. Decisions about restraint must always consider the service user's mental capacity and be made with their best interests in mind.
    - Regulatory Reference: Human Rights Act 1998 (Article 5 – Right to Liberty and Security) and Mental Capacity Act 2005.
3. **Adhere to the Principle of Proportionality**
    - Objective: To ensure that any use of restraint is proportional to the behaviour being addressed, with the least amount of restraint applied to achieve the intended safety outcome. The level of restraint should be no greater than necessary to prevent harm.
    - Regulatory Reference: CQC Regulation 12 (Safe care and treatment) and Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health and Social Care).
4. **Promote Person-Centred Care in Decision-Making**
    - Objective: To embed a person-centred approach in decision-making for the use of restraint, ensuring that the service user's preferences, needs, and individual care plans are always considered. Whenever possible, service users should be involved in decisions about their care, and their rights should be respected.

- Regulatory Reference: CQC Regulation 9 (Person-centred care) and NICE Guideline NG11 on behaviour interventions.

5. **Ensure Staff Competence and Accountability in Restraint Practices**
    - Objective: To ensure that only appropriately trained and competent staff are authorized to apply restraint, and that they understand the ethical, legal, and procedural requirements involved. Ongoing training and supervision must be provided to maintain high standards of care and practice.
    - Regulatory Reference: CQC Regulation 18 (Staffing) and CQC Regulation 17 (Good governance), along with SCIE training guidelines.
6. **Guarantee the Safety and Well-being of Service Users During and After Restraint**
    - Objective: To ensure that physical and psychological well-being of service users is monitored during restraint and that they are supported post-incident through debriefing and care plan updates. Any distress caused by restraint must be addressed, and service users should be provided with emotional and psychological support.
    - Regulatory Reference: CQC Regulation 12 (Safe care and treatment) and NICE Guideline NG10 on managing violence and aggression.
7. **Establish Clear Procedures for Incident Reporting, Review, and Continuous Improvement**
    - Objective: To ensure that all incidents involving restraint are fully documented, reviewed, and audited for quality assurance. Incident reports should be reviewed to identify opportunities for improvement and ensure the correct application of restraint procedures.
    - Regulatory Reference: CQC Regulation 17 (Good governance), CQC Regulation 13 (Safeguarding service users from abuse), and NICE Guideline NG11.
8. **Enhance Service User Advocacy and Involvement in Restraint Practices**
    - Objective: To ensure that service users and their families or advocates are involved in care planning and have a voice in decisions about restraint. Independent advocacy should be encouraged, ensuring that service users' rights are protected, and they have support in challenging any decisions regarding restraint.
    - Regulatory Reference: CQC Regulation 10 (Dignity and respect), CQC Regulation 11 (Need for consent), and Human Rights Act 1998.
9. **Foster a Culture of Transparency and Accountability**
    - Objective: To establish clear accountability structures, including incident reporting systems that ensure transparency in the use of restraint. Senior leadership should be regularly informed about restraint incidents, and any misuse or inappropriate application of restraint should be immediately addressed.

- Regulatory Reference: CQC Regulation 17 (Good governance) and NICE Guideline NG11.

10. Comply with National Standards and Guidance on Restrictive Practices

- Objective: To ensure that restraint practices adhere to national standards and guidelines, including Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health and Social Care), NICE Guidelines, and SCIE guidelines on Deprivation of Liberty Safeguards (DoLS). This includes focusing on reducing the need for restraint and promoting proactive care approaches that prioritize positive behavioural interventions.
- Regulatory Reference: SCIE guidelines, NICE Guideline NG10 and NG11, and GOV.UK Reducing the Need for Restraint and Restrictive Intervention (2019).

5. DEFINITIONS

This section provides the definitions of key terms, abbreviations, and acronyms used throughout the Restraint Policy and Procedure. It ensures that all terms are clearly understood within the context of Primus PLUS Healthcare and reflect CQC regulations, relevant UK legislation, and best practice guidelines. These definitions are tailored to the context of supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions, ensuring that the policy is person-centred, ethical, and in compliance with the legal frameworks that govern care practices in the UK.

1. Restraint

Restraint refers to any action or practice that restricts a person's movement or freedom in a manner that prevents them from acting in their own best interest. It is only applied when necessary, as a last resort, and must always comply with least restrictive principles.

- Physical Restraint: The use of force or physical intervention to prevent a person from moving or engaging in certain actions. This includes holding, guiding, or restricting the person's movement.
- Mechanical Restraint: The use of devices or equipment (e.g., straps, belts) to restrict a person's movement.
- Chemical Restraint: The use of medication to control a person's behaviour or movements, typically to manage aggression or agitation.
- Environmental Restraint: Restricting a person's access to certain areas or materials in the environment (e.g., locked doors or barriers) to manage behaviour or safety.

Regulatory Reference:

- CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint is used appropriately and as a last resort.

- Mental Capacity Act 2005 (MCA): Ensures that restraint is applied in a person's best interests, in compliance with the principles of necessity and proportionality.

2. Restriction

Restriction is the limitation of a person's ability to perform an activity or access something they would otherwise be entitled to, but without direct force or coercion. It may involve setting boundaries for the service user, such as limiting access to certain areas or resources, but not physically restraining them.

Difference between Restraint and Restriction:
While restraint directly limits a person's freedom of movement through force, devices, or medications, restriction places limitations on access or opportunities without direct physical intervention. Both should only be applied when necessary and as part of a person-centred care plan.

Regulatory Reference:

- CQC Regulation 12: Safe care and treatment – ensuring that any restrictions placed on service users are done so lawfully and appropriately.
- NICE Guidelines NG11: Challenging behaviour and learning disabilities – emphasizing the need for alternative interventions and minimizing restrictive practices.

3. Person-Centred Care

Person-Centred Care refers to the approach of delivering care that is tailored to the individual's needs, preferences, and life goals. It focuses on the autonomy and active involvement of service users in decisions about their care, ensuring that care plans respect the individual's dignity, rights, and choices.

- This approach ensures that service users are engaged in discussions about their care and that their feedback is integrated into care planning, especially in regard to restraining practices.

Regulatory Reference:

- CQC Regulation 9: Person-centred care – ensuring care is personalized and respects service users' rights and preferences.
- Human Rights Act 1998, Article 8: Right to respect for private and family life – supporting service users' rights to make decisions regarding their care.

4. Mental Capacity

Mental Capacity refers to the ability of a person to make decisions for themselves about their own care and treatment. A person is deemed to lack mental capacity if they cannot understand, retain, or weigh the information needed to make a decision, or communicate their decision.

- Under the Mental Capacity Act 2005, capacity assessments should be conducted for individuals who may be at risk of having their autonomy compromised. If a person lacks

capacity, decisions regarding their care (including restraint) must be made in their best interests, considering their rights, dignity, and welfare.

Regulatory Reference:

- Mental Capacity Act 2005 (MCA): Provides the legal framework for assessing and acting in the best interests of individuals who may lack capacity, particularly regarding restraint practices.
- CQC Regulation 11: Need for consent – ensuring that consent is obtained or best interest decisions are made when a person lacks capacity.

5. Best Interests

Best Interests refers to the legal principle that decisions made on behalf of individuals who lack the capacity to make decisions should be based on what is in their best interests, with careful consideration of their wishes, values, and preferences.

- Best interests decisions for the use of restraint should take into account the person's past preferences, cultural background, advocacy needs, and any alternative approaches that could be used to prevent the need for restraint.

Regulatory Reference:

- Mental Capacity Act 2005 (MCA): Ensures decisions made for people lacking capacity are made in their best interests, with consultation involving caregivers, advocates, and professionals.
- CQC Regulation 11: Need for consent – ensuring that best interest decisions are made when restraint is required for someone who lacks capacity.

6. Least Restrictive Practice

Least Restrictive Practice refers to the principle that any intervention (including restraint) must be applied in the least restrictive way possible, considering the service user's rights, dignity, and safety. It ensures that alternative interventions are exhausted before resorting to restraint or restriction, and that any measures taken do not unnecessarily limit the service user’s freedom.

- The use of restraint must always be based on the principle of proportionality, ensuring that it is used only when absolutely necessary and in a manner that respects the person’s individual rights.

Regulatory Reference:

- CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint is used in the least restrictive manner.
- Positive and Proactive Care (Department of Health and Social Care) – promoting least restrictive interventions and reducing the need for restraint.

7. Advocacy

Advocacy refers to the support provided by an independent individual or organization to represent the interests and rights of service users, particularly when they are unable to fully represent themselves. Advocates assist in decision-making, ensure service users' voices are heard, and protect their rights and dignity.

- Independent advocacy services are critical in ensuring that service users' human rights are respected during the restraint process and that their opinions and preferences are considered in care planning.

Regulatory Reference:

- CQC Regulation 9: Person-centred care – ensuring service users have access to independent advocates when needed.
- Mental Capacity Act 2005 (MCA) – ensuring that independent advocates are consulted when a person lacks capacity to make decisions regarding restraint or treatment.

6. RELEVANT LEGISLATION AND REGULATIONS

The Restraint Policy and Procedure for Primus PLUS Healthcare is aligned with all relevant UK legislation, regulations, and guidelines, ensuring that restraint is applied lawfully, ethically, and in the best interests of the service users, specifically adults with learning disabilities, mental health needs, and autism spectrum conditions. This section outlines the key legal frameworks that govern the use of restraint in supported living settings without personal care.

1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment
  This regulation ensures that services must safeguard individuals from abuse, improper treatment, and any form of unnecessary or inappropriate restraint. It emphasizes the requirement to treat service users with dignity and respect, ensuring that restraint is only applied when it is necessary, proportionate, and in the best interests of the service user.
- Relevance: The use of restraint within Primus PLUS Healthcare must comply with these regulations, ensuring that restraint is used as a last resort and applied in the least restrictive manner, safeguarding the service users from any form of abuse or mistreatment.

2. The Care Act 2014

- Section 1: Wellbeing Principle
  The Care Act emphasizes the importance of promoting the wellbeing of individuals, ensuring that care and treatment plans respect the individual's autonomy, preferences, and needs. Restrictive practices, including restraint, should only be used in a way that protects the wellbeing and rights of the service user, ensuring that any intervention is necessary and appropriate.
- Relevance: This ensures that restraint is only used where it is in the best interests of the individual and that their wellbeing is always prioritized.

3. The Mental Capacity Act 2005

- Section 1: Presumption of Capacity and Best Interest
  The Mental Capacity Act 2005 establishes a legal framework for decision-making in situations where individuals may lack the capacity to make certain decisions. The Act provides clear guidelines on when restraint may be used, ensuring that it is necessary, proportional, and used to protect the individual from harm. Restraint should only be applied in situations where the individual lacks capacity and where it is in their best interests.
- Relevance: The policy must ensure that all decisions about restraint are made in accordance with the Mental Capacity Act 2005, considering the capacity of the individual and making decisions based on their best interests. This aligns with CQC Regulation 11: Need for Consent.

4. Human Rights Act 1998

- Article 5: Right to Liberty and Security
  The Human Rights Act 1998 provides important protections for individuals' liberty and security. Restraint practices must comply with this Act, ensuring that individuals' right to liberty is not infringed upon unnecessarily or unlawfully. Any restraint used must be justified, proportional, and in compliance with the law.
- Relevance: This Act ensures that any restraint applied within Primus PLUS Healthcare is in line with service users' rights to freedom and security, ensuring that it is done only when absolutely necessary and in a manner that respects their dignity and autonomy.

5. Equality Act 2010

- Protected Characteristics
  The Equality Act 2010 protects individuals from discrimination on the grounds of protected characteristics, including disability, which is particularly relevant in supported living services for individuals with learning disabilities, mental health needs, and autism spectrum conditions. The Act requires that any practices, including restraint, must be non-discriminatory, ensuring that people with disabilities are treated equally and with respect.
- Relevance: The policy ensures that restraint practices do not discriminate against individuals with protected characteristics and that all service users, regardless of their disability, are treated with equality and respect.

6. Deprivation of Liberty Safeguards (DoLS) – Social Care Institute for Excellence (SCIE)

- Deprivation of Liberty Safeguards (DoLS)
  The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and are specifically designed to ensure that individuals who lack capacity and are subject to restrictive practices or restraint are not deprived of their liberty without proper safeguards in place.
- Relevance: Restraint that results in a deprivation of liberty must comply with DoLS requirements, ensuring that any intervention is subject to an assessment, approval, and

review by an independent body, such as a Supervisory Body, to protect the individual's rights.

7. NICE Guidelines: NG10 & NG11

- NICE Guideline NG10: Violence and Aggression
  This guideline outlines the short-term management of violence and aggression in mental health, health, and community settings. It provides evidence-based recommendations on when restraint is necessary and how it should be applied to manage aggressive behaviour in the least restrictive manner possible.
- NICE Guideline NG11: Challenging Behaviour and Learning Disabilities
  This guideline focuses on the prevention and management of challenging behaviour in individuals with learning disabilities, offering recommendations for reducing restrictive practices like restraint and focusing on positive behavioural interventions.
- Relevance: These guidelines emphasize proactive care and the need to minimize restraint by using behaviour support plans and other non-restrictive methods. Restraint should only be used as a last resort and in accordance with these best practices.

8. Positive and Proactive Care: Reducing the Need for Restrictive Interventions – Department of Health and Social Care

- Positive Behavioural Support
  This national guidance promotes reducing the need for restrictive interventions, such as restraint, by emphasizing positive behavioural support (PBS). The guidance encourages services to focus on preventing challenging behaviour through early interventions and strategies that prioritize the person-centred care of individuals with learning disabilities and autism.
- Relevance: Primus PLUS Healthcare aligns with this guidance, focusing on proactive strategies to reduce the use of restraint and support individuals with learning disabilities, mental health needs, and autism spectrum conditions through non-restrictive approaches.

9. GOV.UK: Reducing the Need for Restraint and Restrictive Intervention (2019)

- National Guidance on Reducing Restrictive Practices
  This document outlines the government's commitment to reducing the use of restraint and other restrictive interventions by focusing on positive behaviour support, improving training for staff, and promoting a culture of respect for individuals' autonomy and dignity.
- Relevance: This national framework supports the overall approach of Primus PLUS Healthcare to reduce restraint and increase the use of person-centred care and positive interventions in managing challenging behaviour.

7. PRINCIPLES OF RESTRAINT USE

The Principles of Restraint Use in this policy reflect Primus PLUS Healthcare's commitment to providing safe, effective, and ethical care to adults with learning disabilities, mental health needs, and autism spectrum conditions within supported living services without personal care. The following principles ensure that restraint is applied lawfully, ethically, and with the best interests of the service user at the forefront. These principles comply with CQC regulations, UK legislation, and best practices from national bodies such as NICE, SCIE, and the Department of Health and Social Care.

1. Restraint is a Last Resort

- Principle: Restraint must only be used when all other non-restrictive interventions have been exhausted and when there is an immediate risk of harm to the service user or others. The use of restraint should be a last resort, applied only when other strategies, such as de-escalation and positive behavioural support, have not prevented the situation from escalating.
- Regulatory Reference:
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment.
    - Department of Health and Social Care: Positive and Proactive Care (2014) promotes the reduction of restrictive interventions.

2. Least Restrictive Practice

- Principle: Any use of restraint must be proportional to the situation and applied in the least restrictive manner possible. The aim is to reduce the impact of restraint and promote the least intrusive interventions to manage behaviour. The level of restraint should always be minimized and limited to what is absolutely necessary to prevent harm.
- Regulatory Reference:
    - CQC Regulation 12: Safe care and treatment.
    - NICE Guidelines NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.

3. Proportionality and Necessity

- Principle: The application of restraint must be proportional to the level of risk and necessary to prevent harm. The severity of the intervention should match the level of risk the service user poses to themselves or others, and restraint must not be more intrusive than necessary.
- Regulatory Reference:
    - CQC Regulation 12: Safe care and treatment.

- Human Rights Act 1998: Article 5 (Right to Liberty and Security), ensuring restraint is justified and proportional.

4. Respect for the Service User's Rights and Dignity

- Principle: Restraint must be used in a manner that respects the service user's rights, dignity, and autonomy. Every effort should be made to minimize the distress caused by restraint, and service users should be treated with respect throughout the process. Any restraint used must be communicated clearly and should aim to protect the service user's personal integrity and self-respect.
- Regulatory Reference:
  - CQC Regulation 10: Dignity and respect.
  - Human Rights Act 1998: Protecting dignity and security.

5. Informed Consent and Best Interest Decisions

- Principle: Restraint decisions should be made in the best interest of the service user, and wherever possible, informed consent should be sought. When a service user is unable to provide consent due to a lack of mental capacity, decisions must be made in line with the Mental Capacity Act 2005, and the service user's best interests should guide any actions involving restraint.
- Regulatory Reference:
  - CQC Regulation 11: Need for consent.
  - Mental Capacity Act 2005: Ensuring that decisions are made in the best interests of individuals who lack capacity.

6. Training and Competence

- Principle: Only those who are trained and competent in safe restraint techniques and the principles of least restrictive practices should be authorized to apply restraint. Staff must be fully trained in de-escalation techniques, recognizing early signs of agitation, and using appropriate interventions that are tailored to the needs of the service user.
- Regulatory Reference:
  - CQC Regulation 18: Staffing – ensuring that staff have the necessary training and skills.
  - SCIE Guidelines: Best practices in restraint training and supervision.

7. Continuous Monitoring and Review

- Principle: The service user's well-being must be closely monitored during and after any incident involving restraint. This includes observing their physical and emotional health during restraint and ensuring that any negative effects are addressed promptly. After each restraint incident, a review must be conducted to assess whether restraint was necessary

and whether alternative strategies can be implemented in the future to avoid the need for restraint.

- Regulatory Reference:
    - CQC Regulation 17: Good governance – monitoring and reviewing restraint practices.
    - CQC Regulation 12: Safe care and treatment.

8. Safeguarding and Protection

- Principle: Restraint practices must be implemented in a way that safeguards the service user and prevents any form of abuse, neglect, or improper treatment. Restraint should never be used as a form of punishment or to manage behaviours that can be addressed through less restrictive means. The use of restraint should be documented and reported to relevant authorities to ensure accountability and transparency.
- Regulatory Reference:
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment.
    - Department of Health and Social Care: Positive and Proactive Care.

9. Involvement of Service Users and Advocates

- Principle: Whenever possible, service users should be involved in decisions about their care, including the use of restraint. Independent advocacy should be encouraged to ensure the service user's voice is heard, particularly if restraint is being considered. This is essential in upholding person-centred care.
- Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring service users are involved in decisions about their care.
    - Equality Act 2010: Non-discrimination and advocacy rights.

10. Transparency and Accountability

- Principle: Restraint incidents must be thoroughly documented and reported in a timely manner, and appropriate follow-up should occur to ensure accountability. These incidents must be reviewed to determine whether the restraint was appropriate and to identify any lessons learned. Reports should be made to senior leadership and relevant regulatory bodies, including the CQC, to ensure transparency and continuous improvement in restraint practices.
- Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring clear processes for reporting, monitoring, and reviewing restraint incidents.
    - NICE Guideline NG11: Challenging behaviour and learning disabilities.

8. PROCEDURES FOR RESTRAINT USE

The Procedures for Restraint Use outlined in this policy ensure that restraint is applied in a lawful, ethical, and safe manner, adhering to all CQC regulations, relevant UK legislation, and national guidelines. The procedures are designed to minimize the use of restraint, ensuring that it is used only as a last resort and in accordance with the least restrictive practice. This section provides a step-by-step framework for staff to follow in order to manage challenging behaviours effectively while maintaining the rights, dignity, and safety of the service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions in supported living without personal care services.

1. Pre-Restraint Procedures

1. Risk Assessment and Behaviour Support Plan:
    - Objective: Prior to any potential use of restraint, a comprehensive risk assessment must be conducted to evaluate the service user's behaviour, the context in which it occurs, and the level of risk involved. A behaviour support plan should be developed that outlines strategies for managing challenging behaviours and when restraint might be considered.
    - Considerations: Assess the service user's individual needs, including communication methods, triggers, and previous behavioural patterns. The risk assessment should also consider any disability-related needs and communication preferences.
    - Regulatory Reference:
        - CQC Regulation 9: Person-centred care.
        - NICE Guideline NG11: Challenging behaviour and learning disabilities.
2. Development of a Care Plan:
    - Objective: Every service user should have a person-centred care plan that includes guidance on preventing or minimizing the need for restraint. This plan should document the service user's preferences, triggers, and non-restrictive interventions that should be attempted first, ensuring that restraint is only considered when all other options have been exhausted.
    - Regulatory Reference:
        - CQC Regulation 9: Person-centred care.
        - Mental Capacity Act 2005: Best interest decision-making.

2. Decision-Making Process for Restraint

1. Authorization to Use Restraint:
    - Objective: Restraint can only be applied by trained staff members who have been authorized by senior management. Before restraint is used, there must be a clear

decision-making process that involves authorized personnel, including managers and safeguarding leads.

- Procedure: Ensure that all staff understand the need to involve senior management and, if appropriate, safeguarding leads, in decisions about restraint.
- Regulatory Reference:
  - CQC Regulation 18: Staffing – ensuring appropriate staff are trained and authorized to use restraint.
  - CQC Regulation 13: Safeguarding service users from abuse and improper treatment.

2. Assessing the Need for Restraint:
   - Objective: Before implementing restraint, staff must assess whether restraint is truly necessary to prevent harm to the service user or others. This assessment should consider the proportionality of the intervention and ensure it is the least restrictive option available.
   - Procedure: Assess whether alternative de-escalation techniques or other interventions have been attempted or are feasible. Restraint should only be used if there is a significant risk of harm and no other appropriate options are available.
   - Regulatory Reference:
     - CQC Regulation 12: Safe care and treatment – ensuring restraint is necessary and appropriate.
     - Human Rights Act 1998: Right to liberty and security.

3. Implementing Restraint

1. Use of Approved Techniques and Equipment:
   - Objective: Only approved restraint techniques and equipment should be used. Staff must be trained in safe and appropriate restraint techniques that are consistent with the principles of least restrictive practice.
   - Procedure: Restraint should be applied using techniques that minimize harm and discomfort, and only equipment that is deemed safe and appropriate should be used (e.g., soft restraints, if necessary). Restraint should always be time-limited and focused on maintaining safety.
   - Regulatory Reference:
     - CQC Regulation 18: Staffing – ensuring staff are trained in safe restraint techniques.
     - NICE Guideline NG10: Violence and aggression: short-term management in health and community settings.
2. Monitoring During Restraint:

- Objective: During the application of restraint, staff must continually monitor the service user's physical and emotional well-being to ensure that they are not at risk of injury or distress. The duration of restraint should be kept as short as possible.
- Procedure: Continuous observation is required to assess the service user's physical condition, including pulse, respiration, and skin colour. If signs of distress or harm are observed, restraint should be immediately stopped, and alternative interventions should be considered.
- Regulatory Reference:
  - CQC Regulation 12: Safe care and treatment – ensuring the service user's well-being is monitored during restraint.

3. Time Limits and Reviews:
   - Objective: Restraint should be used for the shortest duration possible. The time limits for restraint must be established, and staff must review the need for continued restraint every few minutes to assess whether the situation has de-escalated.
   - Procedure: Regular checks must be made to determine whether the situation still warrants restraint. If no immediate danger remains, restraint should be discontinued. All instances of restraint must be reviewed promptly to ensure they were justified.
   - Regulatory Reference:
     - CQC Regulation 12: Safe care and treatment – ensuring restraint is time-limited.

4. After Restraint Procedures

1. Debriefing for Staff and Service User:
   - Objective: After any restraint incident, a debrief should be conducted with both the service user and the staff involved. The purpose of the debrief is to reflect on the event, identify any areas for improvement, and provide emotional support to all parties involved.
   - Procedure: The service user should be supported to express their feelings about the restraint and receive any necessary emotional support. Staff should discuss what went well, what could have been done differently, and how similar incidents might be avoided in the future.
   - Regulatory Reference:
     - CQC Regulation 13: Safeguarding service users from abuse and improper treatment.
     - CQC Regulation 17: Good governance – ensuring review and reflection on incidents.
2. Incident Reporting and Analysis:

- Objective: Every instance of restraint must be thoroughly documented and analysed to ensure accountability and transparency. This documentation must include a description of the restraint, its duration, and any follow-up actions.
- Procedure: All incidents must be reported through internal reporting systems, and detailed incident reports must be submitted to senior leadership for review. A root-cause analysis must be conducted to evaluate the appropriateness of the restraint and to identify strategies for preventing future occurrences.
- Regulatory Reference:
  - CQC Regulation 17: Good governance – incident reporting and analysis.

3. Updating Care Plans:
   - Objective: Following a restraint incident, care plans should be reviewed and updated as needed to reflect any changes in the service user's behaviour or support needs. The goal is to prevent the need for future restraint and to incorporate any new insights into the service user's care plan.
   - Procedure: The care plan should be updated to reflect the lessons learned from the restraint incident, including new strategies for managing behaviour, adjustments to environmental factors, and the potential need for additional support services.
   - Regulatory Reference:
     - CQC Regulation 9: Person-centred care – ensuring that care plans are updated to reflect changes in the service user's needs.

5. Monitoring and Governance

1. Internal Audits and Monitoring:
   - Objective: To ensure ongoing compliance with this policy, regular audits of restraint incidents should be conducted. The purpose of the audit is to assess whether restraint is being used appropriately, identify trends, and ensure that any necessary adjustments are made to care practices.
   - Procedure: Audits should be conducted on a regular basis (e.g., quarterly or annually) to review all restraint incidents. The findings should be reported to senior leadership and used to improve care practices across the organization.
   - Regulatory Reference:
     - CQC Regulation 17: Good governance – ensuring regular audits and reviews.

9. AFTER RESTRAINT PROCEDURES

The After Restraint Procedures outlined in this policy are designed to ensure the safety, well-being, and dignity of both the service user and staff following any incident involving restraint. The procedures aim to promote reflection, learning, and improvement, and to ensure that any negative effects of restraint are addressed in a timely and supportive manner. This section is in compliance with the CQC regulations, relevant UK legislation, and best practices from national bodies such as NICE, SCIE, and the Department of Health and Social Care. The key focus is on debriefing, incident reporting, care plan updates, and continuous quality improvement.

1. Debriefing for Staff and the Service User

1. Service User Debrief:
    - Objective: After any incident of restraint, it is essential to debrief the service user in a calm, supportive, and sensitive manner. This debrief aims to allow the service user to express any emotions, concerns, or discomfort they experienced during the restraint, and to help them process the event.
    - Procedure:
        - The service user must be given the opportunity to reflect on the incident as soon as they have calmed down and are emotionally stable.
        - Staff should actively listen to the service user's perspective and any feedback they provide.
        - Emotional support should be offered, with professional mental health support available if needed, especially if the service user shows signs of distress, trauma, or anxiety.
    - Regulatory Reference:
        - CQC Regulation 10: Dignity and respect – ensuring the service user's dignity is maintained during and after restraint.
        - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – supporting service users after restraint to minimize harm and distress.
2. Staff Debrief:
    - Objective: The staff involved in the restraint should also undergo a debriefing process to discuss the incident, reflect on the decision-making process, and explore ways to improve future practice.
    - Procedure:
        - Staff should be given the opportunity to discuss their emotions, actions, and any challenges they faced during the incident.

        - Supervision should be provided by senior staff or managers to ensure that any issues related to the restraint are addressed and that staff receive the support they need.
        - The team should reflect on whether restraint was necessary, whether it was implemented according to the policy, and how future incidents can be better managed.
    - Regulatory Reference:
        - CQC Regulation 18: Staffing – ensuring that staff receive the necessary support and supervision after an incident.
        - CQC Regulation 17: Good governance – reviewing the incident with staff to improve practice.

2. Incident Reporting and Analysis

1. Incident Reporting:
    - Objective: Every instance of restraint must be thoroughly documented and reported in a timely and accurate manner to ensure transparency and accountability. This includes both the immediate use of restraint and any subsequent incidents or concerns.
    - Procedure:
        - A detailed incident report should be completed by the staff involved, including information such as the circumstances leading to the restraint, the type of restraint used, the duration of restraint, and any impact on the service user.
        - The report should also include any observations about the service user's physical and emotional well-being during and after the restraint.
        - Reports must be submitted to senior management and, where necessary, to external bodies, including the CQC, in accordance with regulatory requirements.
    - Regulatory Reference:
        - CQC Regulation 17: Good governance – ensuring all incidents are fully documented and reported to relevant authorities.
2. Incident Analysis and Review:
    - Objective: Each restraint incident must be reviewed to assess whether the restraint was appropriate and to identify any learning or improvement opportunities.
    - Procedure:

- A root cause analysis should be conducted to determine whether restraint was justified and whether it could have been avoided through alternative interventions.
- A multi-disciplinary review should take place, involving managers, safeguarding leads, and relevant staff, to discuss the incident and its impact on the service user.
- The findings of the review should be used to adjust care plans, behaviour support strategies, or staff training if needed.

- Regulatory Reference:
  - CQC Regulation 17: Good governance – ensuring that restraint incidents are reviewed, analysed, and used to inform practice improvements.

3. Updating Care Plans

1. Care Plan Review:
   - Objective: After any restraint incident, the service user's care plan should be reviewed and updated as necessary to reflect any changes in their behaviour, support needs, or care requirements.
   - Procedure:
     - A person-centred review should take place with input from the service user (if possible), family members, and the care team. The review should assess the effectiveness of current behaviour support strategies and identify any necessary adjustments.
     - If new risks or triggers are identified, the care plan should include updated strategies to mitigate these risks and prevent future incidents of restraint.
     - The review should also assess the service user's emotional and psychological well-being, ensuring that their needs are met following the restraint incident.
   - Regulatory Reference:
     - CQC Regulation 9: Person-centred care – ensuring care plans are updated to reflect the service user's current needs.
     - CQC Regulation 12: Safe care and treatment – ensuring that any changes in care needs are documented and addressed promptly.

4. Monitoring and Quality Assurance

1. Ongoing Monitoring:
   - Objective: To ensure that restraint is being used appropriately, all incidents of restraint must be regularly monitored and reviewed by senior leadership and relevant teams.

- Procedure:
    - Regular audits should be conducted to assess whether restraint practices are being applied correctly and in line with this policy. Any discrepancies or concerns should be addressed promptly.
    - Data collected from restraint incidents should be analysed for trends or patterns, to identify areas for improvement in care delivery.
    - A feedback loop should be established to continuously improve the way restraint is used, ensuring that the service users' safety and dignity are maintained at all times.
- Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring regular audits, monitoring, and continuous improvement in restraint practices.

5. Emotional and Psychological Support after Restraint

1. Service User Support:
    - Objective: After restraint, service users must receive appropriate emotional and psychological support to help them process the event and manage any distress caused.
    - Procedure:
        - Therapeutic support should be provided, either by trained staff or mental health professionals, to help the service user cope with any emotional or psychological impacts from the restraint.
        - If required, further counselling or therapy should be made available to help the service user understand the incident and address any underlying issues that may have contributed to the need for restraint.
    - Regulatory Reference:
        - CQC Regulation 10: Dignity and respect – ensuring that service users receive adequate emotional support after restraint.

10. STAFF TRAINING

The Staff Training section of this Restraint Policy and Procedure ensures that all personnel involved in the care of individuals with learning disabilities, mental health needs, and autism spectrum conditions are fully trained, competent, and equipped to handle situations that may require restraint. The training provided by Primus PLUS Healthcare is designed to align with CQC regulations, relevant UK legislation, and best practices from national bodies like NICE, SCIE, and the Department of Health and Social Care. This section outlines the key components of mandatory

training, ongoing supervision, and refresher training to ensure that all staff are capable of using restraint only when necessary and in the least restrictive manner.

1. Mandatory Training in De-escalation and Safe Restraint Techniques

1. Objective:
   All staff who may be involved in the care of service users are required to undergo mandatory training in de-escalation techniques and safe restraint practices. The aim is to ensure that staff are prepared to respond appropriately to challenging behaviours, reducing the likelihood of restraint being necessary.
2. Procedure:
   - De-escalation techniques should be the first line of intervention in managing challenging behaviour. Training should include communication strategies, calming techniques, and methods for identifying triggers and reducing the escalation of challenging behaviours.
   - Staff should also be trained in safe restraint techniques that are appropriate, proportional, and in line with least restrictive practices. This includes both physical restraint techniques (if absolutely necessary) and the proper use of mechanical and chemical restraint (if applicable).
   - Training must be approved and provided by certified trainers, and include hands-on practice and scenarios that simulate real-life situations to ensure staff are adequately prepared.
3. Regulatory Reference:
   - CQC Regulation 18: Staffing – ensuring staff are properly trained to safely manage situations involving restraint.
   - NICE Guideline NG10: Violence and aggression: short-term management in mental health, health, and community settings.
   - NICE Guideline NG11: Challenging behaviour and learning disabilities.

2. Ongoing Supervision and Refresher Training

1. Objective:
   Ongoing supervision and refresher training are crucial for maintaining staff competence in applying restraint and managing challenging behaviours. This ensures that staff remain up-to-date on best practices and any changes in legislation or guidelines.
2. Procedure:
   - Supervision: All staff involved in the use of restraint should receive regular supervision to assess their understanding and ability to apply restraint techniques appropriately. Supervision should provide staff with the opportunity to reflect on their practices, discuss any concerns, and receive additional guidance as needed.

- Refresher training: Staff must undergo annual refresher training to reinforce the principles of safe restraint and ensure their knowledge is up to date. This may include practical simulations, scenario-based exercises, and reviewing recent changes in legislation, CQC standards, or internal policies.

3. Regulatory Reference:
    - CQC Regulation 18: Staffing – ensuring that staff receive appropriate ongoing training and supervision.
    - Department of Health and Social Care: Positive and Proactive Care – reducing the need for restrictive interventions.

3. Role-Specific Training

1. Objective:
   Training should be tailored to the specific roles and responsibilities of staff members to ensure they are equipped to handle the challenges they may face. This includes specific training for managers, safeguarding leads, and other designated roles that may authorize or oversee restraint.
2. Procedure:
    - Managers and safeguarding leads should receive advanced training that includes detailed guidance on how to assess situations that may require restraint, how to review restraint incidents, and how to support staff in making appropriate decisions regarding restraint.
    - Other staff roles may require specialized training depending on the needs of the service users they support. For example, staff working with individuals with autism or mental health conditions may need additional training on communication strategies and understanding specific behavioural triggers.
3. Regulatory Reference:
    - CQC Regulation 18: Staffing – ensuring role-specific competencies are met for staff responsible for restraint or behaviour management.
    - SCIE: Deprivation of Liberty Safeguards (DoLS) – training on legal safeguards around restrictive practices.

4. Evaluation of Training Effectiveness

1. Objective:
   The effectiveness of restraint training must be continuously evaluated to ensure it is applied correctly and that it leads to positive outcomes for both service users and staff. This involves regular assessments of staff skills and knowledge in restraint and behavioural management.
2. Procedure:

- Practical assessments: After training, staff should demonstrate their skills through practical assessments that simulate real-life scenarios.
- Feedback: Staff should receive feedback from trainers and supervisors on how to improve their practice, ensuring that restraint is applied only when necessary and in the most appropriate manner.
- Incident reviews: Each restraint incident should be followed by a debrief and reviewed in supervision to assess if the training was applied effectively. If any gaps in knowledge or practice are identified, additional training or support should be provided.

3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring that training effectiveness is monitored and evaluated.
   - NICE Guideline NG11: Challenging behaviour and learning disabilities – ensuring appropriate training and follow-up.

5. Specialized Training for High-Risk Behaviours

1. Objective:
   For service users who exhibit high-risk behaviours that may require restraint, specialized training is necessary to equip staff with the specific skills required to manage these situations safely and effectively.
2. Procedure:
   - Training should be provided for staff working with service users with complex needs, including those with autism spectrum conditions, mental health conditions, or learning disabilities.
   - Specialized training should include understanding triggers, recognizing early signs of agitation, and implementing individualized interventions to prevent the need for restraint.
   - Behavioural support planning and alternative interventions should be emphasized, ensuring that restraint is considered only as a last resort.
3. Regulatory Reference:
   - CQC Regulation 12: Safe care and treatment – ensuring that staff are trained in managing high-risk behaviours appropriately.
   - NICE Guideline NG10: Violence and aggression – short-term management in mental health and community settings.

6. Record-Keeping and Documentation

1. Objective:
   Proper documentation of training, ongoing supervision, and staff competency is essential

for ensuring that Primus PLUS Healthcare meets its regulatory obligations and provides quality care.

2. Procedure:
    - Records of all training courses attended by staff must be kept, including dates, trainers, and content covered.
    - Supervision sessions and refresher training should also be documented, with detailed records of the feedback provided and any actions taken to address areas of concern.
    - All training records should be stored securely and be readily available for CQC inspections or other regulatory reviews.
3. Regulatory Reference:
    - CQC Regulation 17: Good governance – maintaining records of staff training and competency.
    - CQC Regulation 18: Staffing – ensuring proper documentation of ongoing staff training.

11. MONITORING AND GOVERNANCE

The Monitoring and Governance section of this Restraint Policy and Procedure ensures that Primus PLUS Healthcare maintains a robust framework for evaluating the use of restraint, ensuring compliance with CQC regulations, relevant legislation, and best practices. This section provides clear guidelines on how restraint incidents are audited, reviewed, and reported, ensuring continuous improvement, accountability, and transparency. The key focus is on incident reporting, data analysis, and leadership oversight, which are essential for ensuring that restraint is used safely and in accordance with ethical and legal standards.

1. Incident Reporting Systems

1. Objective:
   To establish a comprehensive incident reporting system that allows staff to document and report every instance of restraint, ensuring transparency, accountability, and timely intervention where needed.
2. Procedure:
    - All restraint incidents must be reported immediately to the designated safeguarding lead or management team using the internal incident reporting system.
    - The report must include detailed information about the circumstances leading to the restraint, the type of restraint used, the duration, and the impact on the service user.
    - Staff should also document the service user's physical and emotional state after the restraint and any follow-up actions taken.

- Any restraint incident must be reviewed to determine if it was appropriate, justified, and aligned with Primus PLUS Healthcare's policy and best practices.

3. Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring clear reporting systems and oversight.
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment.

2. Incident Audits and Data Collection

1. Objective:
   To regularly audit restraint incidents to identify trends, patterns, and areas of improvement. This ensures that restraint is being used appropriately, in accordance with the policy, and only when necessary.
2. Procedure:
    - Quarterly audits should be conducted by senior leadership and safeguarding leads to assess the frequency and nature of restraint incidents.
    - Auditors should review whether restraint is being used as a last resort, whether the use of restraint was proportional to the situation, and whether alternative strategies were appropriately attempted first.
    - Data analysis should focus on identifying trends related to specific service users, staff members, or situations where restraint is used. This data should be used to inform behaviour support plans, improve training, and refine intervention strategies.
    - Reports from these audits should be shared with the leadership team and reviewed to ensure compliance with relevant regulations and to drive continuous improvement.
3. Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring that restraint incidents are audited and used to inform practice improvements.
    - CQC Regulation 12: Safe care and treatment – monitoring and reviewing restraint to ensure its appropriateness.

3. Review of Restraint Incidents and Care Plans

1. Objective:
   To ensure that all restraint incidents are reviewed in a timely and thorough manner to evaluate their appropriateness and to update care plans accordingly.
2. Procedure:

- Senior managers and safeguarding leads must conduct a review of each restraint incident. This review should examine the following:
    - Was restraint necessary?
    - Was it applied appropriately and in accordance with the policy?
    - What alternative strategies were attempted, and why were they unsuccessful?
    - How did the service user respond before, during, and after the restraint?
- Care plans must be updated based on the findings of the incident review to reflect any changes in the service user's behaviour, support needs, or approaches to managing challenging behaviour.
- In cases where restraint is frequent, additional measures should be considered to prevent future incidents, such as revising the behaviour support plan or increasing staff training on alternative de-escalation methods.

3. Regulatory Reference:
    - CQC Regulation 12: Safe care and treatment – ensuring that care plans are updated in response to restraint incidents.
    - CQC Regulation 9: Person-centred care – reviewing care plans to ensure they reflect the most appropriate support strategies.

4. Senior Leadership Oversight

1. Objective:
   To ensure that senior leadership is actively involved in the governance and oversight of restraint practices within Primus PLUS Healthcare, ensuring that these practices are in line with legal, ethical, and regulatory standards.
2. Procedure:
    - Senior leadership should regularly review restraint incidents, audit reports, and care plan updates to ensure that restraint is being used appropriately and is in compliance with this policy.
    - Senior leaders should also be involved in strategic decision-making to reduce the use of restraint through staff training, resource allocation, and the development of alternative behaviour management strategies.
    - Leadership should also facilitate staff feedback through meetings and discussions to ensure that the front-line care team feels supported and confident in their ability to manage challenging behaviour without resorting to restraint.
3. Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring that senior leadership is involved in the monitoring, review, and governance of restraint practices.

- CQC Regulation 18: Staffing – ensuring that senior leadership provides adequate oversight and support to staff involved in restraint practices.

5. Reporting to External Bodies

1. Objective:
   To ensure that restraint incidents are reported to external regulatory bodies, such as the CQC, in compliance with statutory requirements and industry standards.
2. Procedure:
   - Significant incidents involving restraint, especially those that result in injury, distress, or possible abuse, must be reported to the CQC and other relevant bodies, such as Local Safeguarding Adults Boards (LSABs), within the required timeframe.
   - Serious incident reports should include an analysis of the incident, the context, and the actions taken in response. The report should also include any lessons learned and actions taken to prevent similar occurrences.
   - Monthly or quarterly summaries of restraint incidents should be sent to the CQC as part of regular service inspections or audits.
3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring that restraint incidents are reported to external bodies as required.
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring transparency in restraint practices and reporting.

6. Continuous Improvement and Feedback

1. Objective:
   To create a continuous improvement cycle for restraint practices through feedback mechanisms and the ongoing evaluation of policies, procedures, and training.
2. Procedure:
   - Feedback on restraint practices should be gathered from a variety of stakeholders, including service users, family members, staff, and advocates.
   - Feedback surveys should be used to assess the effectiveness of restraint practices, staff training, and emotional support provided to service users.
   - Regular reviews of feedback, audit results, and incident reports should be used to make improvements in care plans, training programs, and support strategies.
   - Annual policy reviews should be conducted to ensure that the Restraint Policy remains up to date with evolving best practices, regulatory requirements, and service user needs.
3. Regulatory Reference:

- CQC Regulation 17: Good governance – ensuring continuous improvement through feedback and regular reviews.
- NICE Guidelines NG10 & NG11: Ensuring restraint practices are evidence-based and continuously improved.

12. EQUALITY AND HUMAN RIGHTS CONSIDERATIONS

At Primus PLUS Healthcare, we are committed to ensuring that all restraint practices are carried out with full respect for the human rights, dignity, and equality of each service user. This section outlines how equality and human rights principles are integrated into our Restraint Policy and Procedure to ensure that restraint is used in a way that respects the rights of individuals with learning disabilities, mental health needs, and autism spectrum conditions in supported living without personal care. This policy is designed to comply with CQC regulations, relevant UK legislation, and national guidelines that uphold equality and human rights for all service users.

1. Non-Discrimination and Equal Treatment

1. Objective:
   To ensure that restraint is applied equitably, without discrimination based on age, disability, race, gender, sexual orientation, religion, or any other protected characteristic under UK law.
2. Procedure:
   - All service users, regardless of their individual characteristics, should be treated equally and with respect when considering restraint.
   - Equality Impact Assessments (EIAs) should be conducted to assess any potential discriminatory impacts of restraint practices on service users with different characteristics.
   - The application of restraint should be based solely on the individual's behaviour, needs, and safety, not on assumptions or biases related to their background or personal characteristics.
   - Staff should receive training on diversity, inclusion, and how bias can influence the decision-making process related to restraint.
3. Regulatory Reference:
   - Equality Act 2010 – prohibits discrimination based on protected characteristics.
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring equality and non-discrimination in all practices.

2. Respecting the Service User's Rights and Dignity

1. Objective:
   To ensure that any decision regarding the use of restraint upholds the human rights and

dignity of service users, ensuring that restraint is applied in a manner that respects their freedom, autonomy, and personal integrity.

2. Procedure:
    - Service users should be informed about the reasons for restraint whenever possible, and their informed consent should be sought. When the service user is unable to provide consent (due to lack of mental capacity), decisions should be made in their best interests.
    - Restraint practices should be applied in the least intrusive manner possible, and staff should be trained to use techniques that minimize distress and discomfort to the service user.
    - Restraint should never be used as a form of punishment or control but should always be about protecting the individual and ensuring their safety and the safety of others.
3. Regulatory Reference:
    - Human Rights Act 1998: Article 5 – Right to Liberty and Security.
    - CQC Regulation 10: Dignity and respect – ensuring that service users' rights and dignity are respected during restraint.
    - Mental Capacity Act 2005: Ensuring decisions are made in the best interests of individuals who lack capacity.

3. Understanding and Addressing Disability Needs

1. Objective:
   To ensure that restraint practices are appropriately adapted to meet the individual needs of service users with learning disabilities, mental health needs, and autism spectrum conditions.
2. Procedure:
    - Staff should receive specialized training to understand how disabilities can affect a service user's behaviour and reactions to restraint. This includes understanding sensory sensitivities, communication difficulties, and mental health challenges that might affect the individual's response to restraint.
    - Restraint should be tailored to the individual's specific needs. For example, for individuals with autism, restraint techniques may need to be adjusted to accommodate their sensory sensitivities and preferences for communication.
    - Where possible, alternative non-restrictive interventions should be used for individuals with complex needs, ensuring restraint is truly a last resort.
3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that restraint practices are individualized to meet the needs of the service user.

- CQC Regulation 12: Safe care and treatment – ensuring that restraint practices are suitable for individuals with complex needs.

4. Promoting the Voice and Involvement of Service Users and Advocates

1. Objective:
   To ensure that the voice of the service user and, when appropriate, their advocate, is heard in all decisions regarding restraint. Service users should have the opportunity to express their preferences, concerns, and discomfort related to restraint practices.
2. Procedure:
   - Service users should be encouraged to participate in discussions about their care, including the potential use of restraint. If a service user has difficulty communicating, alternative methods (e.g., communication aids, non-verbal cues) should be used to involve them in the decision-making process.
   - Independent advocacy services should be offered to all service users to ensure their rights are upheld, especially when restraint is being considered.
   - Families and carers should also be included in the decision-making process, ensuring that person-centred care is maintained.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring service users are involved in decisions about their care.
   - CQC Regulation 11: Need for consent – ensuring that the service user's consent is sought, or decisions are made in their best interests.

5. Cultural Sensitivity in Restraint Practices

1. Objective:
   To ensure that restraint practices are culturally sensitive and take into account the diverse backgrounds and values of service users.
2. Procedure:
   - Staff should receive training on cultural competence to understand how different cultural backgrounds might affect service users' reactions to restraint. For example, cultural differences may influence how service users interpret physical contact or authority figures.
   - Restraint practices should be tailored to accommodate cultural differences, ensuring that respect for service users' cultural practices and beliefs is maintained.
3. Regulatory Reference:
   - Equality Act 2010: Ensuring services are accessible and non-discriminatory based on culture, religion, or ethnicity.

- CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring culturally sensitive restraint practices.

6. Addressing Communication Needs

1. Objective:
   To ensure that service users with communication difficulties, whether due to autism, learning disabilities, or mental health conditions, are properly supported during restraint incidents.
2. Procedure:
   - All staff should be trained in alternative communication methods (e.g., Makaton, PECS, or other augmentative and alternative communication systems) to support service users who have communication challenges.
   - Restraint practices should be modified to ensure that they do not ignore or neglect the service user's communication preferences. For example, when giving instructions during restraint, staff should ensure that communication is clear and accessible to the service user, using their preferred communication method.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring that communication needs are considered in the care and restraint process.
   - CQC Regulation 10: Dignity and respect – ensuring that communication needs are respected.

13. COMPLIANCE AND ACCOUNTABILITY

The Compliance and Accountability section of the Restraint Policy and Procedure ensures that Primus PLUS Healthcare maintains the highest standards of care and safeguards the rights, dignity, and safety of service users. This section outlines the processes for ensuring that the policy is consistently followed, monitored, and reviewed, ensuring that all staff act in accordance with CQC regulations, relevant UK legislation, and national standards.

1. Ensuring Compliance with Regulatory Requirements

1. Objective:
   To ensure that all restraint practices within Primus PLUS Healthcare comply with CQC regulations, national guidelines, and relevant legislation including the Health and Social Care Act 2008, Mental Capacity Act 2005, Equality Act 2010, and other applicable frameworks.
2. Procedure:

- Regular audits will be conducted to evaluate compliance with restraint procedures, ensuring that all restraint incidents are documented and handled according to the policy.
- The CQC will be notified of any restraint incidents as required, and documentation will be reviewed during regular inspections.
- Service users' rights to freedom and dignity must be upheld, and restraint should only be used in a way that is consistent with the least restrictive principle outlined in national guidance.
- Annual compliance reviews will be held to ensure that this policy is still aligned with the latest regulatory changes, best practices, and guidelines from agencies such as NICE, the Social Care Institute for Excellence (SCIE), and the Department of Health and Social Care.

3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring systems are in place for monitoring and reporting compliance with restraint policies.
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint is used appropriately and in compliance with regulations.
   - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13: Safeguarding service users from abuse and improper treatment.

2. Accountability of Staff and Managers

1. Objective:
   To ensure that staff and managers are accountable for the appropriate use of restraint, maintaining the standards of care outlined in this policy.
2. Procedure:
   - Staff Accountability: All staff must complete mandatory training and ongoing supervision to ensure they understand and follow the restraint procedures. Staff who fail to follow the procedures appropriately will be subject to disciplinary action and further training.
   - Managers' Accountability: Managers are responsible for ensuring that restraint is used only when necessary, as a last resort, and in accordance with best practices. They must ensure that all incidents are appropriately documented, reviewed, and reported to relevant authorities such as the CQC and local safeguarding boards.
   - Safeguarding Leads are responsible for investigating any safeguarding concerns related to restraint practices and ensuring the well-being of service users is maintained throughout the process.
3. Regulatory Reference:

- CQC Regulation 18: Staffing – ensuring that all staff are held accountable for their actions, with appropriate training, supervision, and governance.
- CQC Regulation 17: Good governance – ensuring managers have clear accountability for the application of restraint practices and overall care standards.
- Human Rights Act 1998: Article 5 – Right to liberty and security – ensuring that all restraint is lawfully applied, with accountability for any infringement of rights.

3. Reporting, Documentation, and Transparency

1. Objective:
   To ensure that all instances of restraint are clearly documented, and that transparency is maintained through accurate reporting and incident analysis.
2. Procedure:
   - Incident Reports: Every restraint incident must be documented immediately in the service user's records, including the type of restraint used, the duration, the reason for its application, and any impact on the service user.
   - Incident Review: All restraint incidents will be reviewed by a senior staff member or safeguarding lead to ensure that the use of restraint was appropriate and in line with the policy.
   - Reporting to CQC: Incidents of restraint, particularly those that result in injury, significant distress, or other serious concerns, must be reported to the CQC and other relevant authorities, such as Local Safeguarding Adults Boards (LSABs), within the appropriate timeframe.
   - Annual Reporting: The organization will compile and submit annual reports to CQC, summarizing all restraint incidents, trends, and any changes made to care practices or policies as a result of these reviews.
3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring clear documentation and reporting of restraint incidents.
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring that restraint is used in a transparent and accountable manner.
   - CQC Regulation 9: Person-centred care – ensuring the documentation accurately reflects care decisions and service user involvement.

4. Review and Continuous Improvement

1. Objective:
   To ensure that the policy on restraint is regularly reviewed and updated to reflect any changes in legislation, best practices, or service user needs, and that lessons are learned from any incidents of restraint.
2. Procedure:

- Annual Policy Review: This Restraint Policy will be reviewed annually by the quality assurance team to ensure it aligns with current legislation, best practices, and CQC standards.
- Incident Review and Learning: Every restraint incident will be reviewed as part of the continuous quality improvement process. The aim is to understand what worked well, identify any areas for improvement, and implement changes to prevent unnecessary restraint in the future.
- Service User and Staff Feedback: Feedback from service users, their families, and staff members will be gathered regularly to inform improvements to the restraint policy and practice. This feedback is essential to ensuring that the policy remains person-centred and reflects the real-life experiences of all involved.

3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring continuous improvement and policy updates.
   - CQC Regulation 18: Staffing – ensuring staff feedback is included in quality improvements.
   - NICE Guidelines: Promoting positive behaviour support and reducing the need for restrictive practices.

5. External Audits and Independent Reviews

1. Objective:
   To ensure that independent audits and external reviews of restraint practices are conducted regularly to validate compliance and identify any potential areas for improvement.
2. Procedure:
   - Independent Audits: External audits will be conducted periodically by external agencies, consultants, or CQC inspectors to assess whether Primus PLUS Healthcare is complying with the Restraint Policy and regulatory requirements. These audits will also provide recommendations for improvement.
   - Third-Party Reviews: If necessary, an independent review may be requested for any restraint incidents deemed to be problematic or controversial. The review will focus on whether the restraint was appropriate, the procedure followed correctly, and whether service users' rights were upheld.
3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring independent reviews and audits are carried out to evaluate policy effectiveness.
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring transparency through third-party reviews.

14. MULTI-DISCIPLINARY COLLABORATION

The Multi-Disciplinary Collaboration section of this Restraint Policy and Procedure ensures that Primus PLUS Healthcare operates a comprehensive, team-oriented approach to managing challenging behaviour, including when restraint is necessary. The collaboration of various professionals from different disciplines is essential to ensure that restraint practices are person-centred, ethical, and effective, while respecting the dignity and safety of individuals with learning disabilities, mental health needs, and autism spectrum conditions. By working together, professionals ensure that restraint is used only as a last resort, with the best interests of the service user at the heart of all decisions.

This section is designed to comply with CQC regulations, relevant UK legislation, and best practice guidelines, ensuring that all teams involved in the care of the service user understand their roles and responsibilities in managing behaviour and preventing the need for restraint.

1. Collaborative Decision-Making and Shared Responsibility

1. Objective:
   To ensure that restraint decisions are made collaboratively, drawing on the expertise of different professionals to ensure that all possible alternatives are considered before restraint is applied.
2. Procedure:
   - When restraint is being considered, a multi-disciplinary team (MDT) meeting should be held to assess the situation. The team may include staff from the following disciplines:
     - Care staff – who work directly with the service user and can provide insight into their daily behaviour and triggers.
     - Managers – responsible for overseeing care practices and ensuring policies are followed.
     - Clinical psychologists or behavioural therapists – who can provide expertise in behaviour management and therapeutic interventions.
     - Occupational therapists – to advise on strategies to reduce stressors and improve the environment to prevent challenging behaviour.
     - Social workers – who can advocate for the service user's rights and ensure person-centred care is maintained.
     - Nurses – to monitor physical well-being and ensure medical considerations are integrated into care planning.
     - Speech and language therapists – to support communication strategies for service users with communication needs.

- All MDT members should contribute to the decision-making process, ensuring that restraint is considered only when all other less restrictive options have been exhausted.
- Decisions made in the MDT meeting should be documented and regularly reviewed to ensure that the restraint practices are in the best interests of the service user.

3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring that the service user's care is coordinated and involves a collaborative decision-making process.
   - CQC Regulation 12: Safe care and treatment – ensuring that care practices, including restraint, are safe and meet the individual needs of service users.
   - CQC Regulation 18: Staffing – ensuring staff work collaboratively and are equipped to manage situations effectively.

2. Coordinated Care and Support

1. Objective:
   To ensure that service users receive coordinated and holistic care, with input from all relevant disciplines, aimed at preventing the need for restraint and providing continuous support.
2. Procedure:
   - All care plans should be developed and regularly updated by the MDT, incorporating input from all disciplines involved in the service user's care.
   - The behaviour support plan should be tailored to the service user's individual needs and should include preventive strategies to address behaviours before they escalate to the point of requiring restraint.
   - MDT members should be actively involved in training care staff, ensuring that they are knowledgeable about strategies to manage challenging behaviour effectively.
   - The service user's progress should be reviewed regularly by the MDT, and adjustments should be made to their care plan if necessary.
   - If restraint is used, the MDT should be involved in the post-restraint debrief, ensuring that lessons are learned and strategies are adjusted for future care.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring that the service user's care is comprehensive and provided through a multi-disciplinary approach.
   - CQC Regulation 10: Dignity and respect – ensuring that care is delivered with respect for the service user's needs, preferences, and dignity.
   - NICE Guideline NG11: Challenging behaviour and learning disabilities – ensuring that all interventions are collaborative and person-centred.

3. Regular Communication among MDT Members

1. Objective:
   To ensure that regular communication takes place among the MDT to share information, provide updates, and discuss any changes in the service user's behaviour, needs, or support strategies.
2. Procedure:
   - Regular team meetings should be scheduled, where all members of the MDT can discuss any changes in the service user's behaviour or care plan. These meetings should also review recent incidents of restraint and assess whether additional interventions could be implemented to prevent further incidents.
   - Communication channels should be established for immediate updates, especially in cases where service user behaviour changes rapidly, ensuring that all relevant professionals are kept informed.
   - Shared documentation should be used to ensure that all team members have access to the most up-to-date information regarding the service user's needs, behaviour support plans, and any incidents involving restraint.
   - Consultation with external professionals, such as specialist clinicians or consultants, may be sought when needed to ensure that the service user is receiving the most appropriate support.
3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring that communication within the MDT is effective and leads to the safe delivery of care.
   - CQC Regulation 18: Staffing – ensuring that staff members collaborate effectively and work as part of a team.
   - Mental Capacity Act 2005: Supporting collaborative decision-making, particularly when a service user lacks the capacity to make decisions themselves.

4. Collaborative Approaches to Reducing Restraint

1. Objective:
   To ensure that all MDT members are committed to the reduction of restraint and work together to find alternative strategies that prioritize the service user's dignity, freedom, and well-being.
2. Procedure:
   - The MDT should regularly review the use of restraint and work together to identify alternative methods of managing challenging behaviours. This includes evaluating the effectiveness of behavioural support plans and environmental modifications to reduce triggers for challenging behaviour.

- Therapeutic approaches and non-restrictive strategies, such as cognitive-behavioural therapy (CBT), sensory interventions, and environmental adjustments, should be incorporated into care plans where appropriate to prevent the need for restraint.
- Risk assessments should be conducted regularly to ensure that any interventions, including restraint, are based on current evidence and best practices.
- The MDT should work together to develop staff training on non-restrictive interventions and de-escalation techniques, ensuring that all staff have the tools they need to prevent the escalation of behaviour.

3. Regulatory Reference:
   - CQC Regulation 12: Safe care and treatment – ensuring that restraint is minimized through effective interventions.
   - Department of Health and Social Care: Positive and Proactive Care – reducing the need for restrictive interventions through a person-centred approach.

5. MDT Involvement in Debriefing and Learning

1. Objective:
   To ensure that the MDT plays an active role in the post-restraint debriefing process, ensuring that any lessons learned from restraint incidents are incorporated into future care planning.
2. Procedure:
   - After any incident of restraint, the MDT should conduct a debriefing session to evaluate the incident and determine whether it was necessary, whether it could have been avoided, and how similar incidents can be prevented in the future.
   - The debrief should include a review of the behaviour support plan, identifying any gaps or adjustments needed to prevent the need for restraint.
   - Feedback should be sought from staff, service users (where possible), and advocates to ensure that the process is person-centred and that the service user's emotional well-being is supported after the incident.
   - Changes to care plans or staff practices should be implemented based on the outcomes of the debrief, ensuring that less restrictive practices are prioritized.
3. Regulatory Reference:
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring that incidents involving restraint are reviewed and the care plan is updated.
   - CQC Regulation 17: Good governance – ensuring that feedback from restraint incidents is used to improve care practices and prevent future incidents.

15. USE OF TECHNOLOGY AND MONITORING EQUIPMENT

The Use of Technology and Monitoring Equipment section of the Restraint Policy and Procedure ensures that Primus PLUS Healthcare adopts safe, ethical, and effective practices when employing technology and monitoring equipment to prevent and manage restraint incidents. The integration of these tools must be aligned with CQC regulations, relevant UK legislation, and best practice guidelines to ensure the safety, dignity, and human rights of service users are fully respected. This section outlines the use of monitoring systems, safety devices, and assistive technologies that support the well-being of individuals with learning disabilities, mental health needs, and autism spectrum conditions in supported living settings.

1. Monitoring and Surveillance Systems

1. Objective:
   To ensure that monitoring systems are used to enhance safety and prevent the need for restraint, while maintaining the privacy and dignity of service users.
2. Procedure:
   - CCTV or video surveillance may be used in communal areas (such as hallways or common rooms) to monitor the safety of service users, staff, and visitors, while ensuring compliance with the CQC regulations and Data Protection Act 2018.
   - Surveillance should only be used where appropriate, and service users must be informed about the use of monitoring systems. Consent should be obtained where possible, and appropriate safeguards should be in place to protect privacy and confidentiality.
   - Surveillance should not be used in private spaces, such as bedrooms or bathrooms, unless there is a clear risk to safety, and alternative measures cannot be implemented. In such cases, strict protocols should be followed to ensure minimal intrusion.
   - The use of monitoring systems should be aligned with the principles of least restrictive practice and proportionality. The goal is to enhance safety and reduce the need for physical restraint or intervention.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring that monitoring systems are used in a person-centred manner, respecting the dignity and autonomy of the service user.
   - Data Protection Act 2018 – ensuring that surveillance is compliant with data protection laws.
   - Human Rights Act 1998, Article 8 – Right to respect for private and family life.

2. Wearable Technology and Safety Devices

1. Objective:
   To employ wearable technology and safety devices to ensure the well-being of service users, particularly those at high risk of self-harm or injury, while maintaining their autonomy and dignity.
2. Procedure:
   - Wearable devices (e.g., personal alarms, GPS trackers) may be used in specific situations where service users are at risk of harm, wandering, or engaging in challenging behaviours that could lead to harm.
   - These devices should be used as part of a person-centred care plan, tailored to the individual needs of each service user, and with their informed consent (or that of their legal representative) where possible.
   - The use of wearable devices should aim to reduce reliance on restraint by enhancing staff awareness of service users' location, status, or emotional condition. This can prevent situations where restraint might otherwise be considered, by providing an early warning or monitoring system.
   - Monitoring through wearable technology should be done discreetly, ensuring that service users feel comfortable and not stigmatised or restricted by these measures. Service users should be involved in the decision-making process about the use of these devices.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring wearable devices are tailored to individual needs and are used with consent.
   - CQC Regulation 12: Safe care and treatment – ensuring the safety and well-being of service users through the appropriate use of technology.
   - NICE Guideline NG11: Challenging behaviour and learning disabilities – ensuring that interventions are minimally restrictive and focused on reducing incidents that could require restraint.

3. Assistive Technology for Behavioural Support

1. Objective:
   To utilize assistive technologies that support behavioural management and reduce the need for physical restraint by offering alternative interventions.
2. Procedure:
   - Assistive technologies, such as visual or auditory aids, sensory rooms, and communication devices, should be incorporated into the care plans of individuals with autism, learning disabilities, and mental health needs to provide more effective ways to communicate, calm, and manage behaviour.

- Environmental adjustments should be made using technology, such as light and sound control systems, to create calming environments that minimize triggers for challenging behaviour.
- Behavioural support technology, such as video modelling, app-based interventions, or virtual therapy, may be used to teach coping skills and promote self-regulation. These technologies can assist in managing anxiety or agitation without resorting to restraint.
- Technology should be used to complement person-centred care approaches and should not replace human interaction or be the sole intervention in managing behaviour.

3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring the appropriate use of technology in a way that supports the individual's needs and promotes autonomy.
   - CQC Regulation 12: Safe care and treatment – using assistive technology as a tool for enhancing safety and minimizing the need for restraint.
   - NICE Guideline NG11: Challenging behaviour and learning disabilities – promoting the use of assistive technologies to prevent the need for restrictive interventions.

4. Data Protection and Privacy Considerations

1. Objective:
   To ensure that all technological solutions used in the restraint and monitoring process are fully compliant with data protection regulations, respecting the privacy and confidentiality of service users.
2. Procedure:
   - Any data gathered through monitoring systems, wearable devices, or other technologies must be securely stored and only accessible to authorized personnel.
   - Service users should be informed about the data being collected, its purpose, and how it will be used. They must also have the right to access their data upon request and request corrections if necessary.
   - Data protection measures, such as encryption and restricted access, should be in place to prevent unauthorized access to sensitive information.
   - When using CCTV or other forms of monitoring, the data collected should be minimized to what is necessary for the safety and well-being of the service user, and retention periods should be clearly defined.
3. Regulatory Reference:
   - Data Protection Act 2018 – ensuring that all technology used for monitoring is compliant with data protection laws.

- CQC Regulation 17: Good governance – ensuring that all monitoring and technology practices are compliant with data protection and privacy standards.
- Human Rights Act 1998, Article 8 – ensuring respect for the right to private and family life.

5. Regular Review and Evaluation of Technology Use

1. Objective:
   To ensure that the use of technology and monitoring equipment is regularly reviewed to assess its effectiveness and ensure that it remains aligned with best practices and evolving service user needs.
2. Procedure:
   - Quarterly reviews of the use of monitoring technology and devices should be conducted by the MDT to assess their effectiveness in preventing restraint and maintaining service user safety.
   - The review process should include feedback from staff, service users (where appropriate), and their families or advocates to ensure that the use of technology is not creating undue distress or invasion of privacy.
   - Based on feedback, adjustments should be made to the types of technologies used or how they are implemented, ensuring that they are always in the best interest of the service user.
3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring that the technology used is regularly reviewed and adjusted based on its effectiveness.
   - CQC Regulation 10: Dignity and respect – ensuring that the use of technology does not compromise the dignity or privacy of the service user.

16. REVIEW MECHANISM FOR POLICY UPDATES

The Review Mechanism for Policy Updates ensures that the Restraint Policy and Procedure at Primus PLUS Healthcare is continuously aligned with best practices, regulatory requirements, and the evolving needs of service users with learning disabilities, mental health needs, and autism spectrum conditions. The policy review process is essential for ensuring that restraint practices are always conducted in a manner that respects the rights, dignity, and safety of service users, while complying with CQC regulations, relevant legislation, and national standards.

1. Regular Policy Review

1. Objective:
   To ensure that the Restraint Policy remains up-to-date, effective, and compliant with the latest CQC regulations, national guidelines, and legal requirements.

2. Procedure:
    - The Restraint Policy will be reviewed annually to ensure that it reflects any changes in CQC regulations, legislation, and best practices in the field of restraint and safeguarding.
    - The policy review will involve input from key stakeholders, including senior management, clinical staff, care staff, and external consultants if necessary.
    - The review process will include evaluating any incidents of restraint that have occurred during the year, as well as feedback from service users, families, and staff regarding the effectiveness and impact of restraint practices.
3. Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring the review process is robust and meets regulatory standards.
    - CQC Regulation 18: Staffing – ensuring staff are consulted during the policy review process.

2. Consultation with Relevant Stakeholders

1. Objective:
   To ensure that the policy update process is inclusive, with input from all relevant stakeholders involved in the care of service users, to enhance the quality and relevance of the policy.
2. Procedure:
    - A consultation process will be established involving care staff, managers, service users (where appropriate), family members, and advocates. This allows for comprehensive feedback on the current practices and any areas of concern or improvement.
    - External bodies such as CQC, social workers, and safeguarding leads will also be consulted to ensure the policy aligns with best practices and regulatory expectations.
    - Feedback will be gathered through surveys, focus groups, and individual meetings with relevant stakeholders, and should address issues such as the use of restraint, staff training, communication, and service user feedback.
    - The policy review should prioritize person-centred care, ensuring that service users' voices are central to the decision-making process.
3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that service users and stakeholders are included in policy updates.
    - Human Rights Act 1998 – ensuring that service users' rights and dignity are reflected in the policy review.

3. Continuous Evaluation of Restraint Practices

1. Objective:
   To evaluate the effectiveness of current restraint practices and identify opportunities for improvement, ensuring that restraint is used only as a last resort and is in line with least restrictive principles.
2. Procedure:
   - Incident reports will be reviewed and analysed to identify any patterns or trends related to restraint use. Data will be collected from internal audits, incident reports, and feedback from staff and service users.
   - The number and nature of restraint incidents will be assessed to determine if there are any recurring issues or specific circumstances where restraint could be minimized or prevented.
   - Alternative methods to restraint will be evaluated, and any new strategies or interventions should be considered and incorporated into the updated policy if they prove effective in reducing reliance on restraint.
   - Training records will also be reviewed to ensure that staff are properly equipped to manage behaviour effectively without resorting to restraint.
3. Regulatory Reference:
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint practices are reviewed and that safeguarding measures are in place.
   - NICE Guideline NG10: Violence and aggression: short-term management in mental health, health, and community settings – ensuring restraint is used as a last resort and alternative approaches are considered.

4. Incorporating Feedback from Service Users and Families

1. Objective:
   To ensure that service users and their families have the opportunity to provide input into the policy review process, ensuring that the policy reflects the real-world needs and preferences of the people it aims to support.
2. Procedure:
   - Service user involvement will be prioritized by using methods that are accessible to those with communication needs, such as visual aids, communication boards, or supported decision-making.
   - Families and advocates will be encouraged to provide feedback on the effectiveness of restraint policies and practices, including how the process impacts their loved ones' quality of life.

- Service user representatives will be invited to participate in the review process to ensure that the views of people who have experienced restraint are included in the policy updates.

3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that the service user's needs and preferences are incorporated into the policy update.
    - CQC Regulation 10: Dignity and respect – ensuring that service users' dignity is maintained, and their voices are heard in the process.

5. Integration of Latest Research and Best Practices

1. Objective:
   To ensure that the policy remains aligned with the latest research and best practices in the field of restraint and behavioural management for service users with learning disabilities, mental health needs, and autism spectrum conditions.
2. Procedure:
    - The policy will be updated in response to the latest findings from research studies, guidelines, and reports issued by national bodies such as NICE, the Department of Health and Social Care, and the Social Care Institute for Excellence (SCIE).
    - Recommendations from key documents such as the Positive and Proactive Care framework, the Reducing the Need for Restrictive Interventions report, and NICE Guideline NG11 for managing challenging behaviours will be integrated into the policy.
    - Updates will reflect advances in training techniques, assistive technologies, and alternative interventions to reduce reliance on restraint and support service users' autonomy and well-being.
3. Regulatory Reference:
    - CQC Regulation 12: Safe care and treatment – ensuring that the latest best practices and research are integrated into care policies.
    - NICE Guideline NG10: Violence and aggression: short-term management in mental health, health, and community settings.

6. Approval of Policy Updates

1. Objective:
   To ensure that any updates to the Restraint Policy are approved by relevant stakeholders and aligned with Primus PLUS Healthcare's strategic objectives, while meeting regulatory standards.
2. Procedure:
    - Updated policies will be reviewed and approved by the Senior Leadership Team and Board of Directors before implementation.

- The Human Resources and Compliance departments will ensure that the updated policy is in compliance with all relevant legislation, regulations, and CQC standards.
- Staff training will be updated based on the revised policy, and all employees will be informed of any changes to procedures or practices.

3. Regulatory Reference:
   - CQC Regulation 17: Good governance – ensuring that policy updates are approved and aligned with governance standards.
   - CQC Regulation 18: Staffing – ensuring that staff are informed and trained on updated practices.

17. INDEPENDENT ADVOCACY AND SERVICE USER VOICE

The Independent Advocacy and Service User Voice section ensures that Primus PLUS Healthcare is committed to empowering service users by providing opportunities for them to have a voice in decisions about their care, especially when it comes to matters involving restraint. This section emphasizes the importance of independent advocacy, ensuring that service users' rights are upheld, and their preferences, dignity, and autonomy are respected throughout the restraint process. It aligns with CQC regulations, relevant legislation, and best practice guidelines that promote person-centred care and the human rights of vulnerable adults, particularly those with learning disabilities, mental health needs, and autism spectrum conditions.

1. Promoting the Service User Voice in Restraint Decisions

1. Objective:
   To ensure that service users are actively involved in discussions and decisions about the use of restraint, thereby empowering them and ensuring that their views and preferences are central to care planning.
2. Procedure:
   - Informed Consent: Service users should be informed about the potential use of restraint and have the opportunity to provide informed consent where possible. For individuals who lack capacity, decisions should be made in their best interests, and the Mental Capacity Act 2005 should guide this process.
   - Service User Voice: When a service user is unable to consent or express preferences due to communication barriers or cognitive impairments, alternative methods of communication (e.g., symbol boards, Makaton, or advocacy services) should be used to involve the service user as much as possible in the decision-making process.
   - Person-Centred Care: The decision to use restraint should be thoroughly discussed with the service user in a person-centred manner, with emphasis placed on the service user's history, communication needs, and preferences. If restraint becomes

necessary, the service user's views on how it should be implemented should be considered to the extent possible.

3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that service users are actively involved in care decisions, including the use of restraint.
    - CQC Regulation 11: Need for consent – ensuring that service users' informed consent is obtained, or decisions are made in their best interests.
    - Mental Capacity Act 2005 – ensuring that decisions about restraint for service users who lack capacity are made in their best interests.

2. Independent Advocacy Services

1. Objective:
   To ensure that independent advocacy services are available to service users, enabling them to have an independent voice in decisions related to restraint and safeguarding, and to uphold their human rights.
2. Procedure:
    - Access to Independent Advocates: Service users should have easy access to independent advocacy services that can support them in expressing their views, wishes, and concerns about restraint. This can include advocacy organizations or trained independent advocates who act on behalf of the service user.
    - Advocate Involvement: Advocates should be involved in any decision-making process regarding the use of restraint, ensuring that the service user's rights are upheld. Advocates must be informed of any restraint incidents and may be consulted to help ensure that service users' rights and human dignity are maintained throughout the process.
    - Support during Post-Restraint Debriefs: After any restraint incident, an independent advocate should be available to support the service user during post-restraint debriefs. This ensures that the service user's feelings, concerns, and experiences are heard and documented.
3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that service users have access to independent advocacy when needed to make informed decisions.
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring that independent advocacy helps protect service users from undue restraint or improper treatment.
    - Mental Capacity Act 2005: The role of independent advocacy in supporting individuals who may lack the capacity to make decisions for themselves.

3. Safeguarding and Human Rights of Service Users

1. Objective:
   To ensure that the rights and safety of service users are respected during all decisions and practices surrounding restraint, and that they are safeguarded from abuse or mistreatment.
2. Procedure:
   - Safeguarding Procedures: All restraint procedures should follow robust safeguarding protocols to prevent abuse or mistreatment. Independent advocates can assist in ensuring that restraint is used lawfully, and that service users' rights to freedom and security are not infringed upon.
   - Human Rights: Service users' human rights must be respected at all times. Restraint should always be applied in the least restrictive manner, and service users should be treated with dignity and respect during the process.
   - Equality Impact Assessments (EIAs): Regular EIAs should be conducted to ensure that restraint practices do not disproportionately affect certain groups, including individuals with autism, learning disabilities, or mental health needs.
3. Regulatory Reference:
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint practices are ethically and legally sound.
   - Human Rights Act 1998, Article 5 – Right to liberty and security.
   - Equality Act 2010 – ensuring that restraint is not discriminatory and that all service users are treated equally.

4. Promoting Communication and Engagement with Service Users

1. Objective:
   To ensure that effective communication methods are used to promote engagement with service users, particularly those with communication difficulties, ensuring their voice is heard and respected.
2. Procedure:
   - Communication Tools: Where service users have communication difficulties, appropriate tools such as communication boards, sign language, Makaton, or speech-generating devices should be used to help them express their wishes and concerns regarding restraint.
   - Staff Training on Communication: Staff should receive training on how to effectively communicate with service users with autism, learning disabilities, or mental health conditions using methods tailored to each individual's communication needs.
   - Regular Feedback: Service users should be given regular opportunities to provide feedback on their care plans, including the use of restraint. This feedback can be

gathered through meetings, surveys, or direct communication with staff or advocates.

3. Regulatory Reference:
    - CQC Regulation 9: Person-centred care – ensuring that service users' communication needs are respected and considered in all decision-making processes.
    - CQC Regulation 10: Dignity and respect – ensuring that service users are given opportunities to express their wishes and that they are involved in decisions about their care.
    - Mental Capacity Act 2005: Ensuring that individuals are given the opportunity to communicate and express their wishes, even if they lack full capacity.

5. Training for Staff on Advocacy and Service User Rights

1. Objective:
   To ensure that all staff are trained to recognize and support the role of independent advocates, while upholding the rights and wishes of service users during the restraint process.
2. Procedure:
    - Advocacy Training: Staff will receive training on the importance of independent advocacy in the restraint process, including how to facilitate access to advocates and support the service user in expressing their concerns.
    - Human Rights and Safeguarding Training: Staff will also be trained on human rights, dignity, and safeguarding, ensuring that they understand the legal and ethical principles that underpin the use of restraint.
    - Person-Centred Care Training: Staff will be trained to implement person-centred approaches, ensuring that service users are treated as partners in their care decisions, including the use of restraint.
3. Regulatory Reference:
    - CQC Regulation 18: Staffing – ensuring that staff are adequately trained to uphold the rights and dignity of service users during restraint procedures.
    - CQC Regulation 10: Dignity and respect – ensuring that staff are equipped to uphold service users' dignity and rights through effective training.

18. CAREGIVER INVOLVEMENT

The Caregiver Involvement section of this Restraint Policy and Procedure emphasizes the critical role of caregivers, including family members, guardians, advocates, and other key support persons, in ensuring that restraint practices are handled in the most ethical, respectful, and person-centred

manner. The active involvement of caregivers is crucial in maintaining dignity, autonomy, and safety for service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions in a supported living setting. Caregivers provide valuable insights into the service user's needs, preferences, and triggers, making them essential partners in decision-making processes around restraint.

This section ensures that Primus PLUS Healthcare meets the standards set out by CQC regulations, relevant UK legislation, and best practice frameworks, promoting collaborative, family-centred care and ensuring service users' voices are heard.

1. Role of Caregivers in the Decision-Making Process

1. Objective:
   To ensure that caregivers are involved in all relevant decisions concerning restraint and other aspects of care, ensuring that the service user's best interests are prioritized.
2. Procedure:
   - Informed Participation: Caregivers must be informed about the potential use of restraint and must be consulted as part of the decision-making process. This consultation is especially important when service users have communication difficulties or lack the capacity to make decisions independently.
   - Person-Centred Approach: Caregivers should be actively involved in developing behaviour support plans and other care plans that may include interventions involving restraint. Their input helps ensure the approach is tailored to the individual's needs, and least restrictive options are prioritized.
   - Ongoing Involvement: Caregivers should be kept informed throughout the entire process of restraint, including pre-restraint planning, during the event, and during any post-restraint reviews.
   - Advocacy for Service Users: Caregivers are encouraged to advocate on behalf of the service user to ensure that restraint is only applied when absolutely necessary and in the least restrictive manner. This advocacy ensures the service user's rights and dignity are respected at all times.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring caregivers are actively involved in decision-making related to restraint.
   - CQC Regulation 11: Need for consent – ensuring that caregivers are included in obtaining informed consent for restraint.
   - Mental Capacity Act 2005 – ensuring caregivers are part of decisions made in the best interests of service users who may lack capacity.

2. Caregiver Training and Support

1. Objective:
   To ensure that caregivers are adequately trained and supported in understanding restraint policies and behaviour management techniques, enabling them to actively participate in the care process.
2. Procedure:
   - Training for Caregivers: Caregivers should have access to training programs on de-escalation techniques, communication strategies, and understanding the behavioural needs of individuals with learning disabilities, mental health conditions, and autism spectrum disorders.
   - Support and Guidance: Family members and guardians should have access to ongoing support and guidance from the care team, including information on how they can help prevent situations that may lead to restraint, and what steps they can take to support their loved one before, during, and after a restraint incident.
   - Feedback and Input: Caregivers should be given the opportunity to provide feedback on their loved one's care and restraint experiences, which can inform care plans and the effectiveness of behaviour management strategies.
3. Regulatory Reference:
   - CQC Regulation 18: Staffing – ensuring caregivers are supported with the necessary training to effectively contribute to care planning.
   - CQC Regulation 17: Good governance – ensuring that caregivers are involved in the development and ongoing review of care plans.
   - NICE Guidelines NG11: Challenging behaviour and learning disabilities – promoting the inclusion of caregivers in behavioural intervention strategies.

3. Ensuring Caregiver Rights and Involvement in Post-Restraint Reviews

1. Objective:
   To ensure that caregivers are involved in post-restraint reviews, and that they have the opportunity to raise concerns and contribute to the ongoing care planning process.
2. Procedure:
   - Debriefing with Caregivers: After any instance of restraint, caregivers should be invited to a debriefing session, either independently or alongside the service user, to discuss the restraint incident and the service user's response. This provides an opportunity for caregivers to raise any concerns and ask questions regarding the restraint.
   - Review and Reflection: Caregivers should be included in the review process to assess the effectiveness of the restraint incident, identify whether it could have been avoided, and consider alternative approaches that may better support the service user in the future.

- Adjusting Care Plans: If necessary, care plans should be updated based on the input from caregivers and post-restraint analysis to incorporate less restrictive alternatives to restraint and adjust care strategies to better meet the service user's needs.
- Ongoing Communication: Caregivers must be kept informed of any changes to the care plan that may affect the service user's well-being, especially concerning restraint practices.

3. Regulatory Reference:
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring caregivers are part of the review and learning process after restraint.
   - CQC Regulation 17: Good governance – ensuring caregiver input is considered in the evaluation of restraint incidents and the care planning process.
   - Human Rights Act 1998, Article 8 – ensuring that caregivers' involvement in care processes is respectful of family life and the rights of the service user.

4. Enhancing Caregiver-Professional Collaboration

1. Objective:
   To foster a collaborative relationship between caregivers and healthcare professionals to ensure that restraint practices are always conducted in the best interest of the service user and in a manner that respects their human dignity.
2. Procedure:
   - Regular Caregiver Meetings: Scheduled meetings between caregivers and the care team (including managers, therapists, and medical staff) should be held to discuss the service user's care needs, any behavioural challenges, and strategies to avoid the need for restraint.
   - Collaborative Care Planning: Caregivers should work collaboratively with the healthcare team to develop individualized care plans and behaviour support strategies that include preventive measures for challenging behaviour, and prioritize non-restrictive alternatives to restraint.
   - Continuous Dialogue: Open channels of communication should be maintained so that caregivers can express concerns or provide additional context about the service user's condition, especially during times when restraint may be considered.
3. Regulatory Reference:
   - CQC Regulation 9: Person-centred care – ensuring that caregivers are actively involved in the development and review of care plans.
   - CQC Regulation 10: Dignity and respect – ensuring that caregivers' contributions are valued and respected in all decisions regarding restraint.

- CQC Regulation 17: Good governance – ensuring that professional caregivers and staff maintain regular and open communication with the service user's family or guardians.

5. Legal and Ethical Considerations in Caregiver Involvement

1. Objective:
   To ensure that caregivers' rights are protected and that they are appropriately supported and involved in the decision-making process, in compliance with relevant legal and ethical frameworks.
2. Procedure:
   - Legal Framework: Caregivers have the right to be informed of any restraint procedures, and their involvement must comply with relevant legal frameworks such as the Mental Capacity Act 2005 and Human Rights Act 1998.
   - Informed Consent: In instances where the service user is unable to consent, caregivers should be involved in best interests decisions and given the opportunity to review and discuss restraint-related decisions.
   - Advocacy Support: If caregivers require additional support or guidance, they should be offered access to independent advocacy services that help them navigate legal processes related to restraint.
3. Regulatory Reference:
   - CQC Regulation 11: Need for consent – ensuring that caregivers are involved in the decision-making process when consent is required.
   - Human Rights Act 1998: Ensuring that caregivers' involvement respects the right to family life and privacy.
   - Mental Capacity Act 2005 – ensuring caregivers are involved in best interests decisions for those who lack the capacity to make decisions on their own.

19. LEGAL FRAMEWORK AND LIABILITY

The Legal Framework and Liability section ensures that the Restraint Policy and Procedure at Primus PLUS Healthcare complies with all relevant laws, regulations, and best practice guidelines in the UK. It outlines the legal responsibilities associated with the use of restraint, the liability of staff and the organization, and the legal safeguards that must be in place to ensure that restraint is only used in appropriate circumstances and in accordance with human rights and safeguarding principles.

This section integrates the principles of legal responsibility, proportionality, necessity, and least restrictive practice, and ensures that service users are protected under UK law, particularly those with learning disabilities, mental health needs, and autism spectrum conditions.

1. Legal Requirements for the Use of Restraint

1. Objective:
   To ensure that the use of restraint is lawful, proportional, and in accordance with the rights of the service user, in compliance with UK law.
2. Procedure:
   - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: The use of restraint must comply with CQC regulations, especially Regulation 13 (Safeguarding service users from abuse and improper treatment). Restraint must only be used when it is necessary, proportional, and justified by the circumstances, and always as a last resort.
   - Mental Capacity Act 2005 (MCA): If a service user lacks the capacity to make decisions for themselves, restraint may only be applied if it is in their best interests. Decisions must be made under the principles of the MCA, including the necessity and proportionality of the restraint.
   - Human Rights Act 1998, Article 5 (Right to liberty and security): Restraint must not violate the service user's right to liberty, and it must be used sparingly and in the most restrictive way possible.
   - Equality Act 2010: Restraint must not be discriminatory. The Equality Act 2010 ensures that the use of restraint is not based on disability, age, or other protected characteristics.
   - Safeguarding Legislation: Restraint must be in line with safeguarding protocols to prevent abuse, and staff must ensure that restraint is applied appropriately and monitored for human rights compliance.
3. Regulatory Reference:
   - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring restraint is used appropriately and in compliance with safeguarding procedures.
   - Mental Capacity Act 2005 – ensuring restraint is only used when appropriate, in line with the service user's best interests.
   - Human Rights Act 1998, Article 5 – ensuring that restraint respects the right to liberty and security.
   - Equality Act 2010 – ensuring restraint is applied equitably without discrimination.

2. Liability and Accountability

1. Objective:
   To define the liability and responsibility of both staff and Primus PLUS Healthcare in the event that restraint is used improperly or in violation of the policy.
2. Procedure:

- Staff Responsibility: All staff involved in the application of restraint are responsible for ensuring that it is used appropriately, in accordance with the policy, and within the legal framework. Staff must document all instances of restraint, outlining the reason for its use, the techniques employed, and the duration of the restraint.
- Management Accountability: Managers are responsible for ensuring that staff are properly trained in de-escalation techniques, safe restraint practices, and monitoring during restraint. They must also ensure compliance with CQC and safeguarding standards. If restraint is applied improperly or excessively, the organization may be held accountable.
- Organization's Liability: Primus PLUS Healthcare is liable for ensuring that restraint is used in compliance with the law. If the policy is violated or restraint is used inappropriately, the organization may be held responsible for breach of duty of care, abuse, or violation of human rights.
- Insurance and Risk Management: Primus PLUS Healthcare must ensure that appropriate insurance coverage is in place to protect the organization and its staff against any legal claims arising from the use of restraint. A risk management plan should be in place to monitor and reduce the potential for legal challenges.

3. Regulatory Reference:
   - CQC Regulation 18: Staffing – ensuring that staff are held accountable and have the necessary support to manage restraint appropriately.
   - CQC Regulation 17: Good governance – ensuring that management is accountable for the use of restraint and for maintaining compliance with all relevant laws and regulations.
   - Health and Safety at Work Act 1974 – ensuring that staff are protected and trained to perform their duties safely and in accordance with legal standards.

3. Legal Safeguards for Service Users

1. Objective:
   To ensure that legal safeguards are in place to protect service users from unlawful restraint and improper treatment.
2. Procedure:
   - Independent Advocacy: Service users must be informed of their right to independent advocacy in situations involving restraint. Independent advocates can support service users in ensuring that their rights are upheld, particularly in cases where the service user is unable to advocate for themselves.
   - Post-restraint Reviews: After any incident of restraint, there must be a post-restraint review involving the service user (if possible), the caregiver, and the staff members involved. This review will assess whether the restraint was necessary, proportional, and appropriate.

- Monitoring by External Bodies: In the case of serious restraint incidents, such as those that involve prolonged restraint or injury to the service user, external agencies, such as local safeguarding boards or CQC inspectors, should be notified. This ensures that the restraint process is independently monitored and that any allegations of abuse or improper treatment are investigated thoroughly.

3. Regulatory Reference:
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring that service users are protected from unlawful restraint and improper practices.
    - CQC Regulation 17: Good governance – ensuring that restraint practices are regularly reviewed and that safeguards are in place to protect service users.
    - NICE Guidelines NG11: Challenging behaviour and learning disabilities – ensuring that service users' legal protections are upheld when dealing with challenging behaviour.

4. Reporting and Legal Obligations

1. Objective:
   To ensure that legal obligations concerning restraint are met, including the reporting of restraint incidents and compliance with CQC regulations.
2. Procedure:
    - Incident Reporting: All instances of restraint must be documented and reported according to CQC guidelines. Reports should include the reason for restraint, techniques used, and the outcome of the intervention.
    - Reporting to External Authorities: Any serious incident involving restraint, including injury or breach of human rights, must be reported to CQC, local safeguarding boards, and other regulatory bodies as required by law.
    - Ongoing Monitoring: The use of restraint should be regularly audited by internal staff to ensure compliance with CQC regulations, and any patterns or trends that indicate possible misuse or overuse of restraint should be flagged for further investigation.
3. Regulatory Reference:
    - CQC Regulation 17: Good governance – ensuring proper reporting mechanisms are in place for restraint incidents.
    - CQC Regulation 13: Safeguarding service users from abuse and improper treatment – ensuring incidents of restraint are reported and investigated.
    - NICE Guidelines NG10: Violence and aggression – ensuring restraint is documented and monitored.

20. FORMS

1. Restraint Incident Report Form

Purpose: To document any incidents where restraint has been applied.

Sections:

- Incident Details:
  - Date of Incident: [_____]
  - Time of Incident: [_____]
  - Location: [_____]
  - Service User Details:
    - Name: [_____]
    - DOB: [_____]
    - ID Number: [_____]
  - Staff Involved:
    - Name(s): [_____]
    - Role(s): [_____]
- Restraint Type (tick applicable box):
  - ☐ Physical
  - ☐ Mechanical
  - ☐ Chemical
  - ☐ Environmental
- Reason for Restraint (tick applicable box):
  - ☐ To prevent harm to self
  - ☐ To prevent harm to others
  - ☐ Other (please specify): [_____]
- Duration of Restraint:
  - Start time: [_____]

    - End time: [_____]
- Monitoring During Restraint:
    - ☐ Health monitoring (tick if applicable)
    - ☐ Staff assessment: [_____]
    - ☐ Other (please specify): [_____]
- Debriefing After Restraint:
    - ☐ Service user debriefed
    - ☐ Staff debriefed
    - ☐ Caregiver/advocate involved
    - Comments: [_____]
- Follow-up Actions/Reviews (tick all applicable):
    - ☐ Review care plan
    - ☐ Review behaviour support plan
    - ☐ Staff training recommended
    - ☐ Additional support needed
- Signature:
    - Staff member: [_____]
    - Date: [_____]

2. Risk Assessment and Behaviour Support Plan

Purpose: To assess behavioural risks and develop a personalized support plan to manage restraint.

Sections:

- Service User Information:
  - Name: [_____]
  - Date of Birth: [_____]
  - Primary Diagnosis: [_____]
- Behavioural Risk Assessment:
  - Triggering Events:
    - ☐ Aggression
    - ☐ Self-harm
    - ☐ Disruption to environment
    - ☐ Other (specify): [_____]
  - Behavioural Risks:
    - ☐ Risk to self
    - ☐ Risk to others
    - ☐ Property damage
    - ☐ Other (specify): [_____]
- Support Strategies (Non-Restrictive):
  - De-escalation Techniques:
    - ☐ Verbal interventions
    - ☐ Calming environment
    - ☐ Distraction activities
    - ☐ Other (specify): [_____]

- Preventive Measures:
  - ☐ Staff-to-service user ratio
  - ☐ Adjustments to the environment
  - ☐ Alternative communication methods
  - ☐ Other (specify): [_____]

- Restraint (if required):
  - Type of Restraint to Use (if necessary):
    - ☐ Physical
    - ☐ Mechanical
    - ☐ Chemical
    - ☐ Environmental
  - Approval Process for Restraint:
    - Who can authorize: [_____]
    - Approval criteria: [_____]

- Sign-off and Review:
  - Initial assessment completed by: [_____]
  - Review Date: [_____]
  - Signature of Authorized Personnel: [_____]

3. Consent Form for Restraint

Purpose: To ensure that consent (or best interest decisions) is obtained before any restraint is applied.

Sections:

- Service User Information:
    - Name: [_____]
    - DOB: [_____]
    - ID Number: [_____]
- Consent for Restraint:
    - ☐ I consent to the use of restraint if deemed necessary in accordance with my care plan.
    - ☐ I am unable to provide consent. I understand that restraint will be used only in my best interest, as per the Mental Capacity Act 2005.
- Caregiver/Guardian Involvement:
    - ☐ Caregiver/Guardian has been informed and consents to the use of restraint.
    - ☐ Caregiver/Guardian has been informed but does not consent (please specify reasons): [_____]
- Staff Signature:
    - Name: [_____]
    - Role: [_____]
    - Date: [_____]

4. Staff Training Record

Purpose: To track training completed by staff members, ensuring they are equipped with the necessary skills to use restraint safely and appropriately.

Sections:

- Staff Information:
    - Name: [_____]
    - Role: [_____]
    - Training Date: [_____]
- Training Modules Completed:
    - ☐ De-escalation techniques
    - ☐ Safe restraint techniques
    - ☐ Conflict resolution
    - ☐ Person-centred care
    - ☐ Other (specify): [_____]
- Certification:
    - ☐ Certificate issued
    - ☐ Certificate valid until: [_____]
    - Trainer's Name: [_____]
    - Feedback and Additional Comments: [_____]

5. Post-Incident Care Plan Update Form

Purpose: To update the care plan following a restraint incident, ensuring continuous care planning.

Sections:

- Service User Information:
  - Name: [_____]
  - DOB: [_____]
  - Incident Date: [_____]
- Review of Care Plan:
  - ☐ Update behaviour support plan
  - ☐ Adjust preventive measures
  - ☐ Review staffing ratio
  - ☐ Provide additional support (e.g., therapist, advocate)
- Reason for Care Plan Update:
  - ☐ Recurrent challenging behaviour
  - ☐ New triggers identified
  - ☐ Additional support required
  - ☐ Other (specify): [_____]
- Caregiver/Guardian Consultation:
  - ☐ Caregiver consulted
  - ☐ Feedback from caregiver: [_____]
- Staff Signature:
  - Name: [_____]
  - Role: [_____]
  - Date: [_____]

6. Restraint Monitoring and Review Form

Purpose: To monitor restraint practices and review trends, ensuring continuous improvement.

Sections:

- Restraint Incident Summary:
    - Date of Incident: [_____]
    - Service User Name: [_____]
    - Type of Restraint Used: [_____]
    - Duration: [_____]
- Review Findings:
    - Was the restraint applied appropriately? [ ] Yes [ ] No
    - Was it used as a last resort? [ ] Yes [ ] No
    - Was the restraint proportional? [ ] Yes [ ] No
    - Were there any injuries or harm? [ ] Yes [ ] No
    - Other concerns: [_____]
- Recommendations for Change (if any):
    - ☐ Update care plan
    - ☐ Additional training required
    - ☐ Policy review
    - ☐ Other (specify): [_____]
- Follow-up Actions:
    - Assigned to: [_____]
    - Follow-up date: [_____]

7. Advocacy Consultation Form

Purpose: To document consultations with advocates when restraint is used or planned.

Sections:

- Service User Information:
    - Name: [_____]
    - Date of Birth: [_____]
    - Care Plan Updated: [ ] Yes [ ] No
- Advocate Information:
    - Name: [_____]
    - Organization (if applicable): [_____]
    - Role: [_____]
- Details of Consultation:
    - Was the advocate involved in the decision for restraint? [ ] Yes [ ] No
    - Was consent obtained from the advocate? [ ] Yes [ ] No
    - Comments: [_____]
- Signature:
    - Advocate's Name: [_____]
    - Date: [_____]

8. Behavioural Trigger Log

Purpose: To track specific behavioural triggers that could lead to restraint, helping staff manage difficult situations effectively.

Sections:

- Service User Name: [_____]
- Behavioural Trigger:
  - ☐ Anger
  - ☐ Anxiety
  - ☐ Sensory overload
  - ☐ Other (specify): [_____]
- Frequency of Trigger:
  - ☐ Daily
  - ☐ Weekly
  - ☐ Occasional
- Actions Taken:
  - ☐ Verbal de-escalation
  - ☐ Time-out or calming space
  - ☐ Sensory support
  - ☐ Other (specify): [_____]
- Outcome:
  - ☐ Restraint applied
  - ☐ No restraint needed
  - ☐ Other (specify): [_____]

9. Restraint Risk Management Plan

Purpose: To outline how risks associated with restraint are managed and minimized.

Sections:

- Service User Information:
  - Name: [_____]
  - Care Plan Update Date: [_____]
- Risk Assessment:
  - Risk to Service User:
    - ☐ Physical injury
    - ☐ Psychological harm
    - ☐ Increased aggression
    - ☐ Other (specify): [_____]
  - Risk to Staff:
    - ☐ Physical injury
    - ☐ Psychological harm
    - ☐ Risk of litigation
    - ☐ Other (specify): [_____]
- Mitigation Strategies:
  - ☐ De-escalation techniques
  - ☐ Safe holding techniques
  - ☐ Psychological support post-restraint
  - ☐ Use of monitoring technology
- Sign-off by Senior Staff:
  - Name: [_____]
  - Role: [_____]
  - Date: [_____]

10. Emergency Restraint Use Form

Purpose: To capture details of emergency restraint situations, ensuring proper documentation and review.

Sections:

- Service User Details:
  - Name: [_____]
  - Incident Date: [_____]
- Details of Emergency:
  - ☐ Service user at risk of harm to self
  - ☐ Service user at risk of harm to others
  - ☐ Uncontrolled aggression or violence
  - ☐ Other (specify): [_____]
- Type of Restraint Applied:
  - ☐ Physical
  - ☐ Mechanical
  - ☐ Chemical
  - ☐ Environmental
- Duration of Restraint:
  - Start time: [_____]
  - End time: [_____]
- Immediate Follow-up Actions:
  - ☐ Debriefing with service user
  - ☐ Incident review
  - ☐ Report to safeguarding team
  - ☐ Update care plan
- Signature:
  - Staff Member Name: [_____]

- Role: [_____]
- Date: [_____]

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Additional Resources

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