

Counsel and Care

Residents taking risks

Minimising the use of restraint - A guide for care homes

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Responsibly taking risks is a part of normal life. People who move into care and homes have the same rights as everyone else to make decisions about how they live their lives. We all enjoy taking some risks, even if we know we may put ourselves in a certain amount of danger. Care homes can never be totally risk-free and those that don't allow residents to take any risks are very dull places.

People in homes also have the right to be safe. Most residents are very vulnerable. Often they have come to live in the home because they are frightened of living in their own home. They accept that it is part of the staff's duty to protect them even if this involves losing some of their independence. Sometimes, protecting a resident from harm may involve stopping them from doing something they appear to want to do. No matter how you do this, you are using some form of restraint. In some circumstances it is right to use restraint, it can keep residents or staff safe and may improve the resident's quality of life. However, restraint must be used carefully and only when it is appropriate. Moving into a care home does not mean that residents have given you permission to limit their movements and reduce their freedom without very good reason.

Providing a reasonable level of safety and supporting a good quality of life involves striking a delicate balance. In preparing this guide we have set out to build on previous publications, to improve understanding on the topic and to influence care practices.

Your feedback will be valuable in shaping future work.

The legal position

- The laws that cover England, Scotland, Wales and Northern Ireland see no difference between an older person living in their own home and an older person living in a care home.
- The law assumes that people can make decisions for themselves unless it is proved otherwise.
- Relatives do not have the legal right to make decisions for a resident.
- You should not use a resident's medical diagnosis to make assumptions about their ability to make decisions.
- You need to think about the seriousness of the decision when you are looking at a resident's ability to make it.

What is a risk?

Bearing in mind that residents of care homes have the same rights as people living in their own homes, you must be able to justify limiting a resident's movements or freedom every time you do so. You must be able to show that you have thought carefully about your actions and considered all the alternatives first.

You must judge how serious a risk the resident is running or the risk to other people, and the likelihood of somebody coming to serious harm. Along with residents, relatives, social services, the doctor and anyone else involved, care homes must decide when a risk becomes unacceptable. If there is a high risk of a resident being seriously harmed, you should

consider restraining them. If there is a low risk of a resident being seriously harmed, you may judge that the risk is acceptable. If a resident's behaviour is putting other people at risk, you may want to consider restraint even if the risk of serious harm is low.

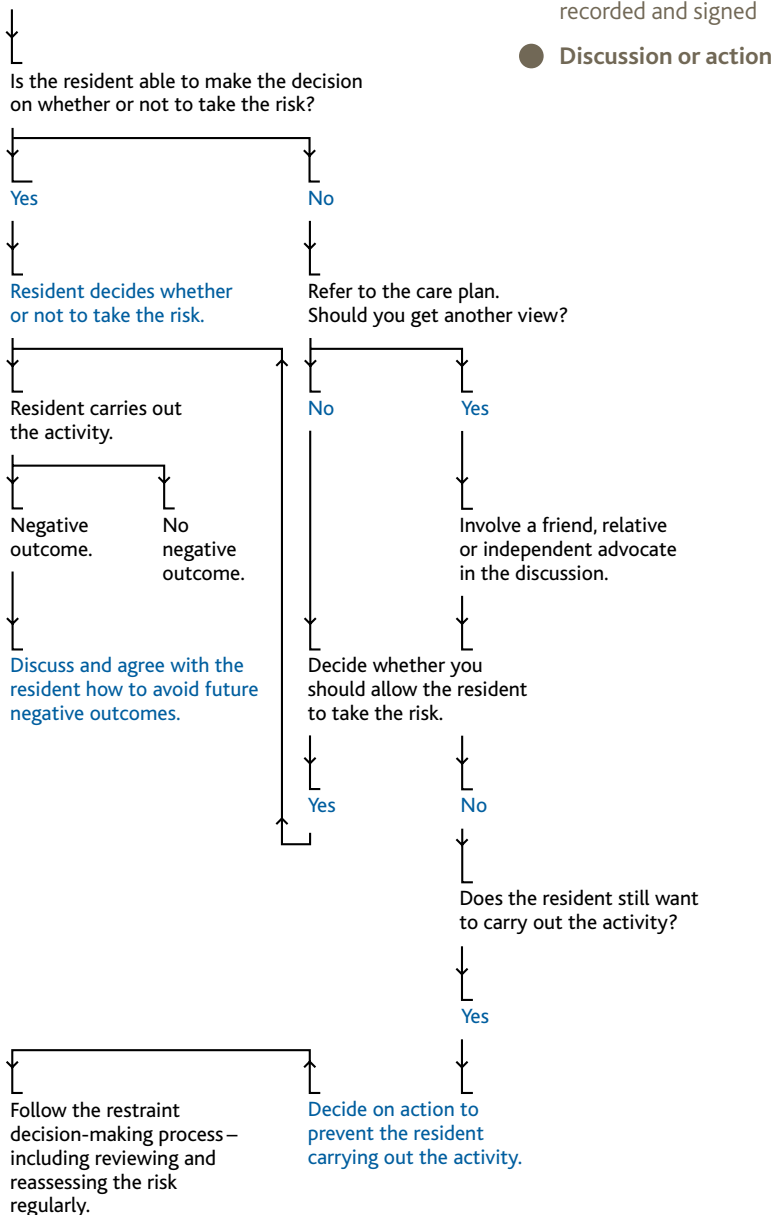


Assessing the level of risk

Carrying out a risk assessment will help you to take responsible decisions about a course of action (for example, allowing a resident to deal with their own medication, go out alone or bathe alone). You can do this by looking at the risks involved and weighing them against the potential benefits of allowing the course of action.

Flowchart to help assess the level of risk

Identify the risk.





Principles of care relating to residents taking risks

Planning a resident's care is vital in achieving a balance between safety and taking risks. Whenever anyone comes to live in your care home, everyone interested in their care should agree a care plan with them. And, before they move in, everyone involved must understand your policy on residents taking risks, so there is less chance of a disagreement in the future.

- As far as possible, the residents of a care home have the right to live their lives as they choose.
- Decisions about risks are a balance between the resident's right to independence and their abilities.
- Whenever anyone comes to live in your home, you should agree a thorough care plan for them. Include full details about when you should start to assess their level of risk.
- If the resident understands the risk to themselves, and their action does not put other residents or care staff at serious risk, you should allow them to take the risk.
- You should only restrain a resident if it is clear that the danger to themselves or others outweighs the effect of them losing their freedom.



Who makes decisions about care?

People do not give up their right to make their own decisions when they go into a home. You should encourage residents to continue to make decisions about their own lives, and you should only discuss those decisions with other people, such as relatives, if they give you their permission. Sometimes a resident will make it clear that they do not want a particular person involved in their care, and you must respect the resident's wishes.

If the resident is confused or unable to make a decision, you should still discuss the decision with them as far as possible. Confused residents may have periods when they think clearly, or may express their feelings in different ways, and it is up to you to try to understand them.

Although relatives should not make decisions for a resident, they will have a great deal of influence over the care the resident receives. Some relatives are particularly anxious about their loved one taking risks. They can underestimate the physical and mental abilities of residents, especially if they came to live in the home after a serious illness or an accident. Relatives may ask you to use cot sides or bed rails even if there is very little risk of the resident falling out of bed, or they may not want the resident to bathe alone for fear of an accident. You should work closely with relatives and take into account their reasonable concerns about the resident taking risks. If appropriate, consult them during the risk assessment, but you must be firm and refuse to place unnecessary restrictions on residents.

Misunderstandings and conflicts can arise if you don't involve relatives when you are making decisions about the care of the resident. So it is important that you consult relatives when you are planning care, and that you clearly explain your policies.

Encouraging risk

When you are deciding whether a risk is acceptable, you must be clear about what you are trying to achieve. You must strike a balance between the resident's right to live an independent life and their safety and the safety of those around them. You should encourage residents to take control over their daily affairs, and promote a full and fulfilling life for your residents. In a way, it is your job to encourage residents to take a certain level of risk. Some residents won't want to take more control. But if you give them the opportunities, they can make their own decisions.

- Is it a problem?
- Why is it a problem?
- Who is it a problem for?
- Is the person with the problem behaviour trying to tell us something?
- How can the problem be resolved in a way which most enhances the person's quality of life?

*Kitwood
and Bredin
1992*

Restraint is the last resort

Assessing and taking risks is not just about residents wanting to do things which may harm them or others. For some residents there is a degree of risk in walking if they are very frail, in being in an ordinary bed if they have fallen out of bed in the past, or in living in a home with unlocked doors if they are confused and tend to wander.

In most cases, using physical restraint is against the law. You should only consider physically restraining a resident if a risk assessment shows that an activity they are carrying out is causing a risk which outweighs their right to independence. A good care home will always look at alternatives to using physical restraint.

Alternatives to restraint

Restraint is most often used against people with dementia – the people who have the most difficulty in communicating their feelings and needs to us. Consider whether the resident may be trying to communicate a need or a worry through their behaviour. Most older people have to get out of bed at least once a night to go to the toilet. A resident who tries to leave the home might be used to going for a walk every day. An aggressive resident might be frightened because they don't recognise the staff or the home they are in. Treat any behaviour from a resident with dementia as an attempt to communicate, rather than as a problem you have to manage.

You should think about who the behaviour is a problem for. If you can't understand the behaviour and the resident is not distressed, there may be no harm in letting them carry on. But if the resident's behaviour is affecting the quality of life of others, or is a threat to them or other residents or staff, you will need to consider safety measures which include a degree of restraint. You must never restrain a resident because it makes things easier for staff.

Homes should always consider the least restrictive measure first. Distracting a resident from an activity which has unacceptable risks is often a simple, although time-consuming method. A secure garden might mean the home does not need to lock its doors, and a lower bed might help if the resident is at risk of falling. When making decisions about how to control risk, always think about how you can maintain the dignity and independence of each resident as far as possible.

What do staff need?

- An understanding of the home's risk-taking policy.
- A knowledge of who to consult when they are making decisions.
- Confidence in the way the home is managed.
- A clear understanding of residents' health issues.
- Time to discuss issues with the staff team and managers.
- A clear understanding of the inspection unit's attitude to allowing residents to take risks.
- The backing of their employers.



What do we mean by restraint?

When you think about restraint, you might think about locked doors or people being tied into chairs or onto beds. But there are many other ways that staff in homes stop people doing what they want to do which they might not think of as restraint.

Distracting someone who is trying to leave the home, or leading them away from a door, can be thought of as a way of restraining them because you are stopping them from doing what they want to do. But these are much better ways of solving a problem than other, more restrictive approaches.

Some ways of stopping people doing what they want to do have less of an effect than others on the residents' independence and quality of life. Some will have the same effect on all residents, regardless of whether all residents are at risk. Some methods will seem like sensible precautions when dealing with vulnerable people. Others will be considered unacceptable in many homes.

Think about how you work. Do you ever tell residents to sit down and stop what they are doing? Do you ever tell residents to wait if they ask to go to the toilet or to their bedroom?

Do you lead residents away from areas of the home where you don't want them to go? Why do you do this?

Whatever way you deal with residents with challenging behaviour, make sure that you are following a plan of action agreed in **their** best interests. Don't stop someone doing what they want to simply because it makes your work easier.

Examples of methods of restraint which limit residents' freedom to come and go as they please.

- Attaching a tagging device to a resident's body or clothing.
- Alarms which warn staff if a resident leaves the building.
- Surveillance cameras in and around the building.

Examples of restraint which will affect all residents.

- Locks on the inside and outside of doors.
- Digital and coded locks on doors.
- Handles which make it difficult for residents to open doors.
- Rules about when and how rooms in the building are used.
- Enclosed gardens, fences and locked gates.

Examples of direct physical restraint on a single resident's movement.

- Furniture which is designed to restrain residents.
- Furniture which you have adapted to restrain residents.
- Bed rails or cot sides.
- Using drugs to control a resident's behaviour.



The importance of planning

Be open with residents and their relatives about the aims of your home, about the risk-taking policy and under what circumstances restraint will be considered. Encourage them to think of the home as somewhere residents get a new opportunity for a fulfilling life. Plan properly and take decisions seriously. Include residents, relatives, and other interested people in the planning process and be consistent in following the home's procedures and guidelines. You will see staff in other homes blamed if a resident falls or goes missing, but don't let the fear this creates affect the way you treat the residents.

When restraint increases the risk

Some methods of physical restraint can put the resident in more danger than the actions they

are designed to prevent. Chairs which tip back to prevent the resident from getting out of them easily often encourage the resident to slide or climb out. Residents can get trapped under bed rails or cot sides. People who find themselves imprisoned by a chair, table or bed are likely to struggle to get free. Furniture which has been designed and used to protect residents from harm often ends up causing them serious physical injury as they try to slide under tables attached to chairs and over high bed rails.

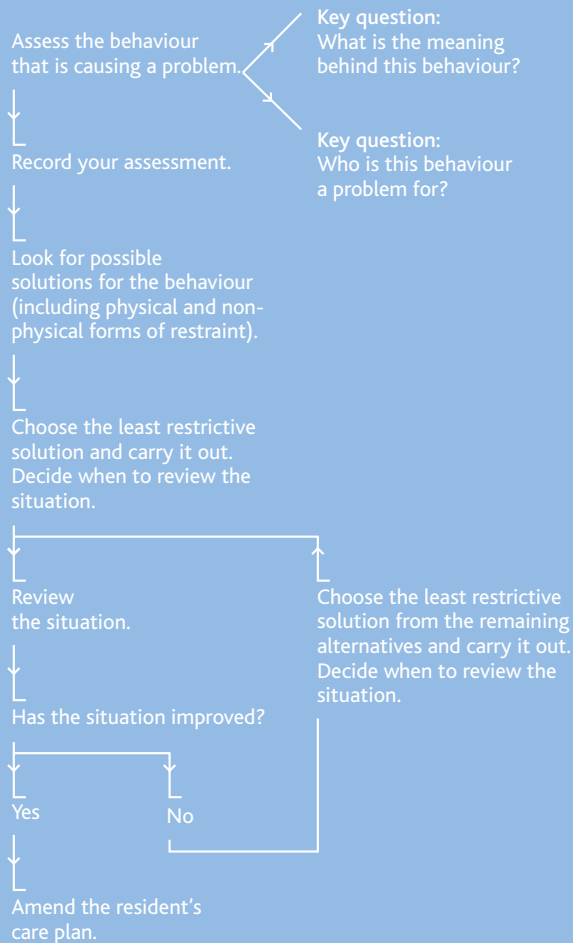
If you are at risk

All homes which offer care to vulnerable people, particularly those with mental-health problems, must be aware that there may be situations when they have to physically restrain a resident who is

violent or who is threatening them. When you are deciding your home's policy on using restraint, you must think about your residents' needs and the particular challenges at your home. You may be faced with physical aggression from residents, but you will almost certainly be younger, stronger and more agile than your attacker. There may be situations, however, where you could be at risk of injury from residents. In most instances your best course of action is to leave the room. But if you have to physically restrain a resident you must use as little force as possible and bear in mind the resident's age and health, and how frail they are.

Restraint decision-making process

We have adapted this flowchart from 'Restraint Revisited – Rights, Risk and Responsibility. Guidance for nurses working with older people', issued by the Royal College of Nursing.



What you should consider when you are deciding what action to take to protect residents who are at risk

- Is the focus of the discussion the staff's responsibilities to residents rather than reducing their workload?
- Are you only considering the action as an alternative to employing more staff?
- Will the action restrict other residents as well?
- Will the action improve the resident's ability to lead a 'normal' life?
- Is the action considered acceptable by society?



Suggested format for risk assessment form

Activity:

What risks could the activity cause the resident? Assess the risk by deciding if there is low, moderate or high risk of serious harm.

What positive outcomes might there be of the resident carrying out the activity?

What risks might the activity cause for other residents and staff? Assess the risk by deciding if there is low, moderate or high risk of serious harm.

Is the risk suitably controlled? If yes, what precautions are already in place to help to reduce the risk? If no, what further action is necessary to control the risk?

Action needed following risk assessment

Who will take the action?

Date the action must be carried out by

/ /
/ /
/ /
/ /
/ /
/ /

Resident's view

Relative's or representative's view (where relevant)

Signatures:

Date: / /

Date of review: / /

Resident:

Relative or representative:
(where relevant)

Manager:

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Our pledges

- We will recognise and honour the contribution older people have made to our society and we will work, with others, to give them the standard of care and help that they deserve.
- We will work to educate and inform people who work with, and care for, older people, so that standards of care and service are improved.
- We will put pressure on national and local government to treat older people's issues as a priority.
- We will campaign on issues that directly affect the quality of life of older people in our society.
- We will continue to make grants to try and help the many older people who live on a low income.

Vision and mission

Our vision

is for a society where older people are valued and respected, where they have choice and control over their lives and, when they need help, our vision is for it to be delivered in an appropriate and supportive way

Our mission

is to make these hopes a reality by providing direct services to older people that give them the support they need to make informed choices. We do this by:

- providing advice, information and ongoing support;
- researching and developing new services that increase choice;
- providing training and support that improves the quality of care; and
- campaigning for improvements in laws and services which affect older people

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C O U N S E L A N D C A R E
Advice and help for older people