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Author(s) <i>(name and designation)</i>	Kelly Chequer, Older Person's Mental Health Nurse Consultant
Sponsor	Hilary Lloyd, Director of Nursing, Midwifery, AHPs & Quality
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Version Control

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Blanket Restrictions

1 Introduction

This policy has been created to allow Gateshead Health NHS Foundation Trust (GHNFT) to have a transparent and open view of the Blanket Restrictions in place, and to allow an effective review process for monitoring compliance.

Blanket restrictions are sometimes needed in order to ensure safety within service areas operated by GHNFT. However, such restrictions have a huge impact on people's lives and can potentially violate Article 8 of the European Convention on Human Rights (ECHR), which requires public authorities to respect person's right to a private life.

2 Policy scope

This is a Trust wide policy and applies to all areas in which the Trust supports and admits people with mental health problems or people who may be deprived of their liberty. This could be in wards and also community settings.

3 Aim of policy

This policy is in place to ensure that GHNFT fulfils its legal and good practice obligations in relation to blanket restrictions, with the aim of reducing them to a minimum.

Ch. 1.6 Mental Health Act Code of Practice (MHA CoP) states:

Restrictions that apply to all patients in a particular setting (blanket or global restrictions) should be avoided. There may be settings where there will be restrictions on all patients that are necessary for their safety or for that of others. Any such restrictions should have a clear justification for the particular hospital, group or ward to which they apply. Blanket restrictions should never be for the convenience of the provider. Any such restrictions should be agreed by hospital managers, in this context it means the Directors of the Board, be documented with the reasons for such restrictions clearly described and subject to governance procedures that exist in the relevant organisation.

In addition, Chapter 8 of (MHA CoP) is concerned with privacy, safety and dignity, including the duty of public authorities to respect patients' rights to a private life under Article 8 of the European Convention of Human Rights (ECHR). It pays particular attention to the practice of implementing blanket restrictions.

No form of blanket restriction should be implemented unless expressly authorised on the basis of the organisations policy and subject to local accountability and governance arrangements (Ch 8.9 MHA CoP).

This policy describes how the Trust will meet the requirements of the MHA CoP with regard to blanket restrictions, when these are unavoidable.

The purpose of the policy is to ensure that the Trust fulfils its legal and good practice obligations in relation to blanket restrictions, with the aim of reducing them to a minimum. The policy aims to support a culture where services are open and honest about the blanket restrictions that they employ and to ensure a proper process of consideration and documentation is applied to each such restriction.

4 Duties (roles and responsibilities)

All team managers are responsible for ensuring that the policy is fully implemented within the ward environment/the team/the department that they manage. They must ensure that the policy is readily available to all staff at all times. Managers must ensure that the recording and auditing is completed in line with this policy. Managers must respond appropriately to any concerns regarding the implementation of this policy within their service area.

All staff members are responsible for ensuring that their practice is safe and is provided in accordance with current legislative frameworks. All staff members are required to ensure they (and anyone they line manage) abide by GHNFT requirements as set out in this policy.

5 Definitions

Blanket Restrictions

The term blanket restrictions refers to rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application (Ch. 8.5, MHA CoP). Blanket restrictions as defined in MHA CoP include restrictions concerning: access to the outside world, access to the internet, access to (or banning) mobile phones and chargers, incoming or outgoing mail, visiting hours, access to money or the ability to make personal purchases, or taking part in preferred activities. Such practices have no basis in national guidance or best practice; they promote neither independence nor recovery, and may breach a patient's human rights (Ch 8.7 MHA CoP). This definition is to be applied to all service areas within the Trust, not just hospital wards.

6 Main Body of the policy

The specific processes that should be followed are set out below, and (in summary) in the flowchart Appendix 1 of this policy. These are based on the following principles and legal frameworks.

6.1 General Principles

Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals. The impact of a blanket restriction on each service user should be considered and documented in the patients' record (Ch 8.5 MHA CoP).

Sometimes restrictions are needed for risk management in relation to one or more service users, resulting in blanket restrictions which unnecessarily impact on others who do not need such restrictions. For the other individuals affected, consideration should be given to how they are affected by these restriction, whether these effects could be mitigated and the legal frameworks that are being used (see below). It may be appropriate to consider whether it is still appropriate for these individuals to share an environment.

Restrictions should never be introduced or applied in order to punish or humiliate but only ever as a proportionate and measured response to an identified and documented risk; they should be applied for no longer than can be shown to be necessary (Ch 8.6 MHA CoP).

6.2 Prohibited Items and Searching

Within Mental Health Ward Operational Policies, there is an agreed list of items not allowed in ward areas (lighters/matches and fire hazard materials; illicit drugs/substances; alcohol; medication

from home; weapons; sharp instruments; rope; pornographic materials; violent/racist materials). By local agreement, other items may be added to this list.

If there is cause to search a detained patient or their belongings or surroundings, the search must be done in accordance with OP52 Patients Monies and Property Policy - Removal of offensive weapons or illegal drugs (6.1.4) and Ch 8.29 – 8.46 MHA CoP. Authority to search must be sought.

Any private property that is legal to possess, but is handed over by the patient for safe keeping, must be stored and the patient allowed to have access to it in accordance with Ch 8.24 MHA CoP and OP52 Patients Monies and Property Policy.

Please refer to the relevant policies for the management of property that is illegal to possess, such as MH30 Misuse of Alcohol and/or Illicit Substances within Psychiatric Inpatient Service and offensive weapons within OP52 Patients Monies and Property Policy. Seek advice from the Local Security Management Specialist / Safeguarding Leads with regard to other potentially illegal items, and report any weapons / illicit substance related incidents.

Do not destroy or dispose of any property without specific permission from a relevant manager.

6.3 Legal Frameworks

For informal patients, their consent is required for their care and treatment i.e. restrictions blanket or otherwise would be authorised by a patient's capacitous consent. For detained patients the legal authority to impose restrictions, blanket or otherwise would come from either the patient themselves or the Mental Health Act 1983 (MHA). Where a patient lacks capacity in respect of understanding the restrictions, blanket or otherwise are necessary due to their mental disorder the legal authority would come from the MHA. For restrictions not related to mental disorder the legal authority would come from the Mental Capacity Act 2005 (MCA) in Best Interest. If blanket restrictions amount to a deprivation of liberty as defined by the 'acid test' set in the Cheshire West case (i.e. subject to continuous supervision and control and not free to leave) those subject to them must have their deprivation of liberty authorised by detention under the MHA (if they are in hospital), or by Deprivation of Liberty Safeguards (DoLS) under the MCA (if they are in hospital and eligible for DoLS or a registered care home) or an order made by the Court of Protection.

6.4 The CQC Brief Guide for Inspection Teams

The Use of Blanket Restrictions in Mental Health Wards - https://www.cqc.org.uk/sites/default/files/20180502_900767_briefguide-blanket_restrictions_Mental_Health_Wards_v2.pdf

states that banning of the following 'prohibited' or 'contraband' items should not be challenged as a Blanket Restriction. This is not an exhaustive list.

- Alcohol and drugs or substances not prescribed
- Items used as weapons (firearms, real or replica, knives, other sharps, bats)
- Fire hazard items (flammable liquids, matches, incense)
- Pornographic material
- Material that incites violence or racial/cultural, religious/gender hatred
- Clingfilm, foil, chewing gum, blu-tack, plastic bags, rope, metal clothes hangers
- Laser pens
- Animals
- Equipment that can record moving or still images with the exception of mobile phones (i.e. Camera, web cameras).
- Smoke-free policies are deemed to be justifiable blanket restrictions

6.5 Identification and documentation of Blanket Restrictions **(see appendix 1)**

Each in-patient ward will have a register detailing any Trust wide blanket restrictions in place in that location and this will be available on the Trust Intranet (Pandora) under the Blanket Restrictions section.

Any Trust wide blanket restrictions will have an underpinning rationale and will have been considered and approved.

Each area will maintain a blanket restrictions register of any blanket restrictions and this will be available to patients and carers **(see appendix 3)**.

In the event that a practice is newly identified as a blanket restriction via the the flow chart for identification of a blanket restriction **(appendix 1)**, the Management and Governance Escalation process flow chart **(appendix 2)** should also be followed. If it is not immediately necessary to apply the restriction in a blanket fashion, ensure that it is only applied to the patient/s whose presentation warrants the restriction. If it is immediately necessary for risk management purposes to impose the restriction in a blanket fashion and this cannot be avoided after discussion with the Mental Health Matron or Nurse Consultant, this must be authorised by Mental Health Matron or Nurse Consultant or the person deputising and a DATIX should be completed.

All patients should be informed that the restriction is in place and why as far as possible, having due regard to any issue of confidentiality. A record of this conversation should be included in the patient's clinical record if appropriate.

7 **Training**

All staff working in mental health will need to be familiar with this document. As a trust policy, all staff need to be aware of the key points that the policy covers. Staff will be made aware of it's content via any of the following:

- Team Brief
- QE Weekly
- Team Meetings
- Supervision
- Practice development days
- Performance and Quality Meetings
- Local Induction



Blanket Restrictions
Training.pptx

8 **Diversity and inclusion**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all staff and patients to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.

9 **Monitoring compliance with the policy**

In mental health services, monitoring of this of this policy will be conducted through the mental health Performance and Quality group via monthly updates. Appendix 1 departmental audit will sit within department operational policies and will be reviewed as per operational policy cycle of business review. Breaches or areas of improvement/non compliance will be added to the risk register and monitored as per risk register process.

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
Each inpatient mental health unit will have an up to date blanket restrictions audit, reviewed on a monthly basis	Review via cycle of business	Service Line Manager	Mental Health Performance and Quality Meeting	Annual Audit with actions reviewed monthly

10 Consultation and review

This policy has been developed utilising best practice guidelines and in consultation with members of the Mental Health Improvement Steering Group and the Mental Health Performance and Quality Group. It will be reviewed on a three yearly basis via Mental Health Performance and Quality Group. External consultation regarding this policy has been undertaken via sharing good practice with Northumberland Tyne and Wear NHS Foundation Trust.

11 Implementation of policy (including raising awareness)

This policy will be circulated by the Trust secretary as detailed in OP27 Policy for the development, management and authorisation of policies.

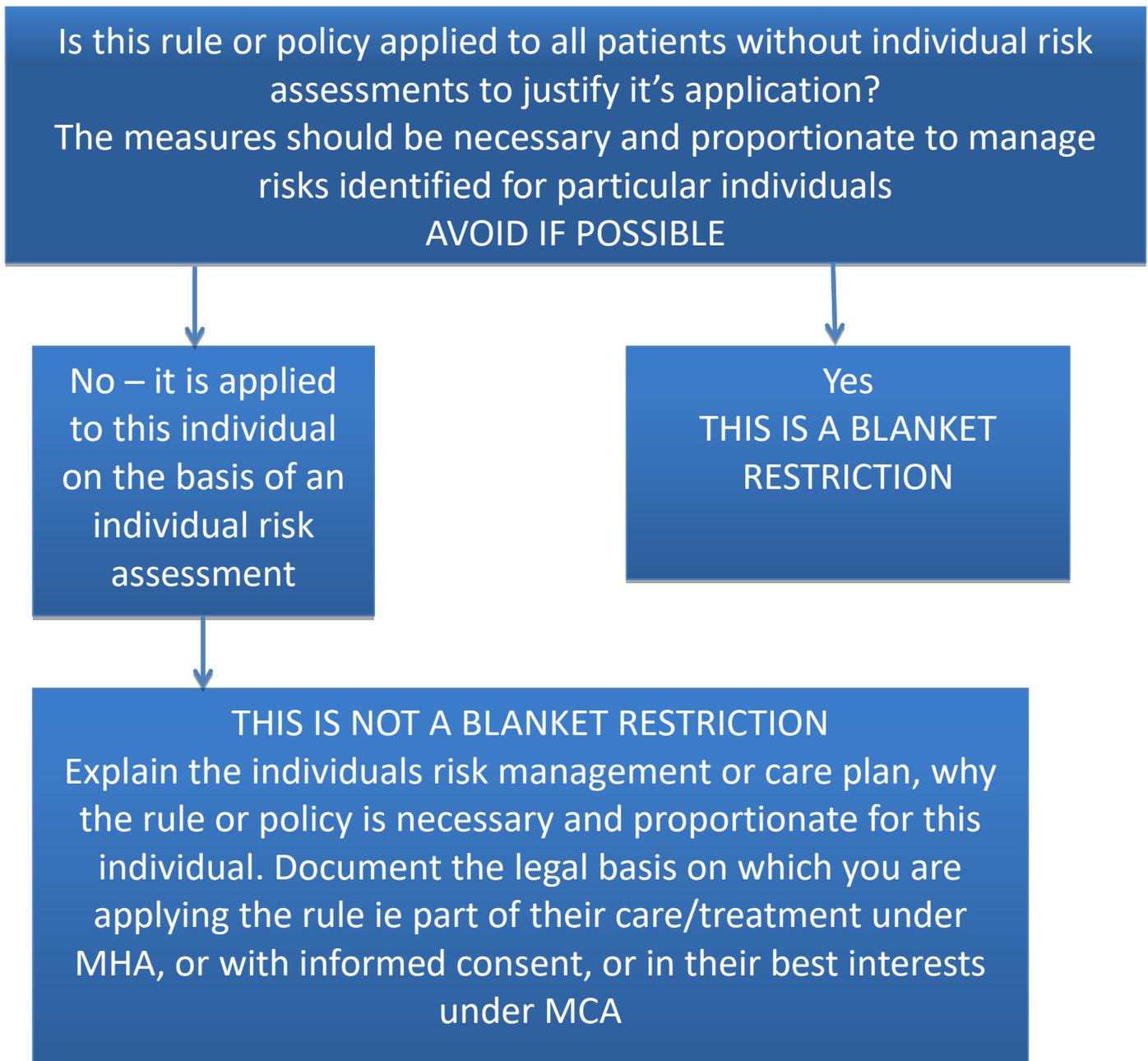
12 References

Care Quality Commission – Brief Guide – Blanket Restriction on In-Patient Wards
 Mental Health Act 1983 (MHA) and MHA Code of Practice (2015)
 Mental Capacity Act 2005 (MCA) and MCA Code of Practice
 Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) and DoLS Code of Practice
 Cheshire West and Chester Council v P [2014] UKSC 19, [2014] AC 896

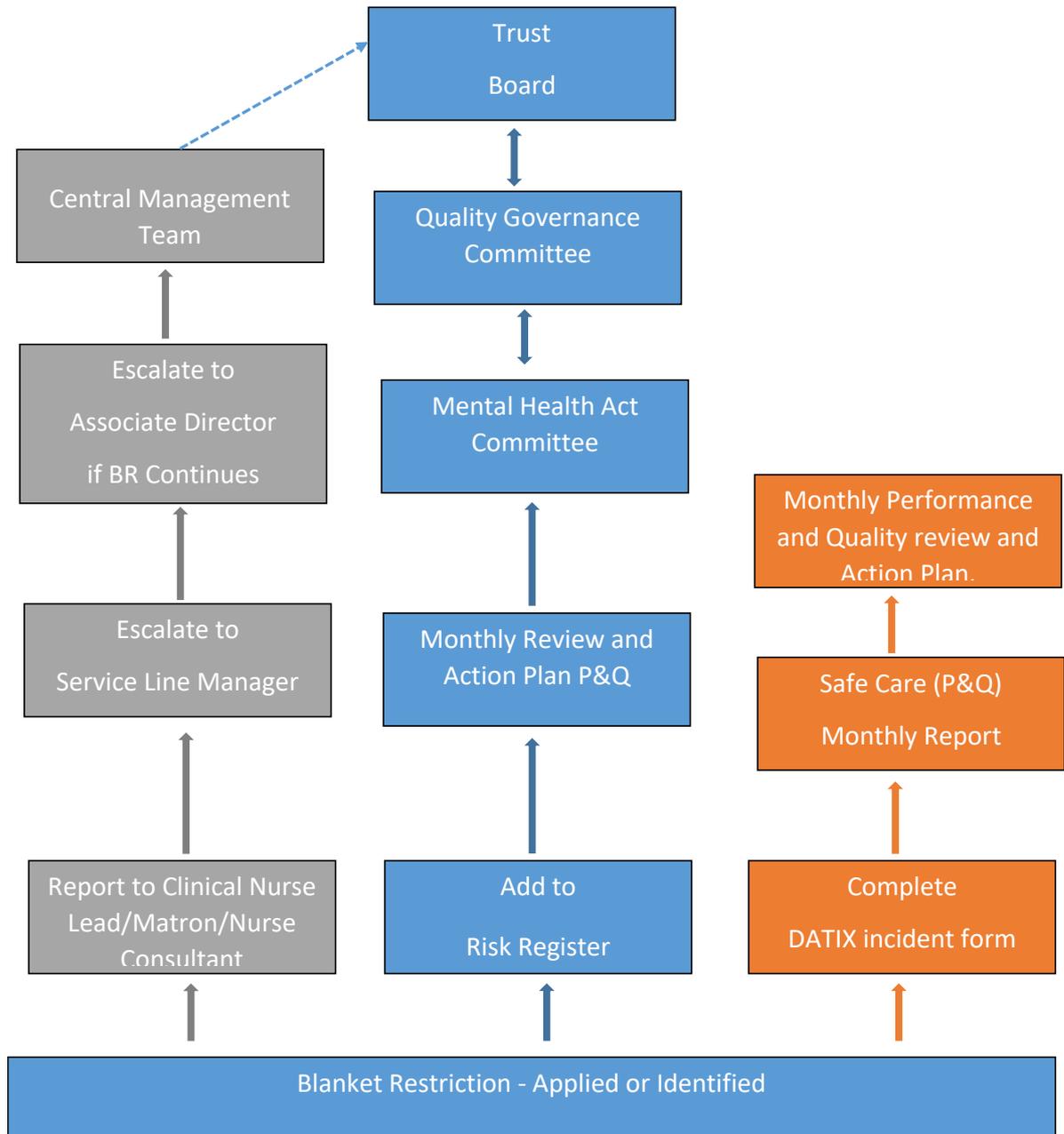
13 Associated documentation

- MH30 Misuse of Alcohol and/or Illicit Substances within Psychiatric Inpatient Service
- RM11 Security Management Policy
- OP52 Patients Monies and Property Policy
- OP75d Safeguarding Adults Policy
- RM73 Restrictive Interventions Policy

FLOWCHART – BLANKET RESTRICTIONS



Blanket Restrictions. Management and Governance Escalation Process



Restrictive Practices – Audit Tool DATE

Review Date:

Type of Blanket Restriction or Rule	Examples of Restriction on Patients	Restrictive Practice Issue 'Blanket'	Restrictions Nature RAG	Person Completing Audit	Completion Date
Drinks	<ul style="list-style-type: none"> • Only available at set times of day • Cannot make own drinks • Cannot take drinks (or certain amounts of drinks) to bedrooms 				
Food	<ul style="list-style-type: none"> • No snacks available outside of meal times • Cannot make own snack • 'Unhealthy' foods are restricted • Second helpings not available 				
Cigarettes	<ul style="list-style-type: none"> • Set number of smoking breaks during the day • Smoking break is for a rigid amount of time • Only a certain number of cigarettes are allowed • Cannot hold on to own cigarettes or lighter 				

Type of Blanket Restriction or Rule	Examples of Restriction on Patients	Restrictive Practice Issue 'Blanket'	Restrictions Nature RAG	Person Completing Audit	Completion Date
Bedroom access and bedtimes	<ul style="list-style-type: none"> • No flexibility in time to get up in the morning • Locked out of bedrooms to encourage participation in activities • Must be in bedrooms at a certain time • Locked into bedrooms • Bedroom keys not available 				
Lockable space	<ul style="list-style-type: none"> • No lockable space for personal possessions that can be accessed without asking staff for permission 				
Access to parts of ward	<ul style="list-style-type: none"> • Where there is secure outdoor space, only able to access at set times or for set periods of time • Set times for access to kitchen, quiet room • Rooms can only be used when staff are available 				
Clothing	<ul style="list-style-type: none"> • Cannot store own clothing on the ward • Not able to wear clothes of choice 				
Money and personal purchases	<ul style="list-style-type: none"> • Amount of money given to patients is very small or not enough to purchase necessities • Not able to access their own 				

Type of Blanket Restriction or Rule	Examples of Restriction on Patients	Restrictive Practice Issue 'Blanket'	Restrictions Nature RAG	Person Completing Audit	Completion Date
	money/account <ul style="list-style-type: none"> • Not able to purchase personal items when needed 				
Mail (excludes section 134 monitoring)	<ul style="list-style-type: none"> • Incoming or outgoing mail is monitored by staff • Mail is withheld by staff 				
Telephone and internet	<ul style="list-style-type: none"> • No mobile telephones allowed on ward • Chargers for mobiles are withheld • Mobiles only allowed at certain times • Length of time spent on telephone restricted • Telephone has been broken for some time and mobiles are not permitted • Telephone calls cannot be made in private • Internet use is not permitted • Length of time spent on computer / Internet restricted 				
Visiting hours	<ul style="list-style-type: none"> • Relatives / friends are only able to visit at set times • Visits to all patients cancelled by staff 				

Type of Blanket Restriction or Rule	Examples of Restriction on Patients	Restrictive Practice Issue 'Blanket'	Restrictions Nature RAG	Person Completing Audit	Completion Date
Cultural or religious needs	<ul style="list-style-type: none"> • No/limited access to a place of worship or a religious leader • No halal/kosher/vegetarian food available 				
Leave cancelled or withheld	<ul style="list-style-type: none"> • Section 17 leave cancelled or withheld • Ground leave cancelled or withheld 				
Activities	<ul style="list-style-type: none"> • No/limited access to gym or fitness classes • Activities often not available • No choice about what activities to participate in • Limited or no opportunities for people to maintain or develop new skills 				
Keys to lock bedroom door	<ul style="list-style-type: none"> • Patients not able to have a key to lock their bedroom door 				
Entry and egress to ward	<ul style="list-style-type: none"> • Locked doors • Not able to exit ward independently 				