Policy Group: Clinical
Version no.: 2.1
Date of issue: April 2026
Approved by: Policy Oversight Group

Least Restrictive Practice Policy

Contents

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	Authors and owners of this policy, those who implement and use the policy to support patients in reducing restrictive interventions/reduce blanket restrictions.
People who need to have a broad understanding of this document	Executive Team, Executive Directors, QSG members
People who need to know that this document exists	Charity-wide – Staff, patients, families/cares, advocates

1. **Policy Summary / Statement**

The policy articulates St Andrew's Healthcare commitment to reducing restrictive practices and applying the principles of Least Restrictive Practice in all aspects of service design, delivery and development. These principles are summarised in the Mental Health Act Code of Practice para 1.5 'any restrictions should be the minimum necessary to safely provide the care and treatment required having regard to whether the purpose of the restriction can be achieved in a way that is less restrictive of the person's rights and freedom of action'.

Breaking this down, restrictions are:

- Sometimes necessary to enable care and treatment that will promote recovery and independence and/or to keep people safe.
- Should be the minimum necessary to achieve that purpose.
- Reducing restrictions is not an end in and of itself but must be for the above purpose(s).

Reducing restrictions in a way that increases risk to patients and/or does not promote their recovery is, therefore, not least restrictive practice.

St Andrew's Healthcare is committed to reducing unnecessary restrictive practices, in line with the principles of the MHA Code of Practice, the Human Rights Act 1998, the Equality Act 2010, various NICE guidance and the CQC Brief Guide to Blanket Restrictions in Mental Health wards (Nov 2020). St Andrew's Healthcare is also committed to promoting the right, dignity, safety and well-being of all individuals we support and ensuring every person receives care, education and support in a manner that reflects their autonomy and independence.

This policy supports a culture of respect, accountability, and continuous improvement, ensuring that all individuals are supported in the least restrictive and most empowering manner possible.

2. **Links to Procedures**

This policy sits within the overarching Use of Force policy.

Seclusion
Enhanced Support
Long Term Segregation
Rapid Tranquillisation
Mechanical Restraint
Search
Security
Smoke Free
Health and Safety
Sexual Wellbeing & Sexual Safety

Policies and Procedures are available via A-Z:
Policies - Policies - A-Z (sharepoint.com)

3. **Scope**

This Least Restrictive Practice Policy applies to all staff employed by, engaged by, or acting on behalf of St Andrew's Healthcare. This includes, but is not limited to, permanent, temporary, agency, contract, and volunteers.

Compliance with this policy is mandatory for all staff, irrespective of position, role, or seniority, where their duties involve the provision of care, support, supervision, assessment, decision-making, or any activity that may impact individuals receiving services.

The policy further applies to managers, supervisors, and any personnel with delegated authority to approve, implement, monitor, or review restrictive practices.

Individuals receiving services, together with their families, carers, and advocates, are subject to the effects of this policy through its application in care planning, service delivery, and organisational governance.

4. **Background**

'Restrictive Practices are those that limit a person's movement, day to day activity or function' (RCN 2017)

Put simply, restrictive practices mean actions that stop a person from doing something they want to do or doing it the way they want to do it.
e.g. only allowing a person to access their bedroom at certain times of the day.

A subset of Restrictive Practices are Restrictive Interventions which are defined by the Department of Health as:

(1) 'Planned or reactive acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:
- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken.

and

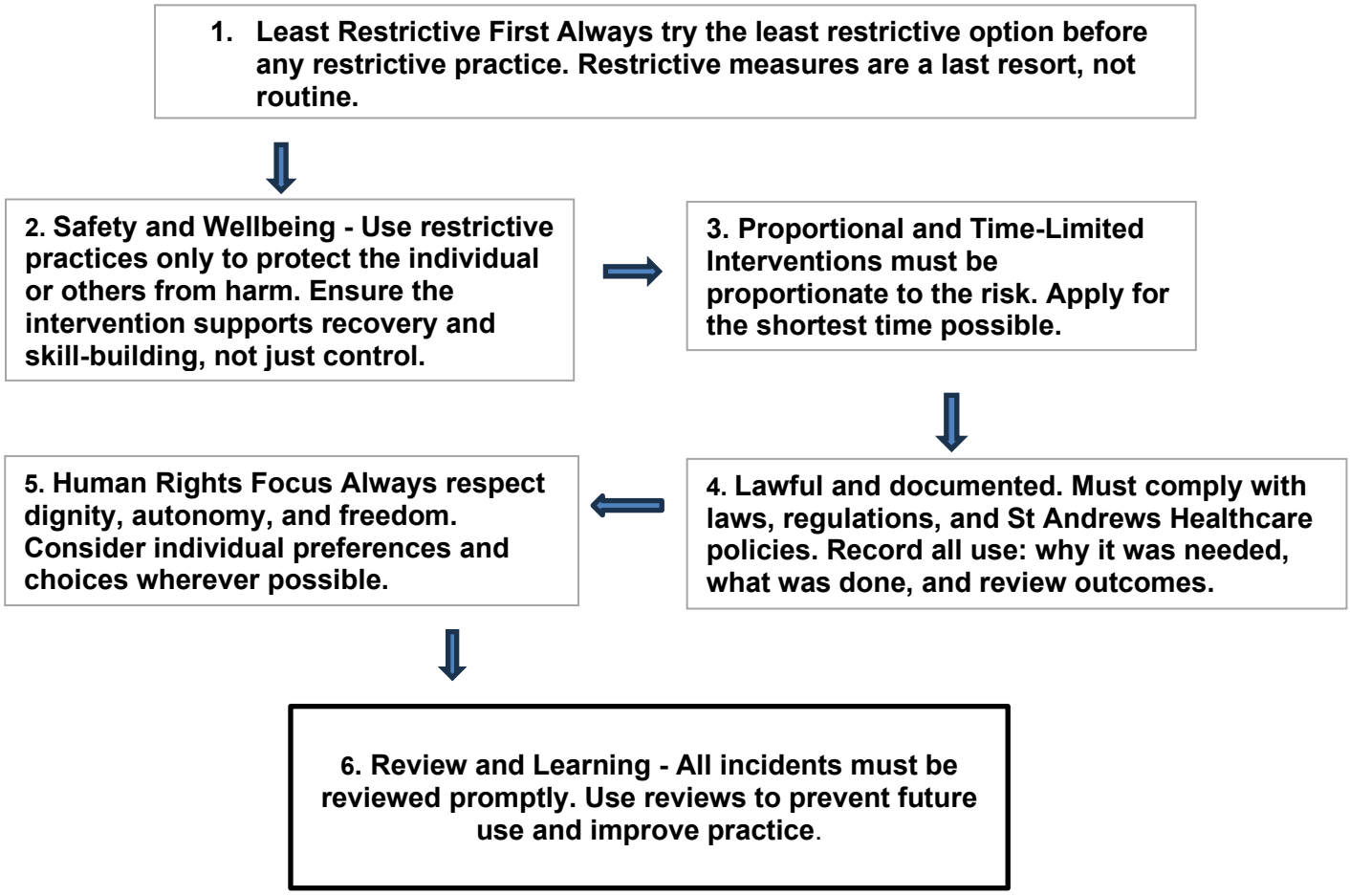
(2) end or reduce significantly the danger to the person or others.

and

(3) contain or limit the persons freedom'

Restrictive Interventions include restraint (physical, chemical and mechanical), enhanced support, seclusions and long term segregation. See Appendix A of detailed definitions that inform the Mental Health Minimum Dataset.

5. Key Requirements



5.1 Rationale for the use of restrictive practices

St Andrew's Healthcare recognises that all individuals have fundamental human rights, including the rights to dignity, autonomy, liberty, and freedom from inhuman or degrading treatment. Restrictive practices are not inherently inappropriate; however, they represent a significant interference with personal liberty and must therefore be used with caution and clear justification.

When applied lawfully and proportionately, restrictive practices may be necessary to protect the rights, safety, and wellbeing of individuals and others, and to support recovery, learning, and positive behavioural change. Their use is closely aligned with procedural security measures and professional boundaries, which are implemented to maintain safe environments and uphold duty of care obligations.

It is acknowledged that certain measures perceived as restrictive arise from procedural requirements mandated by national quality, safety, and regulatory standards. For example, search procedures within secure settings are established safeguards designed to prevent harm and protect the rights of all individuals within the service.

This is detailed in MHA Code of Practice 8.8:

"8.8 Within secure service settings some restrictions may form part of a broader package of physical, procedural and relational security measures associated with an individual's identified need for enhanced security in order to manage high levels of risk to other patients, staff and members of the public. The individual's need for such security measures should be justified to meet the admission criteria for any secure service. In any event, the application of security measures should be based on the needs of and identified risks for individual patients and impose the least restriction possible. Where individual patients in secure services are assessed as not requiring certain security measures, consideration should be given to relaxing their application, where this will not compromise the overall security of the service. Where this is not possible, consideration should also be given as to whether the patient should more appropriately be managed in a service that operates under conditions of lesser security.

5.2 Ward based Risk Assessments

Ward-based risk assessments must be clearly aligned with both health and safety requirements and the principles of least restrictive practice. The general ward environmental risk assessment should sit alongside specific ligature risk assessments for any item that is restricted, conditionally approved, or newly introduced as part of reducing restrictions. These assessments should consider potential ligature points, material strength, attachment risks, supervision requirements, individual patient risk profiles, and environmental factors. The rationale for allowing or restricting an item must be clearly documented, along with proportionate control measures.

Least restrictive practice does not mean the absence of risk management; rather, it requires that risks are assessed and reduced to the lowest reasonably practicable level while maximising therapeutic benefit and patient autonomy. Therefore, any item permitted under least restrictive practice must also be assessed through a broader health and safety and fire safety lens. This includes consideration of fire load, electrical safety, sharps risk, misuse potential, ingestion risk, and storage arrangements.

Regular review of ward-based risk assessments should be used as a core mechanism for safely, implementing least restrictive practice. By embedding health and safety processes into decisions about access to items, services can ensure that increased freedoms are supported by robust, proportionate risk management rather than blanket restrictions.

5.3 Guiding Principles of Use of Restrictive Practices and Interventions in St Andrew's Healthcare

The guiding principles of a least restrictive practice culture are:

1. They must only be used for an outcomes based therapeutic benefit and/or to keep the person and others safe; this should be within a culture of proactive support to enable positive and safe behaviour.
2. They must never be used for punishment or other non- therapeutic purpose.
3. They must be proportionate to the perceived risk of harm or the lack of therapeutic benefit that would occur if the restriction was not in place.
4. They must be necessary and a last resort i.e. there is no other way of achieving the same purpose.

5. They must be used for the shortest possible time and with the minimum force to achieve its purpose.
6. They must be done in a way that maximises privacy and dignity.
7. They must be subject to regular review, by both staff and patients and family/carers where applicable.
8. They must be individualised and appropriately care planned: their use will be based on an assessment of the individual's needs, taking account of their history, physical and psychosocial needs and preferences in order to minimise distress, trauma or risk of unintended harm.
9. Individuals who may be subject to restrictive practices will be given clear information about the range of restrictive approaches authorised and used within the service, the circumstances that govern their use and whom to complain to if there is a concern about how these measures are implemented.
10. When restrictive interventions have been applied, there should be learning from patient and staff experience, so as to help reduce the likelihood of future use of such interventions.
11. Staff should work to reduce the amount of 'blanket' bans in operation that result in restrictive practices.

5.4 **Least Restrictive Practice in Community based residential services**

A person's home must not replicate institutional restrictions unless there is a clear, lawful, and reviewed justification whereby capacity has been assessed and a relevant best interest decision is documented for each individual restriction supported by a DOLS application/ authorisation" To which the MCA and DOLS should be referenced.

Examples (non-exhaustive) such as these listed below would require consideration under the MCA/ DOLS framework:

- Locked kitchens or front doors
- Curfews
- Restrictions on visitors
- Control of money or phones
- Management of medication

The Least Restrictive Practice Policy is applied in conjunction with the Dialectical Behaviour Therapy (DBT) model to ensure that risk is managed in a therapeutic, proportionate and person-centred manner.

Restrictive measures, where required for immediate safety, are implemented as a last resort, are time-limited, and are regularly reviewed within a multidisciplinary framework, with the aim of restoring autonomy and promoting recovery at the earliest opportunity.

5.5 **Trauma-Informed and Restrictive Practice**

St Andrews's Healthcare is committed to providing care that is safe, compassionate, person-centred, and trauma informed.

It is recognised that many individuals who use our services may have experienced trauma, loss, abuse, neglect, discrimination, or institutional harm. It is understood that restrictive practices can retraumatise individuals and negatively impact dignity, trust, and recovery.

St Andrews Healthcare acknowledges that behaviours which challenge may represent:

- Unmet need
- Fear or distress
- Communication difficulty
- Past trauma responses

Our staff will:

- Use calm, supportive and non-confrontational communication
- Avoid practices that may cause humiliation, fear or loss of control
- Work collaboratively with individuals and families
- Support choice, autonomy and empowerment wherever possible

5.6 **Triangle of Care**

A Triangle of Care approach should underpin least restrictive practice to ensure decisions are collaborative, transparent, and person-centred. Least restrictive approaches are most effective when there is active partnership between the patient, carers or family members, and clinical staff. Engaging carers in care planning and risk discussions can provide valuable insight into triggers, protective factors, and strategies that have previously reduced the need for restrictive interventions.

When considering reducing restrictions or introducing access to items, discussions should include the individual and, where appropriate, their carers to balance therapeutic benefit with safety considerations. This collaborative process supports shared understanding of risk, promotes consistency of approach between home and inpatient settings, and strengthens trust.

Embedding the Triangle of Care into least restrictive practice means ensuring carers are informed (with consent), involved in risk assessment and safety planning, and supported to contribute to positive behaviour strategies. By working in partnership, services can move away from control-based responses and towards proactive, relational, and recovery-focused care that minimises restriction while maintaining safety. Click link here to review the Carers Trust – The Triangle of Care.

5.7 **Post Restrictive Intervention Review / Debrief (See Flowchart as Appendix B)**

In line with CoP 26.167, after an episode of any acute behavioural disturbance that has led to the use of a restrictive intervention, a post-incident review or debrief should be undertaken, so that all parties, including patients, have the appropriate support and there is organisational learning.

NICE guidance 10 states that this should occur after any restraint, use of rapid tranquilisation or after behaviour that has led to use of seclusion.
NICE guidance 11 also states:

"Document and review the delivery and outcome of the restrictive intervention and discuss these with everyone involved in the care of the person, including their family members and carers, and with the person if possible."

The Restraint Reduction Network guidance on Post Incident Support for Children and Young People (2022) distinguishes post-incident support (with the aim of containment) from post incident learning (thinking about how the event could be prevented in the future) acknowledging that the latter may occur later due to the need to be emotionally calm after an event.

This policy will separate the concepts of staff debrief from patient debrief. In some cases, it may be appropriate for this to occur together, but it may also be appropriate for them to occur separately.

Staff debrief should be held as soon as possible, involve the MDT as far as is possible, and be with the aim of understanding what happened, why and making relevant changes to care planning and treatment. **In line with the RRN guidance, as soon as possible means after the incident has been contained and staff are emotionally calm and able to have a learning based discussion. This timescale will vary by incident but key milestones can be by end of shift, or within the first 48-72 hours**. All staff trained in restraint interventions receive training in a simple five-step method of non-directive support to people who have witnessed or experienced a crisis, the IBERA (Information, Background, Emotional Impact, Resourcefulness, Action & Close) Framework.

The NIC should identify the person to lead the debrief. Although this could be held as a separate meeting, it is also possible for debriefs about incidents within a relevant previous time period to be incorporated into structured meetings such as morning MDT meetings, **reflective practice, clinical supervision** or nursing handovers as appropriate to the individual ward. It would be expected that any such debrief occurs by the end of the same shift where possible

Recording that the debrief has occurred for patients and staff should be noted on DATIX- this will link the debrief to the related incident.

It is good practice, where possible, to conduct the staff and patient debrief together. However, It is recognised that patient debriefs may occur later, in order to allow the patient to appropriately stabilise to take part in the review. As a general principle, this should occur no later than 72 hours post incident and specific findings recorded in the progress notes (including their refusal to engage if that is the case).

It is important that patients are appropriately supported to help them understand what has happened and why.

If a patient is able and willing to participate in a review, then their understanding and experience of the incident should be explored (CoP 26.169). What aspects of the intervention helped or did not help, their feelings, anxieties and concerns about the intervention should be explored and documented in the progress notes.

If appropriate, positive behaviour support plans and related care plans and risk assessment and management plans should be updated.

Recording of the occurrence and content of a patient debrief can be recorded in RiO progress notes using the Nursing- Debrief progress note option.

If a patient is unable or unwilling to participate in a review, the team should explore methods for assessing the effect of the intervention on the patient's behaviour, emotions and clinical presentation and adapting the positive behaviour support plan accordingly.

5.8 Trauma Support Debrief

This policy also recognises that incidents can also have an emotional impact on staff and patients, and certain incidents may require more a trauma informed and comprehensive debrief and review.

- The NIC will need to consider whether or not to refer the incident for a trauma support debrief.
- If a trauma support debrief is indicated, then the Trauma Response Lead needs to be informed via email.

The aim of the trauma support debrief is to develop a comprehensive understanding of a single or multiple incidents, and to place the incident within the wider context of the person's care (physical environment, their treatment, staffing, their care plan etc) and to bring about actions that will reduce the likelihood of further incidents. The debrief should take place as soon as possible following the incident and no later than one week following the incident.

Factors indicating a trauma support debrief may be required:

- An incident occurs that is outside the normal range of events that happen at work
- Someone was hurt/seriously threatened
- Hostage incidents
- There has been a pattern of incidents involving the same person
- The restraint was prolonged
- Incident occurred in a public place
- Police attended

Appendix C of this policy gives good practice guidance templates that can be used to facilitate a comprehensive debrief process.

6. Roles and Responsibilities

Accountabilities and Responsibilities:

Board of Directors	Is responsible for overseeing the reduction of restrictive practice within its services, and legal and ethical use of restrictive practices when they are required; should ensure that patients are safeguarded and their equality and human rights are not compromised.
Interim Deputy of Nursing and Quality	Accountable to the Board for the development, consultation, implementation and monitoring of compliance with this Policy.

Director of Operations, Operational Leads and Clinical Directors	Have operational responsibility for divisional compliance with this Policy and will ensure mechanisms in place within each division for: - Identifying and developing resources within the division to safely deliver this Policy. - Ensuring all clinical staff receive orientation to the content of this Policy. - Monitoring the division's compliance and consistent application of the Policy.
Responsible Clinician	The Responsible Clinician has a legal and professional responsibility for the care and treatment of their patients and need to be aware of the principles of Least Reast Restrictive Practice outlined in this policy.
Ward Manager	Ward managers are responsible for ensuring that the guiding principles of this policy are manifest in day to day operational running of the ward.
All clinical staff	To be aware of the principles of this policy To promote these principles and challenge (and if necessary, escalate) practice that may be breaching these principles
Training and Development	St Andrew's Healthcare training and development department will offer that all clinical staff training in the appropriate knowledge, skills and behaviours that enable consistent application of the guiding principles of this policy. This will include a focus on non-restrictive approaches, therapeutic interactions and de-escalation skills. The Mental Health Law Steering Group can provide subject matter expertise in mental health law across the Charity and use this to influence best practice and support/monitor effective governance over the use of the MHA. In addition, to support and educate staff to understand and meet the standards set out in the MHA Code of Practice for patients in their care.
Quality Improvement	As an organisation, St Andrew's Healthcare is committed to Restrictive Practice Reduction using a continuous improvement methodology. Our Restrictive Practice Reduction Programme (REDUCE) incorporates a Violence Reduction Programme and includes the key elements required of such a programme as set out in the MHA Code of Practice 26.6: • Organisational commitment at the most senior level to reduce Restrictive Practices • Use of data to inform service development • Workforce professional development • How models of care known to reduce restrictive practices are being integrated into care delivery • How patients are being engaged in service planning and evaluation • How lessons are learned following restrictive interventions • A system for continuous quality improvement and governance

Adult Care Services Registered Manager	The Registered Manager for Adult Care Services is responsible for ensuring that any use of restrictive practice within the service is lawful, proportionate, person-centred and used only as a last resort. They must ensure compliance with the Mental Capacity Act 2005 and, where applicable, the Mental Health Act 1983, and meet the regulatory standards of the Care Quality Commission. This includes overseeing individual risk assessments and capacity assessments, ensuring best interest decisions are properly documented, preventing blanket restrictions, monitoring and auditing the use of restraint, supporting staff training in de-escalation and trauma-informed care, reviewing incidents for learning, and promoting a culture that prioritises dignity, human rights and the reduction of restrictive practices.

7. Monitoring and Oversight

To ensure the Least Restrictive Practice framework remains effective, a ward to board oversight mechanism mandates continuous monitoring and evidence based review.

There is a line of oversight and monitoring from the Board to the Quality Committee (QC), to the QSG (Quality and Safety Group), QF (Quality Forum) and the Restrictive Practices Monitoring Group (RPMG), with a line of sight from each Divisional Clinical Governance Meeting.

Data on the leading and lagging indicators related to Restrictive Practice are captured in the PSF and IPQR and reviewed from ward to board

To ensure systemic accountability, the Charity maintains a rigorous audit cycle that monitors compliance with clinical standards, utilising independent verification and data-driven reviews to identify gaps and drive continuous service improvement.

St Andrew's Healthcare will ensure that this policy is kept up to date in line with legislative changes and legal advice.

This policy is also accounted for within the Charity's Risk Management Framework, incorporating appropriate controls and mitigations and as such there will be periodic reviews over the accuracy and effectiveness of any policy/procedure related controls. For further information, go to the Risk Management Hub page.

8. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@stah.org.

9. Training

The principles of Least Restrictive Practice from this policy will be fully incorporated into induction, refresher and specific training provided to clinical staff. This training will use a range of delivery methods including e-learning and classroom based training.

St Andrew's Healthcare training and development department will offer all clinical staff training in the appropriate knowledge, skills and behaviours that enable consistent application of the guiding principles of this policy.

St Andrew's Healthcare is committed to ensuring that all staff are appropriately trained to understand and implement Least Restrictive Practice in accordance with legal, ethical, and human rights principles.

All staff must complete mandatory training in Least Restrictive Practice relevant to their role. This training will include:

- Principles of least restrictive practice and human rights
- Legal and regulatory requirements
- Risk assessment and decision-making
- De-escalation and preventative strategies
- Appropriate use, monitoring, and reduction of restrictive practices
- Documentation, reporting, and review processes

Staff who are authorised to implement or approve restrictive practices must receive additional, role-specific training.

Refresher training will be provided at regular intervals and when:

  - There are changes to legislation, guidance, or policy
  - Incidents or reviews identify learning needs
  - New restrictive practices or procedures are introduced

Staff competency will be monitored through supervision, observation and review of practice. Staff must not implement restrictive practices unless they are trained, competent and authorised to do so.

Our Safety Intervention Training meets RRN standards.

There are related PI's related to training compliance with RP related e-learning (seclusion, LTS, ES) and classroom training (Safety Intervention Training)

The Mental Health Law Steering Group can provide subject matter expertise in mental health law across the Charity and use this to influence best practice and support/monitor effective governance over the use of the MHA. In addition, to support and educate staff to understand and meet the standards set out in the MHA Code of Practice for patients in their care.

10. **References to Legislation and Best Practice**

1. Department of Health (2015). *The Mental Health Act 1983: Code of Practice*. The Stationery Office (TSO).
2. Department of Health (2014). *Positive and Proactive Care: reducing the need for restrictive interventions.* London: DH.
3. Royal College of Nursing (2017). *Three Steps to Positive Practice: a rights based approach when considering and reviewing the use of restrictive interventions*. RCN: London.
4. Restraint Reduction Network (2022). *Post Incident Debriefing Guidance: working with children and young people.*
5. NICE (2015) Violence and Aggression: Short-term management in mental health, health and community settings. Updated edition (NICE Guideline 10). London: NICE.
6. Trauma Informed Care (2017) Scotland https://nes.scot.nhs.uk/media/3983113/NationalTraumaTrainingFrameworkexecsummary-web.pdf
7. Debrief-guidance-NHSE(2016) https://www.england.nhs.uk/wpcontent/uploads/2016/03/prt4-act-resrc-a-debrief-temp.pdf
8. CQC (2020). *Brief Guide to Blanket Restrictions in Mental Health Wards.* London.

NICE (2017) Violent and aggressive behaviours in people with mental health problems. Quality Standard (QS154)

11. **Exception Process**

Please refer to the exception process Policy and Procedure Exception Application Link

12. **Key changes**

Version Number	Date	Revisions from previous issue
1.0	October 2019	Revised policy onto new template – full review and update Published as a new umbrella policy linking to Positive and Safe, Seclusion, LTS, Enhanced Support, Rapid Tranquilisation.
1.1	Sep 22	IPU's to divisions Additional reference to the Restraint Reduction Network and REDUCE programme Additional Appendix D- new LRP log template Additional reference to Use of Force and CQC guides Updating the responsibilities of the training and development team to reflect what is currently in place, versus what is required in the future Additional Clinical Staff roles and responsibilities
1.2	Nov 2024	Added a new statement within the monitoring section to highlight this policy has an associated risk as recorded within the risk register

2.0	March 2026	Expanded content to address the use of blanket or global restrictions, including: Clear reference to relevant legislation and regulatory requirements Defined processes for the consideration, authorisation, monitoring, and review of any blanket restrictions Reinforcement that blankets restrictions must be exceptional, justified, proportionate, and time-limited Best Practice Guidance Enhanced references to recognised best practice relating to restrictive practices, with specific guidance on avoiding and reducing blanket restrictions through person-centred, rights-based approaches. Organisational Commitment Strengthened the charity's commitment to ensuring that all staff actively work to reduce restrictive practices, with a particular focus on identifying, challenging, and eliminating blanket or global bans wherever possible. Key Actions Flowchart Introduced a clear, staff-friendly flowchart outlining key actions and decision-making steps to support consistent application of least restrictive practice. Training and Supervision Updated the training section to include an explicit commitment to staff development, outlining how training, supervision, and ongoing support will be used to improve practice, build confidence, and support the reduction of restrictive practices. Emphasis on Human Rights List of permitted restrictions that should not be challenged as blanket restrictions (under the Brief Guide for Inspectors):
2.1	20.04.26	Addition of Sexual Wellbeing & Sexual Safety to Policy Links (Section 2).

Appendices

APPENDIX A	Definitions in MHDS
APPENDIX B	Incident Debrief Process
APPENDIX C	Post Incident Debrief of Service Users Version 2.0
APPENDIX D	LRP log template
APPENDIX E	Best Practice Guidance (Blanket Restrictions)
APPENDIX F	Guiding Principles of the Use of Restrictive Practices and Interventions in St Andrew's Healthcare