Sussex Partnership
NHS Foundation Trust

Reducing Restrictive Practice

Caburn have been part of a National Collaborative QI Project since October 2021

Our vision:
To improve the quality of life for the communities we serve.

Overview

- 17 bedded female acute ward in Hove
- High number of patients who experience emotional dysregulation
- High number of incidents involving restraint
- High number of incidents that happen concurrently
- High number of patients with diagnosis of ASC
- Engaged and resilient MDT

Primary and Secondary Drivers

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- **Staff Engagement**
  - Out of Hours Activity (nurse led activities in the evenings and weekends)
  - Training (autism training, DBT training)
- **Patient Engagement**
  - Having Therapeutic Interactions and Rapport with Patients (nurse in ward review, allocated 1:1 time, patient debriefs)
  - Co-produced Care Plans (positive wellness plans)
- **Environment**
  - Low Stimulus Environment (sensory room, calm down boxes, therapeutic garden time)
  - Ward Decoration
  - Furniture

Sensory Room

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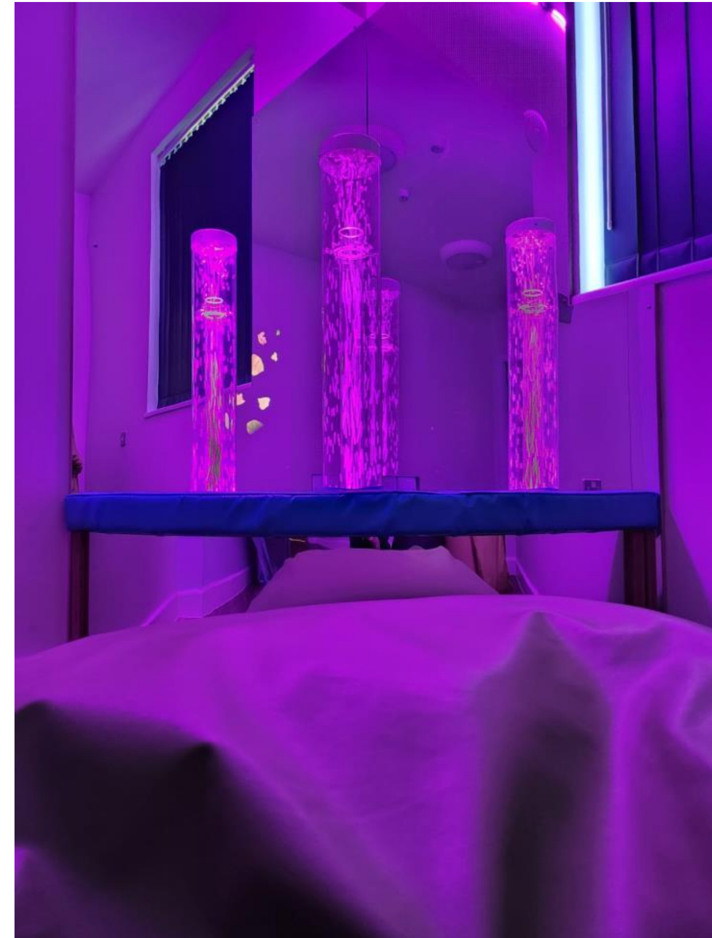
The aim of the Sensory Room is to reduce the number of self-harm incidents by offering an alternative therapeutic space to use in times of distress. It will also improve the experience of being an inpatient in this environment, by providing a space that can be quiet and calm, but also completely adaptable to the user's individual preferences and needs.

Sensory Room

This room allows patients to learn about individualised sensory strategies that can self-soothe and support them when they feel low, emotionally or sensorially dysregulated or may wish to self-harm.

These strategies are often low cost, replicable and achievable at home once they have been properly assessed and trialled with support of professionals with the appropriate training.

This was part of a wider project to create a more autism-friendly environment.



Sensory Room

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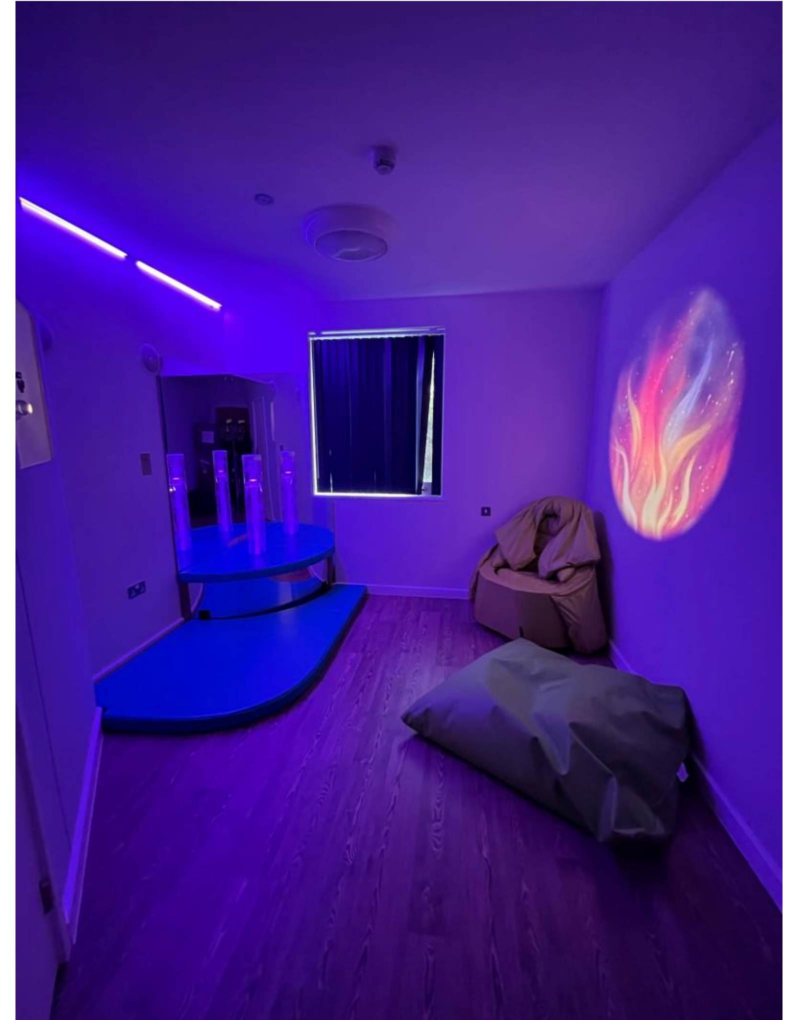
The project was co-produced with the population that it was going to be aimed for, including involvement of staff, patients and carers. This was discussed in community meetings, team meetings, QI project group meetings and a poster was displayed. The feedback from discussions was that patients needed to be able to control and adjust light, sound and temperature. It needed to be a calm space that feels safe space where patients were in control, in what may seem like a chaotic admission. Patients also preferred the option to control the music or projections from their own devices.

PDSA Cycle

- Step One: Identify location
- Step Two: Discussion with patients, staff and carers
- Step Three: Raising money
- Step Four: Stripping the room
- Step Five: Input from Health and Safety around installation and risks
- Step Six: Installation
- Step Seven: Induction and staff training

Induction and Training

- Team day – OT colleagues completed training around different senses
- Handover period – OT completed inductions for staff to show them the room
- On admission – patients inducted by OT to sensory room and care plan created



Data Collection

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- Staff completing rating scale with patients before and after use of the sensory room to see if this has reduced patient distress.

- Staff documenting the time spent in the sensory room.

Challenges

- Staff buy in – some members of the team did not think that we would be able to find time to spend time in the room with patients
- Building work delays impacting on when the sensory room can be installed
- Delays in securing funding for the sensory room
- Delays in parts of the sensory room being fit to size

Data

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- Our data has fluctuated throughout the length of the project due to having different cohorts of patients on the ward, whilst the implementation of some change ideas has meant that we have had a reduction in restraints for most patients we have had some patients on the ward for long periods of time who require physical intervention to prevent significant harm to self. *What has changed is the length of restraints, pre-intervention the average minutes in restraint was 15 however post-intervention this is now 7 minutes.*
- Our use of RT has significantly reduced during the project and is used much less on the ward now than it has been before, which is likely due to the PWP where we can identify triggers and coping strategies with patients early on in admission.
- Our use of seclusion has fluctuated dependent on patient group however it is used much less frequently now on the ward.

Next steps

Implementing safety huddles on the ward. Safety huddles build on psychological safety within the team and they are for staff at different points during the shift to check in and to identify any potential flash points throughout the day. It's important to involve all disciplines including clinical and non clinical staff (such as admin and housekeeping) so that everyone has a voice and can share concerns to ensure we are responding in a proactive rather than reactive way. As a team, we can plan in advance how to prevent or minimise the severity or amount of incidences happening; such as using the sensory room or putting on an activity.