



Reducing Restrictive Practice – A Multi Agency approach



Service Background

- Berkeley House is a assessment and treatment service for people with a learning disability, mental health condition and potentially display behaviours that may be defined as challenging.
- Over the last few years there has been an ongoing project to lesson restrictive practice and enhance the discharge pathway for individual's to move into the community.
- This has involved embedding a culture of proactive work, positive risk taking and linking up the discharge pathway as one dynamic team rather than silo working.
- Embedding this culture has led to a move away from practice such as using seclusion
- During the last year data has been collected to establish a baseline for restrictive interventions across the 3 measures from the Reducing Restrictive Intervention project of Restraint, Seclusion and Rapid Tranquilisation

Driver Diagrams



Driver Diagrams

Primary Drivers

Individual

Environment

Staff

Aggression

Secondary Drivers

Trauma

Adaptations to environment

Organisational Process

Staff Injury

Driver Diagrams

Change Ideas

Consistent use of communication aids

Accurate baseline data

Environmental design

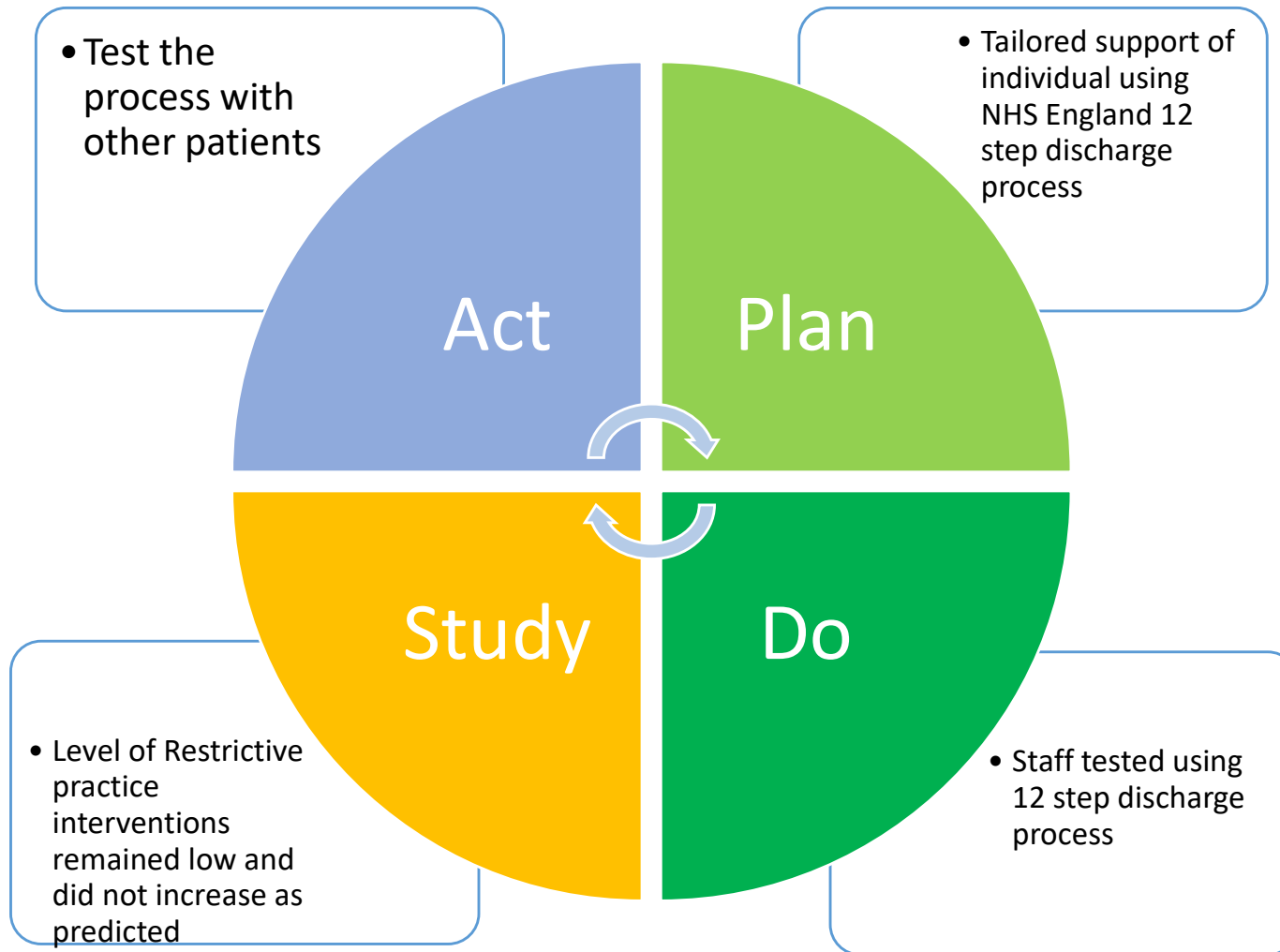
Better reporting into estates

Debrief sessions – patient and staff

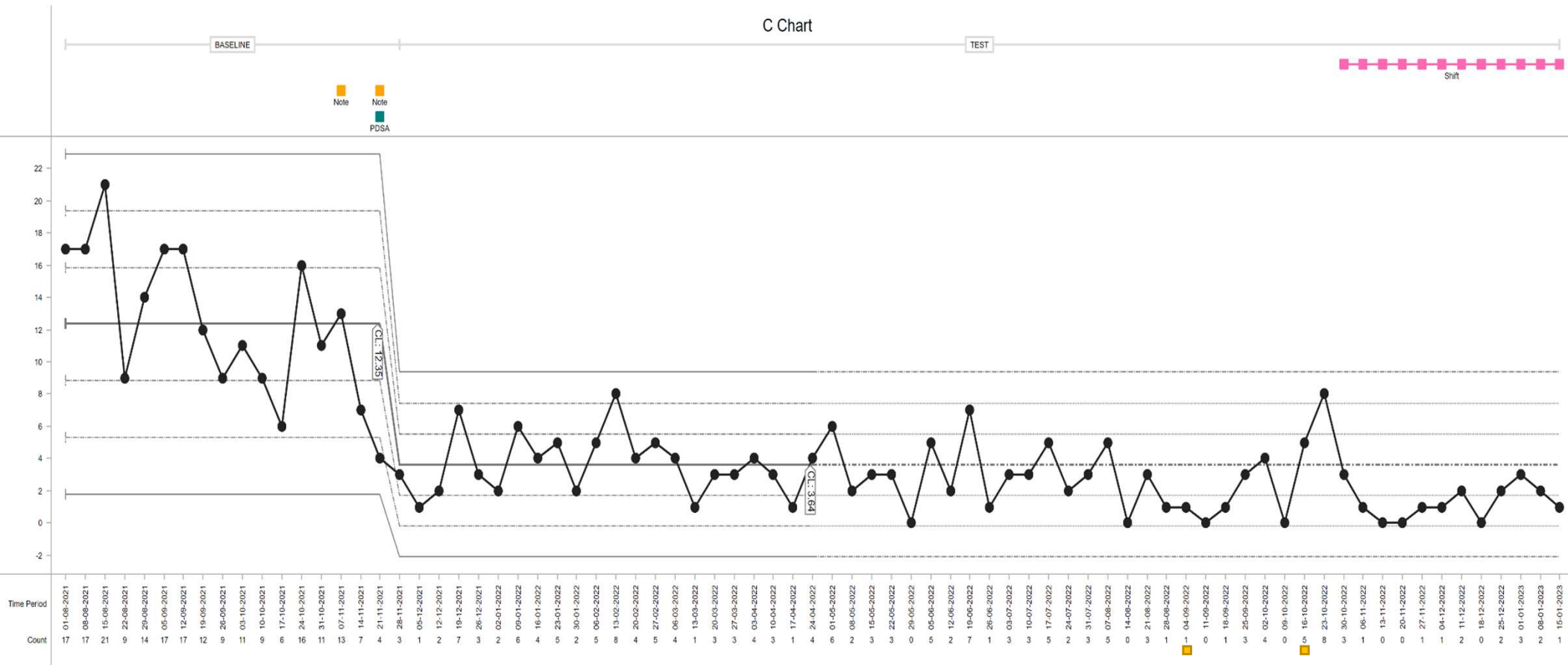
Better practice leadership

Training in engagement approaches

PDSA



SPC Charts



Change Process

Difference in Process

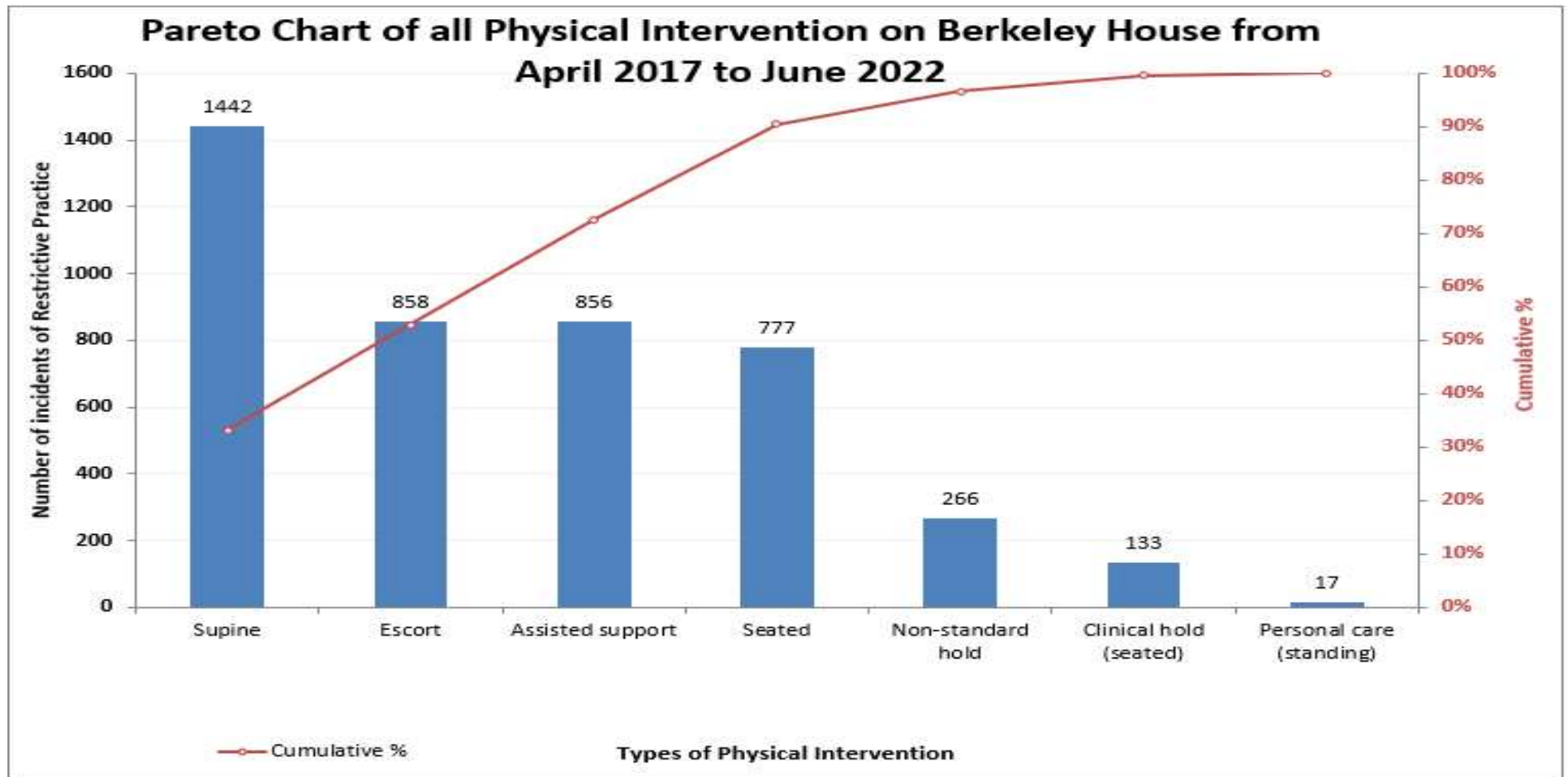
- During these two transitions from hospital to the community the service has changed its focus and model of support.
- Historically the hospital would have had new staff from a provider coming in to support individuals and get to know them prior to discharge
- In this model that the data is describing the staff team that knew the individuals well went on leave with them and staffed the community provider initially. The new provider staff then started to work with the individual within the new environment.
- This was due to the change of environment. The team identified that previously working into the hospital provided a very distinct environment and community provisions are very different. By having a change of staff and environment this appeared to much change for individuals so changing the environment but with staff that were known and then bringing new staff in was thought to be a better model.

Change Process

Difference in Process

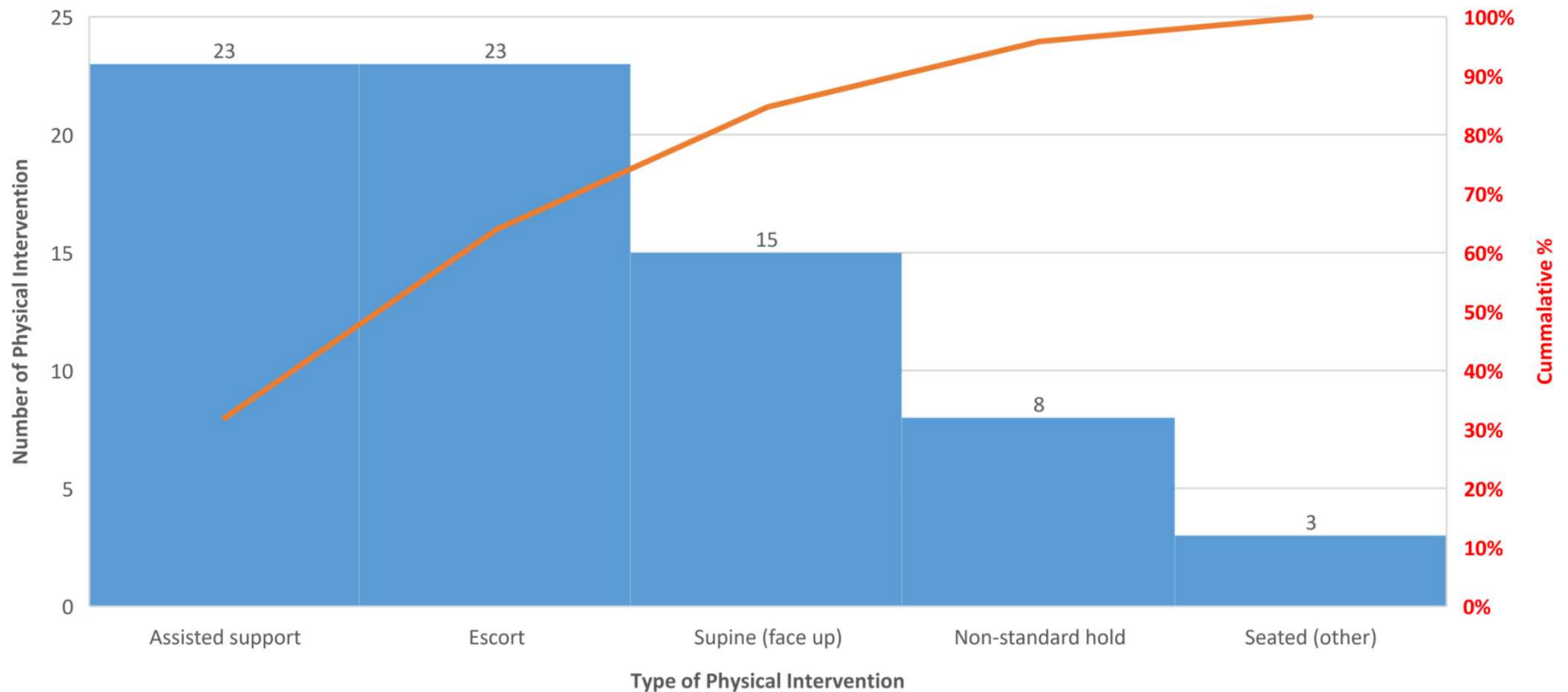
- The change of discharge pathway also included more joined up work.
- These circle's of support involved the individual, parents, independent supporters, social care, health commissioning, community provider's, members of the inpatient MDT, community LD teams and advocates
- Meeting together regularly (average every four weeks) this kept the discharge plan and timeline fresh and allowed positive reflections, issues and concerns to be raised in a psychologically safe way. This non hierarchical meeting allowed the process and change ideas to be tried and embedded. This allowed everyone to be updated in the process and move together support each other rather than working in silo's.
- This process change will be evaluated as part of the PDSA cycle and has influenced the discharge pathway thinking of wider service design

Synopsis of Data



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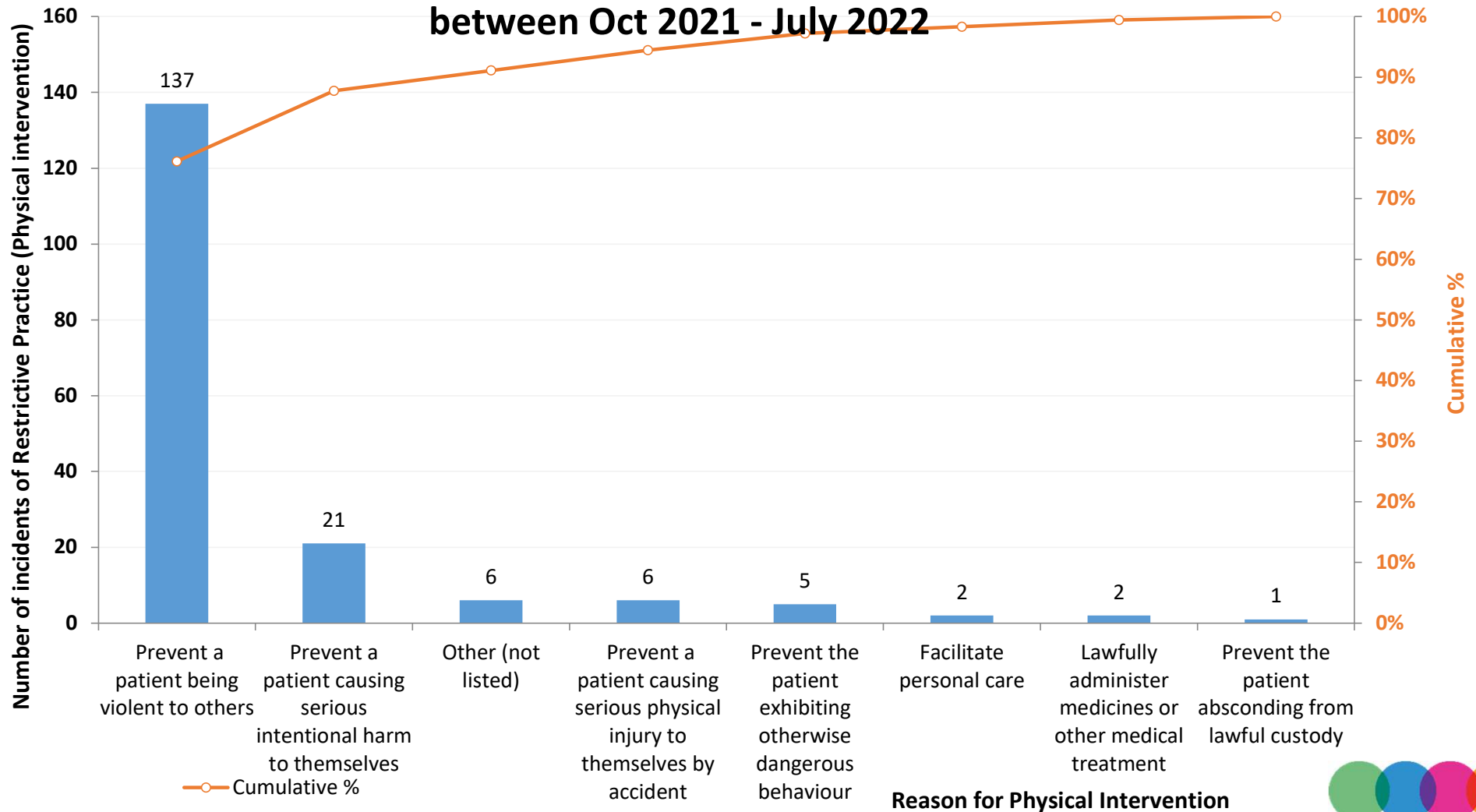
Pareto Chart showing Physical Intervention between June 2022 and Feb 2023



Synopsis of Data

Pareto Chart of reasons for Physical Intervention on Berkeley House

between Oct 2021 - July 2022





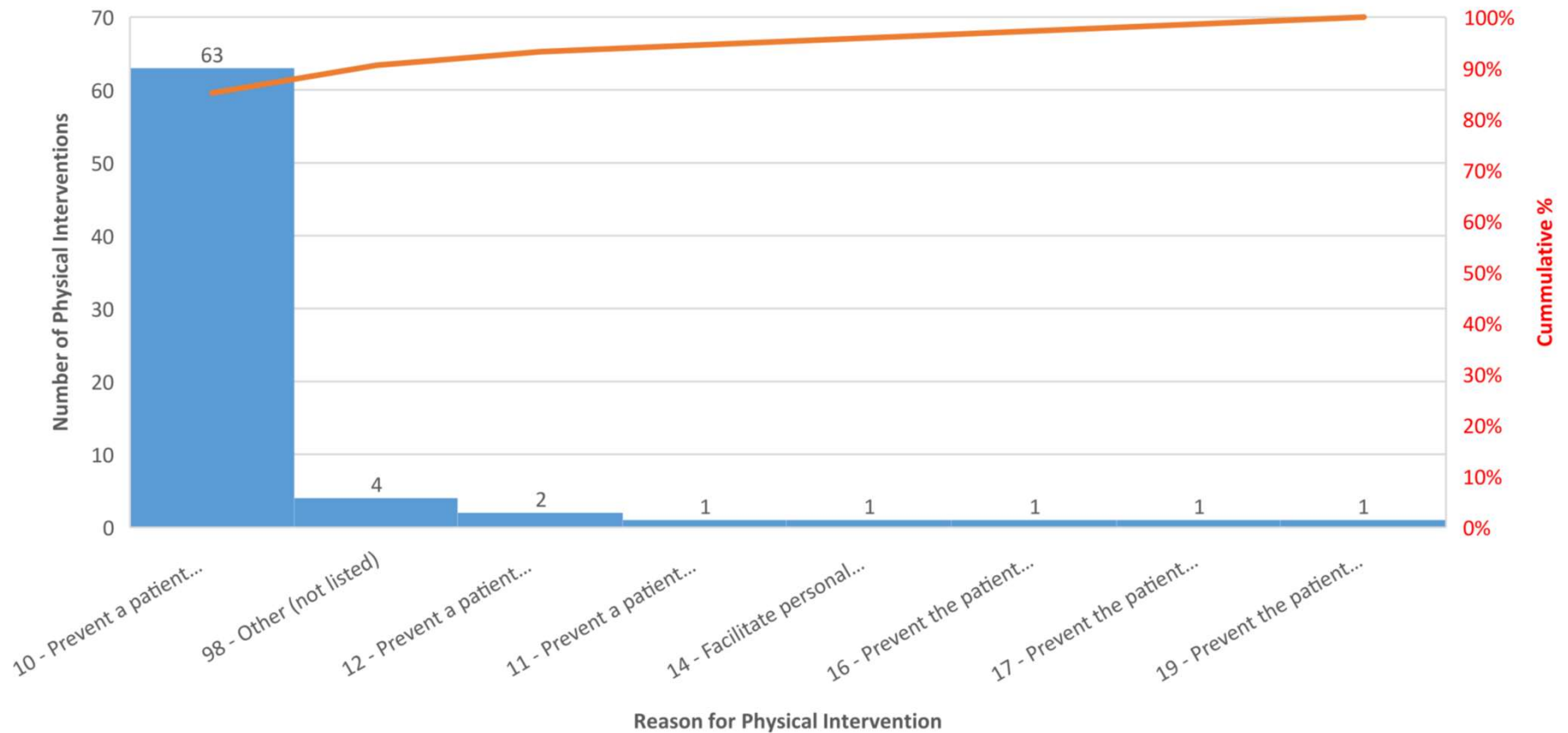
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Synopsis of Data

Pareto Chart showing Reason for Physical Intervention between July 2022 and Feb 2023



Future Direction

Future work includes:

- Reviewing PBS Plans and adding in Quality of life measures using the Personal Outcome Scale
- Add in data from patient debrief after restrictive intervention into the PBS plan
- Measure outcome against restrictive intervention data – is the debrief information we are getting leading to a positive impact on how we implement PBS?
- Linking in self injury data
- Measure use of PRN medication
- Maintain low levels of restrictive practice and expand to look at how engagement in meaningful activity can assist in reducing interventions