

Restrictive Practice & Restraints

Aged Home Care Packages

POLICY AND PROCEDURE

1. Purpose

Local and international legislation upholds key human rights, such as the right to freedom and the right to physical mobility and independence. The use of restrictive practices and restraints can remove these rights from an individual.

Taking a person-centred approach is key to removing restrictive practices and restraints in the workplace.

A restraint free approach directs that the use of any restraint must always be the last resort after exhausting all reasonable alternative options.

This policy aims to guide care workers and case managers in balancing duty of care with dignity of risk under a person-centred approach and thus demonstrate respect for our clients and the choices they make.

2. Scope

This policy applies to service delivery providers of Subee Pty Ltd, including activities and care inside and outside of the client's home.

It does not override Subee Pty Ltd certification obligations to funding bodies or other service providers nor should it compromise Subee's standard of service delivery.

Decisions made in line with this policy should not compromise Subee's duty of care to clients or employees. The concept of Dignity of Risk can be understood as a human rights issue.

Relevant Legislation & Policies

This policy is adapted and complies to the relevant Legislation. The policy and procedures are underpinned by

a restraint free way of thinking and developed in conjunction with:

- Aged Care Act 1997
- User Rights Principles 2014
- Charter of Aged Care Rights
- The Aged Care Quality Standards
- Professional and ethical requirements.

This policy should be read in conjunction with Subee's:

- Dignity of Risk Policy
- Abuse and Neglect Policy
- Incident Management Policy
- Risk Management Policy
- Client Rights and responsibilities

3. Definition

Dignity of risk – Dignity of risk is about the right of consumers to make their own decisions about their care and services, as well as their right to take risks.

Restrictive Practice – Involves the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person.

Common types of restrictive practices include:

- detention (e.g. locking a person in a room indefinitely)
- seclusion (e.g. locking a person in a room for a limited period of time)
- physical restraint (e.g. clasp a person's hands or feet to stop them from moving)
- mechanical restraint (e.g. tying a person to a chair or bed)

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- chemical restraint (e.g. giving a person a sedative)
- electronic restraint (e.g. using tracking bracelets, camera surveillance, restrictions on media devices).

4. Procedure

Subee takes a balanced approach to managing risk and respecting consumer rights and choice.

Any restrictive practices identified must be reported to management as soon as possible via an Incident report and phone call to the office. Senior management would be notified, and part of the incident report investigation would include contacting relevant parties. (Enduring Guardian, Enduring Power of Attorney and GP).

If restrictive practice is approved through clients Enduring Guardian, Enduring Power of Attorney or GP it is to be only implemented as a last resort, for minimal period whilst effective alternative that promote a client centred approach are considered.

Restrictive practices MUST be documented on TRACK through ticking the Restrictive Practice box and, documenting any correspondence, assessments, medical reviews in the restrictive practice tab on TRACK in the client file.

Strategies must focus on ensuring decency and respect at all stages.

If a consumer makes a choice that is possibly harmful to them, then the care staff are expected to help the consumer understand the risk and how it could be managed.

Together, they should look for solutions that are tailored to help the consumer to live the way they choose.

Subee has other responsibilities for the health and safety of the workforce and others in the service environment. Subee Risk Management Policy shows how the organisation involves the consumer and looks for solutions that have the least restriction on the consumer's choices and independence.

This is facilitated through:

- Staff training
- Recruitment benchmarks and practices
- Staff supervision and support by Registered Nurse, HR and Team Leaders.
- Feedback policies and procedures for both staff and clients, including follow up
- Care plan and a general culture of collaboration
- Risk management both at an operational and organisational level
- Including risk assessments that document both benefits and disadvantages of activities as well as prevention, management, and control of risk.
- Documentation of processes, decisions, and management of risks - including but not limited to progress notes, care plans, risk assessments, service agreements

Specifically, staff are:

- Required to attend and complete appropriate training
- Required to report shift outcomes and communicate all concerns with their supervisor

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- Required to work to care plans with goals identified by the client
- Empowered to inform clients of risks; to consult with advocates and case managers
- Invited to attend case conferencing
- Empowered to take advantage of organisational knowledge through training, meetings, one on one support from their supervisor and access to policies and procedures.

Psychotropic Medication

Psychotropic medications are 'any drug capable of affecting the mind, emotions and behaviour'

The three main classes of psychotropics prescribed are antidepressants, anxiolytic/hypnotics (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics.

Because they affect the brain and mind, anti-dementia medication and opioids can be classed as psychotropic medication. When more than one psychotropic agent is used, especially in the elderly, the side effects and risks can be compounded.

Subee Newlake registered nurse will review HCP client's medication as prescribed by their doctor as part of their health care plan.

Psychotropic medication orders will be ideally accompanied by reason and behaviours that are being targeted for treatment.

Subee RN will oversee clients clinical care and liaise with health care providers.

Support workers and RN to report on changes in clients condition or behaviours which includes falls, side effects and non-pharmacology strategies that are effective to clients target behaviour.

List of medication side effects to be placed in clients care plan for support workers to be aware of and report on.

Registered nurse to inform and if requested advocate for the **clients right to make an informed decision about what medication they take or choice not to take.**

5. Reporting and Serious Incident Reporting Scheme SIRS

Inappropriate use of a restrictive practices comes under the Aged Care Serious Incident Reporting Scheme SIRS.

Other SIRS incidents are documented in the Subee Incident Management Policy

Timeframe for reporting SIRS

If a reportable incident occurs or is alleged or suspected to have occurred, the provider must immediately act to protect the safety and wellbeing of those involved.

A priority 1 restrictive practice meets the below criteria:

- Has caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or
- if there are reasonable grounds to contact the police, or
- of unlawful sexual contact or inappropriate sexual conduct, or

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when there is the unexpected death of a consumer or a consumer's unexplained absence from the service

If it doesn't meet this criteria it is a priority 2 reportable incident.

Priority 1 reportable incidents must be reported to the Commission **within 24 hours** of the provider becoming aware of the incident.

Priority 2 reportable incidents must be reported to the Commission **within 30 days** of becoming aware of it occurring.

Providers must report incidents using the SIRS tile on the My Aged Care Provider Portal.

Providers should make sure relevant staff have had training and access to the portal to submit reports on time.

Subee will take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the office, who will escalate immediately to the CFO/Clinical Team Leader. Subee will also protect the identity of any staff member who makes a report and protect them from victimisation.

Care staff should contact their supervisor immediately if they have concerns that a client's dignity of risk is being violated or alternatively, that Subee's duty of care is being compromised and the client is in foreseeable harm or informed consent has not been sought.

Senior Management has responsibility and authority to ensure this procedure is followed.

The clients service coordinator is responsible for documenting and enforcing the requirements of this policy contracted to do so.

Rostering staff and Service Co-ordinators are responsible for informing service providers of concerns to do with duty of care and for encouraging appropriate service provision.

All employees are responsible for knowing and following this procedure.

An incident is to be reported and recorded on Subees Quality Information and Technology System (TRACK)

6. Review System

Progress of Incidents on TRACK Incident Register are followed up.

Incidents are discussed at monthly Management Meeting.

Incident trends on TRACK are monitored and reported on by Quality Co-Ordinator to identify patterns and gaps in services and staff needs. Quality care indicators are discussed at monthly clinical meeting..

Issues that reduce restrictive practices and improve dignity of risk in aged care client are identified and addressed either changes to current systems or staff training and/or support.

7. Future Behavioural Support Plans

In the future it is likely that a Behavioural Support Plan (BSP) will be required for the use of restrictive practices in in home care. The BSP will assist to:

- Include best practice support strategies
- Be responsive clients' needs
- seek to reduce or end the need for restrictive practices

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- supports individualised care
- addresses the underlying causes of concern
- provides safeguards, and
- optimises the consumer's health and wellbeing.

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