



June 2024

We are committed to fulfilling our responsibilities as members of the Restraint Reduction Network. We have completed a self-assessment against the six core strategies and uploaded our associated Pledges to the RRN website.

## **Strategy 1: LEADERSHIP AND GOVERNANCE**

The organisation develops an organisation wide plan designed to increase the quality of life for service recipients as well as reduce and minimise the use of restrictive interventions and restrictive practices. Such a systems approach should have review and planning mechanisms.

### Main priority in this area:

- 1. Develop and deliver a new holistic 'Strengths-based Support' induction training course, which will include Active Support, PBS and trauma-informed practice.
- 2. Roll-out our newly-developed restrictive practice audit tool across all services to determine a baseline to measure future performance against.
- 3. Implement practice-leadership Senior Support Worker roles in services where appropriate.

#### What we have done so far:

Implemented quality of life measures based on PERMA (Positive emotion, Engagement, Relationships, Meaning and Achievement). Implemented restraint reporting, review and scrutiny processes, accountable to NCHA's Board. Developed an organisation-wide plan pulling together all the strands of work, based on the six core strategies.

#### What we plan to do next in this area:

Embed the six core strategies in our relevant Thematic Plans, Team Plans and restrictive practice reduction plans.

## **Strategy 2: USING DATA TO INFORM PRACTICE**

The organisation uses data to identify, plan and review the overall organisation wide plan to reduce restrictive practice/interventions, improve service delivery and/or increase quality of life.

## Main priority in this area:

- 1. Extend our oversight of restraint to <u>all</u> types of restrictive practices.
- 2. Ensure managers have the skills to analyse patterns of behaviour and manage risk to enhance the life of service recipients.
- 3. Replace our out-dated in-house support planning software with a modern alternative.
- 4. Celebrate our success in eliminating RPI from our services.

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#### What we have done so far:

Implemented restraint reporting, review and scrutiny processes, accountable to NCHA's Board.

### What we plan to do next in this area:

Work with our data & intelligence team to make data easier to report, access, manipulate and interpret.

## **Strategy 3: STAFF TRAINING AND DEVELOPMENT**

The organisation ensures that all members of its workforce have the knowledge and skills they require to implement improvement measures and prevent and respond sensitively to any behaviours of concern.

## Main priority in this area:

- 1. Deliver Tier 2 Oliver McGowan training to all colleagues working in relevant services.
- 2. Source/develop and deliver practice leadership training to our new Senior Support Workers.

#### What we have done so far:

Our PBS Lead has obtained a Level 5 Diploma in Practice Leadership in PBS.

## What we plan to do next in this area:

All members of our PBS & Restrictive Practice Review Group will undertake some CPD learning in the subject.

## Strategy 4: PREVENTATIVE MEASURES AND PERSONALISED SUPPORT

The organisation ensures that staff have access to the tools they require to manage risks, to improve or enhance service delivery as well as personalise the support provided to people using the services.

#### What is the main priority in this area:

- 1. Celebrate our success in eliminating RPI from our services.
- 2. Measure baseline restrictive practices in our services to enable us to measure future reductions.
- 3. Develop our approach to enhancing wellbeing and quality of life using PERMA.

## What we have done so far:

Eliminated holds in all of our services by delivering improved personalised support, based on PBS and least restrictive principles, to meet individuals' needs. Newly-revised Combined Needs & Risk Assessment template has been designed to better enable our teams to manage risks and people's compatibility effectively. Developed and implemented a wellbeing measurement tool, based on PERMA. Implemented re-commissioned PBS training for all teams with a much clearer focus on quality of life.

## What we plan to do next in this area:

Further develop our approach to improving people's physical environments. Commission and implement a new support planning software system to enhance personalised support delivery.

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## **Strategy 5: INVOLVING THOSE WHO RECEIVE YOUR SERVICES**

The organisation fully involves the people who use services in order to establish a clear understanding of their needs and to determine whether or not the service that is delivered meets their needs and expectations.

## What is the main priority in this area:

- Maximise the benefit of our new organisation-wide 'Smoke' customer feedback software to ensure it meets
  the needs of our service recipients.
- 2. Co-produce a new Family Charter to support our engagement with families.
- 3. Use our new 'Best Outcomes' measures to determine how to further enhance quality of life.

#### What we have done so far:

Developed formal organisation-wide consultation processes, establishing a new 'Customer Voice' group with a direct link to NCHA's Board. Revised our approach to consultation via meetings, establishing more flexible and effective methods that meet people's diverse needs. Appointed an expert by experience to our Care Committee as part of our corporate governance arrangements. Agreed 'Best Outcomes' measures in each service in consultation with service recipients.

#### What we plan to do next in this area:

Review the format of our in-house magazine 'Voicebox' and relaunch it, better tailored to people's interests and priorities. Deliver Tier 2 Oliver McGowan training alongside a trainer who is an expert by experience.

## Strategy 6: CONTINUOUS IMPROVEMENT

The organisation adopts a culture of reflection and positive learning in order to ensure the necessary change can be embedded and implemented at service level, through the workforce scheme of working as well as finding its way into everyday interactions between staff and people using the services.

#### What is the main priority in this area:

- 1. Use NCHA's newly-created corporate Customer Resolution Team to ensure that lessons learnt don't get lost over time and between services.
- 2. Celebrate success and share it widely.

#### What we have done so far:

Review group has been launched to revise our organisational approach to debriefing to embed a more supportive and reflective approach to recovery from adverse incidents in line with emerging best practice.

#### What we plan to do next in this area:

Use our recently-formed Transforming Care review group to ensure that lessons learned are implemented into everyday practice across our services.

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## When completing our work we will use these principles to guide us:

- 1. We will only teach the restraint techniques that are needed by the people we support and only to those staff who support them
- 2. Restraint techniques in use for each individual will be reviewed at least quarterly
- 3. Our training will emphasise the need for de-escalation techniques to be employed that reduce the need for restraint
- 4. Every person for whom restraint techniques are in use will have a personalised restraint reduction plan.
- 5. We only use restraint techniques that are pain-free
- 6. We recognise all forms of restraint, including mechanical, medication, physical, institutional. We will work towards capturing and monitoring the use of all forms of restraint in the future, linking our efforts to the STOMP campaign
- 7. Each of our services will conduct a restrictive practice audit to identify forms of restrictive practice that may not be obvious
- 8. We will be open and transparent, sharing the outcomes of our reviews with key stakeholders and other interested parties. We conduct an annual review of restraint data and will review this Restraint Reduction Plan annually, with both reviews reported to NCHA's Board-appointed Care Committee.

Our Transforming Care Lead (Cherry Król) is also our named Positive Behaviour Support lead and chairs NCHA's PBS & Restrictive Practice Review group. Further members are Tracey Ward (Head of C&S), Kelly Moloney (Supported Living & Community Outreach and Safeguarding Lead) and Eleanor Evans (Lead in Northamptonshire).

The PBS & Restrictive Practice Review group is responsible for reviewing this restraint reduction plan. We have developed an action plan to guide our work in this area and we meet approx. 6-8 weekly to progress that work.