

POLICY TITLE:	Blanket Restrictions
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Policy Owner:	Paul Cowans, Specialist Director
Ratified by:	Colin Quick, Chief Quality Officer
Responsible Signatory:	David Watts, Director of Risk Management
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • aims to inform all clinical staff about Blanket Restrictions • Ensures that all global, site specific and individual restrictions are known and monitored • Includes what constitutes blanket restrictions, what global restrictions are in place, how unit specific restrictions are decided, agreed and monitored.
Cross Reference:	<p>H37.2 Banned and Restricted Items</p> <p>H97 Searching Service Users and Their Belongings in a Treatment Environment</p> <p>OP49 Smoking</p> <p>OP04.1 Assessment and Control of Ligature Points, Ligatures and other Self-Harm Risks</p> <p>OP05.2 MCA Deprivation of Liberty Safeguards (England and Wales)</p>
EQUALITY AND DIVERSITY STATEMENT	
<p>Priory is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorigroup.com

BLANKET RESTRICTIONS

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1 SCOPE

- 1.1 This policy applies to all sites and services across England, Scotland and Wales. Where there are differences between nations, this will be clearly highlighted.
- 1.2 This policy applies to all clinical staff in Priory Hospitals

2 INTRODUCTION

- 1.1 This policy describes the arrangements for authorising, monitoring and reviewing restrictive practices, including global blanket restrictions, in use on wards within Priory Healthcare.

3 PURPOSE

- 2.1 Priory Healthcare is committed to ensuring that least restrictive practice is observed at all times. This is in line with Department of Health guidance: *Positive and Proactive Care: reducing the need for physical interventions (2014)* and the Mental Health Act Code of Practice (2015). It is also to ensure that the company is compliant with its regulated activities as monitored by the Care Quality Commission.

4 DEFINITIONS

4.1	Term	Definition
	Restrictive interventions	<p>Defined as deliberate acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to:</p> <ul style="list-style-type: none"> • Take immediate control of a dangerous situation where there is a real possibility of harm to other persons or others if no action is undertaken; and • End or reduce significantly the danger to the person or others; and • Contain or limit the person’s freedom for no longer that is necessary.

	<p>Examples of restrictive interventions include:</p> <ul style="list-style-type: none"> • Physical interventions • Rapid tranquillisation • Seclusion <p>These are covered by the relevant Priory policies and procedures.</p>
Restrictive practices	<p>Those practices that limit an individual’s movement, liberty and/or freedom to act independently in order to maintain the safety and security of the site, service users and staff. This policy provides guidance regarding Restrictive Practices.</p> <p>Examples of restrictive practice include:</p> <ul style="list-style-type: none"> • Room searches and rubdown searches. • Access to courtyards, kitchens and calm rooms. • Monitoring of communications and visits.
Blanket restriction	<p>A blanket restriction refers to the rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or classes of patients, or within a service, without individual risk assessments to justify their application.</p>

5 BLANKET RESTRICTIONS – THE NEED FOR BLANKET RESTRICTIONS.

- 5.1 Blanket restrictions are rules or policies that restrict a patient’s liberty and other rights, which are routinely applied without individual risk assessments to justify their application. The 2015 Mental Health Act Code of Practice allows for the use of blanket restrictions only in certain very specific circumstances
- 5.2 Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals. The impact of a blanket restriction on each patient should be considered and documented in the patient’s records.
- 5.3 Any blanket restriction should never be introduced or applied in order to punish or humiliate, but only ever as a proportionate and measured response to an identified risk; they should be applied for no longer than can be shown to be necessary.
Within secure services, blanket restrictions can form part of the 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 (paragraph 8.8 Mental Health Act Code of Practice).
- 5.4 **No form of blanket restriction should be implemented unless expressly authorised on the basis of this policy and subject to local accountability and governance arrangements (see paragraph 8.9 Mental Health Act Code of Practice). The impact of a blanket restriction will be regularly reviewed through the Hospital’s governance committee process.**

6 AUTHROISED HEALTHCARE WIDE BLANKET RESTRICTIONS

6.1	Blanket restriction	Rationale
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Healthcare

No smoking on Hospital premises	The rationale regarding smoking not being permitted on hospital property can be found in the Smoke Free Policy. The policy supports the NICE "Smoking Cessation in Secondary Care" recommendation that all secondary care buildings and grounds are smoke free.
No smoking when on escorted leave	On escorted leave, service users are not allowed to smoke as there no evidence as to the safe distance to protect our staff from second hand smoke exposure (see the Smoke Free Policy).
No alcohol on hospital premises	Alcohol is not allowed as: <ul style="list-style-type: none"> • It can undermine the individual's treatment programme. It can be a significant destabiliser for a person's mental health, negatively impacting on recovery. • It can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the service user and others at potential harm. • It can interact negatively and potentially dangerously with prescribed medication and other drugs. • It can be used to trade with or to coerce other people. • Once on a unit its onward distribution cannot be controlled.
No Illicit drugs on hospital premises	Illicit substances are not allowed as: <ul style="list-style-type: none"> • Possession and distribution can constitute a criminal offence • It can undermine the person's treatment programme. • It can be a significant destabiliser for a person's mental health, negatively impacting on recovery • It can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the service user and others at potential harm. • It can interact negatively and potentially dangerously with prescribed medication. • It can be used to trade with or to coerce other people. • Once on a unit its onward distribution cannot be controlled.
No New Psychoactive Substances (NPS or "legal highs") on hospital premises	NPSs are not allowed as: <ul style="list-style-type: none"> • They have unpredictable effects on physical and mental health. • They can be a significant destabiliser for a person's mental health, negatively impacting on recovery

	<ul style="list-style-type: none"> • They can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the service user and others at potential harm. • They can interact negatively and potentially dangerously with prescribed medication. • They can be used to trade with or coerce other people. • Once on a unit its onward distribution cannot be controlled.
No illegal pornographic material on hospital premises	<p>Pornographic material can be highly offensive to other service users. However, the service respects the right for individuals to access mainstream pornography – this should be within a private area.</p> <p>When mentally unwell, behaviour can be disinhibited, and the use of sexually stimulating material may lead to sexualised acts that are offensive and may constitute an offence.</p> <p>Pornographic material may undermine specific treatment.</p>
No weapons, including knives and firearms, on hospital premises	<p>The service has a duty to ensure the safety of staff and users of its services. No firearm, even if legally held, or knives will be allowed on hospital premises.</p>
All doors into clinical areas will be locked (other than private units for informal patients)	<p>A safe and protective environment for patients, staff and visitors within in-patient areas is of the utmost importance. To support this, access to and exit from in-patient areas needs to be managed. All main access points to bed based clinical areas will have a system so that access and exit is managed by clinical staff and on a request basis.</p> <p>A patient’s article 8 rights should be protected by ensuring any restriction on their contact with family and friends can be justified as being proportionate and in the interests of the health and safety of the patient or others.</p>
Access to courtyards and outdoor spaces at night	<p>In order to maintain a safe ward environment at night access to outside courtyard areas will be restricted. A ward will have the ability to open up outdoor courtyards/gardens at night on an individual or group basis depending upon the specific circumstances at the time, as long as they can be assured that staffing arrangements allow this to be done safely.</p>

7 AUTHORISATION & MANAGEMENT OF RESTRICTIONS IN A SPECIFIC UNIT

7.1 **What should not form part of a blanket restriction** - The expectation is that the following will not be subject to a blanket restriction (possible exceptions may apply to specific patients in our secure units – see section below):

- Access to (or banning) mobile phones (and chargers)
- Access to the internet – (may need to be supervised for specific patients)
- Incoming and outgoing mail
- Visiting hours
- Access to money or the ability to make purchases
- Taking part in preferred activities

7.1.1 The Mental Health Act Code of Practice (2015) states that such restrictions “have no basis in national guidance or best practice; they promote neither independence nor recovery, and may breach a patient’s human rights”.

7.2 **Implementing a blanket restriction in a specific ward area** - There may be occasions when it is necessary for the safe running of a unit that a blanket restriction be implemented. Examples of times where there may be a blanket restriction in place for a specific ward area or unit can include the following:

- Access to certain service-user areas, due to environmental risks that cannot be individually risk managed.
- Access to certain snacks and foods due to a service user having a severe food allergy.
- Access to takeaways limited to a certain frequency to ensure balanced diet.

7.2.1 The expectation is that the need for such a blanket approach to manage the situation be fully explored before implemented, and include consultation with senior staff such HD/DoCS and Medical Director. If an alternative cannot be identified and the blanket restriction is still deemed necessary, ensure the following:

- All affected service users must be made aware of why the decision was made. Any impact the restriction may have on the service user should be documented in the electronic patient record.
- The decision should be escalated through normal line management arrangements at least to the level of the Director of Clinical Services. If in the judgement of the DoCS this should be escalated further, an exception report can be made to the Hospital Director or Managing Director to report.
- The decision should in all cases be reviewed at the next Governance meeting. Monitoring and review mechanisms should be agreed and documented.
- Units should keep a register of temporary blanket restrictions in place on each ward, in order that the extent of any blanket restrictions are transparent and can be regularly reviewed as appropriate.

8 SECURE SERVICES

8.1 Recognised in the Code of Practice is that within Secure Services restrictions may form part of the broader package of physical, procedural and relational security measures associated with an individual’s identified need for enhanced security. Under such circumstances, blanket restrictions are permissible in order to manage high levels of risk to other patients, staff and members of the public.

8.2 The Forensic Service operates an associated procedure which specifically covers the range of potential blanket restrictions which may at any time operate in some or all of its in-patient units, as well as the governance arrangements around their use (Procedure on the use of Restrictive Practices within the Forensic Service).

9 INDIVIDUALISED APPROACHES TO RISK BASED CARE PLANNING

9.1 A service user would normally have access all the activities and opportunities associated with that unit. However, for clinical and/or risk-based reasons, it may be appropriate for an individual service user not to have to access to one or more of those activities. This decision must be based upon a multi-disciplinary risk assessment, with a clear rationale why it is not appropriate at the current time, and when restrictions will be reviewed.

9.2 The service user must be made fully aware of why the decision was made, as well as how and when it is to be reviewed. This discussion will be documented on the Electronic Patient Record, as well as the impact the restriction may have on the service user

10 MANAGEMENT OF THE BLANKET RESTRICTIONS POLICY

10.1 Oversight and approval of the policy will be by the Priory Board, in accordance with the remit of that group and on behalf of the hospital managers.

10.2 Matters can be brought to the attention of the Executive Management Team on an exceptional basis should urgent consideration be required of a potential blanket restriction. The Executive Management Team meets monthly

10.3 **Local Accountability** - Ward managers are responsible for ensuring that blanket restrictions are only applied when required, are used for the minimal period of time they are needed for and are not in place to either punish patients or in response to inadequate staffing. In coming to such a determination, the Responsible Clinicians and Manager for that ward area should be consulted. Wards should escalate the imposition of a blanket restriction through established routes e.g. DoCS or HD.

10.3.1 Managing Directors will ensure that the Priory’s Regional SMT will have sight of the use and impact of any exceptional blanket restrictions within their locality as part of the monthly report provided through Locality Management and Governance Committees.

10.3.2 Responsible Clinicians are accountable for ensuring that patients are in the least restrictive environment and not subject to unnecessary restrictions.

10.4 A register of Blanket Restrictions will be kept for each ward using **H Form 153** Ward Register of Blanket Restrictions and will be reviewed as part of the Healthcare Annual Audit Calendar. Sites will be expected to carry out a Restrictive Practice Audit on each of their wards, which will include the review of both individual and blanket restrictions in place and a plan of action to reduce these restrictions where possible.

11 REFERENCES

11.1 Department of Health guidance: Positive and Proactive Care: reducing the need for physical interventions (2014)
Mental Health Act Code of Practice (2015)

12 ASSOCIATED FORMS

12.1 **H Form 153** [Ward Register of Blanket Restrictions](#)

13 EQUALITY IMPACT ASSESSMENT

13.1 **How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?**

Protected Characteristic (Equality Act 2021)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	None	Applies equally to all	
Disability	None	Applies equally to all	
Gender re-assignment	None	Applies equally to all	
Marriage or civil partnership	None	Applies equally to all	

Healthcare

Pregnancy or maternity	None	Applies equally to all	
Race	None	Applies equally to all	
Religion or beliefs	None	Applies equally to all	
Sex	None	Applies equally to all	
Sexual orientation	None	Applies equally to all	
Other, please state:			
EIA completed by:			
Name:	Paul Cowans, Specialist Director		
Role/Job Title:			
Date completed:	06.07.22		