Rotherham Doncaster and South Humber NHS Foundation Trust

Blanket Restrictions Policy

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1. Document summary

1.1 What is this policy about?

This policy explains how staff should manage **blanket restrictions**. A blanket restriction is a rule that applies to all patients, or a group of patients, rather than being based on an individual's needs or risks.

1.2 Why do we have this policy?

We want to keep patients, visitors, and staff safe while respecting patients' rights, dignity, independence, and recovery. The Trust aims to use the **least restrictive approach possible**.

1.3 What does the policy say?

- Blanket restrictions should only be used when they are necessary to manage a genuine safety risk.
- Staff should consider less restrictive options before introducing a blanket restriction.
- Any blanket restriction must be explained, recorded, monitored, and reviewed.
- Restrictions should be removed as soon as they are no longer needed.
- Patients should be told about any blanket restrictions that affect them.
- Patients, carers, and families should receive information about prohibited and restricted items when a patient is admitted.

1.4 Who is responsible?

All staff have a responsibility to:

- Follow this policy.
- Report and record blanket restrictions correctly.
- Help reduce unnecessary restrictions.
- Support patients to maintain as much choice and independence as possible.

Managers and senior leaders are responsible for:

- Making sure restrictions are necessary and proportionate.
- Monitoring and reviewing restrictions.
- Ensuring restrictions are removed when they are no longer required.

1.5 How is the policy checked?

The Trust monitors the use of blanket restrictions through:

- Incident reporting.
- Ward registers.
- Governance and quality meetings.
- Regular reviews and audits.

Key Message: Blanket restrictions should only be used when they are necessary, proportionate, and in the interests of safety. They must be reviewed regularly and removed as soon as possible. The Trust is committed to reducing restrictive practices and supporting patient rights, dignity, choice, and recovery.

2. Introduction and aim

This policy applies to all colleagues working in mental health inpatient services, older people's mental health services, learning disability inpatient services, and day care services within Rotherham Doncaster and South Humber NHS Foundation Trust.

The aim of this policy is to ensure that any blanket restrictions are only used when they are necessary, proportionate, and justified. The policy supports colleagues to recognise, implement, monitor, review, and remove blanket restrictions in a way that protects patient safety while also respecting patients' rights, dignity, choice, and independence. It also provides a clear process for recording and reviewing blanket restrictions to support the reduction of restrictive practices wherever possible.

3. Procedure

This policy helps colleagues understand their responsibilities when considering and applying blanket restrictions. Blanket restrictions should only be used when there is a clear and justifiable reason. The overall aim is to ensure that patients are not subject to unnecessary restrictions and that any restrictions in place are regularly reviewed and removed as soon as it is safe to do so. The policy also provides a framework for recording, monitoring, and reviewing restrictions across the Trust.

A blanket restriction is a rule or practice that limits the freedom or rights of all patients, a group of patients, or everyone within a service without being based on an individual assessment of need or risk. Blanket restrictions should generally be avoided unless there is a clear safety reason that makes them necessary and proportionate. In secure services, some restrictions may be required as part of the overall security arrangements.

Where a blanket restriction is introduced, there must be a system in place to ensure that it is regularly reviewed, remains necessary, and is removed as soon as possible. The Trust is committed to reducing restrictive practices wherever it is safe to do so.

3.1 Blanket restrictions, prohibited items and restricted items

The Trust maintains a list of items that are not permitted on mental health and learning disability wards because they present a significant risk to safety. These prohibited items include alcohol, non-prescribed drugs, vaping devices used for illicit substances, weapons, flammable materials, pornography, material that promotes hatred or violence, and other items that could be used to cause harm. Animals are not permitted except for assistance dogs, approved therapy animals, or authorised visits from pets where this is considered beneficial and risks have been appropriately assessed and managed.

The Trust also identifies restricted items that may be allowed following consideration of individual risk and care needs. Examples include cigarette lighters, certain toiletries, aerosols, razors, identity documents, bank cards, stationery, cutlery, glass items, and tinned products. Access to these items should be managed according to individual risk assessments and care plans.

The trust's smoke-free requirements are not considered a blanket restriction and should be managed in line with the relevant trust policy.

When considering whether a practice is a blanket restriction, colleagues should first establish whether the restriction applies to all patients on a ward or within a service. If it does, it should normally be treated as a blanket restriction and managed under this policy. If the restriction only applies to individual patients, it should be managed through person-centred care planning and risk assessment rather than through the blanket restriction process.

3.2 Normative expectations regarding blanket restrictions at different levels of security

The expectations set out within Appendix B provide guidance on what restrictions may reasonably be expected in different levels of secure services. These expectations are intended as guidance only. Decisions should always take account of the specific circumstances, risks, and needs of the ward, service, and patients involved.

3.3 Amber lodge low secure

Some restrictions are expected within secure services due to the risks presented by the patient group and the need to maintain safety and security. These restrictions form part of a wider approach that includes physical, procedural, and relational security measures.

Amber Lodge operates admission criteria to ensure that patients are placed in the least restrictive environment that can safely meet their needs. The service also maintains local standard operating procedures covering subjects including prohibited and restricted items, management of sensitive materials, and the use of mobile phones and other personal devices.

3.4 Action to take when a blanket restriction must be implemented at short notice due to immediate safety concerns

Before introducing a blanket restriction, colleagues must consider and, where possible, try alternative measures. If an immediate restriction is required because of a safety concern, the ward manager or nurse in charge should authorise the restriction.

The matron and relevant senior leaders should be informed as soon as possible. An incident report must be completed and the restriction recorded in the records of all affected patients. The restriction must also be entered onto the ward blanket restrictions register, including review dates and outcomes. The ward manager is responsible for ensuring these actions are completed.

Where a restriction is likely to remain in place for a longer period, it must be reviewed regularly by the relevant care group senior leadership team. Clear plans should be developed to reduce and remove the restriction at the earliest safe opportunity.

3.5 Information to patients and carers

On admission, patients, relatives, and carers should receive information about prohibited and restricted items. This information should be included within the ward admission pack.

Patients, relatives, and carers should also be informed of any blanket restrictions that are already in place on the ward. If new restrictions are introduced, all affected patients must be informed promptly and advised of any alternative arrangements that have been put in place.

3.6 Action if a blanket restriction is identified during a Care Quality Commission inspection (including a Mental Health Act inspection)

If a blanket restriction is identified during an inspection and has not previously been recognised by the trust, this policy must be applied immediately. The restriction must be reported, recorded, reviewed, and monitored in line with the requirements set out in this policy. Any actions taken should be included within the trust's response and improvement planning processes.

3.7 Governance arrangements

All locally imposed blanket restrictions must be reported through the trust incident reporting system and entered into the records of all affected patients. Appropriate senior managers and governance leads must be notified to ensure oversight and review. Once an incident has been reported, the Clinical Governance Team will enter the restriction on a central register and monitor whilst the restriction is applicable.

The process and grading of restrictions, including escalation and governance is as follows:

Short-Term, High-Impact Blanket Restrictions

Approval – Ward Manager, and/or Matron/ RRI Lead. On call Manager if out of hours.

Review requirement: Each shift handover or at least every 24 hours

Example	Typical Rationale	Governance Risk if Prolonged
Suspension of all patient leave	Serious incident or acute absconding risk	Unlawful deprivation of liberty
Removal of personal mobile phones	Immediate safeguarding or exploitation concerns	Social isolation, Article 8 breach
Universal enhanced observations	Ward-wide escalation in risk	Normalisation of restrictive practice

Medium-Term, Medium-Impact Blanket Restrictions

Approval – Ward Manager, and/or Matron/ RRI Lead. On call Manager if out of hours.

Review requirement: Ward MDT review (or sooner if risk reduces)

Example	Typical Rationale	Governance Risk if Prolonged
Restricted laundry/kitchen access	Risk of self-harm or misuse of utensils	Infantilisation and loss of skills
Restricted visiting hours	Safeguarding or acuity pressures	Impact on family involvement

Longer-Term, Lower-Impact Blanket Restrictions

Approval – Chief Nursing Officer and Chief Medical Officer.

Review requirement: Multi-Professional Leadership Team (MPLT) / Governance review every 28 days

Example	Typical Rationale	Governance Risk if Prolonged
Fixed mealtimes	Catering and staffing logistics	Reduced flexibility
Night-time quiet hours	Sleep hygiene and safety	Low if proportionate
Restrictions on electrical items	Health and safety compliance	Minimal if alternatives provided

Each ward must maintain a local blanket restrictions register. Responsibility for monitoring, reviewing, and challenging the continued use of blanket restrictions rests with the directorate multidisciplinary team. Reviews should involve relevant medical, nursing, allied health professional, and management representatives.

Blanket restrictions must be discussed through established governance arrangements, including care group and quality governance meetings. Regular reporting should be used to provide assurance that restrictions remain necessary, proportionate, and subject to active review.

This should be discussed at the care group business meeting and out briefed to the Quality and Safety Group. A report is also sent bi-monthly to the Mental Health Act Committee.

4. Responsibilities

4.1 Chief executive and board of directors

Chief executive and board of directors are responsible for ensuring that the trust has policies and procedures in place to support best practice, the management of associated risks and compliance with all legislation which is applicable to the trust. The chief executive has overall responsibility for the health, safety and welfare arrangements of the trust and compliance with legislation.

4.2 Chief nurse

Chief nurse is the accountable director with responsibility for ensuring implementation of this policy.

4.3 Care group directors, matrons, service managers and ward managers

Care group directors, matrons, service managers and ward managers:

- raising clinical colleague awareness of this policy and maintaining effective communication of the policy to all colleagues
- overseeing implementation and compliance with this policy
- ensuring that any locally authorised blanket restrictions are:
    - justifiable and proportionate
    - the only option available to the clinical team
    - reviewed in line with this policy
    - implemented for the shortest time required
    - reported on the trust incident system and recorded in the ward based blanket restrictions register
- taking appropriate action where colleagues fail to comply with this policy

4.4 Clinical colleagues working on the ward and day care areas

Clinical colleagues working on the ward and day care areas to:

- comply with the requirements of this policy
- the nurse in charge at the time of a local blanket restriction being put in place, should ensure that an incident report has been completed and advise the matron
- report any incidents in relation to any breaches in relation of this policy to their line manager and via the trust incident reporting system, that is failure to report a restriction in a timely manner

4.5 Trust Adult Safeguarding team

Trust Adult Safeguarding team will be responsible for considering and advising on any safeguarding implications from the implementation of any blanket restrictions within the trust services.

5. Training

There are no mandatory training requirements that relate specifically to this policy. However, all colleagues should be made aware of the policy and its requirements through local induction processes, team meetings, line management discussions, performance and development reviews, and information available on the trust intranet

6. Monitoring Arrangements

Compliance with this policy will be monitored through incident reporting, governance processes, reviews of blanket restriction records and registers, and any investigations undertaken following reported concerns or breaches. Monitoring arrangements will provide assurance that restrictions are being applied appropriately, reviewed regularly, and removed when no longer required.

7. Related documents

- Searching of a person, (patients and visitors) and their property procedure
- Drug misuse on trust premises policy
- Smoke free policy
- Visiting patients on inpatient areas policy
- Mobile devices, social media, the internet and digital content, appropriate and acceptable use

The following standard operating procedures for Amber Lodge.

- Prohibited and restricted items management procedure
- Mobile devices, social media, the internet and digital content, appropriate and acceptable use
- Pornographic and sensitive material management procedure
- Care Quality Commission brief guide: Go to Care Quality Commission and search for “The use of blanket restrictions in mental health wards”.
- Mental Health Act (1983) Code of Practice (2015).

8. Appendices

8.1 Appendix A Normative expectations regarding blanket restrictions at different levels of security

- Appendix A Normative expectations regarding blanket restrictions at different levels of security (colleagues access only)

8.2 Appendix B Ward based blanket restrictions register

- Appendix B Ward based blanket restrictions register (colleagues access only)

8.3 Appendix C How to enter a blanket restriction on SystmOne

- How to enter a blanket restriction guide (colleague access only)

8.4 Appendix D Training videos

- Restrictive interventions, blanket restrictions
- How to record blanket restrictions using SystmOne

8.5 Appendix E Prohibited items poster

- Appendix E Prohibited items poster (colleagues access only)