

Brief guide: Substance misuse services – use of blanket restrictions

Please note there are [mental health services brief guides](#) on related topics that may also be useful.

Context

Providers may expect clients to follow blanket restrictions for their safety or as part of their recovery plan. If clients do not comply, the provider can take action, such as discharging them from the service. Providers should use few blanket restrictions overall. They should regularly review their use, so they do not restrict clients unnecessarily or breach their human rights.

Blanket restrictions¹ will vary depending on service type, but examples which support recovery include:

Community	Supervising clients taking prescribed medicines Mandatory supervised urine testing No alcohol or non-prescription drugs on the premises No mobile phones in therapy sessions or group work
Inpatient wards and residential units	No or limited access to mobile phones or internet, or both Restricted access to money No alcohol or non-prescription drugs, and no alcohol-based aftershave on the premises Mandatory supervised urine testing No access to certain books or films Visiting arrangements restricted to approved visitors, specific times and/or supervision No access to bedrooms outside set hours or no access to kitchens Mandatory wake up and bed times No or escorted community leave, usually for a settling in period Mandatory searches - searches on returning from community leave and room searches

Clients receiving treatment on a voluntary basis can leave if they cannot comply with restrictions (or for other reasons). Staff may discourage this but cannot prevent it.

Evidence

A good service will have the following evidence in documents, records, staff interviews, and client interviews.

- **Human rights-based policy** such as one based on the five 'PANEL' principles – participation, accountability, non-discrimination, empowerment and legality. It should include guidance on appealing against restrictions.

¹ The High Court ruled that smoking bans do not breach human rights principles so they are not recognised as a blanket restriction: [R \(G\) v Nottinghamshire Healthcare NHS Trust \(2008\) EWHC 1096 \(Admin\)](#).

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

- **Justified restrictions** with a clear basis for each.
- **Staff who can identify and justify** blanket restrictions and act correctly when clients breach them.
- **Staff who can explain restrictions and sanctions** prior to and on admission, with clients signing to say they understand and accept them.
- **Consistent and proportionate actions** when people breach restrictions.
- **Regular reviews of restrictions**, including client-specific restrictions and for the whole service.
- **Involvement of client user groups or individuals** in reviewing restrictions (unless evidence shows this would increase risk).
- **Staff who follow the Mental Capacity Act 2005** if people lack capacity.
- **Multidisciplinary or multi-agency (or both) procedures to manage risks** to those who cannot comply with restrictions and leave care and treatment.

Reporting

In **equality and human rights** section of **effective** or, if appropriate, **good practice in applying the Mental Capacity Act** sections mention informed consent to blanket restrictions and associated sanctions. Say how the service applies the PANEL principles – participation, accountability, non-discrimination, empowerment, legality – to restrictions and sanctions.

In the **involvement of clients in the care they receive** section of **caring**, say whether the service involved clients in reviewing blanket restrictions, personal restrictions or sanctions.

Policy position

The Department of Health's guidance on working towards less restrictive practice across health and social care states:²

'Oppressive environments and the use of blanket restrictions such as locked doors, lack of access to outdoor space or refreshments can have a negative impact on how people behave, their care and recovery. They are inconsistent with a human rights-based approach. Providers should ensure that they abide by the Human Rights Act and, where possible, do not have blanket restrictions in place. Where these are considered necessary, providers should have a clear policy in place and ensure that the reasons are communicated and justified to people who use services, family members and carers. Providers may be challenged to justify the use of such restrictions under the Human Rights Act.'

[Our human rights approach](#) – helps us apply human rights principles, and equality, to our work.

Link to regulations

CQC seeks to be consistent in its application of the regulations, so please refer to appendix 1 for a breakdown of how they should be applied if unjustifiable blanket restrictions are in place.

² [Positive and Proactive Care: reducing the need for restrictive interventions](#), 2014, paragraph 39.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

Appendix 1 Deciding which regulation applies

During admission to substance misuse services clients may sign an agreement to the use of blanket restrictions. However, the provider is still required to keep any blanket restrictions to the absolute minimum.

Regulation 13 safeguarding from abuse and improper treatment

This regulation may be breached when a blanket restriction includes an act which is:

- intended to control or restrain the client ³
and
- is not necessary to prevent, nor a proportionate response to, the risk of harm to the client or another individual.

Regulation 9 person centred care

This regulation may be breached when a blanket restriction is not accompanied by:

- individual risk assessments
or
- involvement of clients in relation to the restriction.

The distinction between this and regulation 13 is that with regulation 9 the blanket restrictions would impact on individual care planning and would not be used to control or restrain clients.

Regulation 10 dignity and respect

This regulation requires clients to be treated with dignity and respect and requires a provider to ensure the privacy of the client and to support the client's autonomy, independence and involvement in the community.

Regulation 11 need for consent

Care and treatment must only be given with the consent of the relevant person. If the client lacks capacity the provider must act in accordance with the Mental Capacity Act 2005 or the Mental Health Act 1983 if the client is detained.

There may be a breach of regulation 11 if there is evidence that there is a blanket policy in relation to clients who lack capacity and there is evidence that best interests decision making has not taken place.

Regulation 12 safe care and treatment

This regulation may be relevant where the impact of the blanket restrictive practice raises issues relating to the safety of clients. This may require a consideration as to whether the breach is regulation 13 or regulation 12 as the evidence may be relevant to each.

³ Service user is the term used in the regulations.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

The distinction between regulation 12 and regulation 13 is likely to be that the blanket restriction will link to safety and relate to the matters in regulation 12 (a) to (i). Regulation 13 is solely about restraint and control.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

Brief guide BG053: Brief guide: SMS use of blanket restrictions v2, August 2019 Review date: September 2020