

Chapter 6: The care home setting - liberty restricting measures and questions for front line staff

- A The following are examples of potentially liberty-restricting measures that apply in a **residential care home for older adults**:
- A keypad entry system;
 - Assistive technology such as sensors or surveillance;
 - Observation and monitoring;
 - An expectation that all residents will spend most of their days in the same way and in the same place;
 - A care plan providing that the person will only access the community with an escort;
 - Restricted opportunities for access to fresh air and activities (including as a result of staff shortages);
 - Set times for access to refreshment or activities;
 - Limited choice of meals and where to eat them (including restrictions on residents' ability to go out for meals).
 - Set times for visits;
 - Use of restraint in the event of objections or resistance to personal care;
 - Mechanical restraints such as lapstraps on wheelchairs;
 - Restricted ability to form or express intimate relationships;
 - Assessments of risk that are not based on the specific individual; for example, assumptions that all elderly residents are at a high risk of falls, leading to restrictions in their access to the community.
- B In addition to the measures described in (A) above the following additional features may be present in a **care home with nursing**:
- Use of medication for mental health problems
 - The need for restraint in the event of objections to personal care (which must be recorded in the resident's care plan: see note in 6.9).
 - The need for interventions to protect staff: for example, removal of residents' false teeth to prevent biting.
- C In addition to the measures described in (A) above the following additional features may be present in **care homes for those with severe and enduring mental health problems**:
- Having to take part in specified programmes (e.g. sex offender treatments) as a condition of a conditional discharge or CTO;
 - Being required to comply with medication as a term of a conditional discharge or CTO;
 - Having to avoid certain settings (such as playgrounds);
 - Being required to live in the care home as a term of a conditional discharge;
 - A requirement to be escorted when going out (whatever the risk being guarded against);

- A curfew;
- Having to observe an exclusion zone;
- Restrictions on contact with victims or other persons.

D In addition to the measures described in (A) above the following additional features may be present in **care homes for adults with learning disabilities**:

- A perimeter fence with a locked gate;
- Keypads on doors which residents cannot unlock;
- A structured routine;
- Monitoring and observation;
- Use of medication, including PRN;
- Use of physical interventions of any type in response to challenging behaviours;
- Use of sanctions such as “time out”;
- Residents being told to spend time in a “quiet room” as part of de-escalation;
- A care plan which provides that a resident must be escorted outside the care home (including where this results from physical needs e.g. a resident who needs someone to push their wheelchair);
- Restrictions on developing sexual relations;
- Mechanical restraints, e.g. lapstraps;
- Decisions about contact with friends and family taken by others.

Questions for front line staff

These questions may help establish whether an individual is deprived of their liberty in this context:

- Are any of the liberty-restricting measures described above applied to the resident concerned? If so which and for what reason?
- Are there any restrictions on the person’s contact with others? If so do they restrict contact beyond the home’s usual visiting arrangements?
- Is the person’s access to the community restricted in anyway? For example must they be escorted? What would staff do if they left the home alone or sought to do so?
- Is the person required to be at the care home at specified times?
- Must the person be escorted either within or outside the care home?
- Is the person required to say where they are going when leaving the care home?
- Is the person required to take part in a programme of treatment? What happens if they do not?
- Is the person required to take medication? What are the arrangements for this? What happens if they do not take it?
- Is the person required to remain abstinent from alcohol or drugs?



- Are there drugs tests?
- Is any legal framework currently being used e.g. conditional discharge, CTO or guardianship? If so, what are the precise terms?
- Is the person required to observe an exclusion zone? If so how large is it and what implications does it have for (e.g.) visits to family members?
- Is the person required to avoid specific settings?
- Are decisions about contact with friends and family taken by others?
- Is choice extremely limited even in terms of everyday activities?
- Is restraint used to deliver personal care?
- Are the person's wishes often overridden, in their best interests
- Could any of the liberty-restricting measures be dispensed with?