



Improving care and support for autistic people, and people with a learning disability and / or mental health condition

October 2020



Easy read version of 'Out of sight – who cares?'



About this booklet

This booklet looks at the use of **restraint**, **seclusion** and **segregation** in services like a hospital or care home for autistic people, and people with a learning disability and / or mental health condition.



Restraint is when staff stop people from doing something. Sometimes the person is physically held by members of staff.



Seclusion is when staff members take a person to a room and make them stay there on their own.



Segregation is when staff members keep a person in a separate part of the building for a long time and do not let them mix with other people.





Staying in a mental health hospital



Hospital should only be used to help people for short periods of time so they can go back to where they live.



Getting the right care and treatment at home is better for people than being in a hospital.



Some people went into hospital without the people who make decisions properly understanding and asking them about their needs. This meant they did not have a good care and treatment plan.



In some hospitals, we found that staff did not feel listened to or supported to look after the people in their care. This included being given training on how to communicate with people (for example using Makaton, Picture Exchange Communication or Talking Mats).



The noisy and busy hospital wards can make people even more worried or frightened – particularly autistic people.



We found that some staff used this as a reason to use restraint, seclusion or segregation on people.



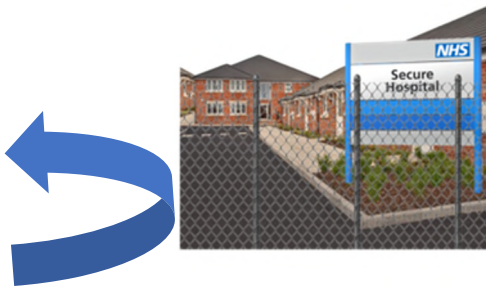
It was often difficult to find people the right care in the area where they live.



This could be because there is not enough money or the right types of services for people's needs.



We found that some people in hospital are waiting a long time to get the right support in the community. This can mean they end up more stressed and sad.



If people leave hospital but do not get the right community support, they can end up back in places like hospital.



Using restraint



We found that restraint was often used with people who were very worried or distressed. It was used in different ways:



- people were being physically held because they were doing things that could be dangerous for themselves or others



- people were being given medicines as a way of controlling them.



Some hospitals hardly ever used restraint, and others used it every day.



In adult social care services (like care homes), restraint was used more than seclusion or segregation.



We saw how frightening it could be for people to be restrained, but staff did not always understand that it could be frightening.



Sometimes people tried to stop themselves being restrained, and this could injure staff.



Using seclusion



Seclusion should only be used for the shortest time possible. However, we found it still being used even when people were calm, and sometimes for a long time.



In some care homes or support in people's homes, staff did not always know that they were using seclusion.



The seclusion rooms in some hospitals were not good enough and did not help people to get better.



For example, some seclusion rooms did not have toilets or windows to give fresh air or natural light. Not having these things could badly affect people's health or their sleep.



Generally, people in seclusion were not allowed to take their own things in with them. These things could make them feel more comfortable.



Using segregation



Some places used for segregation were good. People had their own bedroom, lounge, kitchen and bathroom and could have their own things around them (like pictures).



Other places though did not meet people's needs or help them to get better.



For example, people could not go outside easily, or rooms were dirty, or they did not have the right things in them, like toilet paper.



People should have plans to end segregation, so they can be with everyone else in the hospital and / or return to their local area. We found that some people did not have these plans.



What we think needs to change



- Autistic people, and people with a learning disability and / or mental health condition should be supported to live in their communities where they live.



- People who are being cared for in hospital should get good care that is right for them in small units.



- Staff must be trained to support people's needs so they can leave hospital as soon as it is possible.



- Restraint, seclusion and segregation should only be used in emergencies. It should not be seen as a way to care for someone.



Find out more

Look at our website here:

www.cqc.org.uk



If you want to give feedback on your care – it can be good or bad, fill out our form here:

www.cqc.org.uk/share-your-experience



Or you can call us on:

03000 61 61 61

