



# New consumers and restrictive practices

**This fact sheet will help providers understand their responsibilities regarding the management of new consumers who require restrictive practices or have started them before entering the service.**

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**Australian Government**  
**Aged Care Quality and Safety Commission**

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## New consumers and restrictive practices

Under the [Aged Care Act 1997](#) and [Quality of Care Principles 2014](#) (the Principles) aged care providers have updated and specific requirements and responsibilities when consumers have behaviours of concern and where restrictive practices are considered or used in a residential aged care service or short-term restorative care in a residential setting.

These are clearly outlined in the Commission's [Behaviour support plans](#) and [Overview of restrictive practices](#) fact sheets.

Provider responsibilities under the Principles do not change when a consumer is new or enters a service with one or more restrictive practices already in place as part of their care.

### Admitting new consumers

Providers should have processes in place to obtain and record information about new consumers before they're admitted, or immediately on their admission to the service.

This information will allow the provider to better understand the consumer as an individual including their history, background and needs so staff can tailor support services for each consumer.

Where possible, a registered staff member should be assigned to each new consumer to oversee their care, to help them adjust to the service and feel more comfortable in their new surroundings.

Consistent rostering to enable familiar staff to care for new consumers, will further assist with their transition into aged care.



### Understanding your new consumer

Providers are expected to gather information to enable them to get a clearer understanding of:

- the person's history and background
- their behaviour including any known triggers
- what strategies have been considered or tried including successful alternative behaviour strategies and their outcomes
- any assessments that have already been carried out should be sought for background information. Where none has been done previously, assessment and recording of the behaviour and development of a BSP should commence immediately.

In situations where a consumer has an existing restrictive practice, or a treatment or intervention that may be a restrictive practice, which has commenced in the community, including in hospital, obligations around use of restrictive practices automatically apply.

### Gathering information on restrictive practices

Providers need the following information:

- any assessments undertaken relating to the restrictive practice and who completed and contributed to these. Where possible, copies of these reports and assessments should be obtained and added as background to inform the care plan and the behaviour support plan
- the full history of the restrictive practice including when and why it was introduced and who decided that it was necessary
- the discussions that have occurred around continuation or removal of the restrictive practice, and who participated in these discussions
- the circumstances in which the practice is used, and
- how the restrictive practice affects the consumer.

If providers have questions about the restrictive practice, including why it was initiated and/or the conditions for its use, they should discuss this directly with the person who assessed it as necessary or prescribed the medication and with the person giving consent to this medication.



### Clarifying consent

For consumers who have a restrictive practice in place, providers must know:

- who consented to its use
- any concerns that person has about the practice, and
- whether they continue to consent. This includes making sure they are legally authorised to provide consent, consent has been documented and the consumer has been given all of the required information on the reasons, options, benefits and risks of the proposed restrictive practice.

Further information about [consent](#), including [frequently asked questions](#), visit the [Commission website](#).

### Seeking information on new consumers

Information can be obtained from the consumer, their family, other representatives, previous carers, former aged care services, and health professionals or specialists the consumer may have seen in the community.

For consumers entering the service from hospital, the discharge summary is a useful source of information.

It may be possible to obtain additional insights into the consumer, their care needs, and the use of the restrictive practice by speaking with the hospital treating team.

Where a consumer lacks capacity to provide information, or they have no family or friends who may speak on their behalf, they are particularly vulnerable. If this is the case, providers should consider engaging an advocacy service.

For information on advocacy services visit the [Older Persons Advocacy Network](#).



### Assessing consumer needs

Providers have to carry out consultations and assessments after a consumer has been admitted to the service to enable them to develop behaviour support strategies.

The [Principles](#) require that assessments are undertaken prior to the use of restrictive practices in aged care services.

- For chemical restraints — the approved provider needs to be satisfied that the prescribing medical or nurse practitioner has assessed that the consumer poses a risk of harm to themselves or others, has assessed that the use of a chemical restraint is necessary and prescribed medication for the purpose of using the chemical restraint
- For restrictive practices other than chemical restraints — an approved health practitioner, such as a medical practitioner, nurse practitioner or registered nurse, who has day to day knowledge of the consumer has assessed that the consumer continues to pose a risk of harm to themselves or others and assessed the use of the restrictive practice as necessary and the least restrictive form
- risks associated with use of any restrictive practice are identified for each consumer, and strategies are in place to monitor and reduce these risks.

### Documenting restrictive practices

Providers must have copies of assessments that address the criteria for the use of a restrictive practice.

It may be possible to obtain evidence of appropriate assessments as part of the admissions process. If providers

are unable to do so, assessments will need to be organised as a matter of priority.

If consumers show behaviours of concern, it is expected that providers will undertake behavioural charting to help them understand any potential causes or reasons for the behaviour and whether current strategies are effective.

This should commence as soon as the consumer enters the service. The information must be used to inform care planning, including reviewing and evaluating of use of the restrictive practice.

### Reviewing and evaluating restrictive practices

If a restrictive practice is in place, providers will need to consider whether there is an ongoing need for its use.

This includes whether the environment and behavioural supports available at the service will remove or reduce the need for the practice to continue.

If there is no information available indicating the need for the ongoing use of the restrictive practice, the provider should question whether it is required and begin a well monitored progressive withdrawal of the restrictive practice.

This should always be done in close consultation with the consumer or their substitute decision maker.

Throughout this process, information should always be documented in the care and services and behaviour support plans to record its outcome.



### CASE STUDY

## Peggy

Peggy has dementia and while at home she was prescribed regular risperidone as a chemical restraint after incidents of wandering during the night and becoming disoriented.

Peggy's care needs have increased, and her daughter is no longer able to care for her at home which is why she is entering a residential service.

Staff at the service speak with Peggy and her daughter to understand the history of use of the medication and the reason it was prescribed.

As Peggy has been assessed as needing to reside in a secure memory support unit, they discuss using an environmental restraint that will allow Peggy to wander safely.

In close consultation with Peggy, her daughter and their GP, it is agreed that the medication will be gradually deprescribed as Peggy adjusts to her new home.

Peggy continues to wander at times but in the new environment it no longer poses a risk. Peggy's gait and balance improves as the risperidone is ceased.

The service carefully monitors Peggy and implements tailored behaviour support strategies to specifically meet her needs.

**Please note: obligations for the ongoing use of restrictive practices applies if the restrictive practice continues to be required and/or it is changed post assessment.**

### CASE STUDY

## Betty

Betty has advanced dementia and is entering an aged care service after a hospital stay.

Her wife, Nancy, requests bed rails are installed on Betty's bed.

Nancy explains that Betty has always been a very restless sleeper and for the past 20 years has used bed rails at home.

During a respite stay at a previous service Betty fell from a Low Low Bed and suffered a fracture.

Bed rails were used during the hospital admission. Nancy is concerned Betty will fall and be injured again if bed rails are not in place.

The registered nurse assigned to oversee Betty's day-to-day care reviews all the hospital documentation and medical records before speaking with Betty and Nancy.

With Nancy's consent, she discusses Betty's needs with the community GP and hospital.

Based on the information she obtained, the registered nurse determines the bed rails are necessary to prevent risk of harm to Betty, as she falls out of bed without them.

Betty prefers regular toileting rather than continence aids overnight, and becomes distressed if she cannot access the toilet. Nancy discusses this with care staff, and to address the risk of not being able to move independently, it's agreed that staff will remove the bed rails as soon as Betty is awake.

After discussing these risks and benefits with Nancy, the nurse obtains and documents informed consent for this process.

A plan is made to review the practice after Betty has settled into the service.

The registered nurse continues to oversee Betty's care and builds a clearer picture of her ongoing care needs to inform future assessments.



### Commencing restrictive practices after admission

For some consumers, it may be appropriate for restrictive practices to be commenced after admission to the residential service.

This must be done in accordance with all the requirements as outlined in the Principles.

It is not appropriate for chemical restraints, or any other restrictive practice, to be prescribed 'just in case' they are needed to help a new consumer settle in. This includes prescription of 'as required' or PRN medications.



#### CASE STUDY

### Wei Guo

Wei Guo is a new consumer at an aged care service.

The visiting GP included risperidone, 'prn to settle', when writing up the medication chart which was her long term practice for all new admissions.

A dose of risperidone was administered to Wei Guo on his first evening at the service. The next day Wei Guo was drowsy, did not get out of bed and ate and drank very little.

An urgent review recognised the medication constituted a chemical restraint. It had been ordered without the appropriate assessments, administered with no clear indication, there was no consultation with Wei Guo or consent in place. It was stopped immediately.

Wei Guo was notified and assured it would not happen again.

A [Serious Incident Response Scheme](#) report was made on the inappropriate use of restrictive practices.

The service discussed what had occurred with the GP, and referred her to the [Department of Health's information on restrictive practices in aged care for Medical and Nurse Practitioners](#).



## Resources

For further information on restrictive practices and behaviour support planning see

- [Overview of Restrictive Practices fact sheet](#)
- [Behaviour support plans fact sheet](#)
- Dementia Support Australia's [behaviour support planning resources hub](#).

*The Aged Care Quality and Safety Commission acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.*



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