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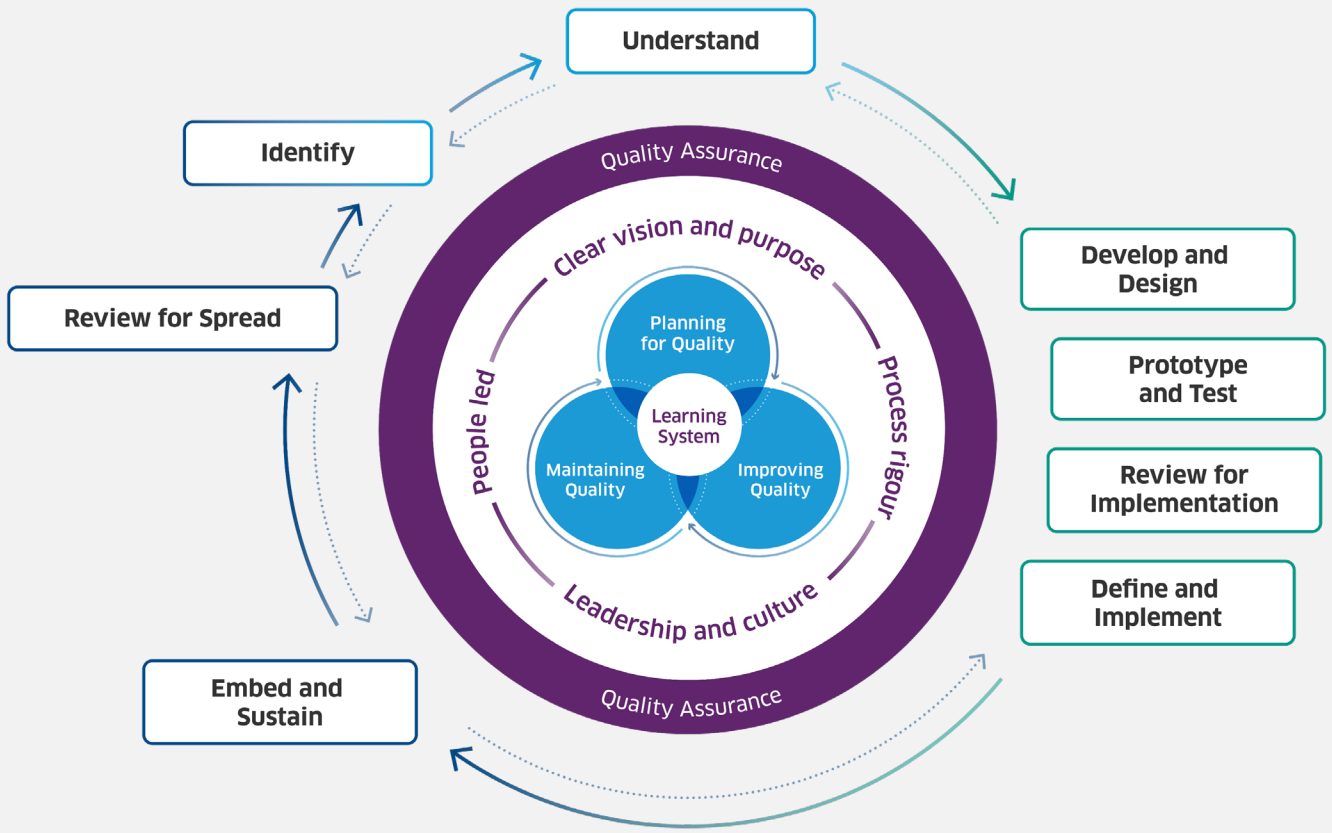
Scottish Approach to Change

Case Study: Reducing Restrictive Practice through Quality Improvement

June 2026

NHS SCOTLAND

The Scottish Approach to Change



The Scottish Approach to Change includes two aspects:

- the **Steps of Change** – which outline the process that should be undertaken when delivering change, and
- the **Enablers for Change** – the other aspects that are essential to enabling successful change.

The Scottish Approach to Change is integrated with the HIS Quality Management System Framework. It explains how to use a quality management system approach through a change process.

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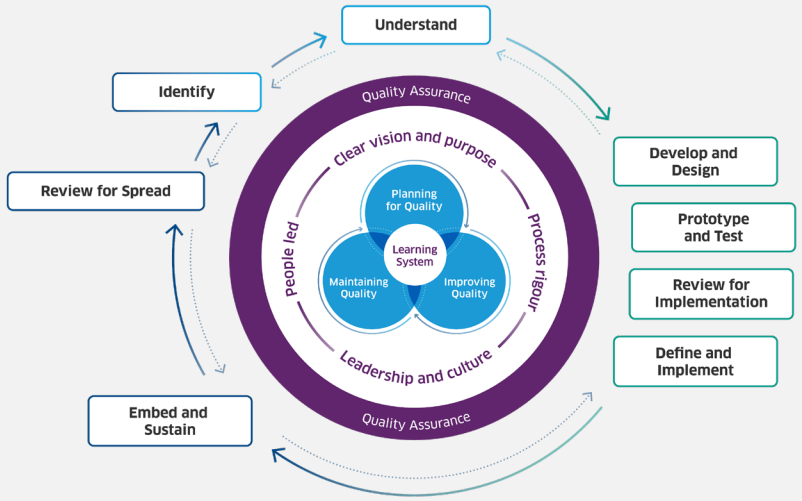
Knowledge for Change

This Case Study outlines how the Scottish Approach to Change has been used by the **Care Inspectorate's Knowledge for Change programme**, showing how the steps of change and the enablers of change have been used in practice to deliver change.



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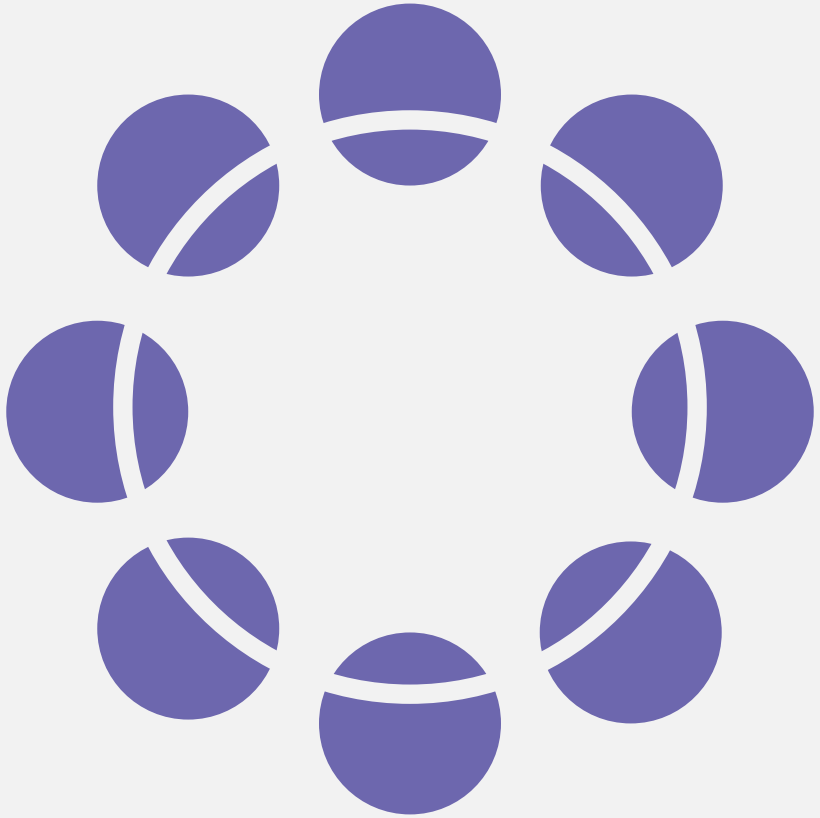
The Care Inspectorate's Knowledge for Change programme aims to support improvement and reduce restrictive practice.

The programme aims to:

- support a culture of least restrictive practice in a large social care provider in the East of Scotland
- reduce the use of restrictive interventions by 30% by August 2026, and
- support staff empowerment, learning, and the consistent application of rights-based, person-centred approaches.

The Steps of Change

How did they make the change?



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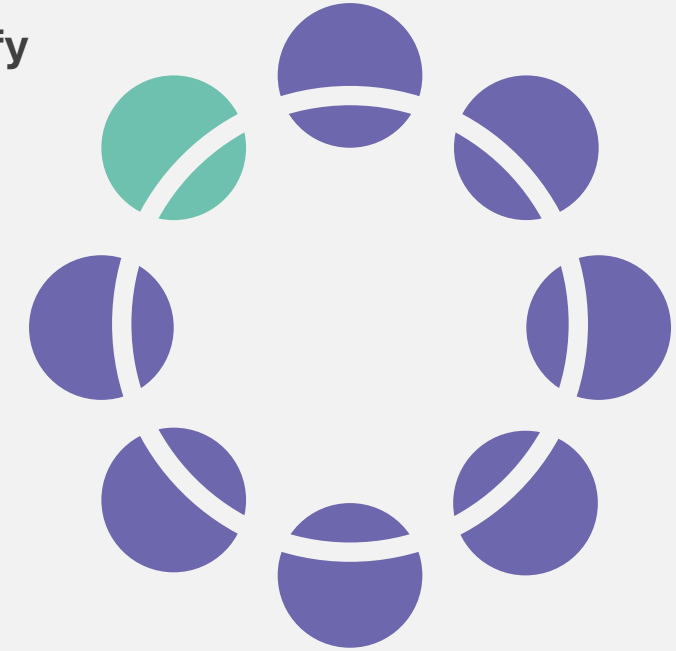
Identify



Care Inspectorate's Knowledge for Change programme identified the problem:

- **Staff did not recognise restrictive practice** and the legal framework that governs this in Scotland resulting in a culture of being risk averse and extensive use of restrictive practice.

- Due to lack of knowledge **restrictive practice was not being reviewed or reduced** to ensure it was the least restrictive option.

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Understand

Identify

To further understand the problem an evidence review and needs assessment were completed.

- Inspections by the Care Inspectorate evidenced that **the service were not recognising restrictive practice** and had a lack of knowledge of what was restrictive practice.
- **Staff often lacked confidence to identify restrictive practice** and look for alternative ways to support people.
- The project team recognised **frontline staff needed to be empowered to recognise and look at alternatives** in a safe and supportive environment to support and sustain change.

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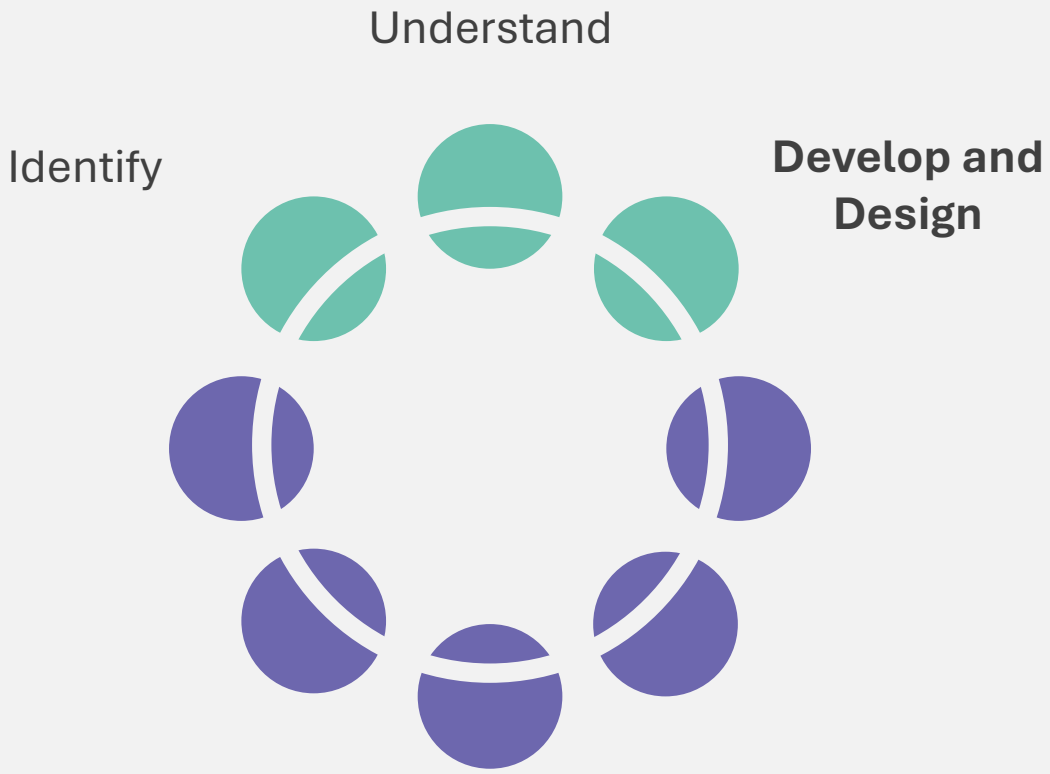

Care Inspectorate's Knowledge for Change programme used service design approaches to develop and design a solution.

- The programme used an **'all teach, all learn' approach** with shared learning across all younger people's communities.
- **Psychological safety was paramount** to allow staff to be open about current practice so they could then look at changes.

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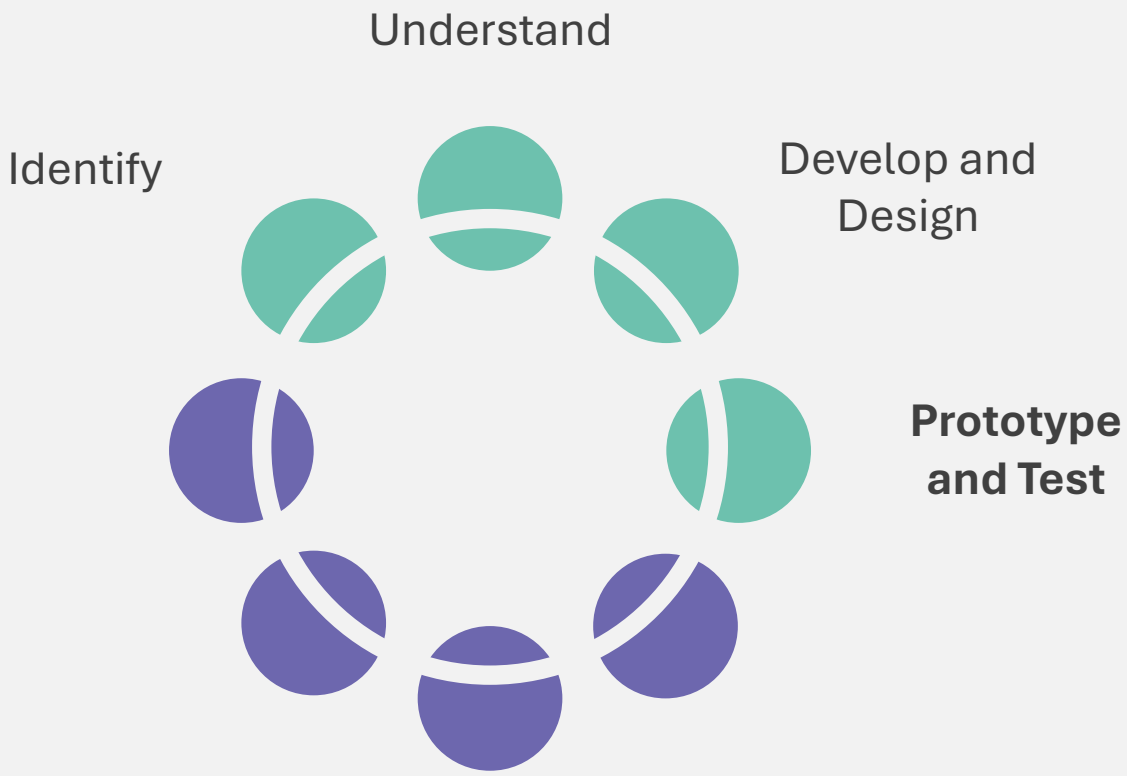

Change ideas were prototyped and tested.

- Care homes **developed and tested a dynamic risk register** for restrictive practice.
- Care homes **tested small-scale alternatives** with one resident at a time.
- They explored areas looking at:
  - **culture within the community**
  - **legal frameworks**, and
  - **staff knowledge and understanding**.
- **Data was tracked over time** to track progress and adapt when needed.

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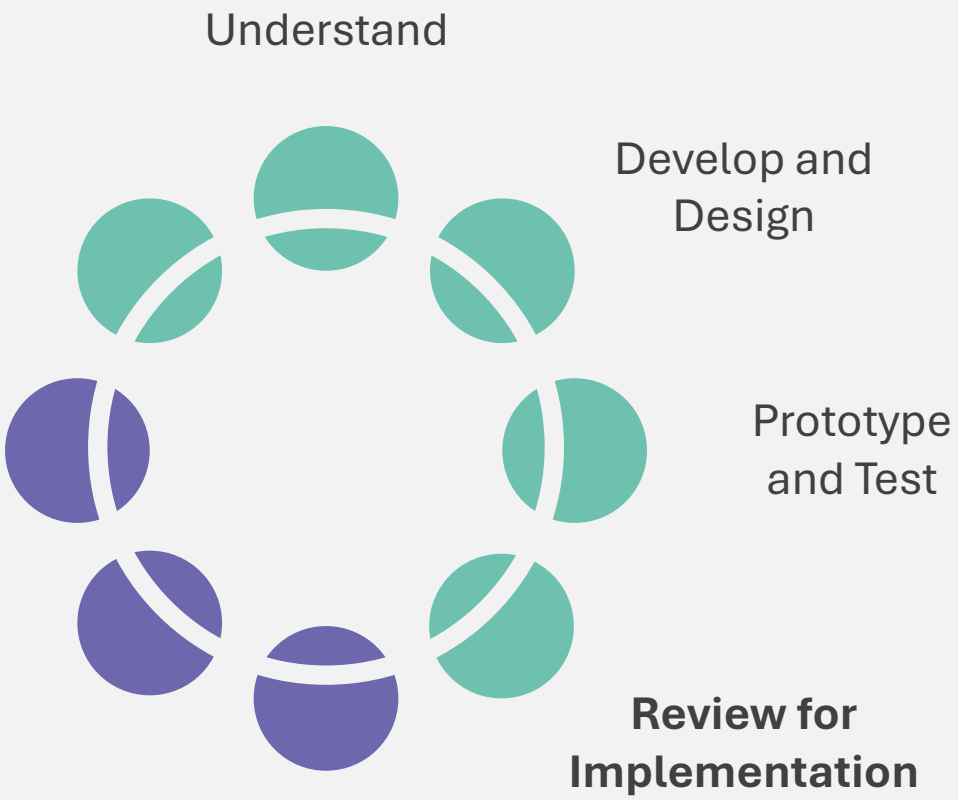

The changes were reviewed for impact.

- Staff across all services showed an **improved knowledge and confidence** in identifying restrictive practice which resulted in:
  - a **reduction in blanket restrictions** across the community
  - a **reduction in individual restrictions**
  - services having a **dynamic restrictive practice risk register**, and
  - supported people having a **reducing restrictive practice care plan**.
- **Data was tracked over time** to track progress and adapt when needed.

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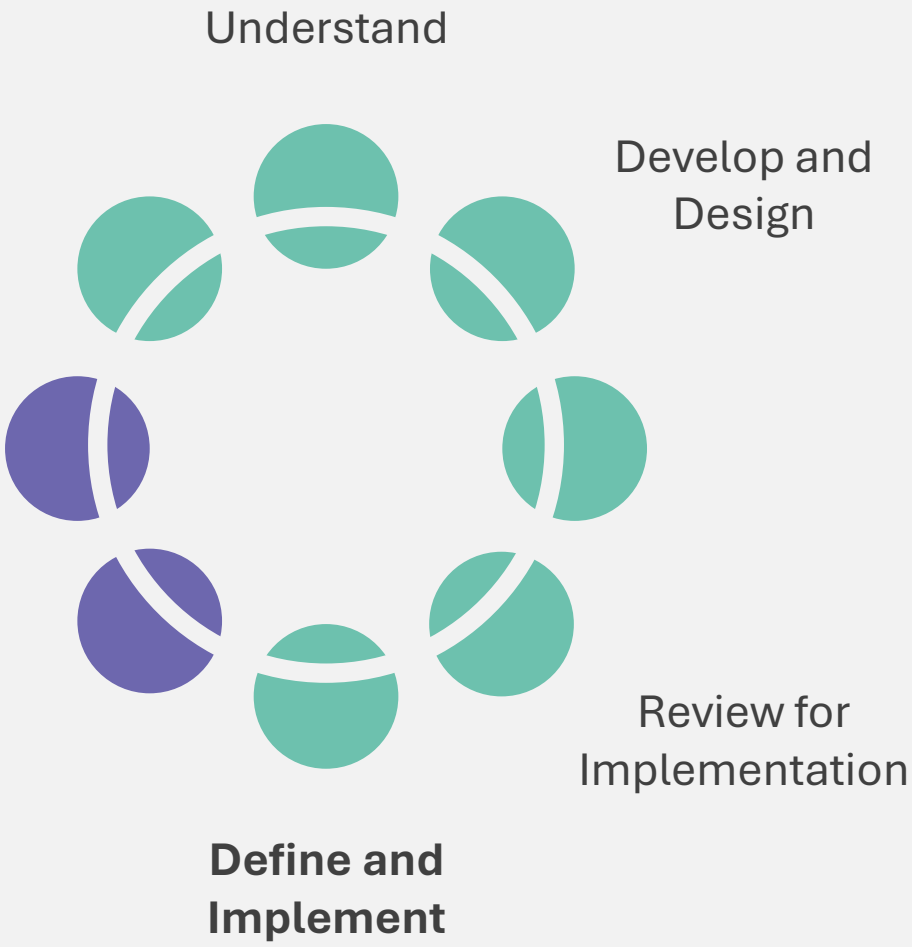
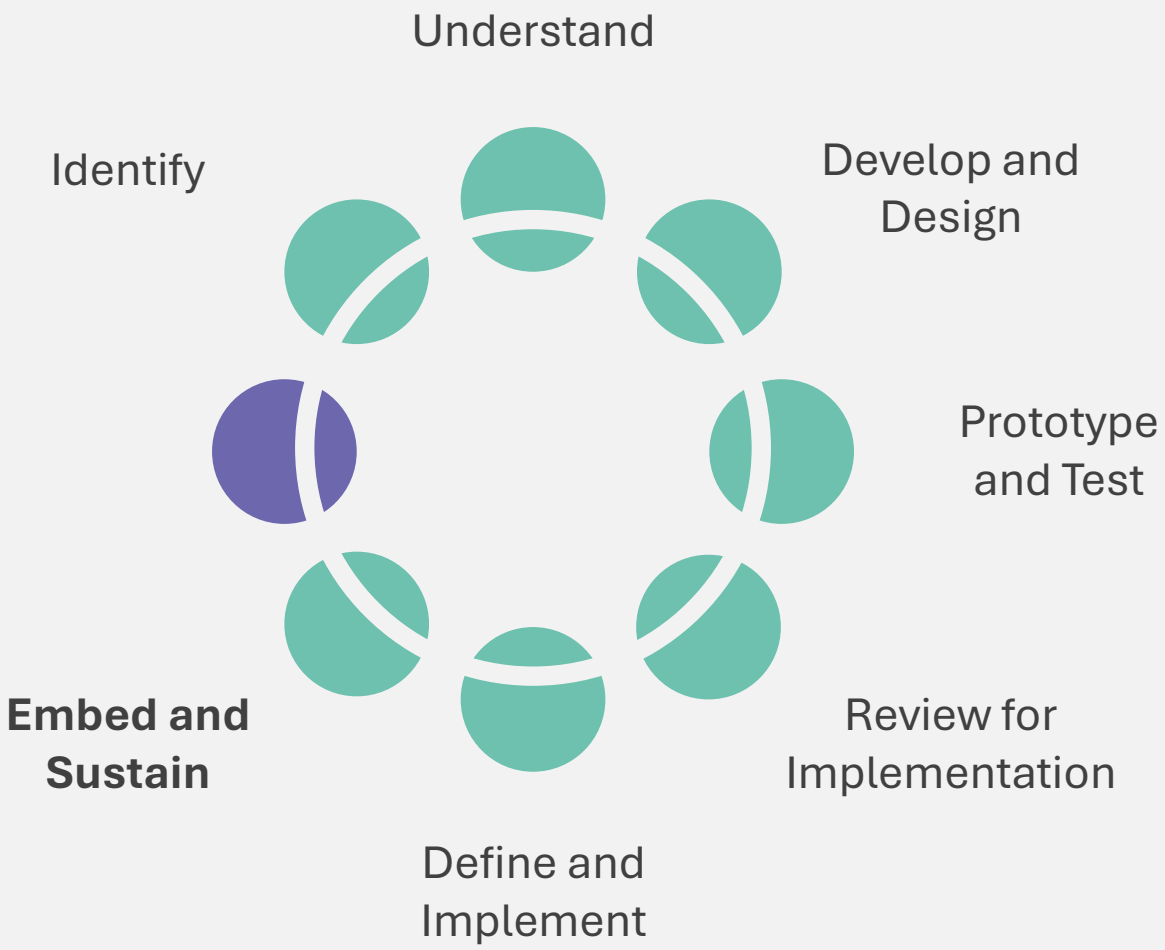


During the define and implement step:

- Services were supported on an **individual basis to implement their changes**.
- Services were also supported with a **shared learning support network** created with all leaders across the young people's communities coming together to share ideas, learn from each other, and test ideas in other sites.
- Staff were supported by a **designated team member identified to support quality improvement** across the services.



Sustainability of improvement was supported by:

- **Cultural shift** including psychologically safety, frontline leadership, and using data to drive change.
- **Dynamic risk register for restrictive practice embedded in practice** to promote a ‘knowledge is power’ ethos.
- **Staff taking ownership of reducing restrictive practices**, so it becomes everyone's business.

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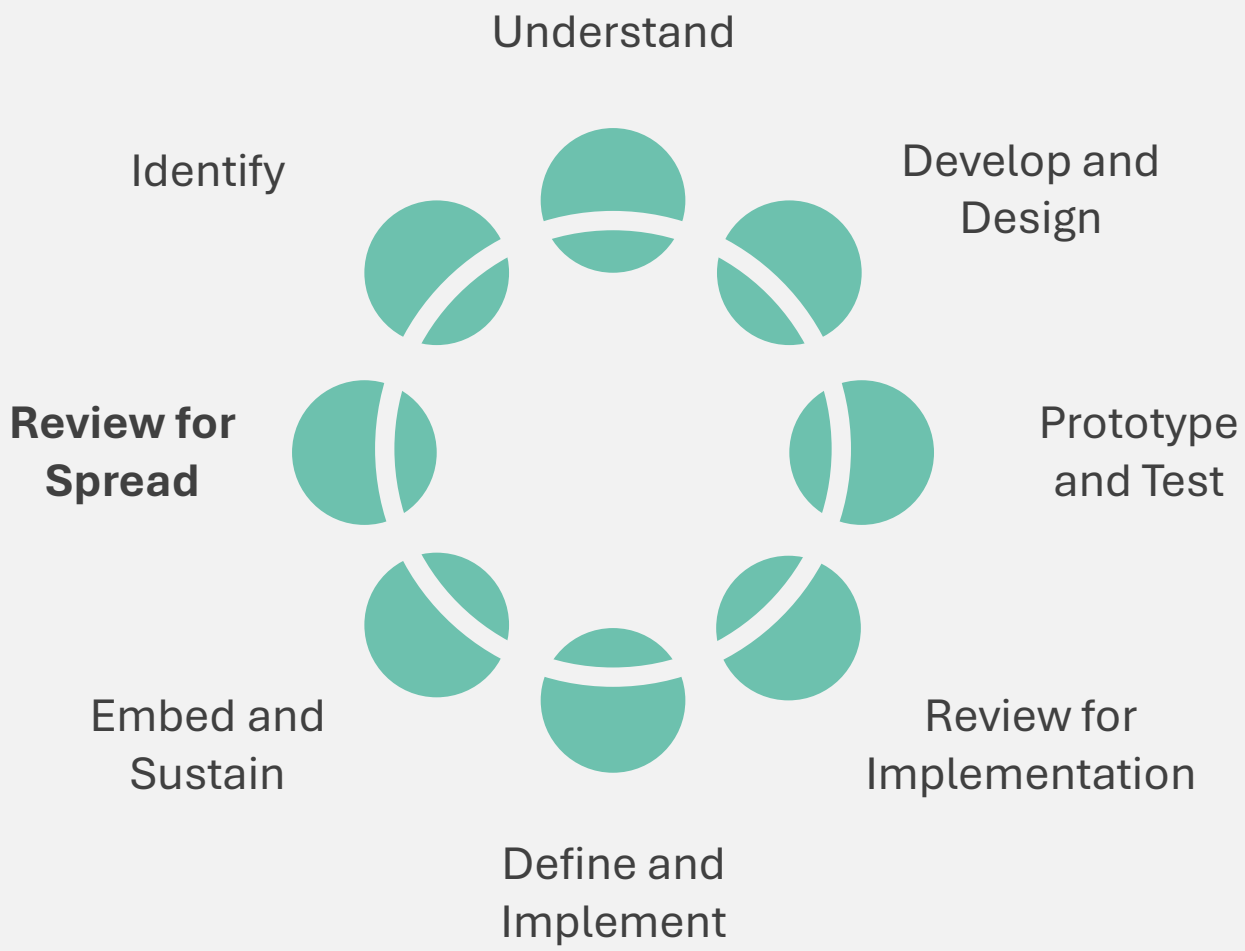

Preparation for spread and wider adoption has been supported by:

- Introducing a **restrictive practice link staff member** who supports staff in other homes and shares ideas.
- A **support network** set up for leads to share ideas, challenge current practice, and embed a change culture.

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The Enablers for Change

Why did it work?

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Process rigour

People led

Leadership and culture

Clear vision and purpose

Clear vision and purpose is necessary to provide direction, motivation, and alignment for everyone involved, ensuring efforts are focused and effective.

- Within the programme there was a **shared goal** to reduce restrictive practice use across each community.

- The programme focused on **person-led care** and **understanding why each restriction has been put in place** including whether it meet the legal framework of the least restrictive for least amount of time.

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Process rigour

People led

Leadership, culture, and a whole system approach are key to ensuring changes are sustainable.

- The programme created a **psychologically safe environment** where people could look at what restrictions were in place and why and start to challenge an actual versus perceived risk culture.
- The programme promoted a **culture of curiosity, courage, and continuous improvement**.
- Within the programme there was a focus on **empowering frontline staff to lead change** through having the knowledge of restrictive practice.

Leadership and culture

Clear vision and purpose

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Process rigour

A people led approach to change is crucial to ensuring the result of the change is also people led.

- The programme took a **people led approach** ensuring people's **human rights** were central to all interventions.

- In addition, **staff were encouraged to continuously think about why they were using restrictions**, did they still need to be used, and could anything be done differently.

People led

Leadership and culture

Clear vision and purpose

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Process rigour means deliberately and systematically going through a structured process to ensure high-quality and reliable outcomes are achieved.

- To ensure the process was rigorous **quality improvement methods** were used, including **Plan-Do-Study-Act cycles**.
- **Data was tracked over time.**
- A **driver diagram** was used to keep the programme on track and bring people back to the purpose.

Process rigour

People led

Leadership and culture

Clear vision and purpose

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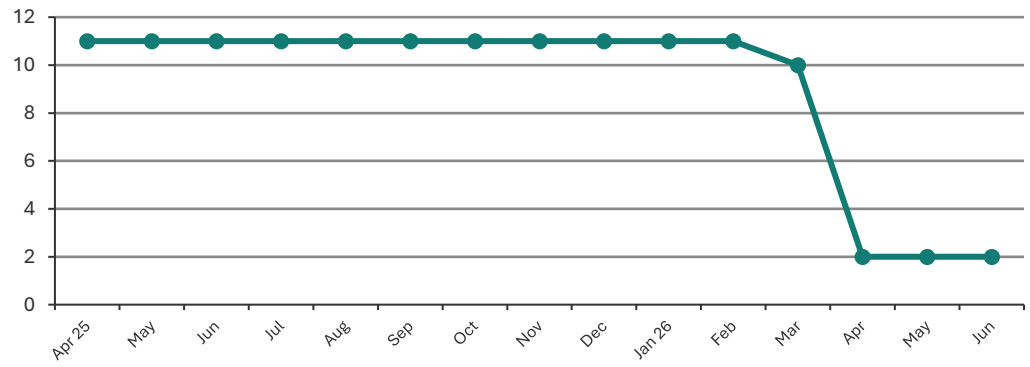
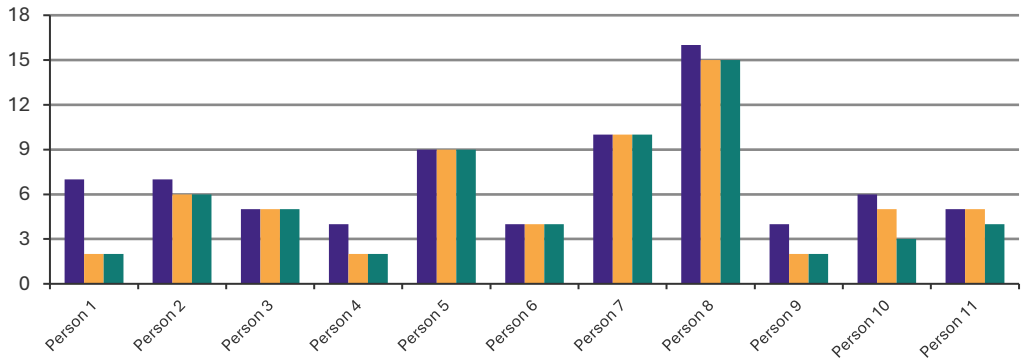
What outcomes have been achieved?

- A dynamic restrictive-practice risk register is being embedded across participating services.
- Reductions were seen in blanket and individual restrictions, supporting independence and quality of life.
- Case studies and staff feedback show stronger confidence, rights-based decision-making, and safe challenge.
- Staff are using a ‘think big, start small’ approach to sustain change.

Blanket restrictions in unit



Individual restrictions by anonymised person



Charts use anonymised person labels. Vertical axes show counts. Chart 1 is by month, and Chart 2 shows annual individual restriction counts.

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