



## Statement on compliance with the rules governing seclusion, restraint & mechanical restraint for 2024

**Approved Centre Name: Acute Psychiatric Unit, Ennis**

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|--|------------|
| <b>The total number of persons that the centre can accommodate at any one time</b> | <b>39</b>  |
| <b>The total number of persons that were admitted during the reporting period</b>  | <b>377</b> |

### **Rules Governing the Use of Seclusion**

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

|  |                 |
|--|-----------------|
| <b>The total number of persons who were secluded during the reporting period</b> | <b>9</b>        |
| <b>The total number of seclusion episodes</b>                                    | <b>16</b>       |
| <b>The shortest episode of seclusion</b>   | <b>2 hours</b>  |
| <b>The longest episode of seclusion</b>  | <b>68 hours</b> |

#### **A statement about the effectiveness of the approved centre's actions to reduce or, where possible, eliminate the use of seclusion**

The restrictive practice policy developed in September 2023 provides a structured framework for reducing and, where possible, eliminating the use of restrictive interventions, such as seclusion, in the approved centre (AC). The key aspects of this policy are as follows:

**Focus on Patient Rights and Safety:** The policy stresses that the rights of patients should never be compromised, except in cases where it is necessary to prevent harm to the patient or others. It prioritises maintaining a high standard of care to ensure safety.

**Aim to Prevent Aggression and Violence:** The goal of the policy is to prevent aggression and violence by offering support that helps residents manage their emotions more effectively. It emphasises promoting positive behaviour support to reduce reliance on seclusion.

**Use of Seclusion as a Last Resort:** Seclusion will only be used when all other less invasive interventions have been unsuccessful. There is a strong focus on reducing the frequency of seclusion and eliminating it where possible.

**MDT Review and Oversight Committee:** The policy includes the creation of a committee that oversees every instance of seclusion. The committee's role is to ensure compliance with the rules, the centres policies, and procedures regarding seclusion. Key functions of the committee include:

**Reviewing Each Seclusion Incident:** This includes checking for compliance with legal rules and regional policies.



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**Identifying Areas for Improvement:** The committee will document any areas for improvement in the use of seclusion.

**Action Plans:** The committee will specify actions, assign responsibilities, and set timeframes for the completion of improvements.

**Ensuring Compliance:** The committee ensures that each seclusion episode adheres to the Mental Health Commission's Rules Governing the Use of Seclusion, 2022.

**Reporting:** After each meeting, a report will be produced and shared with relevant staff to encourage ongoing learning. This report will also be available to the Mental Health Commission on request.

**Learning and Accountability:** The policy stresses continuous learning and accountability, with oversight to ensure that practices align with regulations, resident rights are protected, and opportunities for improvement are consistently identified and acted upon.

This structured approach highlights a commitment to reducing restrictive practices and ensuring that seclusion is only used as an absolute last resort, with robust oversight mechanisms in place.

### A statement about the approved centre's compliance with the rules governing the use of seclusion

The APU Ennis is committed to reducing the use of seclusion and ensuring that when it is used, it is done in a way that is fully compliant with the Mental Health Commission (MHC) Rules, while prioritising patient safety, dignity, and rights.

**Seclusion as a Last Resort:** Seclusion is used only when absolutely necessary and after all less restrictive options have been exhausted. It must be ordered by a registered medical practitioner or nurse, under the supervision of a Consultant Psychiatrist.

**Resident Information:** Throughout any seclusion episode, the resident is fully informed at all times about what is happening. This ensures transparency and that the resident's rights are respected.

**Cultural and Gender Sensitivity:** Cultural awareness and gender sensitivity are prioritised, ensuring that each resident is treated with respect and dignity in all aspects of care.

**Resident Safety and Dignity:** The safety and dignity of the resident is paramount during seclusion. The environment and circumstances are carefully managed to avoid any harm or violation of rights.

**Seclusion Register:** Every episode of seclusion is documented in the seclusion register, which is subsequently notified to the Mental Health Commission (MHC), ensuring regulatory oversight.



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**Redesigned Seclusion Facilities:** The seclusion facilities have been redesigned to ensure they meet MHC standards and to provide a safer, more appropriate environment for when seclusion is necessary.

**Seclusion Pathway Booklet:** A booklet has been introduced to guide staff in ensuring compliance with the MHC Rules, offering a clear, structured approach to the seclusion process.

**Resident Debriefing:** After each episode of seclusion, the resident is offered an opportunity to discuss the event if they wish, which helps in ensuring that the process remains as transparent and respectful as possible.

The multi-disciplinary team (MDT) conducts a thorough review after each episode of seclusion, focusing on:

**Antecedent Events:** Identifying any triggering factors that contributed to the seclusion.

**Missed Opportunities for Earlier Intervention:** Evaluating whether there were chances to intervene sooner to prevent the need for seclusion.

**De-escalation and Less Invasive Interventions:** Reviewing and planning more effective de-escalation techniques for future scenarios.

**Duration of Seclusion:** Assessing whether the duration was appropriate and in line with best practices.

**Post-Seclusion Debriefing:** Reviewing considerations after the debriefing session to ensure the resident's experience is taken into account and to improve future care.

The Review and Oversight Committee ensures that the use of seclusion and physical restraint is fully compliant with the MHC Rules and the AC's policies and procedures. The committee's key responsibilities include:

**Compliance Review:** Determining whether each use of seclusion adheres to the MHC Rules and the AC's internal policies.

**Continuous Improvement:** Identifying areas for improvement and implementing actions to enhance the process.

**Accountability:** Providing assurance to the Registered Proprietor Nominee that each episode of seclusion complies with all relevant rules and regulations.

**Reporting and Learning:** Producing a report after each meeting to promote ongoing learning among staff and ensuring the report is available to the MHC upon request.



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This comprehensive approach is designed to ensure that seclusion is used sparingly, only when necessary, and with a strong focus on patient dignity, rights, and safety. It fosters a culture of learning, continuous improvement, and patient-centred care.

### A statement about the compliance with the approved centre's own reduction policy

The APU Ennis is committed to the principles outlined in the Restrictive Practices Reduction Policy, which was developed in September 2023, ensuring that staff adhere to the most current standards and practices.

**Staff Education and Training:** All staff are encouraged to read and understand the policy thoroughly. To ensure consistent and safe practices, all staff are required to complete PMCB training, which is a mandatory requirement. Refresher training must be undertaken within 24 months to maintain staff competency. Certified PMCB instructors provide this training, which integrates strategies aimed at reducing restrictive practices.

**Training Records and Compliance:** A record of staff attendance at PMCB training is maintained, and these records are available to the Mental Health Commission upon request. Additionally, all HSE staff, students, and volunteers, regardless of role or grade, have completed Children First Training, which is mandatory for all staff working in the service.

**E-Learning Resources:** Clinical staff are encouraged to complete relevant Mental Health Commission e-learning modules on HSELand, which cover important updates related to restrictive practices:

**Module 1:** Changes to the Rules and Code of Practice on Restrictive Practices

**Module 2:** Changes to the Rules governing the use of Seclusion

**Module 3:** Changes to the Code of Practice on Physical Restraint

**Trauma-Informed Care:** A working group has been established to focus on trauma-informed care, and a plan is being developed to roll out training for all staff. In the interim, all staff have been encouraged to complete the HSELand module "Becoming Trauma Aware: An Introduction to Psychological Trauma."

**Skills Development and Positive Behaviour Support:** In addition to the foundational training in PMCB and trauma-informed care, the APU Ennis has provided Decider Skills Training to staff, which enhances decision-making skills in high-stress situations. The





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service also plans to continue rolling out Positive Behaviour Support training to further reduce the need for restrictive interventions.

**Debriefing and Review Process:** After every episode of physical restraint (PR), a debriefing tool has been developed to support the resident's well-being. Every episode of physical restraint is reviewed by the multidisciplinary team (MDT), and relevant data is recorded to aid in analysis. This analysis helps in the development of action plans aimed at reducing or eliminating the use of physical restraint in the future.

This comprehensive approach ensures that the APU ENNIS is not only compliant with its own reduction policy but also committed to the ongoing training and development of staff, the integration of trauma-informed care, and a focus on the well-being and rights of residents.

### Code of Practice on the Use of Physical Restraint

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018

|   |        |
|---|--------|
| <b>The total number of persons who were physically restrained during the reporting period</b> | 29     |
| <b>The total number of episodes of physical restraint</b>                                     | 58     |
| <b>The shortest episode of physical restraint</b>   | 1 mins |
| <b>The longest episode of physical restraint</b>  | 7 mins |

#### **A statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint**

The Restrictive Practice Policy developed in September 2023 reflects the APU Ennis strong commitment to reducing, and where possible, eliminating restrictive interventions, while prioritising the rights and dignity of residents. The key elements of the policy include:

**Protection of Residents Rights:** The policy ensures that resident rights are never compromised unless absolutely necessary to prevent harm to the patient or others. This emphasises the centres commitment to human dignity and respect at all times.

**Prevention of Aggression and Violence:** The policy aims to prevent aggression and violence by delivering a high standard of care. It also supports residents in learning more



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effective ways of managing and dealing with their emotions, reducing the need for restrictive interventions.

**Focus on Positive Behaviour Support:** The centre aims to provide positive behaviour support (PBS) to reduce, and where possible eliminate, physical restraint. PBS is central to ensuring that interventions are non-restrictive and focused on enhancing patient autonomy and emotional regulation.

**Use of Physical Restraint as a Last Resort:** The policy specifies that physical restraint will only be used when all other less invasive methods have failed. There is a strong focus on continually reducing the reliance on physical restraint through proactive and preventative measures.

The Review and Oversight Committee plays a crucial role in ensuring compliance with the policy, with specific responsibilities outlined as follows:

**Compliance with Code of Practice:** For each episode of physical restraint, the committee reviews whether the use of restraint aligns with the Mental Health Commission's Code of Practice on physical restraint.

**Compliance with Regional Policies:** The committee checks if each use of physical restraint complies with the APUs own policies and procedures. This ensures adherence standards.

**Identification of Areas for Improvement:** Each episode of restraint is thoroughly reviewed to identify potential areas for improvement. This could include changes in practice, training, or policies.

**Action Plans for Improvement:** If any areas for improvement are identified, action plans are created, with specific actions, responsibilities, and timelines for completion. This ensures that improvements are made systematically and in a timely manner.

**Assurance of Compliance:** The committee provides assurance to the Registered Proprietor Nominee that each use of physical restraint is in full accordance with the Mental Health Commission's Code of Practice. This ensures that the service is consistently meeting regulatory standards.

**Quarterly Reports:** After each quarterly meeting, the committee produces a report outlining their findings. This report is made available to all staff involved in physical restraint to promote ongoing learning and awareness, encouraging continuous improvement. Additionally, this report can be provided to the Mental Health Commission upon request.

By reviewing and analysing each episode of physical restraint, the APU Ennis is ensuring that practices are transparent and accountable. The feedback loop created by this process helps the service continuously improve its approach, with the ultimate goal of reducing, and where possible, eliminating physical restraint as an intervention. This in turn



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demonstrates the APU's ongoing commitment to the principles of dignity, respect, and patient-centred care, alongside a strong focus on reducing restrictive practices through effective staff training, regular reviews, and continuous improvement initiatives.

### A statement about the approved centre's compliance with the code of practice on the use of physical restraint

The APU Ennis has implemented robust procedures and practices to ensure compliance with the Mental Health Commission's (MHC) Code of Practice on the Use of Physical Restraint (PR). These measures are designed to guarantee that physical restraint is only used when absolutely necessary, always with the dignity and safety of the resident as a priority. Below is an overview of how the APU ensures compliance:

**Physical Restraint as a Last Resort:** The use of physical restraint (PR) is always considered a last resort and is only ordered by a registered medical practitioner/nurse under the supervision of a Consultant Psychiatrist. This ensures that all appropriate alternatives have been explored before PR is employed.

**Resident Involvement:** In the event that PR is used, the resident is fully informed about the situation, and they are involved in the decision-making process to the extent possible. This promotes transparency and ensures that the resident's voice is heard.

**Cultural Awareness and Gender Sensitivity:** The APU prioritises cultural awareness and gender sensitivity in all interactions with residents. This ensures that care is respectful of each individual's background and personal identity.

**Resident Safety and Dignity:** is paramount during any episode of physical restraint. The APU ensures that the environment, procedures, and staff interactions prioritise these key principles.

**Documentation and Notification:** When PR is used, the clinical practice form is completed and the episode is notified to the Mental Health Commission (MHC), ensuring accountability and compliance with regulatory requirements.

**Guidance for Staff:** To support staff in adhering to best practices, the APU has introduced a PR booklet. This booklet serves as a practical guide to ensure that physical restraint is used in compliance with the Code of Practice (COP).



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**Resident Debriefing:** After an episode of PR, the resident is offered the opportunity to discuss the event. This debriefing session allows the resident to reflect on the experience, and it provides an opportunity to gather feedback on the process.

Every episode of PR is reviewed by the resident's multidisciplinary team (MDT). This review involves the following:

**Identifying Antecedent Events:** The team reviews whether any antecedent events contributed to the use of PR, allowing for a better understanding of the situation and potential preventive measures.

**Reviewing Missed Opportunities for Earlier Intervention:** The MDT assesses whether there were opportunities for earlier interventions or de-escalation techniques that could have prevented the need for PR.

**De-escalation Techniques:** The team discusses de-escalation techniques and other less invasive interventions to use in the future.

**Duration of PR:** The MDT reviews whether the duration of the PR episode was appropriate and in line with best practices.

**Post-Debriefing Considerations:** The team evaluates considerations from the in-person debriefing session, looking for opportunities to improve care moving forward.

The Review and Oversight Committee plays a central role in ensuring compliance with the COP and overseeing the use of physical restraint. This committee is accountable to the Registered Proprietor Nominee and meets quarterly to review each episode of physical restraint.

Key responsibilities of the committee include:

**Compliance with the COP:** The committee reviews whether each episode of physical restraint is compliant with the Mental Health Commission's Code of Practice.

**Regional Policies and Procedures:** The committee checks if the physical restraint episodes align with the approved centre's policies and procedures.

**Areas for Improvement:** The committee identifies any areas for improvement in the use of physical restraint, including opportunities for better care delivery or training.

**Action Plans:** The committee develops **action plans** to address areas of improvement, identifying responsible persons and setting timeframes for the completion of actions.

**Assurance of Compliance:** The committee provides assurance to the Registered Proprietor Nominee that each use of physical restraint is in full accordance with the COP





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**Reporting:** After each meeting, the committee produces a report outlining its findings and actions. This report is shared with staff involved in physical restraint to promote continuous learning and awareness. The report is also available to the Mental Health Commission upon request.

By adhering to these comprehensive measures, the APU ensures that physical restraint is used only when absolutely necessary, with a focus on reducing its use and promoting a culture of care that prioritises resident rights, dignity, and safety. Continuous monitoring and review of each episode of restraint help maintain high standards of care and compliance with regional policy and MHC standards

### A statement about the compliance with the approved centre's own reduction policy

The Restrictive Practices Policy developed by the service outlines a comprehensive framework to ensure staff are adequately trained, informed, and empowered to reduce and, where possible, eliminate the use of restrictive practices. The policy emphasises the importance of training, continuous professional development, and review of practices to ensure the highest standard of care for patients while maintaining their rights and dignity. Below is a breakdown of the key elements of the policy:

**PMCB Training:** All staff are required to undergo PMCB training, which is **mandatory**. This training focuses on the reduction of restrictive practices, teaching staff how to manage challenging behaviour using non-restrictive methods whenever possible.

**Refresher Training:** To maintain the standards of care and ensure staff are up-to-date, refresher training must be completed within **24 months** of the initial training.

**Certified Instructors:** The training is provided by certified PMCB instructors, ensuring high-quality and standardized education for staff.

#### **Training Documentation and Compliance:**

**Training Records:** A record of staff attendance at training sessions is maintained and can be provided to the Mental Health Commission upon request, ensuring transparency and compliance with regulatory requirements.

**Children First Training:** All HSE staff, including students and volunteers, regardless of their role or grade, must complete Children First Training, a mandatory requirement. This training ensures that all staff are equipped with the knowledge to protect the welfare of children and vulnerable individuals within the service.

**Mental Health Commission E-learning:** All clinical staff are encouraged to complete the Mental Health Commission e-learning resources available on HSELand. These modules provide crucial updates and guidance on the use of restrictive practices.



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**Module 1:** Changes to the Rules and Code of Practice on Restrictive Practices.

**Module 2:** Changes to the Rules governing Seclusion.

**Module 3:** Changes to the Code of Practice on Physical Restraint.

**Trauma-Informed Care Training:** A working group has been established to focus on trauma-informed care, and a training plan is under development for all staff. This is to ensure that staff are equipped with the tools and knowledge to provide sensitive, empathetic care for individuals with histories of trauma. Staff have been encouraged to complete the HSE Land module titled 'Becoming Trauma Aware: An Introduction to Psychological Trauma' to better understand the impact of trauma on individuals and how to incorporate this awareness into practice.

**Decider Skills Training:** The APU has provided Decider Skills training to its staff. This training is designed to equip staff with skills for better decision-making in challenging situations, promoting non-restrictive interventions and enhancing care approaches.

**Positive Behaviour Support (PBS) Training:** A plan is in place to continue rolling out Positive Behaviour Support (PBS) training across the service. PBS is a person-centred approach aimed at enhancing the quality of life for individuals and reducing behaviours that challenge through proactive support and strategies.

**Debriefing Following Physical Restraint:** The service has developed a debriefing tool to support residents following an episode of physical restraint (PR). This tool provides an opportunity for the resident to reflect on the experience, express their feelings, and contribute to the review process.

Each episode of PR is reviewed by the multidisciplinary team oversight committee (MDT), ensuring a comprehensive evaluation of the situation. Data is recorded during the review process to support ongoing analysis and improvement efforts.

**Action Plans:** After each review, the MDT oversight committee develop action plans to reduce or eliminate the need for physical restraint, ensuring that future interventions are more person-centred and less restrictive.

The APU has taken a comprehensive approach to training and policy development to reduce the use of restrictive practices. By focusing on staff education, trauma-informed care, and positive behaviour support, the service is fostering an environment where the dignity and rights of residents are prioritised. Through ongoing review, action planning, and continuous professional development, the service aims to reduce the use of physical restraint and other restrictive practices, ensuring the best possible outcomes for residents.



Statement on compliance with the rules governing  
seclusion, restraint & mechanical restraint for 2024  
**Rules Governing the Use of Mechanical Means of  
Bodily Restraint**

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

|   |     |
|---|-----|
| <b>The total number of persons who were mechanically restrained under Part 3 (Immediate Risk of Harm)</b>             | n/a |
| <b>The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)</b>                  | n/a |
| <b>The shortest episode of mechanical restraint under Part 3 (Immediate Risk of Harm)</b>                             | n/a |
| <b>The longest total episode of mechanical restraint Part 3 (Immediate Risk of Harm)</b>                              | n/a |
| <b>The total number of persons who were mechanically restrained (Part 4: enduring risk of harm to self or others)</b> | n/a |

**A statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint**

Mechanical Means of Bodily Restraint has not utilised been in the APU Ennis in 2024

**A statement about the approved centre's compliance with the rules governing the use of mechanical means of bodily restraint**

Mechanical Means of Bodily Restraint has not been utilised in the APU Ennis in 2024

**A statement about the compliance with the approved centre's own reduction policy**

The APU Ennis does not use Mechanical Means of Bodily Restraint. In the event that mechanical means of bodily restraint is required, all aspects of the Rules governing the Use of Mechanical Means of Bodily Restraint and the regional CPPPG on Mechanical Means of Bodily Restraint would be adhered to and implemented



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**Signed by Registered Proprietor Nominee:** Aidan O'Neill

*\*If you do not have a Digital Signature, typing your name will be accepted as your signature.*

*Aidan O'Neill*  
*General Manager*