



## Statement on compliance with the Rules Governing Seclusion, Restraint & Mechanical Restraint for 2024

**Approved Centre Name:** Ashlin Centre

<b>The total number of persons that the centre can accommodate at any one time</b>	46
<b>The total number of persons that were admitted during the reporting period</b>	516

### 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>	36
<b>The total number of seclusion episodes</b>	50
<b>The shortest episode of seclusion</b>	01:30
<b>The longest episode of seclusion</b>	143:00

#### **A statement about the effectiveness of the Approved Centre's actions to reduce or, where possible, eliminate the use of Seclusion**

The Ashlin Centre continues to recognise that the use of Seclusion compromises a person's liberty and we continue to work towards a transparent focus to ensure that the use of Restrictive Practices are minimised.

In the year 2024, the Ashlin Centre had an increase in the use of seclusion compared to 2023 (43 episodes in 2023 v's 50 episodes in 2024). This increase has prompted us to critically assess our current practices and continue refining our approach to ensure we are meeting the needs of our patients while also maintaining a safe and supportive environment.

Reviews of incidents of seclusion combined with staff education, have allowed for more timely identification of potential risks leading to measures that prevent the need for seclusion. Proactive measures have been implemented to ensure that seclusion is used only as a last resort in situations. Key actions implemented include the development of individualised care plans that address specific triggers for agitation, potential warning signs for distress and person specific identifiers to use in situations. Alongside this, we continue to implement the focus that that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk.

The Ashlin Centre's processes of compliance assessment seeks to identify that any practices or documentation pertaining to the Rules Governing the Use of Seclusion are identified immediately with an action plan in place and discussed with the Multidisciplinary Oversight Committee. This committee consists of the Clinical Director, Area Director of Nursing, Assistant Director of Nursing, Clinical Nurse Managers, Principle Psychologist, Senior Social Worker, Senior Occupational Therapist and the Mental Health Act Administrator.



## Statement on compliance with the Rules Governing Seclusion, Restraint & Mechanical Restraint for 2024

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

The Ashlin Centre is fully committed to ensuring compliance with the Rules Governing the Use of Seclusion, as set out by the Mental Health Commission. Seclusion is used only as a last resort, in situations where there is an immediate and serious increasing risk of harm to the individual or others, and always in accordance with legal and regulatory requirements.

Classroom based and HSEland training modules on Restrictive Practices have been promoted and held for all staff. This is inclusive of TMVA, Trauma Informed Care, Human Rights, WRAP, Decider Skills and Positive Behavioural Support. This year we aim to implement RAID training within the service.

Additional sessions included in the student teaching programme for interns surrounding Reducing Restrictive Practice and medical staff during their inductions.

All staff members are regularly trained on the appropriate use of seclusion, including the specific legal and ethical considerations that govern its use. We follow the established policies to ensure that seclusion is implemented safely, with full regard for the dignity and rights of the patient. This includes thorough documentation, immediate notification of seclusion and regular review of each instance to assess its necessity and appropriateness.

### A statement about the compliance with the Approved Centre's own reduction policy

The Ashlin Centre is fully committed to minimising and, where possible, eliminating the use of Seclusion in accordance with its Seclusion and Physical Restraint Reduction Policy. This policy aligns with national and international best practices and prioritises the safety, dignity, and rights of service users while ensuring compliance with regulatory standards.

There is an ongoing commitment to reducing the use of restrictive practices where possible. This is achieved through TMVA, de-escalation training, trauma-informed care approaches, and proactive patient engagement strategies.

Throughout the reporting period, we have followed the guidelines and principles outlined in the policy, ensuring that every effort is made to reduce reliance on seclusion through proactive, patient-centred interventions. The Ashlin Centre also continues to implement and review ICP's, which address the specific needs of patients and seek to prevent situations that may lead to the need for seclusion.

While there have been instances where seclusion was deemed necessary, we have consistently followed the steps outlined in the reduction policy, including the immediate review of each incident and ongoing monitoring to assess the effectiveness of our interventions. We are committed to learning from each case and continuously improving our practices to ensure that seclusion is used as a last resort and only when all other options have been exhausted.

We will continue to uphold the core principles of our Seclusion Reduction Policy, with the goal of providing a supportive and therapeutic environment for all patients, while reducing the need for restrictive practices wherever possible.



## Statement on compliance with the Rules Governing Seclusion, Restraint & Mechanical Restraint for 2024

### 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>	40
<b>The total number of episodes of physical restraint</b>	67
<b>The shortest episode of physical restraint</b>	00:01
<b>The longest episode of physical restraint</b>	00:10

#### **A statement about the effectiveness of the Approved Centre's actions to eliminate, where possible, and reduce Physical Restraint**

The Ashlin Centre continues recognises that the use of Physical Restraint compromises a person's liberty and we continue to work towards a transparent focus to ensure that the use of Restrictive Practices are minimised.

Our data to inform practice recognises that there was a slight increase on our episodes of Physical Restraint in 2024 as compared to 2023 (51 episodes in 2023 v's 67 episodes in 2024). This trend has been carefully reviewed, and proactive measures have been implemented to ensure that Physical Restraint is used only as a last resort in situations. Despite this we continue to implement the focus that that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk.

Reviews of incidents of Physical Restraint combined with staff education, have allowed for more timely identification of potential risks leading to measures that prevent the need for Physical Restraint. Proactive measures have been implemented to ensure that Physical Restraint is used only as a last resort in situations. Key actions implemented include the development of individualised care plans that address specific triggers for agitation, potential warning signs for distress and person specific identifiers to use in situations. Alongside this, we continue to implement the focus that that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk.

The Ashlin Centre's processes of compliance assessment seeks to identify that any practices or documentation pertaining to the Code of Practice on Physical Restraint are identified immediately with an action plan in place and discussed with the Multidisciplinary Oversight Committee. This committee consists of the Clinical Director, Area Director of Nursing, Assistant Director of Nursing, Clinical Nurse Managers, Principle Psychologist, Senior Social Worker, Senior Occupational Therapist and the Mental Health Act Administrator.



## Statement on compliance with the Rules Governing Seclusion, Restraint & Mechanical Restraint for 2024

### A statement about the Approved Centre's compliance with the code of practice on the use of Physical Restraint

The Ashlin Centre is fully committed to ensuring compliance with the Code of Practice on Physical Restraint, as set out by the Mental Health Commission. Physical Restraint is used only as a last resort, in situations where there is an immediate and serious increasing risk of harm to the individual or others, and always in accordance with legal and regulatory requirements.

Classroom based and HSEland training modules on Restrictive Practices have been promoted and held for all staff. This is inclusive of TMVA, Trauma Informed Care, Human Rights, WRAP, Decider Skills and Positive Behavioural Support. This year we aim to implement RAID training within the service.

Additional sessions included in the student teaching programme for interns surrounding Reducing Restrictive Practice and medical staff during their inductions.

All staff members are regularly trained on the appropriate use of Physical Restraint, including the specific legal and ethical considerations that govern its use. We follow the established policies to ensure that Physical Restraint is implemented safely, with full regard for the dignity and rights of the patient. This includes thorough documentation, immediate notification of Physical Restraint and regular review of each instance to assess its necessity and appropriateness.

### A statement about the compliance with the Approved Centre's own reduction policy

The Ashlin Centre is fully committed to minimising and, where possible, eliminating the use of Physical Restraint in accordance with its Seclusion and Physical Restraint Reduction Policy. This policy aligns with national and international best practices and prioritises the safety, dignity, and rights of service users while ensuring compliance with regulatory standards.

There is an ongoing commitment to reducing the use of restrictive practices where possible. This is achieved through TMVA, de-escalation training, trauma-informed care approaches, and proactive patient engagement strategies.

Throughout the reporting period, we have followed the guidelines and principles outlined in the policy, ensuring that every effort is made to reduce the use of Physical Restraint through proactive, patient-centred interventions. The Ashlin Centre also continues to implement and review ICP's, which address the specific needs of patients and seek to prevent situations that may lead to the need for Physical Restraint.

While there have been instances where Physical Restraint was deemed necessary, we have consistently followed the steps outlined in the reduction policy, including the immediate review of each incident and ongoing monitoring to assess the effectiveness of our interventions. We are committed to learning from each case and continuously improving our practices to ensure that Physical Restraint is used as a last resort and only when all other options have been exhausted.



## 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.

The total number of persons who were mechanically restrained under Part 3 (Immediate Risk of Harm)	0
The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)	0
The shortest episode of mechanical restraint under Part 3 (Immediate Risk of Harm)	0
The longest total episode of mechanical restraint Part 3 (Immediate Risk of Harm)	0
The total number of persons who were mechanically restrained (Part 4: enduring risk of harm to self or others)	0

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

Mechanical Restraint was not used in the Ashlin Centre in 2024.

Through a combination of multidisciplinary involvement, regular audits and education, we continue to aim towards 100% compliance with the Rules Governing the Use of Mechanical Restraint should this be required in the future.

#### **A statement about the Approved Centre's compliance with the rules governing the use of mechanical means of bodily restraint**

Mechanical Restraint was not used in the Ashlin Centre in 2024.

#### **A statement about the compliance with the Approved Centre's own reduction policy**

Mechanical Restraint was not used in the Ashlin Centre in 2024.

**Signed by Registered Proprietor Nominee:**

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

Each Approved Centre should also produce a comprehensive Annual Report