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

Approved Centre Name: Glencree and Avonmore Units, Newcastle Hospital. HSE Dublin South and Wicklow (DSW) Mental Health Services (MHS)

The total number of persons that the centre can accommodate at any one time	39
The total number of persons that were admitted during the reporting period	316

Rules Governing the Use of Seclusion

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

The total number of persons who were secluded during the reporting period	6 persons
The total number of seclusion episodes	8
The shortest episode of seclusion	47 minutes
The longest episode of seclusion	2393 minutes

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

The Approved Centre (AC) under the governance of DSW MHS has comprehensively and collaboratively worked to reduce the use of restrictive practice namely seclusion since 2021. In 2024 we had a total of 8 episodes of seclusion. The below table outlines from 2021 to December 2024:

YEAR	2021	2022	2023	2024
SECLUSION	34	39	11	8

The continual analysis and individual review by the Restrictive Practice Oversight and Monitoring group, Professional Management of Complex Behaviours (PMCB) trainers groups and the AC compliance group has ensured that the AC's commitment to the reduction in restrictive practices is a continuous live process of change.

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

The AC's compliance with the rules governing the use of seclusion was audited in line with the MHC Judgement Support Framework the audit process identified that in 2024 Q 1 we achieved 100 %, Q2 (no events), Q3 (no events), Q4 we achieved 93 % compliance with the rules governing the use of Seclusion.

In 2024 we had a total of 6 Restrictive Practice Oversight and Monitoring group meetings, supported by the AC Compliance Committee which meets monthly. Each episode of seclusion is individually reviewed by members of the group and themes of noncompliance identified and communicated with necessary actions noted. The Policy on the Rules governing the use of Seclusion was ratified in February 2024 and circulated appropriately via the line management structures.

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

A statement about the compliance with the approved centre's own reduction policy
The policy on the rules Governing the use of Seclusion was ratified in March 2024. This policy encompasses the DSW MHS Restraint Reduction Strategy which adopts explicit processes and procedures to reduce restrictive practices through 8 key areas of focus: Leadership, Engagement, Education, De Briefing, Data, Environment, Regulation and Staffing. The strategy ensures that awareness of restrictive practices is raised within the service, led by the multidisciplinary Oversight Committee. The PMCB trainers group are instrumental in ensuring that the training is delivered from a trauma informed perspective. The MOAT assessment was completed in late 2024. Ongoing monitoring of the use of restrictive practices is discussed in the AC Compliance meeting and the Restrictive Practice Oversight and Monitoring group and the local Quality and Patients Safety Committee and Quality and Safety Executive area committee meeting. These forums support the organisations commitment to a culture of the continued reduction of restrictive practices. Staff have an understanding of the Policy on the Rules governing the use of Seclusion and line managers ensure that staff members have read, understood and signed this. We now have a total of 3 qualified trainers based in the AC and 3 staff currently in training building our core base of trainers to 6 in the AC. Training is further monitored and scheduled through a central DSW MHS Training Compliance Committee. This reduction strategy emphasises and minimises and where possible, eliminates the need for such restrictive practices through proactive and preventative measures .The PMCB training programme ensures all staff are trained in de-escalation techniques and other non-restrictive interventions. The Oversight Committee on Restrictive Practices adheres to its established terms of reference, which underpin the approved centre's commitment to its reduction policy. This framework guides our approach to the use of restrictive practices and outlines the necessary level of review required after each incident. Through these measures, we ensure continuous compliance with the relevant rules and codes of practice, promoting a culture of safety and accountability within the AC.

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

The total number of persons who were physically restrained during the reporting period	14 persons
The total number of episodes of physical restraint	36
The shortest episode of physical restraint	1 minute
The longest episode of physical restraint	16 Minutes

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

The AC has comprehensively and collaboratively worked to reduce the use of restrictive practice namely Physical Restraint since 2021.The below table outlines the reduction in the use of physical restraint from 2021 to December 2024.

YEAR	2021	2022	2023	2024
RESTRAINT	108	128	22	36

In 2024 we had a total of 6 Restrictive Practice Oversight and Monitoring Group meetings, supported by the AC Compliance committee which meets monthly. Each episode of Physical Restraint is individually reviewed by a member of the group and themes of noncompliance identified and communicated with necessary actions identified. The continual analysis and individual review by the Restrictive Practice Oversight and Monitoring group, PMCB trainers groups and the AC Compliance Committee has ensured that the AC's commitment to the reduction in restrictive practices is a continuous, live process of change.

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

The policy on the rules Governing the use of Physical Restraint was ratified in March 2024. The Oversight Committee on Restrictive Practices adheres to its established terms of reference, which underpin the AC's commitment to its reduction policy. This framework guides our approach to the use of restrictive practices and outlines the necessary level of review required after each incident. Through these measures, we ensure continuous compliance with the relevant rules and codes of practice, promoting a culture of safety and accountability within the centre. Within DSW MHS we have embedded governance structures to provide oversight and monitoring of compliance including the Compliance Committee and Quality and Patient Safety Committee. These are attended by Senior Management Team Members and appropriate communications disseminated within the line management structures.

The AC compliance with the code of practice in line with the Judgement Support Framework on the use of Physical restraint was audited as follows in 2024:Q 1 we achieved 98 %, Q2 we achieved 98 %, Q3 (we had no events), Q4 2024 we achieved 72 % compliance. The Policy on the Code of Practice on the Use of Physical restraint was ratified in February 2024.

Each Approved Centre should also produce a comprehensive Annual Report

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

In 2024 we had a total of 6 Restrictive Practice Oversight and Monitoring group meetings, supported by the AC Compliance committee which meets monthly. Each episode of physical restraint is individually reviewed by members of the group and themes of noncompliance identified and communicated with necessary actions identified.

A statement about the compliance with the approved centre's own reduction policy
The policy on the rules Governing the use of Physical Restraint was ratified in March 2024. This policy encompasses the DSW MHS Restraint Reduction Strategy which adopts explicit processes and procedures to reduce restrictive practices through 8 key areas of focus: Leadership, Engagement, Education, De Briefing, Data, Environment, Regulation and Staffing. This strategy ensures that awareness of restrictive practices is raised within the service, as led by the MDT Oversight Committee. Staff have an understanding of this policy with compliance monitored by line managers through the policy signature bank and associated management structures. The current rates of PMCB training and TMVA are 100% for the AC. The PMCB trainers group are instrumental in ensuring that the training is delivered from a trauma informed perspective, it reflects the environment as well documented in the MOAT, most recently completed in late 2024. We now have a total of 3 qualified trainers based in the approved centre and 3 staff currently in training building our core base of trainers to 6 in the Approved Centre. Training is further monitored and scheduled through a central DSW MHS Training Compliance Committee. The reduction strategy emphasises the organisations commitment in proactive and preventative measures.

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

A statement about the effectiveness of the approved centre's actions to reduce and, where possible, eliminate mechanical means of bodily restraint
The AC has eliminated the use of Mechanical Means of Bodily Restraint there has been nil episodes to date from May 2023.

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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 mechanical means of bodily restraint
The policy on the rules Governing the use of mechanical means of bodily restraint was ratified in March 2024. An audit carried out in December 2024 validates no recorded episodes to current day.

A statement about the compliance with the approved centre's own reduction policy
The policy on the rules Governing the use of Mechanical Restraint was ratified in March 2024. This policy encompasses the DSW MHS Restraint Reduction Strategy which adopts explicit processes and procedures to reduce restrictive practices through 8 key areas of focus: Leadership, Engagement, Education, De Briefing, Data, Environment, Regulation and Staffing. This strategy ensures that awareness of restrictive practices is raised within the service, as led by the MDT Oversight Committee. Staff have an understanding of this policy with compliance monitored by line managers through the policy signature bank and associated management structures. Ongoing monitoring of the use of restrictive Practices is discussed in the AC Compliance Committee meeting and the Restrictive Practice Oversight and Monitoring Group. Both forums support the organisations commitment to a culture of the continued reduction of restrictive practices. The Oversight Committee on Restrictive Practices adheres to its established terms of reference, which underpin the AC's commitment to its reduction policy. This framework guides our approach to the use of restrictive practices and outlines the necessary level of review required after each incident. Through these measures, we ensure continuous compliance with the relevant rules and codes of practice, promoting a culture of safety and accountability within the AC.

Signed by Registered Proprietor Nominee: Linda Moore.

Head of Service, Mental Health
HSE Dublin South and Wicklow
Date: 26th March 2025

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