



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

**Approved Centre Name: Department of Psychiatry Connolly Hospital Blanchardstown**

<b>The total number of persons that the centre can accommodate at any one time</b>	<b>47</b>
<b>The total number of persons that were admitted during the reporting period</b>	<b>471</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>18</b>
<b>The total number of seclusion episodes</b>	<b>22</b>
<b>The shortest episode of seclusion</b>	<b>5 minutes</b>
<b>The longest episode of seclusion</b>	<b>22 hours</b>

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

The Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of seclusion should only take place in rare and exceptional circumstances.

The Department of Psychiatry has significantly reduced the use of Seclusion by 50% with 22 episodes of seclusion in 2024 in comparison to 44 episodes in 2023.

This was achieved through the continued leadership and governance of the Restrictive Practice Oversight Committee where each episode was reviewed in detail.

The triggers identified were discussed as well as the learning from the in person de-brief. Actions were formulated with a timeframe and person responsible.

There continues to be a strong emphasis on training with special focus in the area of Trauma Informed Practice and positive behaviour support in the form of RAID training as well as regular staff education sessions.

There is an increased focus on de-escalation techniques in training of Therapeutic Management of Aggression and Violence (TMVA).

Quarterly reports are circulated to inform staff of progress and of identified areas for improvement.

There is frequent auditing of episodes and appropriate feedback mechanisms.



## 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 Department of Psychiatry recognises that restrictive practice compromises a person's liberty and should only take place in rare and exceptional circumstances.

The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

The restrictive practice oversight committee reviews each episode of seclusion on a quarterly basis to ensure compliance with the rules governing the use of seclusion.

The 2024 annual inspection by the Mental Health Commission found the D.O.P to be non-compliant with the Rules Governing the Use of Seclusion for the following reasons:

- a) Not all staff members involved in the use of seclusion had undertaken appropriate training, 4.5, 11.1.
- b) Observation within sight and sound of the person in seclusion was not possible as the intercom was not working effectively at the time of inspection, 5.2, 8.1(iv).
- c) The registered proprietor did not notify the Mental Health Commission of one episode of seclusion within the set timeframe, 3.13

The D.O.P addressed these areas of non-compliance immediately and have submitted C.A.P.A's to the Mental Health Commission

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

The Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice.

Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members. The D.O.P is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education workshops & training related to restrictive practice reduction



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

- Leadership and Governance through the Oversight Committee, conducting reviews/ clinical audits of episodes of restrictive practice aimed at identifying areas for learning and improvement
- Quality Initiatives: Ethical approval has been granted for research to examine the impact the revised rules and code have had on reducing episodes of restrictive practice
- Identification and implementation of non-restrictive practices such as de-escalation, positive behaviour support interventions, having a human rights based approach and being a trauma informed service

### 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>	24
<b>The total number of episodes of physical restraint</b>	41
<b>The shortest episode of physical restraint</b>	1 min
<b>The longest episode of physical restraint</b>	8 min

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

The Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of physical restraint should only take place in rare and exceptional circumstances.

The Department of Psychiatry has significantly reduced the use of Physical Restraint by 58% with 41 episodes of physical restraint in 2024 in comparison to 98 episodes in 2023.

This reduction was achieved through:

- The implementation of the comprehensive Restrictive Practice Reduction policy
  - The Restrictive Practice Oversight Committee which has a strong emphasis on leadership and governance.
- Each episode was reviewed in detail, the triggers identified were discussed as well as the learning from the in person de-brief.



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

Actions were formulated with a timeframe and person responsible.

- An increased focus on training especially in the area of Trauma Informed Care, RAID (Positive Behavioural Support), Therapeutic Engagement Committee and staff education
- Environmental risk assessments
- Quarterly reports were circulated to inform staff of progress and of identified areas for improvement.
- Audits and feedback mechanisms

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

The Department of Psychiatry recognises that restrictive practice compromises a person's liberty and should only take place in rare and exceptional circumstances.

The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

The 2024 annual inspection by the Mental Health Commission found the D.O.P to be compliant with the Code of Practice on Physical Restraint

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

The Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice. Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members. The D.O.P is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education workshops & training related to restrictive practice reduction
- Leadership and Governance through the Oversight Committee, conducting reviews/ clinical audits of episodes of restrictive practice aimed at identifying areas for learning and improvement
- Quality Initiatives: Ethical approval has been granted for research to examine the impact the revised rules and code have had on reducing episodes of restrictive practice
- Identification and implementation of non-restrictive practices such as de-escalation, positive behaviour support interventions, having a human rights based approach and being a trauma informed service



## 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>	0
<b>The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)</b>	0
<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>	0

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

The Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of mechanical restraint for enduring risk of harm to self or others should only take place in rare and exceptional circumstances.

The D.O.P did not have any episodes of mechanical restraint for enduring risk of harm to self or others.

Mechanical means of bodily restraint for immediate threat of harm to self and others is not used in the D.O.P.

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

The D.O.P did not have any episodes of mechanical restraint for enduring risk of harm to self or others.

Mechanical means of bodily restraint for immediate threat of harm to self and others is not used in the D.O.P.



## 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 Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice.

Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members.

The D.O.P is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education workshops & training related to restrictive practice reduction
- Leadership and Governance through the Oversight Committee, conducting reviews/ clinical audits of episodes of restrictive practice aimed at identifying areas for learning and improvement
- Quality Initiatives: Ethical approval has been granted for research to examine the impact the revised rules and code have had on reducing episodes of restrictive practice
- Identification and implementation of non-restrictive practices such as de-escalation, positive behaviour support interventions, having a human rights based approach and being a trauma informed service

**Signed by Registered Proprietor Nominee:**

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