



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

Approved Centre Name: Department of Psychiatry, St Luke's Hospital, Kilkenny

The total number of persons that the centre can accommodate at any one time	44
The total number of persons that were admitted during the reporting period	671

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	22
The total number of seclusion episodes	46
The shortest episode of seclusion	5 minutes
The longest episode of seclusion	286 hours

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 is committed to the reduction of both the frequency and duration of seclusion. The service is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety.

The Department of Psychiatry emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and where possible, elimination of restrictive practices. This is achieved through the implementation of a comprehensive Restrictive Practice Reduction Policy, a Restrictive Practice Reduction-Working Group which meet regularly and the analysis of each restrictive practice episode by a Multidisciplinary Review and Oversight Committee.

Furthermore, staff have undertaken training on trauma-informed care, alternatives to physical restraint and seclusion, cultural competencies, positive behaviour support, human rights, including the legal principles of restrictive interventions.

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

The Department of Psychiatry recognises that restrictive practices compromise a person's liberty and that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The 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).



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

Achieving compliance with the relevant Rule or Code of Practice is a key priority for the Department of Psychiatry. In order to achieve this priority, the Services Audit Committee audits all episodes of physical restraint, seclusion and mechanical means of bodily restraint. Audit findings are discussed at the Approved Centres Monthly Quality Patient Safety Committee (QPSC) meeting and at the Services Multidisciplinary Review and Oversight Committee meeting.

The 2024 Annual Inspection by the Mental Health Commission found that the Department of Psychiatry was fully compliant with the Rules Governing the Use of seclusion.

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

The Department of Psychiatry has a comprehensive Restrictive Practice Reduction Policy, which outlines how the service aims to reduce, or where possible eliminate the use of restrictive practices within the Department of Psychiatry.

The Policy places strong emphasis on leadership of senior clinical and administrative staff, the use of data and post incident reviews in its efforts to reduce the incidents of restrictive practices and to inform practice. The policy outlines specific reduction tools including positive behavioural support approaches and how workforce development and training are key to successful reduction or, where possible elimination of restrictive practices.

The Department of Psychiatry is fully compliant with its own reduction policy.

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	35
The total number of episodes of physical restraint	89
The shortest episode of physical restraint	1min
The longest episode of physical restraint	10mins

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



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

The Department of Psychiatry is committed to the reduction of both the frequency and duration of physical restraint. The service is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety. The Department of Psychiatry emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and where possible, elimination of restrictive practices. This is achieved through the implementation of a comprehensive restrictive practice reduction policy, a Restrictive Practice Reduction-Working Group which meet regularly and the analysis of each restrictive practice episode by a Multidisciplinary Review and Oversight Committee. Furthermore, staff have undertaken training on trauma-informed care, alternatives to physical restraint and seclusion, cultural competencies, positive behaviour support, human rights, including the legal principles of restrictive interventions.

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 practices compromise a person's liberty and that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The 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).

Achieving compliance with the relevant Rule or Code of Practice is a key priority for the Department of Psychiatry. In order to achieve this priority, the Service's Audit committee audits all episodes of physical restraint, seclusion and mechanical means of bodily restraint. Audit findings are discussed at the Approved Centre's Monthly Quality Patient Safety Committee (QPSC) meeting and at the services Multidisciplinary Review and Oversight Committee meeting.

The 2024 Annual Inspection by the Mental Health Commission found that the Department of Psychiatry was fully compliant with the Code of Practice on the Use of Physical Restraint.

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



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

The Department of Psychiatry has a comprehensive Restrictive Practice Reduction Policy, which outlines how the service aims to reduce, or where possible eliminate the use of restrictive practices within the Department of Psychiatry.

The Policy places strong emphasis on leadership of senior clinical and administrative staff, the use of data and post incident reviews in its efforts to reduce the incidents of restrictive practices and to inform practice. The policy outlines specific reduction tools including positive behavioural support approaches and how workforce development and training are key to successful reduction or, where possible elimination of restrictive practices.

The Department of Psychiatry is fully compliant with its own reduction policy.

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)	N/A
The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)	N/A
The shortest episode of mechanical restraint under Part 3 (Immediate Risk of Harm)	N/A
The longest total episode of mechanical restraint Part 3 (Immediate Risk of Harm)	N/A
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

The Department of Psychiatry is committed to the reduction of both the frequency and duration of mechanical. The service is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety. The Department of Psychiatry emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and where possible, elimination of restrictive practices. This is achieved through the implementation of a comprehensive restrictive practice reduction policy, the Restrictive Practice Reduction-Working Group which meet regularly and the analysis of each restrictive practice episode by a Multidisciplinary Review and Oversight Committee.

Furthermore, staff have undertaken training on trauma-informed care, alternatives to physical restraint and seclusion, cultural competencies, positive behaviour support, human rights, including the legal principles of restrictive interventions.



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 Department of Psychiatry recognises that restrictive practices compromises a person's liberty and that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The 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).

Achieving compliance with the relevant Rule or Code of Practice is a key priority for the Department of Psychiatry. In order to achieve this priority, the services Audit Committee audits all episodes of physical restraint, seclusion and mechanical means of bodily restraint. Audit findings are discussed at the Approved Centre's Monthly Quality Patient Safety Committee (QPSC) meeting and at the services Multidisciplinary Review and Oversight Committee meeting.

The 2024 annual inspection by the Mental Health Commission found the Department of Psychiatry was fully compliant with the policy on the Rules Governing the Use of Mechanical Means and Bodily Restraint.

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

The Department of Psychiatry has a comprehensive Restrictive Practice Reduction Policy, which outlines how the service aims to reduce, or where possible eliminate the use of restrictive practices within the Department of Psychiatry.

The Policy places strong emphasis on leadership of senior clinical and administrative staff, the use of data and post incident reviews in its efforts to reduce the incidents of restrictive practices and to inform practice. The policy outlines specific reduction tools including positive behavioural support approaches and how workforce development and training are key to successful reduction or, where possible elimination of restrictive practices.

The Department of Psychiatry is fully compliant with its own reduction policy.

Signed by Registered Proprietor Nominee: Anne Donaghey

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