



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

Approved Centre Name: Elm Mount Unit HSE Dublin South and Wicklow (DSW) Mental Health Services (MHS)

The total number of persons that the centre can accommodate at any one time	36
The total number of persons that were admitted during the reporting period	284

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	NA
The total number of seclusion episodes	NA
The shortest episode of seclusion	NA
The longest episode of seclusion	NA

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

This is not applicable to Elm Mount Approved Centre.

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

This is not applicable to Elm Mount Approved Centre.

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

This is not applicable to Elm Mount Approved Centre. However, there is a policy in place for Glencree unit, Newcastle Hospital so that staff have an understanding of the rules and policy on seclusion in use in Glencree.



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	18
The total number of episodes of physical restraint	84
The shortest episode of physical restraint	1minutes
The longest episode of physical restraint	10minutes

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

Elm Mount Approved Centre (AC) is dedicated to creating a safe and therapeutic environment by implementing comprehensive strategies to eliminate where possible, and reduce the use of physical restraint. DSW MHS policies prioritise non-restrictive interventions, ensuring that physical restraint is used only as a last resort.

In 2024 we had a total of 6 Restrictive Practice Oversight & Monitoring Group meetings, supported by the AC Compliance Committee which meets monthly. Each episode of physical restraint is individually reviewed by the group and themes of noncompliance identified and communicated, with necessary actions identified. These themes were also discussed at the local QPS meeting which meets monthly. Complex behaviour are managed in ways that reflect humanity and respect for individual rights while effectively managing risk.

Elm Mount AC provides regular mandatory staff training in the Professional Management of Complex Behaviours (PMCB) which includes de-escalation techniques and crisis physical intervention strategies. The continual analysis and individual review by the Restrictive Practice & Oversight Committee, PMCB Instructors group and the AC Compliance Committee has ensured the effectiveness of our commitment to reduce physical restraint.

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

Within DSW MHS we have embedded governance structures to provide oversight and monitoring of compliance including the Compliance Committee and Quality and Patient Safety (QPS) Committee. These are attended by both Clinical Staff and Senior Management Team Members with appropriate communications disseminated within the line management structures. The AC have audited this code of practice in line with the MHC Judgement Support Framework and have identified that in 2024 we achieved the following compliance: Q1: 91.3%, Q2: 91.7%, Q3: 96.4 Q4: 95%. Issues highlighted were discussed at the Oversight, Compliance and QPS meetings. Action plans were disseminated to all relevant stakeholders.



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 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 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 completed in 2024. We have 4 qualified trainers based in our service and 3 staff currently in training building our core base of trainers to 7 in the AC. Training is further monitored and scheduled through a central DSW MHS Training Compliance Committee.

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)	1 [Bed Rails]

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

Elm Mount AC has implemented several effective measures to reduce and, where possible, eliminate the use of mechanical means of bodily restraint, demonstrating a commitment to upholding human rights, dignity and the well-being of patients in our care. The Use of Mechanical Means of Bodily Restraint was only required for one resident in 2024 via bed rails. It was only implemented as a last resort, when all other proposed interventions were exhausted. The use of bed rails was considered as a safety measure to protect and guard against unintentional injury by the service user and in the context of managing their complex behaviours associated with their diagnosis. This was constantly reviewed by the MDT and discontinued as soon as was safe. The service user's safety and dignity was the paramount consideration at all times.



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

Elm Mount AC is committed to adhering to the rules regarding the use of Mechanical Means of Bodily Restraint, ensuring that all staff are trained and aware of the policies and rationale for their use. Through appropriate training and line management oversight, staff are proficient in assessing situations, documenting incidents, and communicating effectively with the MDT which promotes each person's safety and accountability. To further support compliance, and in line with the Code of Practice, the AC has established a Restrictive Practice Oversight Committee that regularly reviews our practices against established guidelines, identifying areas for improvement to ensure that restraints are used appropriately and to ensure that the COP was adhered to in every instance of mechanical restraint. Through these efforts, we maintain our dedication to providing safe and respectful care for all persons.

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 and the Restrictive Practice Oversight and Monitoring Group. Both forums support the organisations commitment to a culture of the continued reduction of restrictive practices.

Linda Moore.

Signed by Registered Proprietor Nominee: _____

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.*