



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

Approved Centre Name: JONATHAN SWIFT  
CLINIC \_\_\_\_\_

The total number of persons that the centre can accommodate at any one time	47
The total number of persons that were admitted during the reporting period	277

### 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	N/A
The total number of seclusion episodes	N/A
The shortest episode of seclusion	N/A
The longest episode of seclusion	N/A

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

N/A

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

N/A

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

N/A

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### 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	50
The total number of episodes of physical restraint	130
The shortest episode of physical restraint	30secs
The longest episode of physical restraint	19mins

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

The service is working on implementation of **the 8 Pillars of the MHC Seclusion and Restraint Reduction Strategy 2014**. We are part of a regional MDT group meeting every 2 weeks reviewing services responses to the strategy with the purpose of reducing and if possible, eliminating restrictive practices across the region (former CHO 7). The group's aim is to identify practical measures, work collaboratively by sharing knowledge, ensure actions are implemented and most importantly sustained through constant monitoring. This group feeds in to our service reducing restrictive practices group which meets monthly

The group have completed work on four pillars to date, leadership , engagement, education and debriefing with the following identifiable actions

- Developing a communication plan for all staff
- Mission statement for RRP
- Reviewing of training across the former CHO (TMVA V PMCB)
- Developing a model of trauma informed care across the 4 services
- Continuing to develop safeguards
- De-briefing models (Staff debriefing, utilising feedback from the 2 and 5 day debriefs)



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- Developing positive behaviour support plans as part of care planning for complex patients
- Reviewing models of patient engagement

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

Monthly audits are completed based on the Code of Practice. The regional RRP governance group are reviewing a standardised audit tool for the 4 services in the former CHO 7 area which is due to be ratified in the next few weeks.

Twelve 5 day debriefs were not completed in total for the months of July (4) Aug(1) Oct(4) Nov (3) 2024. These were related to teams with new consultants. The teams themselves had asked about further education which has been provided since. The Clinical Director (CD) will bring to the attention of the consultant group again and will bring up at QSSI. We currently have a process where the MHAA sends reminder to the Consultant teams regarding when the 2 & 5 day debriefs are due and nursing staff to check 5-day review at weekends rather than rely on monthly audits.. Clinical Nurse Manager will continue to review clinical practice forms and documentation End Of Day per shift.

As mentioned above the service is working on how best to use feedback from the 2 and 5 day debriefs to enhance our understanding and learning.

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

The service RRP group audits its processes monthly in line with the code of practice. The group meets monthly to review audit findings and implement action plans to improve compliance. While the group recognises the importance of compliance, its main purpose is to reduce restrictive practices through actions described above and through planned environmental improvements in line with conditions attached to the unit.



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### **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>	n/a
<b>The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)</b>	n/a
<b>The shortest episode of mechanically restraint under Part 3 (Immediate Risk of Harm)</b>	n/a
<b>The longest total episode of mechanically 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>	n/a

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

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

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

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**Signed by Registered Proprietor Nominee:** Kevin Brady

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