

# **2024 ANNUAL REPORT**

## **MARYBOROUGH CENTRE**

### **REDUCTION OF PHYSICAL RESTRAINT**

The Maryborough Centre are committed to providing a caring and safe environment for all our residents in line with national and local Policies, Procedures, Protocols and Guidelines.

We strive to use the least Restrictive Practices to maintain the safety of all residents and staff.

The Approved Centre Governance Group signed off on the updated policy in 2024.

A new audit tool was developed to review all episodes of Physical Restraint.

The Maryborough Centre has 16 beds.

There were 49 admissions in total in 2024.

In total the Maryborough Centre had 4 episodes of physical restraint in 2024, including 3 residents.

The shortest episode of Physical Restraint was less than 1 minute.

The longest episode of Physical Restraint was 5 minutes.

#### **(1) Maryborough's Actions to eliminate and Reduce Physical Restraint in year ending 2024**

- An oversight committee was established as part of the Approved Centre Governance Group to oversee current practices and incidents of Physical Restraint and to ensure we are in compliance with the Code of Practice as set out by the Mental Health Commission.
- Our Policy on Reduction of Restrictive Practices was verified at our Approved Centre Governance Group and Oversight Committee meeting in January 2024, this includes a more detailed outline of how the Approved Centre planned on reducing/eliminating Physical Restraint.
- All staff are trained in Therapeutic Management of Violence & Aggression.
- All staff attended Alternatives to Restrictive Practice training in 2024.
- A new Proforma for Physical Restraint was developed to ensure Physical Restraints were managed in line with the Code of Practice on the use of Physical Restraint (Sept 2022).
- The Proforma was updated again following the 2024 MHC inspection (Oct 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) to include evidence a nominated support person or a representative was offered to attend the in-person post-restraint de-briefing.
- After each episode of Physical Restraint an audit is completed to ensure compliance with the Code of Practice.

- Following each restraint and as part of the MDT review it is confirmed that all other alternative means of de-escalation were used in an attempt to enable the resident to regain self-control.
- All residents who were physically restrained were invited to take part in an MDT de-briefing session which discussed how as a team going forward Physical Restraint could be avoided as part of their Individualized Care Plan.
- Restrictive Practices are discussed at our weekly ward meetings, monthly Catchment Management meetings, quarterly Approved Centre Governance meetings and quarterly Health & Safety meetings.
- Safewards actions including Soft Words, Calm Down and Positive Words were introduced in 2024, these were identified as most relevant to assist residents during times of heightened anxiety and agitation to reduce potential escalation of behaviour and reduce the potential need for use of Physical Restraint.

## **(2) Maryborough's compliance with the Code of Practice in the Use of Physical Restraint**

- The MHC Inspection 2024 found one area of non-compliance, as there was no evidence that residents were given the opportunity of having their representative or nominated person attend the in-person debrief with them. The Proforma was altered during the inspection to include this issue.
- Audits were carried out post Physical Restraint within 24hours of each episode.
- The Audit on 23/03/24 resulted as 100%
- The Audit on 24/03/24 resulted as 100%
- The Audit on 21/07/24 resulted as 100%
- The Audit on 21/10/24 resulted as 100%
- All episodes of Physical Restraint are now audited within 24hours of each episode.
- A new Audit Tool was developed in 2024 to reflect the changes to the MHC Code of Practice on Physical Restraint.

## **(3) Maryborough's compliance with The Restraint Reduction Policy**

- The Maryborough's Restraint Reduction Policy is updated, approved by Approved Centre Governance Group (ACG) and oversight committee. All staff have reviewed and signed the Policy.
- Each episode of Physical Restraint is reviewed at the ACG and oversight committee.
- The eight interventions set out in the policy are discussed at the weekly staff meetings to ensure all staff are mindful of the approved centres commitment to reducing/eliminating Physical Restraint.
- All staff are engaging in on-going training and education sessions on the Reduction of Restrictive Practices and the updated MHC Codes of Practice.
- 3 Safewards actions are currently in practice namely; Soft Words, Calm Down and Positive Words.

## **USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING RISK OF HARM TO SELF OR OTHERS**

The Maryborough Centre are committed to providing a caring and safe environment for all our residents in line with national and local Policies, Procedures, Protocols and Guidelines.

We strive to use the least Restrictive Practices to maintain the safety of all residents and staff. The use of bed rails as a means to reduce falls and provide personal safety to residents at night time continues.

The Approved Centre Governance Group signed off on the Restrictive Practice Reduction policy in 2024.

A new audit tool was developed to review all Residents prescribed Bed Rails and/or Lap Belts.

The Maryborough Centre has 16 beds.

There were 49 admissions in total in 2024.

In total 7 Residents were prescribed Bed Rails in the Maryborough Centre in 2024 0 residents were prescribed Lap Belts.

### **(4) Maryborough's Actions to eliminate and Reduce Mechanical Restraint in year ending 2024**

- An oversight committee was established as part of the Approved Centre Governance Group to oversee current practices and all residents prescribed Bed Rails and Lap Belts to ensure we are in compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint as set out by the Mental Health Commission.
- Our policy on Mechanical Means of bodily Restraint for Enduring Self Harming behaviour was reviewed, updated and forwarded to the Mental Health Commission in July 2024.
- A new Proforma for Mechanical Restraint was developed to ensure use of Bed Rails and Lap Belts were managed in line with the Rules Governing the Use of Mechanical Means of Bodily Restraint (Sept 2022).
- If the resident scores high on our Falls Risk Assessment and bed rails are considered contraindicated the bed alarm system in place with the use of crash mats.
- An Audit is completed quarterly to ensure compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint.
- All residents who are prescribed Bed Rails and/or Lap Belts are reviewed 3 monthly including a Risk Assessment to determine if continued use of same is required, this is included as part of their Individualized Care Plan.
- Night staff ensure a contemporaneous record is kept on every resident prescribed Bed Rails and/or Lap Belts in line with Part 4 of the Rules.
- A bed rail safety check was developed and initiated three monthly.
- We have purchased 2 x Low-Low beds to reduce the use of bed rails and reduce the risk of falls.

**(5) Maryborough's compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint**

- We continue to ensure compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint in relation to - Risk Assessment - Monitoring arrangements, including frequency - Evidence of ongoing review (at least quarterly) - ICP to reduce/eliminate use, Order by Medical Practitioner, Evidence of contemporaneous record.
- The new Proforma developed captures all of the above and Night Staff record in the clinical file each night that bed rails were used in line with the resident's Risk Assessment and ICP.
- The 2024 MHC inspection (Oct 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>) found no areas of non-compliance as audit findings and structures had been reviewed to ensure 100% compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint since 2023 report.
- Audits on the Mechanical Means of Bodily Restraint are carried out quarterly.
- The Audit Tool were updated to ensure they reflect on the changes to the MHC Rules Governing the Use of Mechanical Means of Bodily Restraint.

**(6) Maryborough's compliance with The Restrictive Practice Reduction Policy**

- The Maryborough's Restrictive Practice Reduction Policy is updated and approved by Approved Centre Governance Group (ACG) and oversight committee. All staff have reviewed and signed the Policy.
- All Restrictive Practices are reviewed at the ACG and oversight committee.
- The eight interventions set out in the Restraint Reduction Policy are discussed at the weekly staff meetings to ensure all staff are mindful of the approved centres commitment to reducing/eliminating Restrictive Practices.

All staff are engaging in on-going training and education sessions on the Reduction of Restrictive Practices and the updated MHC Codes of Practice

Signature:



Claire Donnelly, Registered Proprietor

Date: 29/05/2025