



Approved Centre Name:
Maryborough Centre

The total number of persons that the centre can accommodate at any one time	16
The total number of persons that were admitted during the reporting period	39
The total number of persons who were secluded during the reporting period	0

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	0
The total number of episodes of mechanically restrained	0
The shortest episode of mechanically restraint	0
The longest total episode of mechanically restraint	0
The total number of persons who were mechanically restrained as a result of mechanical means of bodily restraint for enduring risk of harm to self or others	10

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

The Maryborough Centre is 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 (ACG) signed off on the Restrictive Practice Reduction Policy in 2024. All residents are Risk Assessed on admission including a falls risk assessment. Use of mechanical means of bodily restraint for enduring risk to self or others (Part 4 of the rules governing the use of mechanical bodily restraint) may be deemed necessary to prevent residents falling, in particular at night time. This involves the prescribing of Bed Rails. This prescription is reviewed every 3 months to determine if continued use is necessary. This is part of the resident's individual care plan (ICP). If the resident scores highly on the falls risk assessment and bed rails are deemed a contraindication, a bed alarm system is put in place, with use of crash mats. A new proforma and audit tool were developed to review all residents prescribed bed rails. Audits are carried out quarterly to ensure compliance with the MHC Rules. The ACG and oversight committee review all clinical files of residents who are prescribed bed rails. In total 10 residents were prescribed bed rails in 2023. Night staff ensure a contemporaneous record is kept on every resident prescribed bed rails in line with Part 4 of the MHC Rules.

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

The MHC Inspection in 2023 found some areas of non-compliance with the Rules in relation to Risk Assessment, Monitoring arrangements including frequency, evidence of on-going review, ICP to reduce/eliminate use, order by a medical practitioner, and evidence of contemporaneous records. Since the final MHC report, structures have been put in place to ensure compliance with the MHC Rules. A new Proforma was developed to capture all areas of non-compliance including nightly documentation in each clinical file where bed rails are in use, this is in conjunction with the Risk Assessment and ICP. A new audit tool was also developed in line with the updated Rules Governing the Use of Mechanical Means of Bodily Restraint. Audits are carried out quarterly and discussed at the ACG and oversight committee meetings quarterly, the Catchment Management Meeting monthly and every week at the ward meeting.



Approved Centre Name:
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A statement about the compliance with the approved centre's own reduction policy

The Maryborough Restrictive Practice Reduction Policy has been reviewed, updated and approved by the ACG and oversight committee. All staff have reviewed and signed the new policy. All restrictive practices are reviewed at the ACG and oversight committee quarterly. The eight interventions set out in the Restraint Reduction Policy are discussed weekly to ensure all staff are mindful of the Maryborough Centre's commitment to reduce and eliminate all Restrictive Practices. All staff are engaging in on-going training and education sessions on the Reduction of Restrictive Practices including areas of Trauma informed care, Human Rights and Safewards Model. An education folder was also developed to highlight the changes to the MHC Codes of Practice and Rules including flow charts.



Approved Centre Name:
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Rules Governing the Use of Seclusion

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

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



Approved Centre Name:
Maryborough Centre

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	<5
The total number of episodes of physical restraint	9
The shortest episode of physical restraint	30sec
The longest episode of physical restraint	8mins

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

The Maryborough Centre is 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 our residents and staff. The ACG signed off on an updated Restrictive Practice Reduction Policy in 2024. All staff have reviewed and signed this policy. A new audit tool was developed in line with the updated MHC Code of Practice. The Maryborough Centre is a 16 bedded Approved Centre, there were 40 admissions in total in 2023 and 9 episodes of Physical Restraint involved 4 residents. The shortest episode lasted 5 minutes while the longest episode lasted 8 minutes. A new Proforma was developed to ensure compliance with the Code of Practice. Restrictive Practices are an agenda item on our weekly ward meetings and an oversight committee was established in conjunction with the Approved Centre Governance Group to over see all Restrictive Practices and ways in which to reduce and eliminate where possible. A sensory garden and sensory room are available for all our residents to offer a calmer, quieter environment when required. A comfort box is also available containing many items evidenced to reduce stress and anxiety. Our Clinical Nurse Specialist co-ordinates weekly Therapeutic Groups in line with service needs.

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

There were 9 episodes of Physical Restraint in Maryborough in 2023, involving 4 residents. The shortest episode of Physical Restraint was less than 5 minutes while the longest episode was 8 minutes. A new Proforma was developed to ensure compliance with the Code of Practice and an audit was completed after each episode. All Physical Restraints were discussed at the ACG and oversight committee meeting quarterly, the Catchment Management Meeting monthly and the ward meeting weekly. The MHC inspection in 2023 found some areas of non-compliance with the Code of Practice in relation to the Policy, the clinical practice form, the initiation and discontinuation of the Physical Restraint, in the resident's debrief and MDT debrief and action plan for the elimination and reduction of restrictive interventions. Audits had been carried out but not within 24 hours of each episode. Audit completed 10/05/23 scored 100% while the audit completed 10/06/23 scored 98% as there was no documented evidence that the next of kin was contacted post Physical Restraint episode. Since the final MHC inspection, report structures have been put in place to ensure 100% compliance with the Code of Practice. A new audit tool was developed to include the updated Code of Practice on the use of Physical Restraint. These are



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completed immediately after each episode. The new Restrictive Practice Reduction Policy was developed and approved by the ACG and oversight committee.

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

The new Restrictive Practice Reduction Policy was approved and signed off by the ACG. To date all staff have reviewed and signed same. An oversight committee was established as part of the ACG to over see current practices and incidents of Physical Restraint and to ensure compliance with the code of practice as set out by the MHC. Our initial policy was in draft form at the time of the MHC inspection (Nov 21-23 2023). The advice from the inspection team was that the policy required a more detailed outline of how the Approved Centre planned on reducing/eliminating Physical Restraint. The new Restrictive Practice Reduction Policy was developed and implemented thereafter. To ensure compliance with the new policy; all staff are training in Therapeutic Management of Violence and Aggression. A new Proforma for Physical Restraint was developed. Audits are completed after each episode of Physical Restraint. As part of the MDT review it is discussed that all alternative means of deescalation 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 including how as a team we could avoid Physical Restraint in the future and include this in the individualised care plan. 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 reduce/eliminate Physical Restraint. All staff are engaging in on going training and education sessions on the reduction of restrictive practices and the updated MHC codes and rules.

Signed by Registered Proprietor Nominee: Claire Donnelly

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