



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

Approved Centre Name: St. Joseph’s Mental Health and Intellectual Disability Services, St itas Campus, Portrane

The total number of persons that the centre can accommodate at any one time	46
The total number of persons that were admitted during the reporting period	46

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	1
The total number of seclusion episodes	1
The shortest episode of seclusion	
The longest episode of seclusion	2hrs 40 mints

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

St. Joseph's Intellectual Disability Service has effectively reduced, and aims to eliminate, the use of seclusion. By redesigning care processes, developing personalised care plans, and implementing behaviour management strategies that prioritise prevention over restraint/seclusion, SJIDS has significantly minimised seclusion practices. Clinical Nurse Specialists in autism and behavioural support are actively involved in patient care and staff training, ensuring these strategies are effectively applied. Mandatory two-day safety intervention training for all staff further reinforces this commitment. Additionally, repurposing rooms into calming sensory spaces tailored to residents' unique needs has promoted relaxation, contributing to the reduction of seclusion.

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

SJIDS has developed a comprehensive policy to guide staff on the appropriate use of seclusion within the approved centre. This policy emphasises that seclusion is to be employed only in rare and exceptional circumstances, specifically when a person poses an immediate threat of serious harm to themselves or others. By strictly following these guidelines, SJIDS ensures compliance with MHC rules and prioritises the safety and well-being of all residents and staff.

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

St. Joseph's Intellectual Disability Service is committed to reducing the frequency and duration of seclusion and physical restraint episodes within its approved centre. To achieve this, SJIDS has implemented a Reduction in Seclusion Policy, providing staff with clear guidance to ensure restrictive interventions are used only when absolutely necessary and conducted safely, in accordance with specified rules and codes of practice. This policy is reviewed annually to incorporate best practices and maintain compliance with regulatory standards. Additionally, comprehensive audits of seclusion and restraint processes are performed regularly to monitor adherence and identify areas for improvement. All staff are required to complete mandatory safety intervention training and acknowledge their understanding of the policy via the Policy Portal. These records are accessible to the Inspector of Mental Health Services and the Mental Health Commission upon request.

St. Joseph's Psychology team and Positive Behaviour & Autism Awareness Clinical Nurse Specialists have provided education sessions and individual personalised positive support plans for individual who require a comprehensive assessment and plan. Psychology and the CNS team are devoted to continuing to develop proactive models of intervention to support resident's ongoing needs.

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	3
The total number of episodes of physical restraint	6
The shortest episode of physical restraint	10 seconds
The longest episode of physical restraint	5mints

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



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St. Josephs have seen a marked reduction in the number of physical restraints. In 2020 there were 18 episodes of Physical Restraint compared to 6 in 2024. This is achieved through a person centred, multidisciplinary, human rights based approach to care. Healthcare staff have availed of training in both Human Rights “Applying a Human rights Based Approach in Health & Social Care” module 1-4 on Hseland, in addition to face to face person centred workshops. St. Joseph’s Psychology team and Positive Behaviour & Autism Awareness Clinical Nurse Specialists have provided education sessions and individual personalised positive support plans for individual who require a comprehensive assessment and plan. Psychology and the CNS team are devoted to continuing to develop proactive models of intervention to support resident’s ongoing needs.

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

St. Joseph's Intellectual Disability Services is committed to reducing and, where possible, eliminating the use of physical restraints. The Multidisciplinary Review and Oversight Committee conducts quarterly assessments of all individuals who were physically restrained in addition to a review of the incident after the occurrence by MDT team. This is to explore strategies for minimisation or discontinuation, in line with the service's policy. This policy is reviewed annually to incorporate best practices and ensure compliance with regulatory standards. Comprehensive audits of physical restraint processes are performed every three months and updated annually to monitor adherence and identify areas for improvement. All Approved Centre staff are required to complete the Day 2 Safety Interventions training and acknowledge their understanding of the policy via the Policy Portal. These records are accessible to the Inspector of Mental Health Services and the Mental Health Commission upon request.

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

St. Joseph's Intellectual Disability Service is committed to reducing the frequency and duration of physical restraint episodes within its approved centre. To achieve this, SJIDS has implemented a Reduction in Physical Restraint Policy, providing staff with clear guidance to ensure restrictive interventions are used only when absolutely necessary and conducted safely, in accordance with specified rules and codes of practice. This policy is reviewed annually to incorporate best practices and maintain compliance with regulatory standards. Additionally, comprehensive audits of the restraint process are performed regularly to monitor adherence and identify areas for improvement. All staff are required to complete mandatory safety intervention training and acknowledge their understanding of the policy via the Policy Portal. These records are accessible to the Inspector of Mental Health Services and the Mental Health Commission upon request.



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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.

The total number of persons who were mechanically restrained under Part 3 (Immediate Risk of Harm)	0
The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)	0
The shortest episode of mechanically restraint under Part 3 (Immediate Risk of Harm)	0
The longest total episode of mechanically restraint Part 3 (Immediate Risk of Harm)	0
The total number of persons who were mechanically restrained (Part 4: enduring risk of harm to self or others)	5

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

St. Joseph's Intellectual Disability Service has effectively minimized the use of mechanical means of bodily restraint, particularly under Part 3 (Immediate Risk of Harm). There have been no episodes of individuals being mechanically restrained under this provision. The approved centre adheres to the guidelines that permit the use of mechanical restraints, such as cot sides, bed rails, and lap belts, exclusively to address identified clinical needs and/or risks associated with enduring harm to oneself or others. This approach underscores the SJIDS's commitment to reducing, and where possible, eliminating the reliance on mechanical restraints, ensuring they are employed only when clinically justified.

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

St. Joseph's Intellectual Disability Services has developed a policy on the use of mechanical means of bodily restraint, guided by the Mental Health Commission's "Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint" (September 2023). This policy provides clear guidance to staff on employing mechanical restraints, such as cot sides, bed rails, and lap belts, exclusively to address identified clinical needs



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and/or risks of enduring harm to oneself or others. By adhering to these principles, the approved centre ensures compliance with the established rules, emphasising the reduction and, where possible, elimination of mechanical restraints in clinical practice.

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

St. Joseph's Intellectual Disability Services is committed to reducing and, where possible, eliminating the use of mechanical restraints. The Multidisciplinary Review and Oversight Committee conducts quarterly assessments of all individuals subjected to mechanical restraint orders to evaluate their necessity and to explore strategies for minimisation or discontinuation, in line with the service's policy. This policy is reviewed annually to incorporate best practices and ensure compliance with regulatory standards. Comprehensive audits of mechanical restraint processes are performed every three months and updated annually to monitor adherence and identify areas for improvement. All Approved Centre staff are required to complete the Day 2 Safety Interventions training and acknowledge their understanding of the policy via the Policy Portal. These records are accessible to the Inspector of Mental Health Services and the Mental Health Commission upon request.

Signed by Registered Proprietor Nominee:



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