



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

Approved Centre Name: St Loman's Hospital, Mullingar

The total number of persons that the centre can accommodate at any one time	44
The total number of persons that were admitted during the reporting period	238

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	10
The total number of seclusion episodes	11
The shortest episode of seclusion	2 hrs
The longest episode of seclusion	44 hrs

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

In 2024 the Approved Centre implemented a dynamic and documented risk assessment and risk management structure, it developed an incremental and graded level of response to service users that were a risk to self or others. This documented the interventions tried and responses to such interventions prior to considering any restrictive practice.

The Approved Centre also implemented a care pathway for seclusion to support compliance with the rules governing seclusion.

Staff also engaged in training and education, with one nurse doing a H/Dip in positive behaviour support.

It is noted from the analysis by the oversight committee that service users that are removed to the Approved Centre by the Gardaí are more likely to be restrained at the time of admission.

The Approved Centre can report a small overall drop in number of episodes of seclusion since 2023. The longest duration is also reduced in this period.

In addition to this, funding was granted to provide a calm down therapeutic regulation space to help provide a less stimulating environment.



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 seclusion

The Approved Centre has a quality focus on restrictive practices and a system of audit. The initial audit occurs and information is entered on a data page by the manager on the ward, a further audit takes place within days of the restrictive practice. This is a multi-disciplinary group. This audit is presented to the Restrictive Practices oversight committee, where a further review is completed.

There were 5 non-compliances over the first 3 months of 2024. The introduction of the care pathway for seclusion appeared to prevent all further non-compliances. There was one further non-compliance where the register was not signed by a consultant psychiatrist within 24 hours of the commencement of seclusion. There was also notable poor record keeping in this case. An improvement plan was agreed and is being implemented.

There is a noted improvement in the compliance over the course of 2024.

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

The Approved Centre was compliant with the centre's own reduction policy.

In 2025 additional education sessions are required including further education on Human Rights and trauma informed care.

In 2024 The Reduction of Seclusion and Physical & Enduring Mechanical Restraint Policy was adjusted to provide accountability for the use of prone restraint, and all episodes of prone restraint are reviewed by the oversight committee and assurances provided to the registered proprietor. To date there were no episodes of prone restraint in 2025.

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	15
The total number of episodes of physical restraint	20
The shortest episode of physical restraint	1min
The longest episode of physical restraint	9 mins



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

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

In 2024 the Approved Centre implemented a dynamic and documented risk assessment and risk management structure, it developed an incremental and graded level of response to services users who are dysregulated and pose a risk to self or others. This documented the interventions attempted and responses to such interventions prior to considering any restrictive practice.

Staff also engaged in training and education, with one nurse doing a H/Dip in positive behaviour support. This nurse will champion positive behaviour support.

In addition to this, funding was granted to provide a calm down therapeutic regulation space to help provide a less stimulating environment.

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

The Approved Centre has a quality focus on Restrictive practices and a system of audit. The initial audit occurs and information is entered on a data page by the manager on the ward, a further audit takes place within days of the restrictive practice. This is a multi-disciplinary group. This audit is presented to the restrictive practices oversight committee. And a further review is completed.

Of the 20 episodes of physical restraint 2 were deemed non-compliant with the code of practice on physical restraint.

In one instance the register was not signed by the consultant psychiatrist within 24 hours. The other instance was relating to poor record keeping in the care pathway document.

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

The Approved centre was compliant with the centre's own reduction policy.

In 2025 additional education sessions are required including further education on Human Rights and trauma informed care.

In 2024 The Reduction of Seclusion and Physical & Enduring Mechanical Restraint Policy was adjusted to provide accountability for the use of prone restraint, and all episodes of prone restraint are reviewed by the oversight committee and assurances provided to the registered proprietor. To date there were no episodes of prone restraint in 2025.



Statement on compliance with the rules governing
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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 mechanical restraint under Part 3 (Immediate Risk of Harm)	N/A
The longest total episode of mechanical restraint Part 3 (Immediate Risk of Harm)	N/A
The total number of persons who were mechanically restrained (Part 4: enduring risk of harm to self or others)	0

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

Mechanical Means of Bodily restraint is not used in the Approved Centre.

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

Mechanical Means of Bodily restraint is not used in the Approved Centre.

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

Mechanical Means of Bodily restraint is not used in the Approved Centre and it is not commented on in the policy.

Signed by Registered Proprietor Nominee:

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