



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

Approved Centre Name: St Michael's Unit

The total number of persons that the centre can accommodate at any one time	48
The total number of persons that were admitted during the reporting period	624

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

SMU does not use seclusion.

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

SMU does not use seclusion.

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

SMU does not use seclusion.



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

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	43
The total number of episodes of physical restraint	68
The shortest episode of physical restraint	1
The longest episode of physical restraint	10

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

St Michael's Unit had a total of 68 restraints which involved 43 patients in 2024, there was a total of 624 admissions to the unit for that year 130 of which were Involuntary Admissions/detention of voluntary patients.

In 2024, nursing staff continued their Mandatory Training week which includes Prevention and Management of Challenging Behaviour training which continues to improve overall of compliance rate attendance to training. All allied Health Professionals and Medics have access to Prevention and Management of Challenging Behaviour training and uptake of this mandatory training is very closely monitored and recorded by Heads of Discipline. Additionally, there were no injuries sustained by staff or patients during any episode of restraint on the unit in 2024. Staff are required to be familiar/to have read/signed off with the SMU COP on the use of Physical Restraint plus the SMU Policy on the Reduction of Restrictive Practices.

There was an increase of 3% in the amount of restrictive practices however the average length of time that people were restrained for fell to 5.27 minutes from 8.68 minutes. This demonstrates a significant decrease in the length of time of restraints, the table above indicates 100% reduction of restraints lasting 11-30 minutes. These statistics correlate with the recent report to the Mental Health Commission on St Michael's Unit which indicate an increase of 41% of involuntary patients admitted to the unit since 2020. In 2022 there were 143 patients admitted involuntary to the unit compared to 2023 whereby there was 141 involuntary admissions.

Despite the increase in restraints for 2024, the St Michael's Unit Restrictive Practice Multidisciplinary Review and Oversight Committee have found that there remains an overall improvement of the use of restrictive practices in St Michael's Unit from 2022-2024.



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

The St Michael's Unit operated in line with the code of practice for physical restraint from 2009 through 2024. A detailed policy was in place, outlining roles, responsibilities, and training. Of note following a recent SMU focussed inspection by the Mental Health Commission our code of practice is currently being reviewed. All episodes of physical restraint were reviewed by the MDT and the persons individual care plan was updated accordingly. All incidents of physical restraint were discussed at individual care plan meetings, local incident meetings. All episodes of restraint are audited by the patient's key nurse and NCHD to ensure full compliance with the Code of practice. Each audit is then further cross referenced against the Code of Practice and the St Michael's Unit Policy on Restraint by the St. Michael's Unit Reduction in Restrictive Practice Multidisciplinary Review and Oversight Committee.

On inspection from the Mental Health Commission St Michael's Unit was compliant with the code of practice for Physical restraint in 2021, 2022 and 2023. The report for Inspection 2024 was not published at the time of this report. St Michael's Unit continues to implement a rigours cycle of self-audit inclusive of physical restraint. The results ranged from to 82.6%- 92% in 2021 and 91% to 100% in 2022 to 100% in 2023 and 2024. All audits were reviewed at the MDT audit committee, actioned and followed up accordingly using a SMART Plan.

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

St Michael's Unit Reduction in Restrictive Practice Multidisciplinary Review and Oversight Committee meet quarterly to review all episodes of restraint to ensure compliance with both policy and Code of Practice. We also submit a comprehensive yearly report and submit to our head of service.



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

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)	N/A
The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)	N/A
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)	N/A

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

SMU does not use mechanical restraint.

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

SMU does not use mechanical restraint.

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

SMU does not use mechanical restraint.

Signed by Registered Proprietor Nominee: _____

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