



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

Approved Centre Name: 5B

The total number of persons that the centre can accommodate at any one time	50
The total number of persons that were admitted during the reporting period	39

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	0
The total number of seclusion episodes	0
The shortest episode of seclusion	0
The longest episode of seclusion	0

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

N/A. Unit 5B does not have a seclusion room in operation.

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

N/A. Unit 5B does not have a seclusion room in operation.

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

N/A. Unit 5B does not have a seclusion room in operation.



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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	
The total number of episodes of physical restraint	
The shortest episode of physical restraint	
The longest episode of physical restraint	

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

The restrictive practice policy was developed in Sept 2023. The Approved Centre aims to reduce and where possible eliminate the use of restrictive interventions. It is the policy of the AC to ensure that the rights of patients are not compromised. As a last resort when all other interventions have failed it may be necessary to utilise evidence based techniques to restrict the movement of individuals to prevent serious harm to themselves or others. Prevention and mitigation of flash points which contribute to increased aggression and possible violence is central to the professional management of complex behaviours and by default the reduction of the use of restrictive practises. By ensuring high standard, evidence based care approaches are used during interactions between those using the service and the staff delivering the service the goal is to create an environment where the least restrictive measures required to support individuals are used. This policy outlines how the Approved Centre aims to provide positive behaviour support as a means of reducing or, where possible eliminating, the use of physical restraint within the approved centre. Physical restraint will only be used as a last resort where other therapeutic interventions have been attempted unsuccessfully. The establishment of the review and oversight committee ensures that all incidents of restrictive practise i.e. the use of physical restraint are reviewed with attention given to the contributing factors, the management of the situation and the follow up post restraint. These reviews allow for a look back at opportunities missed or learning opportunities for staff going forward so that practice is improved or sustained. The oversight committee are accountable to the Registered Proprietor Nominee and meet quarterly to review each episode of physical restraint to;

1. Determine if there was compliance with the code of practice on the use of physical restraint for each episode of physical restraint reviewed.
2. Determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint
3. Identify and document any areas for improvement.
4. Identify the actions, the persons responsible, and the timeframes for completion of any actions.
5. Provide assurance to the Registered Proprietor Nominee that each use of physical restraint was in accordance with the Mental Health Commission's Code of Practices and Rules.
6. Produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical restraint to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.

Each Approved Centre should also produce a comprehensive Annual Report



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Number of Episodes of Physical Restraint in Unit 5B:

2021 - 36

2022 - 33

2023 - 15

2024 - 15

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

The Approved Centre ensures compliance with the Code of Practice by undertaking the following;

- the use of Physical Restraint is a last resort and is always ordered by a registered medical practitioner/nurse under the supervision of a Consultant Psychiatrist.
- In the event of Physical Restraint, the resident is fully informed and involved in the decision making process.
- Cultural awareness and gender sensitivity are considered at all times.
- Patient safety and dignity is paramount in the event of an episode.
- In the event of PR, the clinical practice form is completed and the Mental Health Commission are informed via CIS.
- The service has introduced a Physical Restraint booklet to guide and assist staff to ensure compliance with the Code of Practice.
- Each episode of PR is discussed with the resident if they so wish and an opportunity to discuss the episode of PR.

Each episode is reviewed by the resident MDT whereby

1. antecedent events which contributed to the PR can be identified if any
2. a review of missed opportunities for earlier intervention
3. de-escalation techniques and less invasive interventions to be used going forward
4. the duration of the episode
5. considerations following the in person debriefing session will be reviewed.

The establishment of review and oversight committee is responsible for the oversight of physical restraint and where it is used. The review and oversight committee are accountable to the Registered Proprietor Nominee and meet quarterly to review each episode of physical restraint to;

1. Determine if there was compliance with the code of practice on the use of physical restraint for each episode of physical restraint reviewed.
2. Determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint
3. Identify and document any areas for improvement.
4. Identify the actions, the persons responsible, and the timeframes for completion of any actions.
5. Provide assurance to the Registered Proprietor Nominee that each use of physical restraint was in accordance with the Mental Health Commission's Code of Practices and Rules.
6. Produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical



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restraint to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.

The eight interventions outlined within the Seclusion and Restraint Reduction Strategy (MHC 2014) will frame the work of the Review and Oversight Committee

- a. Leadership
- b. Engagement
- c. Education
- d. Debriefing
- e. Data
- f. Environment
- g. Regulation
- h. Staffing.

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

The service has developed a policy on the use of restrictive practices.

All staff are encouraged to read and understand this policy.

All Staff must be trained in Professional Management of Complex Behaviours, as this is a mandatory requirement.

Refresher training must be completed within 24 months.

PMCB training is provided to staff by certified PMCB instructors. This training incorporates the reduction of the use of restrictive practices.

A record of staff attendance at training is maintained and these records are available to the Mental Health Commission upon request.

All HSE staff, students and volunteers irrespective of role or grade have completed Children First Training. This is a mandatory requirement.

All clinical staff are encouraged to undertake Mental Health Commission e learning resources on HSELand.

HSELAND modules include:

- Module 1: Changes to the Rules and Code of Practice on Restrictive Practices
- Module 2: Changes to the Rules governing seclusion.
- Module 3: Changes to the Code of Practice on Physical Restraint

A working group has been established re trauma informed care and a plan is in development to roll out training to all staff.

The Approved Centre has provided decider skills training to AC staff

A cohort of staff have received training in Positive behaviour support with plans for the remaining staff to receive training.

A debriefing tool has been developed to support the resident following an episode of PR. All episodes of PR are reviewed by the multidisciplinary team and data is recorded to aid analysis.

Action plans are developed to aid in the elimination and/or reduction of physical restraint

The inclusion of the reduction policy as a standing item on senior management team.



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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)	0
The longest total episode of mechanical 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)	0

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

N/A

Unit 5B did not have any episodes of mechanical restraint during the reporting period.

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

N/A

Unit 5B did not have any episodes of mechanical restraint during the reporting period

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

N/A

Unit 5B did not have any episodes of mechanical restraint during the reporting period



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Signed by Registered Proprietor Nominee:

A handwritten signature in blue ink, appearing to read 'Anne Allen', written over a horizontal line.

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

A handwritten signature in blue ink, appearing to read 'General Manager', written in a cursive style.