

**St Vincent's Hospital Fairview
Adolescent Approved Centre
Report on the use of
Restrictive Practices
2023**

Background

St Vincent's Hospital Fairview (SVHF) is a Section 38 Public Voluntary Psychiatric Hospital.

The Adolescent Approved Centre consists of a 10 bed Acute admission unit that provides care for young people presenting with moderate to severe mental health difficulties.

Introduction

The 1st of January 2023 was the commencement of the new rules and codes of practice in relation to the use of Restrictive Practices that were issued by the Mental Health Commission in accordance with the Mental Health Act 2001. These comprised the new codes of practice on the use of Physical Restraint, new rules governing the use of Seclusion and new rules governing the use of Mechanical Means of Bodily Restraint.

This report has been compiled to present a summary of the information gathered by the Adolescent Inpatient unit regarding their use of Physical Restraint and their use of Seclusion as requested by the Mental Health Commission.

Physical Restraint is defined as "the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others".

Seclusion is defined as "the placing or leaving of a person in any room, at any time, day or night, such that the person is preventing from leaving the room by any means".

The Adolescent Inpatient unit does not use any means of mechanical restraint.

Restrictive Practice is the collective term to describe the use of Physical Restraint and Seclusion.

SVHF recognise that any form of restrictive practices can cause distress and trauma to a young person and make certain they are only used in emergency situations as last resort when alternative measures have failed to ensure the safety and wellbeing of the young person and of others.

Reduction of Restrictive Practices

Review and Oversight Committee

SVHF Adolescent Approved Centre established a multidisciplinary Review and Oversight committee to analyse in detail every episode of Physical Restraint and Seclusion. The committee developed an audit tool to monitor and evaluate the centres compliance with the new rules and code of practice. The Consultant is the named senior manager for the use of seclusion and an Assistant Director of Nursing is the named senior manager for the use of physical restraint.

The committee meets quarterly to

- (i) Determine if there was compliance with the code of practice on the use of Physical Restraint and the rules governing the use of Seclusion for each episode of Physical Restraint and Seclusion;
- (ii) Determine if there was compliance with the approved centre's own policies and procedures relating to Physical Restraint and Seclusion;
- (iii) Identify and document any areas for improvement;
- (iv) Identify the actions, the persons responsible, and the timeframes for completion of any actions;
- (v) Provide assurance to the Registered Proprietor Nominee that each use of Physical Restraint and Seclusion were in accordance with the Mental Health Commission's Code of Practice; and
- (vi) 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 and Seclusion, to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.

Compliance

The Review and Oversight committee developed an internal audit tool to monitor compliance with the code of practice on the use of Physical Restraint and the rules governing the use of Seclusion. Audit results are analysed and discussed at the quarterly meetings and inform our action plans.

Q1 Overall compliance:	93%
Q2 Overall compliance:	97%
Q3 Overall compliance:	98%
Q4 Overall compliance:	100%
Yearly overall compliance:	97%

Hospital Policies

The Adolescent Approved Centre has developed and updated the following policies in accordance with the new rules and codes issued by the Mental Health Commission. Each member of staff has read and signed that they have read and understood these policies.

- Policy on the Use of Physical Restraint
- Policy on the Use of Seclusion
- Policy on Training Staff in the Use of Physical Restraint and Seclusion
- Policy on the Reduction of Restrictive Practices

Aggregated Data

Total number of persons that the Adolescent Approved Centre can accommodate at one time in 2023: 12 beds; reduced to 10 beds in February 2023.

Total number of persons that were admitted during 2023: 53

Physical Restraint Data

2022

Total number of Physical Restraint episodes: 102

Total number of persons Physically Restrained: 5

2023

Total number of episodes of Physical Restraint: 155

Total number of persons who were Physically Restrained during 2023: 7

Shortest episode Physical Restraint (In minutes): 1

Longest episode of Physical Restraint (In minutes): 30

Seclusion Data

2022

Total number of Seclusion episodes: 34

Total number of persons Secluded: 4

2023

Total number of episodes of Seclusion: 83

Total number of persons who were Secluded during 2023: 4

Shortest episode of Seclusion (In hours): 2

Longest episode of Seclusion (In hours): 38

Training and Education

All staff that are involved in the use of restrictive practices have completed their **mandatory** training in:

- TMVA (Therapeutic management of Violence and Aggression).
- Mental Health Act 2001
- HSEland 4 modules on the new rules and codes of practice for Restrictive Practice

Additional training:

- Positive Behaviour Support -RAID (Reinforce Appropriate, Implode Destructive)
- Storm
- Decider Skills
- Trauma Informed Care
- Human Rights based approaches in healthcare
- Inclusion of Restrictive Practice Information sessions to the induction programme of new staff and students.

Quality Initiatives to improve compliance with Reduction Policy in 2023

- Increase in training and education delivered through a combination of online learning, SVHF in-service training weeks and externally facilitated courses.
- Review and development of documentation to aid compliance and adherence with new rules and codes.
 - New Seclusion Care Plan
 - Review of clinical practice form layout for Physical Restraint and Seclusion.
 - Reviewed Seclusion and Physical Restraint checklists
 - New in-person debrief form post Physical Restraint and Seclusion.
 - New MDT debrief form post Physical Restraint and Seclusion.
- Weekly Audits
- Renovations and improvements to the environment of the unit.
- Introduction of Positive Behaviour Support Care Plans where required.
- Safety Pause introduced on the unit.
- "Soothe boxes" utilised to promote the development of sensory distraction skills to aid emotional regulation.

Summary

SVHF effectiveness to eliminate, where possible, and reduce restrictive practices.

SVHF is committed to eliminate and where possible reduce restrictive practices.

In comparison to 2022 the episodes of Physical Restraint and Seclusion increased. On review of these episodes, it appears to be attributed to a specific resident's clinical presentation and risk assessment. SVHF will continue to attempt to reduce episodes of restrictive practice through our reduction policy.

SVHF compliance with the rules governing the use of physical restraint, seclusion and mechanical means of bodily restraint.

Our quarterly audit reports indicate that overall compliance has continued to improve throughout the year. The overall compliance for the year is 97%. Our audit results inform our action plans and quality initiatives. SVHF will continue to closely monitor and evaluate and endeavour to keep on improving the centres adherence to the rules and codes of practice in Restrictive Practice.

SVHF compliance with reduction policy

The centre developed a reduction policy to achieve a reduction in Restrictive Practices through a combination of clinical governance, monitoring, training/education and quality initiatives. SVHF is complying with this reduction policy to ensure that best practice is being utilised when delivering the highest standard quality of care to our residents.

Signed: Eoin Culliton

Date: 28/06/2024

Acting Chief Executive Eoin Culliton

28/06/2024

Registered Proprietor Nominee