

St Vincent's Hospital Fairview

Adult 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. It works in partnership with the Health Service Executive to provide psychiatric care to the population of Dublin North Central.

St Vincents Adult Approved Centre consists of a 30 bed Acute Adult admission unit, a 6 bed Psychiatry of Old Age unit and an 8 bed continuing care unit.

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 were 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 SVHF regarding their use of Physical Restraint, Seclusion and the use of Mechanical Means of Bodily Restraint for enduring risk of harm to self or others 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 prevented from leaving the room by any means".

Mechanical Restraint is defined as "the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person's body". SVHF does not use Mechanical Restraint for immediate threat of serious harm to self or others; it only uses mechanical means of bodily restraint for enduring risk of harm to self or others.

Restrictive practice is the collective term to describe Physical Restraint, Seclusion and Mechanical Restraint.

SVHF recognise that any form of restrictive practices can cause distress and trauma to a 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 person and of others.

Reduction of Restrictive Practices

Review and Oversight Committee

SVHF Adult Approved Centre established a multidisciplinary Review and Oversight committee to analyse in detail every episode of Physical Restraint, Seclusion and Mechanical Means of Bodily Restraint for enduring risk of harm to self or others. The committee developed an audit tool to monitor and evaluate the centres compliance with the new rules and code of practice. The Clinical Director is the named senior manager for the use of seclusion, an Assistant Director of Nursing is the named senior manager for the use of physical restraint and an Assistant Director of Nursing is the named senior manager for the use of mechanical restraint.

The committee meets quarterly to

- (i) Determine if there was compliance with the code of practice on the use of Physical Restraint, the rules governing the use of Seclusion and the rules governing the use of Mechanical Means of Bodily Restraint for each episode of Physical Restraint, Seclusion and Mechanical Means of Bodily Restraint reviewed;
- (ii) Determine if there was compliance with the approved centre's own policies and procedures relating to Physical Restraint, Seclusion and Mechanical Means of Bodily Restraint;
- (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 Physical Restraint, Seclusion and Mechanical Means of Bodily Restraint was 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, 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, the rules governing the use of Seclusion and the rules governing the use of Mechanical Means of Bodily Restraint. Audit results are analysed and discussed at the quarterly meetings and inform our action plans.

Q1 Overall compliance	79%
Q2 Overall compliance	92%
Q3 Overall compliance	93%
Q4 Overall compliance	94%
Yearly overall compliance	90%

Hospital Policies

The 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 have 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 the Use of Mechanical Means of Bodily Restraint for enduring risk to self or others.
- Policy on Training Staff in the Use of Physical Restraint and Seclusion.
- Policy on the Reduction of Restrictive Practices.

Aggregated Data

Physical Restraint

Total number of persons that the Approved Centre can accommodate at a time in 2023: 45; until November 2023 when it was reduced to 44.

Total number of persons that were admitted during 2023: 320

Physical Restraint Data

2022

Total number of Physical Restraint episodes: 116

Total number of persons Physically Restrained: 41

2023

Total number of episodes of Physical Restraint: 93

Total number of persons who were Physically Restrained during 2023: 39

Shortest episode of Physical Restraint: 1 minute

Longest episode of Physical Restraint: 28 minutes

Seclusion Data

2022

Total number of Seclusion episodes:	46
Total number of persons Secluded:	33

2023

Total number of episodes of Seclusion:	53
Total number of persons who were Secluded during 2023:	33
Shortest episode of Seclusion:	2 hours
Longest episode of Seclusion:	193 hours

Mechanical Restraint Data

Total number of persons who were mechanically restrained for enduring risk of harm to self or others during 2023: less than or equal to five.

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 order form for Mechanical Restraint
 - New in-person debrief form post Physical Restraint and Seclusion.
 - New MDT debrief form post Physical Restraint and Seclusion.
 - Reviewed nursing admission and risk assessment paperwork
- Weekly Audits
- Renovations and improvements to the environment of the units.
- Introduction of Positive Behaviour Support Care Plans where required.
- Safety Pause introduced in the Acute admission unit.
- “Distraction 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 has decreased in 2023. It appears however episodes of seclusion have 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 90%. 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

Acting Chief Executive Eoin Culliton

Registered Proprietor Nominee

Date: 28/06/2024

28/06/2024