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## **Annual Report 2023**

## Sligo Leitrim Mental Health Service Acute Mental Health Unit

## Code of Practice in the Use of Seclusion

The total number of persons that the approved centre can accommodate at any one time	25
The total number of persons that were admitted during the reporting period	383
The total number of persons who were secluded during the reporting period	<=5
The total number of episodes of seclusion	<=5
The shortest episode of seclusion	1 hour 16 minutes
The longest episode of seclusion	24 hours

Seclusion is a rare occurrence in Acute Mental Health Unit in Sligo University Hospital and is executed only when all other options have been exhausted without good effect.

Sligo Leitrim Mental Health Service (SLMHS) operate a detailed Seclusion Policy which works in conjunction with The Reduction of Restrictive Practices Policy and the Violence/Aggression & Behaviours that Challenge Policy. All policies are available electronically on SLMHS Policy Portal. Staff are notified of changes to policies and are required to read each policy within 10 days of upload.

This policy provides clear descriptions and processes to be followed in the event of an incident of seclusion including requirements set out in Part 7 and 7.1 of the Rules Governing the use of Seclusion.

All staff who participate, or may participate, in the use of seclusion have received the appropriate training to do so. In addition; HSEland training modules on Restrictive Practices have been promoted for all staff with additional sessions included in the postgraduate teaching programme for medical staff as well as trauma informed care, cultural competence, human rights, training in PMAV, positive behaviour support, and a focus on alternatives to seclusion/restraint.

A helpful information pack and checklist to support the process has been implemented and is available for all in the approved centre and the high observation area. This pack contains:

- A seclusion flowchart; this is a one-page document indicating the key steps in the seclusion process, divided into easy-read columns pertaining to the role of the professional involved.
- A seclusion care plan document.
- Details of chart entry requirements for an episode of seclusion.
- 15-minute seclusion chart checklist.
- A register for seclusion.
- An information leaflet detailing a patient guide to seclusion.

Following an episode of seclusion, the Service User involved is asked to complete a questionnaire. This enables the Service User to express their own thoughts and suggestions in order to prevent this event reoccurring and it enables the Service to identify areas where improvement may be required.

Any episodes of non-compliance are immediately identified, reported to the MHC and contribute to ongoing learning and training including via simulation a new local initiative. The approved centre continues to strive for compliance with the Rules Governing the Use of Seclusion by implementing CAPAs, auditing each episode of seclusion and having quarterly Review and Oversight Committee meetings.

The Approved Centre has a review governance system in place whereby any issues identified with practices or documentation pertaining to the Code of Practice on Seclusion are escalated to the Multidisciplinary Restrictive Practice Review and Oversight Committee. This committee consists of the Clinical Director, Executive Clinical Director, Area Director of Nursing, Assistant Director of Nursing, Nursing Staff and the Mental Health Act Administrator.

The Review and Oversight Committee meet on a quarterly basis to discuss the activity of the previous three months and to address any areas of concern raised. Actions and recommendations from the Review and Oversight Committee meeting are subsequently implemented. Minutes of quarterly meetings are recorded and a report of each meeting is subsequently produced. This report is circulated to all relevant staff in addition to upload on the Mental Health Commission CIS portal.

Pauline Xcherno.

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Pauline Ackermann
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