



Approved Centre Name:  
Adult Mental Health Unit Sligo University Hospital

The total number of persons that the 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

### **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	n/a
The total number of episodes of mechanically restrained	n/a
The shortest episode of mechanically restraint	n/a
The longest total episode of mechanically restraint	n/a
The total number of persons who were mechanically restrained as a result of mechanical means of bodily restraint for 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**

Mechanical restraint was not used in the Acute Mental Health Unit, Sligo University Hospital in 2023.

The Oversight Committee of Adult Mental Health Unit, Sligo University continues to meet on a quarterly basis where mechanical restraint reduction continues to be explored. Staff continue to complete routine audits, risk mitigation, staff education and we have implemented our mental health initiative to minimise stimulation for patients admitted under the mental health act e.g. designated low stimulus environment on arrival to the unit.

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

N/A

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

N/A



Approved Centre Name:  
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### Rules Governing the Use of Seclusion

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

<b>The total number of seclusion episodes</b>	<b>4</b>
<b>The shortest episode of seclusion</b>	<b>1hr 16mins</b>
<b>The longest episode of seclusion</b>	<b>24hrs</b>

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

Sligo Leitrim Mental Health Service has been effective in reducing the use of seclusion the Adult Mental Health Unit. This has occurred with risk assessment and risk mitigation, practical environmental initiatives to minimise stimulation for patients admitted under the mental health act e.g. designated low stimulus environment on arrival to the unit.

Sligo Leitrim Mental Health Service are committed to a reduction in restrictive practice with a culture and clear governance structures in place to support this. Any episodes of non-compliance are immediately identified, reported to the MHC and contribute to ongoing learning and training including via simulation which is a new local initiative.

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 onto the Mental Health Commission CIS portal.

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

Through a combination of regular audit and education, SLMHS continue to comply with the rules governing 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.



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

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

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.



**Code of Practice on the Use of Physical Restraint**

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018

<b>The total number of persons who were physically restrained during the reporting period</b>	15
<b>The total number of episodes of physical restraint</b>	26
<b>The shortest episode of physical restraint</b>	>1min
<b>The longest episode of physical restraint</b>	10min

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

Sligo Leitrim Mental Health Service are committed to a reduction in restrictive practice with a culture and clear governance structures to support this. SLMHS has been effective in reducing the use of physical restraint in the Acute mental health unit. This has occurred with risk assessment and risk mitigation, practical environmental initiatives to minimise stimulation for patients admitted under the mental health act e.g. designated low stimulus environment on arrival to the unit.

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 Physical Restraint are escalated to the Multidisciplinary Restrictive Practice Review and Oversight Committee. This committee consists of a Clinical Director, Executive Clinical Director, Area-Director of Nursing, Assistant Director of Nursing, Business Manager, Nursing Staff and the Mental Health Act Administrator. (Do not insert names as stated in COP)

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.

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

The Adult Mental Health Unit of Sligo University Hospital has been effective in reducing the use of physical restraint within the approved centre. This has occurred with risk assessment and risk mitigation, practical environmental initiatives to minimise stimulation for patients admitted under the mental health act e.g. designated low stimulus environment on arrival to the Unit. Through a combination of regular audit and education, we continue to comply with the rules governing physical restraint.

All staff who participate, or may participate, in the use of physical restraint have received the appropriate training to do so. In addition HSE-Land 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.



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

Our reduction policy has 6 strands all of which contribute to the reduction of physical restraint and we are compliant with the policy across all the domains. These include leadership, using data to inform practice, workforce development, use of restraint and seclusion reduction tools, engaging consumers in inpatient settings and debriefing techniques.

Following an episode of physical restraint, 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.

The approved centre continues to strive for compliance with the Code of Practice on the Use of Physical Restraint (2022) and the approved centre policy on the Reduction of Restrictive Practice by implementing CAPAs, auditing each episode of Physical restraint and having quarterly Review and Oversight Committee meetings.

**Signed by Registered Proprietor Nominee:** Pauline Ackermann

*\*If you don't have a Digital Signature, typing your name will be accepted as your signature.*