



Approved Centre Name:
Avonmore & Glenree Units Newcastle Hospital

The total number of persons that the centre can accommodate at any one time	39
The total number of persons that were admitted during the reporting period	333
The total number of persons who were secluded during the reporting period	8

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	<5
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	<5

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

The Approved Centres' plan to eliminate Mechanical means of Bodily Restraint has been successful via the procurement of bed alternatives/staff education and falls prevention strategies which do not restrict the resident . Mechanical Means of Bodily restraint has not been in use from May 2023.

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

The Policy on the Rules governing the use and management of Mechanical Means of Bodily Restraint was ratified in March 2024. An audit carried out in June 2024 validates this as there is no recorded episodes from May 2023 to the current day.

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

The Approved Centre has eliminated mechanical means of bodily restraint in the 12 months ending 30 May 2024 to the current date.ongoing review is regularly monitored within the Approved Centre Compliance Committee and the MDT Review and Oversight Committee for Restrictive Practices .Both forums contribute to safeguarding patients' rights and dignity whilst also promoting a culture of safety and continuous improvement within the facility.

Bed-rails can only be used where necessary and in consultation with MDT after the risk assessment, proper monitoring and ICP documentation.

Staff training - all staff who participate or may participate in MR must have received appropriate training such as

PMCB, Breakaway, de-escalation techniques, trauma informed care, cultural competence, Human rights inc legal principles of restrictive interventions, positive behavior supports inc the identification of causes/triggers of the persons behavior inc social, environmental, cognitive, emotional or somatic. National dementia training programme Is rolled out to all staff. Mandatory training must be delivered every 12 months at a minimum and record kept of same.



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Rules Governing the Use of Seclusion

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

The total number of seclusion episodes	11
The shortest episode of seclusion	1hr 40mins
The longest episode of seclusion	42hrs 45mins

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

The Approved Centre (AC) has comprehensively and collaboratively worked to reduce the use of seclusion actively since 2022 .This is not only demonstrated by the reduction in Seclusion in 2023 where there was a total of 333 admissions , with a total of 11 seclusion episodes involving 8 persons. As of the 21st June 2023 there was a total of 3 episodes of seclusion involving three individuals.

The continual analysis and individual review by MDT Review and Oversight Committee for Restrictive Practices, PMCB trainers group and the AC compliance group has ensured that the Approved Centres commitment to the reduction in restrictive practice is a continuous and live process of change.

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

The policy on the rules governing the use of seclusion was last updated in March 2024 and staff have indicated via a signature that they have read and understood same.

An Audit in March 2024 indicated 100 % compliance with the rules governing the use of seclusion.

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

Community Healthcare East (CHE) Mental Health Service - Seclusion Reduction Strategy focuses on 8 key areas. These include Leadership,Engagement, Education ,Debriefing ,Data, Environment , Regulation and Staffing.

All episodes of the use of Seclusion are reviewed by the MDT Review and Oversight Committee for Restrictive Practices, to ensure compliance with the Rules governing the use of seclusion. This process involves recognising evidence of good proactive management and opportunities for further awareness and timelines specified . This has included to date the review and amendment of the clinical practice forms for the use of Seclusion. Detailed analysis from QSSI thus allowing an opportunity for thorough analysis and opportunities for learning.relater to the factors influencing the use and the reduction in use of Seclusion.The Executive Leadership Team support the capital plans for the development of the Approved Centre to ensure compliance with the MHC Regulation 22 on premises . The PMCB trainers group are instrumental in ensuring that training is



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delivered from a trauma informed perspective which is person focused, the MOAT assessment has ensured that the training is delivered with the environment in which the staff operate in to the fore ensuring improved situational/environmental awareness. Trauma informed care training has supported the Approved Centre in further developing staff knowledge and confidence thus ensuring that clients receive trauma informed based care. This reduction strategy emphasises minimising and, where possible, eliminating the need for such restrictive practices through proactive and preventative measures. The AC ensures all staff are trained in de-escalation techniques and other non-restrictive interventions, aligning with the CHE MHS Policy.



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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	10
The total number of episodes of physical restraint	22
The shortest episode of physical restraint	1min
The longest episode of physical restraint	9min

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

The Approved Centre (AC) can demonstrate that in 2023 there was a reduction in the episodes of Physical restraint. This has been achieved by a process of change with the ultimate focus on collaboration and recovery. The Registered Proprietor/ Executive /QSSI team together with the Multi-disciplinary Team have a shared focus on the continuous reduction of Physical Restraint. The MDT Review and Oversight Committee for Restrictive Practices has provided guidance and oversight on developing awareness, educating staff and continuous review of the clinical practice forms which support and ensure that if the use of physical restraint is clinically indicated that the process and code of practice is adhered to and make recommendations to improve compliance and awareness.

The PMCB trainers group deliver training throughout the year to staff within the approved centre. As at the 30th May 2024 the Approved Centre staff was 100 compliant with mandatory training requirements. The AC Compliance committee ensures compliance with Regulation 22 on staffing to ensure a safe environment with skill mix and gender balance. The Registered Proprietor has invested in the training of staff in the area of PMCB and Specifically Trauma Informed Care, environmental & situational awareness and continuous data analysis via our risk management processes.

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

The policy on the code of practice on the use of physical restraint was last updated in March 2024 and staff have indicated via a signature that they have read and understood same. An Audit in March 2024 indicated a compliance of 98% with the code of practice on the use of physical restraint, an agreed action plan was initiated and as a result the clinical practice form was amended to support staff in achieving compliance with the code of practice on the use of physical restraint.

The PMCB trainers group ensure that quality training is delivered from a trauma informed perspective which is person focused. The Registered Proprietor committed to the provision of Trauma Informed Care training being delivered to approximately 71 client facing staff in 01 of 2024 in Community Healthcare East. This training has supported the Approved Centre in further developing staff knowledge and confidence, thus ensuring that clients receive a trauma informed based interaction and service.



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In compliance with Regulation 26 Staffing, the Registered Proprietor has ensured that the Approved Centre maintains an ongoing and high level of compliance with mandatory training whilst ensuring that the numbers and skill mix of staffing is sufficient to meet residents care needs, with an appropriate qualified staff member on duty and in charge at all times. The Approved Centre compliance committee has oversight of the MDT Review and Oversight Committee for Restrictive Practices, the PMCB Trainers group, then reporting into the Quality and Patient Safety Committee. The Compliance group via membership then ensures that clinical staff are informed and updated on learning and developments.

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

All episodes on the use of Physical Restraint are reviewed by the MOT Review and Oversight Committee for Restrictive Practices, feedback is issued to all staff in the Approved Centre Quarterly most recent April 2024, which outlines an overview of Restrictive practices to date key teaming outcomes and further developments. This has included to date the review and amendment of the clinical practice forms for the use of Physical Restraint. Detailed analysis from QSSI has assisted in allowing an opportunity for thorough analysis and opportunities for learning of the factors influencing the use and the reduction in use of Seclusion. The Executive Leadership Team support the capital plans for the development of the Approved Centre to ensure compliance with the MHC Regulation 22 on premises. The PMCB trainers group are instrumental in ensuring that training is delivered from a trauma informed perspective which is person focused, the MOAT assessment has ensured that the training is delivered with the environment in which the staff operate to the fore ensuring improved situational environmental awareness. Trauma Informed care training has supported the Approved Centre in further developing staff knowledge and confidence ensuring that clients receive trauma informed based care.

This reduction strategy emphasises minimising and, where possible, eliminating the need for such restrictive practices through proactive and preventative measures. The AC ensures all staff are trained in de-escalation techniques and other nonrestrictive interventions, aligning with the CHE MHS Policy.

Signed by Registered Proprietor Nominee: Niamh McAlinden

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