

The total number of persons that the centre can accommodate at any one time	16
The total number of persons that were admitted during the reporting period	<5
The total number of persons who were secluded during the reporting period	n/a

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	0
The shortest episode of mechanically restraint	0
The longest total episode of mechanically restraint	0
The total number of persons who were mechanically restrained as a result of	<5
mechanical means of bodily restraint for enduring risk of harm to self or others	

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

The Use of Mechanical Means of Bodily Restraint, in Blackwater House's case via bed rails, is only implemented as a last resort and when all other proposed interventions have been exhausted.

The use of mechanical means of bodily restraint must only be initiated & ordered by a Consultant Psychiatrist. It is used in a professional manner and is based within a legal and ethical framework, governed by the MHC.

The use of bed rails is only considered as a safety measure to protect and guard against unintentional injury by a service user and in the context of managing their behaviours associated with their placement in the Approved Centre.

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

The use of mechanical means of bodily restraint must only be initiated & ordered by a consultant psychiatrist. The order for the use of mechanical means of bodily restraint must confrm that there are no other less restrictive ways available to manage the person's presentation.

The use of mechanical means of bodily restraint must only occur following as comprehensive an assessment of the person including, a risk assessment, which must be recorded in the person's clinical file.

A medical examination of the person who has been restrained by a registered medical practitioner as soon as is practicable and no later than four hours after the commencement of the episode of mechanical means of bodily restraint. No later than 30 minutes following the medical examination, the registered medical practitioner must contact the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist, to inform them of the outcome of the medical examination.

The registered medical practitioner must record this consultation in the clinical file and indicate on the Register for Mechanical Means of Bodily Restraint that the consultant psychiatrist ordered or did not order the continued use of mechanical means of bodily restraint.



If the consultant psychiatrist orders the continued use of mechanical means of bodily restraint, they must also indicate the duration of the order, and this must be recorded on the Register for Mechanical Means of Bodily Restraint. Each order is for a maximum of four hours. A registered medical practitioner must undertake a medical examination of the person prior to each order of mechanical restraint being renewed.

The consultant psychiatrist responsible for the care and treatment of the person, or duty consultant psychiatrist, must undertake a medical examination of the person and sign the Register for Mechanical Means of Bodily Restraint within 24 hours of the commencement of the mechanical restraint episode. The examination must be recorded in the person's clinical file.

The person must be informed of the reasons for, likely duration of, and the circumstances which will lead to the discontinuation of mechanical means of bodily restraint. A record of this must be recorded in the person's clinical fle as soon as is practicable. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file as soon as is practicable.

As soon as is practicable, and if it is the person's wish in accordance with their individual care plan, the person's representative must be informed of the person's restraint and a record of this communication must be entered in the person's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file.

The Registered Proprietor must notify the Mental Health Commission of the start time and date, and the end time and date of each episode of mechanical restraint in the format specifed by the Mental Health Commission, and within the timeframes set by the Mental Health Commission - currently this is submitted on a six monthly basis via CIS.

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

Blackwater House is compliant with the Cavan Monaghan Mental Health Service Restraint Reduction Policy in so far as our practice aims to reduce, or where possible eliminate, the use of physical and mechanical restraint within the Approved Centre.

The following are the prinicipal methods that the Approved Centre uses to reduce restrictive practices: Leadership, the use of data to inform practice, development of the workforce and the use of post-incident reviews to inform practice.

The Approved Centre will strive to provide positive behavioural support, as a means of reducing, or where possible eliminating, the use of physical and mechnaical restraint in the Approved Centre.



where possible, eliminate the use of seclusion

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	n/a
The shortest episode of seclusion	n/a
The longest episode of seclusion	n/a

A statement about the effectiveness of the approved centre's actions to reduce or,

Not applicable - seclusion not available in Blackwater House
A statement about the approved centre's compliance with the rules governing the use
of seclusion
N/A
A statement about the compliance with the approved centre's own reduction policy
N/A



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	<5
The total number of episodes of physical restraint	1
The shortest episode of physical restraint	>1min
The longest episode of physical restraint	1min

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

Blackwater House cares for individuals over age of 65 years with degenerative cognitive disorders and mental illness. This is a very specific patient profile, both in terms of risk and presenting symptoms. Therefore, the Approved Centre has a specific and tailored training program in the Professional Management of Complex Behaviours (PMCB). This reflects the specific care needs of our residents and provides staff with the best possible foundation in terms of minimising the need and occurences of physical restraint. This is reflected in our physical restraint data for 2023, with only one episode of physical restraint occuring in Blackwater House.

This tailored approach to training for staff is complemented by the implementation of Focused Intervention Training and Support (FITS) in the care of residents that have a Dementia or degenerative cognitive disorder diagnosis. This galvinises staffs' understanding and fosters a carefocused management approach to complex and challenging behaviours associated with the profile of resident in Blackwater House.

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

Blackwater House management and staff are committed to achieving full compliance with the code of practice on the use of physical restraint. This is reflected in the low number of physical restraints that occurred in Blackwater House in 2023; one episode for the entire year.

The service has provided ongoing training and education to staff in terms of PMCB training, to maintain and achieve the expected levels of compliance with regards to the code of practice in the use of physical restraint and the correct use, documentation and recording of all episodes of physical restraint.

The Restraint Oversight Committee met on a quarterly basis in 2023, to discuss and review all episodes of physical and mechanical restraint. This informed both management and staff on future practice and identified specific areas for improvement with regard to physical restraint in the Approved Centre.



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

The Restraint Oversight Committee met on a quarterly basis throughout 2023, to discuss and review all episodes of physical and mechanical restraint in Blackwater House.

Staff education and training was continually monitored throughout the year and refresher training was provided to ensure staff received up to date PMCB training.

Additional training in the use of the Broset Violence Checklist (BVC) was also provided to staff working in the Approved Centre. This is a key component in the service's strategy to reduce and minimise the use of physical restraint in the Approved Centre and complies with both the CMMHS's Restraint Reduction Policy and Use of Physical Restraint Policy.

Signed by Registered Proprietor Nominee: Pauline Ackermann

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