



Approved Centre Name:
Department of Psychiatry Connolly Hospital

The total number of persons that the centre can accommodate at any one time	46
The total number of persons that were admitted during the reporting period	623
The total number of persons who were secluded during the reporting period	23

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 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 Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of restrictive practices and interventions should only take place in rare and exceptional circumstances.

In September 2022, the Department of Psychiatry (D.O.P) Connolly Hospital established an Oversight Committee with a nominated lead and began to prepare for the new Mental Health Commission published Code and Rules relating to physical and mechanical means of bodily restraint and seclusion. Through this committee, the Department of Psychiatry, Connolly Hospital Blanchardstown commenced planning towards the adoption of the new code and rules using a multi-disciplinary team approach. New documentation was created to reflect the updated rules and code of practice including the positive behaviour support, de-brief and MDT review as well as a new Reduction Policy. Information posters and checklists were circulated throughout the service and in-service education teaching sessions commenced to ensure knowledge and understanding of the new Code and Rules.

As part of the revised Rules Governing Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others, the D.O.P had 1 individual prescribed Mechanical Means of Bodily Restraint for Enduring Risk of Harm to self or others (cot sides) as per the person's wish and this was reflected in the persons Individual Care Plan.



Approved Centre Name:
Department of Psychiatry Connolly Hospital

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

The Department of Psychiatry recognises that restrictive practice compromises a person's liberty and should only take place in rare and exceptional circumstances.

The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

The D.O.P acknowledges that the use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations but must be used only to address an identified clinical need and/or risk. Examples include the use of cot sides, bed rails, and lap belts. As mechanical restraint limits freedom and poses associated risks to the person, The D.O.P recognises that it should only be used when less restrictive alternatives are not deemed suitable.

Mechanical means of bodily restraint for immediate threat of harm to self or others is not used in the D.O.P.

The 2023 annual inspection by the Mental Health Commission found the D.O.P to be compliant with the Code of Practice on the use of Mechanical Restraint for Enduring Risk of Harm to Self or Others.

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

The Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice. Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members. The D.O.P is fully compliant with its own reduction policy.

It is the D.O.P's policy that Mechanical restraint for Immediate risk of harm to self or others is not used.



Approved Centre Name:
Department of Psychiatry Connolly Hospital
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	44
The shortest episode of seclusion	1hr
The longest episode of seclusion	82hrs

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

The Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of restrictive practices and interventions should only take place in rare and exceptional circumstances.

In September 2022, the Department of Psychiatry (D.O.P) Connolly Hospital established an Oversight Committee with a nominated lead and began to prepare for the new Mental Health Commission published Code and Rules relating to physical restraint and seclusion. Through this committee, the Department of Psychiatry, Connolly Hospital Blanchardstown commenced planning towards the adoption of the new code and rules using a multi-disciplinary team approach. New documentation was created to reflect the updated rules and code of practice including the positive behaviour support, de-brief and MDT review as well as a new Reduction Policy. Information posters and checklists were circulated throughout the service and in-service education teaching sessions commenced to ensure knowledge and understanding of the new Code and Rules.

2023 data shows on average a 20% reduction in seclusion episodes compared to 2022.

These reductions were achieved through:

- The implementation of the comprehensive Restrictive Practice Reduction policy
- The establishment of a Restrictive Practice Oversight Committee which has a strong emphasis on leadership and governance. Each episode was reviewed in detail, the triggers identified were discussed as well as the learning from the in person de-brief. Actions were formulated with a timeframe and person responsible.
- An increased focus on training especially in the area of Trauma Informed Care, RAID (Positive Behavioural Support), Therapeutic Engagement Committee and staff education
- Environmental risk assessments
- Quarterly reports were circulated to inform staff of progress and of identified areas of improvement.
- Audits and feedback mechanisms.



Approved Centre Name:
Department of Psychiatry Connolly Hospital

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

The Department of Psychiatry recognises that restrictive practice compromises a person's liberty and should only take place in rare and exceptional circumstances.

The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

The 2023 annual inspection by the Mental Health Commission found the D.O.P to be non-compliant with the Rules Governing the Use of Seclusion for the following reasons:

- a) In one of three episodes of seclusion inspected the resident's representative was not informed of the seclusion episode and there was no record in the clinical file as to why this communication did not occur.
- b) In three episodes of seclusion where searches were undertaken, the outcomes of the searches were not documented in the clinical files.
- c) In one of the episodes of seclusion inspected, the resident was not informed of the ending of seclusion.

The D.O.P submitted C.A.P.As to address these areas of non-compliance and these have been accepted by the Mental Health Commission.

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

The Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice. Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members. The D.O.P is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education workshops & training related to restrictive practice reduction
- Leadership and Governance through the Oversight Committee, conducting reviews/ clinical audits of episodes of restrictive practice aimed at identifying areas for learning and improvement
- Quality Initiatives: Identifying trends from quarterly reviews such as the link between substance misuse and episodes of restrictive practice. Ethical approval has been sought and research will be conducted across five approved centres in DNCCMHS to examine this link while also examining the impact the revised rules and code have had on reducing episodes of restrictive practice
- Identification and implementation of non-restrictive practices such as de-escalation, positive behaviour support interventions, having a human rights based approach and being a trauma informed service



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	48
The total number of episodes of physical restraint	98
The shortest episode of physical restraint	1min
The longest episode of physical restraint	10min

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

The Department of Psychiatry Connolly Hospital Blanchardstown is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of restrictive practices and interventions should only take place in rare and exceptional circumstances.

In September 2022, the Department of Psychiatry (D.O.P) Connolly Hospital established an Oversight Committee with a nominated lead and began to prepare for the new Mental Health Commission published Code and Rules relating to physical restraint and seclusion. Through this committee, the Department of Psychiatry, Connolly Hospital Blanchardstown commenced planning towards the adoption of the new code and rules using a multi-disciplinary team approach. New documentation was created to reflect the updated rules and code of practice including the positive behaviour support, de-brief and MDT review as well as a new Reduction Policy. Information posters and checklists were circulated throughout the service and in-service education teaching sessions commenced to ensure knowledge and understanding of the new Code and Rules.

Compared to 2022 data there has been a small reduction in Physical Restraint in 2023. It is the D.O.P's intent for this to further reduce in 2024.

Reductions were achieved through:

- The implementation of the comprehensive Restrictive Practice Reduction policy
- The establishment of a Restrictive Practice Oversight Committee which has a strong emphasis on leadership and governance. Each episode was reviewed in detail, the triggers identified were discussed as well as the learning from the in person de-brief. Actions were formulated with a timeframe and person responsible.
- An increased focus on training especially in the area of Trauma Informed Care, RAID (Positive Behavioural Support), Therapeutic Engagement Committee and staff education
- Environmental risk assessments
- Quarterly reports were circulated to inform staff of progress and of identified areas of improvement.
- Audits and feedback mechanisms



Approved Centre Name:
Department of Psychiatry Connolly Hospital

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

The Department of Psychiatry recognises that restrictive practice compromises a person's liberty and should only take place in rare and exceptional circumstances.

The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

The 2023 annual inspection by the Mental Health Commission found the D.O.P to be non-compliant with the Code of Practice on Physical Restraint for the following reasons:

- a) The resident's Individual Care Plan was not updated to reflect the outcome of the debrief, in particular the person's preference in relation to restrictive interventions going forward, on two occasions.
- b) There was no documentary evidence that one staff member involved in physical restraint had read and understood the policy.

The D.O.P submitted C.A.P.As to address these areas of non-compliance and these have been accepted by the Mental Health Commission.

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

The Restrictive Practice Reduction Policy is based on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice. Since the new changes in 2023 on the Code and Rules, we have embedded commitment, leadership, quality initiatives and investments towards reducing restrictive interventions with a heightened focus on training and education amongst our staff members. The D.O.P is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education workshops & training related to restrictive practice reduction
- Leadership and Governance through the Oversight Committee, conducting reviews/ clinical audits of episodes of restrictive practice aimed at identifying areas for learning and improvement
- Quality Initiatives: Identifying trends from quarterly reviews such as the link between substance misuse and episodes of restrictive practice. Ethical approval has been sought and research will be conducted across five approved centres in DNCCMHS to examine this link while also examining the impact the revised rules and code have had on reducing episodes of restrictive practice
- Identification and implementation of non-restrictive practices such as de-escalation, positive behaviour support interventions, having a human rights based approach and being a trauma informed service.

Signed by Registered Proprietor Nominee: Anne Marie Donohue

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