



Approved Centre Name:  
Dept of Psychiatry Letterkenny University Hospital

The total number of persons that the centre can accommodate at any one time	34
The total number of persons that were admitted during the reporting period	576
The total number of persons who were secluded during the reporting period	13

### 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 is not used at the Department of Psychiatry, Letterkenny University Hospital.

Risk assessments, staff training and providing low stimulus areas on admission to the unit continue to be utilised to ensure best possible atmosphere for the incoming patient.

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

Mechanical restraint is not used at the Department of Psychiatry, Letterkenny University Hospital.

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

Mechanical restraint is not used at the Department of Psychiatry, Letterkenny University Hospital.

In relation to compliance with the code of practice on the use of Mechanical restraint. Through a combination of regular audit and education, we continue to comply with the rules governing mechanical restraint should this be required in the future.



## 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>18</b>
<b>The shortest episode of seclusion</b>	<b>2hrs</b>
<b>The longest episode of seclusion</b>	<b>79hrs 55mins</b>

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

From 2022 to 2023, seclusion was reduced by 4 episodes with a total of 12 people secluded during 2023.

The unit Review and Oversight Committee was established in Q3 of 2023 with the overall aim of reducing Seclusion. The Review and Oversight Committee consists of members of the MDT, Clinical Director, Senior Social Workers, ADON, CNM3, CNM3 (Quality, Compliance, Patient Safety), Reg Practitioner Psychologist, Occupational Therapist, MHAA, CNMs, Staff nurses (Restrictive Practice Champions).

The aim of the Review and Oversight Committee is to develop, implement and review strategies to reduce the use of seclusion in the Approved Centre. The committee reviewed the policy on the reduction of Seclusion and the appendix on the REFLECT model. The REFLECT model is discussed at the safety pause during handover at the beginning of each shift. This is to ensure that staff are mindful of the importance of reducing seclusion and utilising alternative strategies, with seclusion always being a last resort.

### **A statement about the approved centre's compliance with 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.

The content of local staff training has been revised to reflect changes in the Rules Governing the Use of Seclusion (2022). Staff have access to relevant training also on HSEland on the four modules on the changes to the Codes, and in addition, also have access to Trauma Informed Care, Positive Behaviour Support, Human Rights Based Practice and Cultural Awareness training.

In 2023, the approved centre established a cultural shift, whereby staff have developed an increased awareness of the need for reduction in seclusion and the use of alternative strategies. This has proven to be effective with regard to seclusion, as numbers have decreased by four episodes.

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

Any episodes of non-compliance are immediately identified, reported to the MHC and contribute to ongoing learning and training within the Service. 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>	29
<b>The total number of episodes of physical restraint</b>	49
<b>The shortest episode of physical restraint</b>	>1min
<b>The longest episode of physical restraint</b>	23mins

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

Restrictive practices are executed in the approved centre only when all other options have been exhausted without good effect. From 2022 to 2023, Physical restraint was increased by 2 episodes, from 47 to 49 episodes. The Review and Oversight Committee was established in Q3 of 2023 with the overall aim of reducing restrictive practice. The Review and Oversight Committee consists of members of the MDT, Clinical Director, Senior Social Workers, ADON, CNM3, CNM3 (Quality, Compliance, Patient Safety), Reg. Practitioner Psychologist, Occupational Therapist, MHAA, CNMs, Staff Nurses (Restrictive Practice Champions).

The aim of the Review and Oversight Committee is to develop, implement and review strategies to reduce the use of restrictive practices in the approved centre. The committee began by reviewing the policy on the reduction of Restrictive Practice and the appendix on the REFLECT model. The REFLECT model is discussed at the safety pause during handover at the beginning of each shift. This is to ensure that staff are mindful of the importance of reducing restrictive practice and utilising alternative strategies, with restrictive practices always being a last resort.

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

The talk given at TMV training has been revised to reflect changes in the Code of Practice on the Use of Physical Restraint and the Rules Governing the Use of Physical restraint (2022).

The content of local staff training has been revised to reflect changes in the Rules Governing the Use of physical restraint (2022). Staff have access to relevant training also on HSEland on the four modules on the changes to the Codes, and in addition, also have access to Trauma Informed Care, Positive Behaviour Support, Human Rights Based Practice and Cultural Awareness training.

In 2023, staff have developed an increased awareness of the need for reduction in restrictive practices and the use of alternative strategies and this will remain an important area of focus in the service.



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

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, ongoing education and having quarterly Review and oversight Committee meetings.

Our statistics show an increase in Physical Restraint and we continue, through audit to seek out areas where we can make the necessary improvements in reducing episodes of physical restraint within our unit.

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

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