



Approved Centre Name:
Drogheda Department of Psychiatry

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	540
The total number of persons who were secluded during the reporting period	14

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	0
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	0

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

The Drogheda Department of Psychiatry (DDOP) does not employ mechanical restraints for immediate risk of serious harm to oneself or others.

One resident was restrained using cot sides as a mechanical means of bodily restraint to prevent falls from January 1st to July 10th 2023. No other mechanical means of bodily restraint were used for immediate risk of harm for the rest of the year.

Several specific initiatives were successfully implemented to end this situation. The effectiveness of actions, including motion detectors/bed sensors and increased observation, led to the elimination of mechanical restraints.

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

The approved centre was inspected by the Mental Health Commission in June 2023 and was rated non-compliant with the rules governing the use of mechanical Restraint. The following areas were identified as non-compliant:

a) *The risk assessment for the safety and suitability of the mechanical restraint did not specify the monitoring arrangements implemented during its use. A monitoring record of each episode was not available, 10.2 (i).* b) *The individual care plans used did not include information on attempts to reduce or eliminate the use of restraint for the person, 10.2 (iii).*

c) *Three episodes did not indicate clear instructions the mechanical restraint was ordered by a Registered Medical Practitioner under the supervision of the responsible consultant psychiatrist, 10.3.*

d) *Three episodes did not contain a contemporaneous record that specified less restrictive alternatives had not been successful, 10.5(ii)*

e) *The clinical file did not contain a contemporaneous record that specified the duration of the mechanical restraint, 10.5(vi).*

f) *The multi-disciplinary review and oversight committee undertook a review of all persons at the approved centre who were the subject of Part 4 of these rules in the*



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previous quarter to determine the appropriateness of the use of this restrictive practice; however did not provide assurance to the Registered Proprietor Nominee that each use of mechanical restraint was in accordance with the rules, 10.6 (v).

g) The committee did not produce a report following each meeting of the review and oversight committee, 10.6(vi).

*derived from Mental Health Commission Annual Inspection Report 2023 DDOP

A number of actions were taken to address these areas of non-compliance. Currently, no mechanical restraint is in use.

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

The approved centre developed a Restrictive Practice Reduction Policy in 2023 and complies with the policy's outlined processes.



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	17
The shortest episode of seclusion	2mins
The longest episode of seclusion	17mins

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

The approved centre continued to implement several initiatives, including trauma-informed care and behaviour interventions, to reduce the number of episodes of seclusion during the year. These initiatives were effective in reducing the number and duration of seclusions, with the overall number of episodes reducing from 41 in 2022 to 14 in 2023.

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

The approved centre was inspected by the Mental Health Commission in June 2023 and was rated non-compliant with the rules governing the use of seclusion. The following areas were identified as non-compliant: a) *In two episodes of seclusion, the reason why the person's representative/nominated support person did not attend the debrief meeting was not recorded in the clinical file, 7.6(vi).* b) *In three episodes of seclusion, the individual care plan was not updated to reflect the debrief's outcome, particularly the person's preferences concerning restrictive interventions going forward, 7.8.* c) *In two episode of seclusion, the multi-disciplinary team review did not include the identification of trigger/antecedent events which contributed to the seclusion episode, a review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support, the identification of alternative de-escalation strategies to be used in future, the duration of the seclusion episode and whether this was for the shortest possible duration, considerations of the outcomes of the person-centred debrief, or an assessment of the factors in the physical environmental that may have contributed to the use of seclusion, 10.3 (i-vi).* d) *In three episodes of seclusion, the multi-disciplinary review did not specifically record actions decided upon, and follow-up plans to eliminate, or reduce, restrictive interventions for the person,* e) *In one episode of seclusion, the multi-disciplinary team review did not include the identification of trigger/antecedent events which contributed to the seclusion episode, a review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support, the duration of the seclusion episode and whether this was for the shortest possible duration, considerations of the outcomes of the person-centred debrief, or an assessment of the factors in the physical environmental that may have contributed to the use of seclusion, 10.3 (i, ii, iv, v, vi).* f) *The policy and procedures for training of all staff involved in seclusion did not identify an appropriately qualified person(s) to give the training, 11.2c.* *derived from Mental Health Commission Annual Inspection Report 2023 DDOP *



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To ensure compliance in these areas, a series of actions have been implemented. In addition, a monthly audit program is in place to monitor the approved centre's compliance. Reports from these audits are provided to the multidisciplinary DDOP Restrictive Practice Review and Oversight Committee.

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

The approved centre developed a restrictive practice reduction policy in 2023 and is compliant with the processes outlined in the policy.



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	19
The total number of episodes of physical restraint	24
The shortest episode of physical restraint	1min
The longest episode of physical restraint	9mins

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

The approved centre continued to implement a number of initiatives with the aim of reducing the number of physical restraints occurring during the year. These initiatives were effective in reducing the number of physical restraints, with the overall number of episodes reducing to 24 in 2023 from the 2022 total of 42 and the 2021 total further of 63.

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

The approved centre was inspected by the Mental Health Commission in June 2023 and was rated non-compliant with the Code of Practice in physical restraint. The following areas were identified as non-compliant:

- a) There was no signed written record to indicate that all staff involved in the use of physical restraint had read and understood the policy, 7.2 (b).
- b) All staff who participated, or may participate in the use of PR did not receive appropriate training in accordance with the policy. Not all staff training was up to date and within the two-year required timeframe, 4.4.
- c) The multi-disciplinary review and oversight committee did not identify the actions, the persons responsible, and the timeframes for the completion of any actions, 7.8 iv.
- d) The multi-disciplinary review and oversight committee did not produce a report following each meeting of the review and oversight committee, 7.8 vi.
- e) In one of three files inspected, the debrief with the person who was restrained did not document that the person was given the option of having their representative or their nominated support person attend the debrief with them, or a record of the reason that they did not attend, 5.3 vi.
- f) In three episodes of physical restraint inspected the persons' individual care plan was not updated to reflect the outcome of the debrief and in particular, the persons preferences in relation to restrictive interventions going forward, 5.5. *derived from Mental Health Commission Annual Inspection Report DDOP 2023

A number of actions were taken to address these areas of non-compliance, and an ongoing monthly programme of audits monitors the approved centre's compliance, with reports provided to the multidisciplinary DDOP Restrictive Practice Review and Oversight Committee.



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

The approved centre developed a restrictive practice reduction policy in 2023 and is compliant with the processes outlined in the policy.

Signed by Registered Proprietor Nominee: Martina Lennon

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