



Approved Centre Name:
Jonathan Swift Clinic

The total number of persons that the centre can accommodate at any one time	47
The total number of persons that were admitted during the reporting period	197
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	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

N/A

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

N/A

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

N/A



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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	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, where possible, eliminate the use of seclusion

N/A

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

There is no seclusion suite in the Approved Centre.
The establishment of a CHO service-wide oversight committee under QSSI is tasked with overseeing ongoing reductions in restrictive practices throughout our organization. This committee fosters a culture of shared learning and continuous improvement.
These initiatives underscore our unwavering commitment to reducing RPs, prioritizing patient safety, and cultivating a supportive environment conducive to comprehensive care practices.



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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	27
The total number of episodes of physical restraint	162
The shortest episode of physical restraint	1mins
The longest episode of physical restraint	10mins

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

The service has always been cognizant of the fact that physical restraint should only be used after alternative interventions had been considered and only used in rare and exceptional circumstances in the best interests of the resident when he/she poses an immediate threat of self-harm to self or others. We were meeting as a group and had audited all restraints for 2022 and acting on these findings, even before the introduction of the Mental Health Commission (MHC) latest code of practice at the end of that year.

Based on that guidance document we have been meeting as a Multi-disciplinary restraint reduction and oversight committee (MMROC) since January 2023 and been proactive in monitoring, changing practice, and training staff as detailed in our regular service submissions to the MHC. This is evidenced by significant reduction in the total number of restraints, and where restraint has been required, there is better documentation that the least restrictive practices are employed. However, this needs to be seen in the context of increasing, and very significant rates of violence and aggression in our approved centres. This is particularly evident in incidents against staff in the CHO, particularly at St. James's Hospital, which we are in the process of reviewing with respect to other centres nationally.

Our policy is based on the eight pillars of the MHC 2014 Seclusion and Restraint Reduction Strategy and the principles outlined in the code of practice (COP). The effectiveness of our policy is reviewed quarterly through the MMROC based on monthly auditing of compliance with the code of practice. In addition this includes feedback from the monthly patient discharge audits. We have noted substantial improvements in compliance with COP and in reduced restraint, as acknowledged in our correspondence from the MHC.

This has been achieved through significant multidisciplinary collaborative work. Based on audit information, these changes have included the following ten interventions: (i) reviewing and planning activity schedules based on trends noted in when events happen; (ii) external UK based specialist training in the Safewards model (workshop in April 2023); (iii) staff training in trauma-informed care; (iv) staff training in COP and multidisciplinary involvement in post-restraint reviews; (v) review of the environment with plan to develop de-escalation/relaxation space (to be completed in Q3, 2024); (vi) review and update of TMVA training programme which increased focus on de-escalation and least restrictive practices (e.g. externally facilitated, accredited training to inform iteration of local practices on 29th May 2024) ; (vii) introduction of complex case advanced notice system for particular clients to allow advanced preparation before admission; (viii) engagement with regional PICU about early admission protocol/pathway where client



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behaviour exceeds the capacity for a standard approved centre (for review with PICU in July 2024); (ix) establishment of a regional oversight group to monitor trends across the approved centres in CHO7, to share information on regional trends, planning and learning on effective measures (initial meeting 6th June 2024); (x) site redevelopment to relocate the acute unit downstairs with emphasis on improving physical environment (e.g. less cramped, more garden access) to reduce identified contributory environmental risk factors (regular updates provided to MHC).

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

In line with the COP, the service Multidisciplinary Restraint Reduction & Oversight Committee (MMROC) meets quarterly to review monthly physical restraint audits with aim of determining compliance with COP and our own policies and procedures on physical restraint.
Compliance for 2023 was 91%
Compliance this year is 93% (Jan-Apr)

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

See above, the service is compliant with local policy on reducing restrictive practices.

Signed by Registered Proprietor Nominee: Kevin Brady

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