



Approved Centre Name:
Lakeview Unit

The total number of persons that the centre can accommodate at any one time	29
The total number of persons that were admitted during the reporting period	305
The total number of persons who were secluded during the reporting period	28

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



Approved Centre Name:
Lakeview Unit

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	58
The shortest episode of seclusion	1hr
The longest episode of seclusion	211hrs

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

Kildare West Wicklow Mental Health Service (KWWMHS) forms part of CHO7 Mental Health. The KWWMHS has one approved centre; Lakeview Unit, co-located in Naas General Hospital. The approved centre has 29 beds. The Kildare West Wicklow Mental Health Service serves a population of approx. 230000k. The service is known to have the lowest number of beds per head of population in the country.

In 2021 the KWWMHS established a Reducing Restrictive Practices Committee. This committee was tasked with reviewing the current practices in relation to restrictive practices in the service and find initiatives to both reduce and possibly eliminate the use of restrictive interventions. The following practices are currently in place to reduce, or where possible, eliminate the use of Seclusion and Physical Restraint in Lakeview Unit;

1. An Extended opening of the therapy department in the approved centre to facilitate access to recreational activities and therapeutic services over 7 days per week until 9pm. Staffed by 2 registered psychiatric nurses.
2. Welcome packs have been translated into the top 4 languages used in the approved centre as per data and feedback
3. Complex treatment needs plans completed for patients who have a history of serious risk to themselves or others. This plan assists staff to support and provide care in the first few hours of admission based on collaborative plan devised with the patient on a previous admission
4. Safewards model of care introduced and rolled out since 2021
5. Calm Down Boxes available 24 hrs per day
6. Purchase of De-escalation couch and beanbags
7. Staff are trained in TMVA and Breakaway Techniques with an emphasis on De-escalation.
- 8 Training has commenced in both Trauma Informed Care and Positive Behaviour Support approaches to care
7. Provision of training for all Clinical staff in Clinical Risk Management.

In 2023 there were 305 admissions to the approved centre. In 2023 there were 56 episodes of Seclusion involving 28 persons. This is a reduction in the number of episodes from previous years. In 2023 the longest episode of Seclusion was 221 hrs, the shorted episode was 1 hr. Episodes of Seclusion in the last 4 years; 2023 - 56, 2022- 83, 2021 - 76, 2022- 66



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

In 2022 a working group in the approved centre amended all local PPPGs and documentation in adherence to the Rules Governing the use of Seclusion which commenced in Jan 2023. The approved centre developed a document called a pathway that addressed all requirements of the rules governing the use of seclusion. This pathway guides staff through the elements of a seclusion episode along with direction and guidance on the care and treatment of the patient. It provides the outline of the next steps required to support and ensure the human rights the patient are forefront to management of the episode and the time-frame in which to be completed.

Each episode is reviewed in real time by the nurse in charge then CNM2. The Mental Health Act Administrator oversees the process and sends out communication prompts to MDT members in relation to completion of the debrief with the patient within 2 days and the 5 day MDT review.

Each episode is audited by the CNM3 against the parameters set out in the rules governing the use of seclusion. The audit tool has 36 questions. Of the 56 episodes of seclusion in 2023, the average compliance with rules governing the use of seclusion was 89%.

Audit results are communicated back to the treating Consultant Psychiatrist and MDT. Results are presented monthly to the compliance committee. Gaps or deficits are identified and action plans initiated to mitigate further recurrences.

KWWMHS give a clear and transparent commitment to the people who use our services that all our leaders, managers and front line staff will endeavour to work together to ensure that the use of restrictive practices is minimised to the least restrictive method for the least time possible. The approved centre 'Lakeview Unit' is working towards a reduction in restrictive practices through continuous learning and improvement.

The KWWMHS and the approved centre staff are committed to ensuring high standard of care is provided to patients. The service is committed to continuous quality improvement to improve the compliance with the standard set out by the MHC and to reduce the occurrences of the use of seclusion.



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Lakeview Unit

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

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. The policy set out the direction and vision of CHO 7 mental health in reducing restrictive practices and the mechanisms that need to be in place to support and facilitate same. The Policy outlined how KWW MHS shall adopt the key intervention themes outlined in the MHC (2014) Seclusion and Restraint Reduction Strategy as the main guidance to demonstrate their commitment to reducing restrictive practices. In a similar fashion to the MHCs 2014 strategy each key theme outlines actions that shall be implemented. It is envisaged that through the approved centres proactive approach to ensuring each theme and subsequent actions are addressed, that this will ultimately result in an overall reduction of RPs.

The approved centre (Lakeview Unit) established an MDT Review & Oversight Committee in 2023 which meets quarterly. A report is devised following each meeting. The report of the committee is presented at the local governance and compliance Committee. The MDT review and oversight committee is responsible for highlighting trends in data on restrictive intervention use and communicating the actions to address issues. The data, audit results and clinical files are reviewed at this committee in detail and can identify issues of good practice and areas with deficits or gaps in need of immediate attention. Actions plans are devised and any risk issues as escalated via the local QSSI function.

The approved centre has implemented 4 Safeward Initiatives;

1. Discharge Messages (Tree of hope)
2. Talk Down Methods
3. Mutual Help
4. Calm down boxes

Staff Education and Training is prioritised and supported by the senior management team in KWWMHS.

1. In 2021 a Nursing Staff Member was funded to complete the post graduate diploma in the professional management of violence and aggression with DKIT.
2. The service now has 10 Therapeutic Management of Violence and Aggression (TMVA) tutors who provide regular training programmes to all nursing staff along with medical and HSCPs.
3. In 2023 3 nursing staff were funded via NMPDU funding to complete the 3 week TMVA tutor course and 2 nursing staff attended in 2024.
4. Since 2020 KWWMHS have delivered Human Rights training to staff. Approx. 60 Nursing Staff have attended.
5. In 2023 there was 2 training days delivered on Trauma informed care (approx. 20 staff all disciplines attended)
6. In 2023 there was 2 training days delivered on Positive Behavioural Support (PBS). One day was specifically targeted towards senior managers and the other day for front line staff involving in working with patients.



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7. In 2023 the KWWMHS implemented 2 new PPPGs on Safeguarding and Sexual Safety and education rolled out with same
8. Training scheduled for 2024 on PBS, Cultural Competency and Human Rights
9. In the approved centre there are weekly Regulation/ Education Sessions delivered to staff on a range of topics in relation to regulatory compliance
10. Induction Training Days x 2 in 2023 for Nursing and 1 planned for Q4 2024
11. Induction Training for NCHDs x 4 programmes per year.

In 2023 the length of individual episodes of seclusion decreased significantly upon previous years. The approved centre facilitates a weekly community meeting which patients are encouraged to discuss their experience of hospitalisation and are guided to how best seek supports if required under the standing agenda item of 'Feeling Safe in Lakeview Unit and Prompting Respect & Dignity'



Approved Centre Name:
Lakeview Unit

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	33
The total number of episodes of physical restraint	82
The shortest episode of physical restraint	1mins
The longest episode of physical restraint	6mins

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

Kildare West Wicklow Mental Health Service (KWWMHS) forms part of CHO7 Mental Health. The KWWMHS has one approved centre; Lakeview Unit, co-located in Naas General Hospital. The approved centre has 29 beds. The Kildare West Wicklow Mental Health Service serves a population of approx. 230000k. The service is known to have the lowest number of beds per head of population in the country.

In 2021 the KWWMHS established a Reducing Restrictive Practices Committee. This committee was tasked with reviewing the current practices in relation to restrictive practices in the service and find initiatives to both reduce and possibly eliminate the use of restrictive interventions. The following practices are currently in place to reduce, or where possible, eliminate the use of Seclusion and Physical Restraint in Lakeview Unit;

1. An Extended opening of the therapy department in the approved centre to facilitate access to recreational activities and therapeutic services over 7 days per week until 9pm. Staffed by 2 registered psychiatric nurses.
2. Welcome packs have been translated into the top 4 languages used in the approved centre as per data and feedback
3. Complex treatment needs plans completed for patients who have a history of serious risk to themselves or others. This plan assists staff to support and provide care in the first few hours of admission based on collaborative plan devised with the patient on a previous admission
4. Safewards model of care introduced and rolled out since 2021
5. Calm Down Boxes available 24 hrs per day
6. Purchase of De-escalation couch and beanbags
7. Staff are trained in TMVA and Breakaway Techniques with an emphasis on De-escalation.
- 8 Training has commenced in both Trauma Informed Care and Positive Behaviour Support approaches to care
7. Provision of training for all Clinical staff in Clinical Risk Management.

In 2023 there were 82 episodes of physical restraint involving 33 persons. In 2023 the longest episode of physical restraint was 6 mins and the shorted episode was 1 min. There were no renewal orders for physical restraint over 10 minutes. This is a reduction in episodes and length from previous years. Physical Restraint Episodes in last 4 years; 2023 - 82, 2022 - 182, 2021- 87, 2021- 145



Approved Centre Name:
Lakeview Unit

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

In 2022 a working group in the approved centre amended all local PPPGs and documentation in adherence to the code of practice on the use of physical restraint which commenced in Jan 2023. The approved centre developed a document called a pathway that addressed all requirements of the code of practice on the use of physical restraint. This pathway guides staff through the elements of a physical restraint episode along with direction and guidance on the care and treatment of the patient. It provides the outline of the next steps required to support and ensure the human rights the patients are forefront to management of the episode and the time-frame in which to be completed. The pathway is completed alongside the clinical practice form.

Each episode is reviewed in real time by the nurse in charge then CNM2. The Mental Health Act Administrator oversees and prompts communication to MDT members in relation to completion of debrief with the patient within 2 days and the 5 day MDT review. Each episode is audited by the CNM3 against the parameters set out in the code of practice on the use of physical restraint. The audit tool has 38 questions. Of the 82 episodes of physical restraint in 2023, the average compliance with the code of practice on the use of physical restraint was 91%. Audit results are communicated back to the treating Consultant Psychiatrist and MDT. Results are presented monthly to the local governance & compliance committee. Gaps or deficits are identified and action plans initiated to mitigate further recurrences.

The KWWMHS and the approved centre staff are committed to ensuring high standard of care provided to patients with the least restriction as is possible. The service is committed to continuous quality improvement to improve the compliance with the standards set out by the MHC, and to reduce the occurrences of the use of physical restraint.

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

A Policy Development Group in CHO 7 came together from 4 approved centres under the 1 registered proprietor (Head of Mental Health) to draft a reducing restrictive practices policy. The policy set out the direction and vision of CHO 7 mental health in reducing restrictive practices and the mechanisms that need to be in place to support and facilitate same. The Policy outlined how KWW MHS shall adopt the key intervention themes outlined in the MHC (2014) Seclusion and Restraint Reduction Strategy as the main guidance to demonstrate their commitment to reducing restrictive practices. In a similar fashion to the MHCs 2014 strategy each key theme outlines actions that shall be implemented. It is envisaged that through the approved centres proactive approach to ensuring each theme and subsequent actions are addressed, that this will ultimately result in an overall reduction of restrictive practices.

The approved centre (Lakeview Unit) established an MDT Review & Oversight Committee in 2023 which meets quarterly. A report is devised following each meeting. The report of the committee is presented at the Compliance Committee. The MDT review and oversight committee is responsible for highlighting trends in data on restrictive intervention use and communicating the actions to address issues. The data, audit results and clinical files are reviewed at this committee in detail and can identify issues of good practice and areas with deficits or gaps in need of immediate attention. Actions plans are devised and any risk issues as escalated via the local QSSI function.



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In 2023 the number of episodes of physical restraints from the previous years reduced. As did length of episode with no episode over 10 mins and no renewal orders made. The approved centre facilities a weekly community meeting which patients are encouraged to discuss their experience of hospitalisation and are guided to how best seek supports if required under the standing agenda item of 'Feeling Safe in Lakeview Unit and Prompting Respect & Dignity'

Signed by Registered Proprietor Nominee: Kevin Brady

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