



Approved Centre Name:
Le Brun and Whitethorn House

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| 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 | 6 |
| 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.

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| The total number of persons who were mechanically restrained | <5 |
| 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 | <5 |

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

The LeBrun House and Whitethorn House, Approved Centre (AC), have implemented several effective measures to reduce and, where possible, eliminate the use of mechanical means of bodily restraint, demonstrating a commitment to the dignity and well-being of patients in our care. The AC has prioritised the adoption of de-escalation techniques and other non-restrictive interventions, providing ongoing training for staff to manage challenging behaviors without resorting to mechanical restraints, thereby fostering a more therapeutic and non-restrictive environment. Comprehensive monitoring and review processes ensure that any use of restraint is thoroughly documented and evaluated, promoting continuous improvement and accountability. Additionally, LeBrun House and Whitethorn House AC promotes a culture of patient-centered care by actively involving patients in their treatment plans and decision-making processes, which helps address underlying causes of distress and reduces the likelihood of situations escalating to the point where restraints might be necessary. These measures underscore LeBrun House and Whitethorn House AC's dedication to maintaining a safe and supportive environment while upholding the rights and dignity of its patients, reflected in the decreased frequency of restraint use and positive feedback from both patients and staff.

Use of mechanical means of bodily restraint for enduring risk of harm to self or others (Eg use of bed rails) must only be used as a last resort when less restrictive alternatives interventions have been considered and are not deemed suitable.



Approved Centre Name:
Le Brun and Whitethorn House

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

The Approved Centre's oversight committee on restrictive practices meet quarterly to determine if there is compliance with the rules governing the use of Mechanical means of bodily restraint for enduring risk of harm to self or others (use of bedrails)

The use of bed-rails can only be used when a Risk Assessment (RA) of the safety and suitability of bed-rails is completed by the MDT (RA was reviewed and updated by MDT April 2023) The RA must specify the motoring arrangements which will be implemented during the use of bed-rails and the frequency of same(RA was reviewed and updated again in May 2024 by the oversight committee to ensure clarity of same).

The RA has been reviewed and updated at least quarterly in line with the persons ICP. The level of risk will determine how often the RA needs reviewed, in some cases it may need daily or weekly reviews.

MDT have developed a plan of care which include information on how the AC is attempting to reduce or eliminate the use of bed-rails Eg use of low/low beds, sensor mats attached to nurse call system, use of crash mats on floor.

Bed-rails must be ordered by a medical practitioner under the supervision of the consultant Psychiatrist- Prescription for the use of Mechanical restraint (Bed-rails)was developed as a quality initiative by the Oversight committee in April 2023)

The persons clinical file must contain - that there is an enduring risk of harm to self or others, that less restrictive alternatives have not been successful, the use of MR (bed-rails), the situation that bed-rails are been used, the duration of the order (prescription) and the review date. Minutes of the oversight committee must be recorded and circulated within 2 weeks of the meeting taking place, AC has a compliance folder available to all staff , there is evidence that this information is disseminated at local compliance monthly meetings and MDT meetings.

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

Use of mechanical means of bodily restraint for enduring risk of harm to self or others (Eg use of bed-rails) must only be used as a last resort when less restrictive alternatives are not deemed suitable.

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 not be used to address an identified clinical need and/or risk eg. use of bedrails.(Note; while the use of bedrails may be considered a restrictive practice, it is important to note that they may also be an important safety measure for some people. Bed-rails must not be used where a person is severely confused and mobile enough to climb over them.

Staff must regularly review and assess the use of bed-rails.

Bed-rails can only be used where necessary and in consultation with MDT after the risk assessment, proper monitoring and ICP documentation.

Staff training - all staff who participate or may participate in MR must have received appropriate training such as

PMCB, Breakaway, de-escalation techniques, trauma informed care, cultural competence, Human rights inc legal principles of restrictive interventions, positive behavior supports inc the identification of causes/triggers of the persons behavior inc social, environmental, cognitive, emotional or somatic. National dementia training programme is rolled out to all staff. Mandatory training must be delivered every 12 months at a minimum and record kept of same.



Approved Centre Name:
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Rules Governing the Use of Seclusion

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

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|---|-----|
| 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

N/A



Approved Centre Name:
Le Brun and Whitethorn House

Code of Practice on the Use of Physical Restraint

Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018

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|---|-----|
| The total number of persons who were physically restrained during the reporting period | 0 |
| The total number of episodes of physical restraint | 0 |
| The shortest episode of physical restraint | n/a |
| The longest episode of physical restraint | n/a |

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

Physical restraint is a last resort intervention and will only be considered when all other practical means of managing the situation, such as de-escalation techniques, involvement of family members where appropriate, verbal persuasion, or gaining consent to take medication have failed or judged likely to have failed in the circumstances.

There have been no incidents of Physical Restraint in the last 12 months.

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

There have been no incidents of physical restraint in the last 12 months.

The Approved Centre complies with the code of practice on the use of physical restraint.

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

There have been no incidents of physical restraint in the last 12 months.

Staff training- all staff who participate or may participate in MR must have received appropriate training: PMCB, TMVA Breakaway, de-escalation techniques, trauma informed care, cultural competence, Human rights including legal principles of restrictive interventions, positive behavior supports including the identification of causes/triggers of the persons behavior including social, environmental, cognitive, emotional or somatic. Mandatory training must be delivered every 12 months at a minimum and record kept of same.

Signed by Registered Proprietor Nominee: Niamh McAlinden

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