



Policy Title: **Restraint Reduction Policy**
 Maryborough Approved Centre,
 Laois/Offaly MHS, CHO 8.

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1.0 Policy Statement

The Maryborough Approved Centre does not practice the use of seclusion and for this policy restraint will refer to Physical and Mechanical Restraint. The words restraint and restrictive practice will be used to determine both types of restraint.

The Maryborough Approved Centre is committed to the reduction of restraint and the promotion of a restraint free environment by adopting a rights-based approach to its care. The Maryborough Approved Centre recognises that restrictive practices can be both physically and psychologically harmful. Therefore the Maryborough Approved Centre is committed to eliminate the use of restraint or where this is not possible to restrict the use of all forms of restraint to those exceptional emergency situations where it is absolutely necessary. Where restraint is necessary the Maryborough Approved Centre will only apply restraint in accordance with the Code of Practice on the Use of Physical Restraint and the Rules Governing the Use of Mechanical Restraint as set out by the Mental Health Commission (2023).

The service will continue to make every effort to avoid, reduce and where possible eliminate restrictive practices by incorporating strong governance and oversight mechanisms as the key elements in their reduction and elimination strategy.

2.0 Purpose

2.1 To clearly document how the Maryborough Approved Centre aims to reduce, or where possible eliminate, the use of restraint within its service.

2.2 To address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce and the use of post incident reviews to inform practice.

2.3 To clearly document how the Maryborough Approved Centre will provide positive behaviour support as a means of reducing or where possible eliminating the use of restraint within its Approved Centre.

3.0 Scope

3.1 This policy applies to all staff including Medical, Nursing Allied Health and support staff who are involved in the care, treatment and provision of services to residents in the Maryborough Approved Centre.

3.2 It is the responsibility of all staff to read this policy in conjunction with the Mental Health Commission" Code of Practice on the use of Physical Restraint and The Rules Governing the use of Mechanical Restraint"(2023).

3.3 To provide direction to all staff in the Maryborough Approved Centre on the process for the reduction and where possible the elimination of restraint.

3.4 This policy will apply to all residents involved in Physical Restraint and Mechanical Restraint.

4.0 Legislation and other related policies

Mental Health Act: (2001)

Code of Practice on the Use of Physical Restraint: MHC (2022)

Rules Governing the Use of Mechanical Restraint: MHC (2022)

The use of Restrictive Practices in Approved Centres: Activities Report: MHC (2020)

Seclusion and Physical Restraint Reduction Strategy: Consultation Report: MHC (2014)

Towards a Restraint Free Environment in Nursing Homes: Department of Health (2020)

Guidance on promoting a care environment that is free from restrictive practice: HIQA (2019)

5.0: Glossary of Terms

Physical Restraint: The use of physical force by one or more persons for the purpose of preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others.

Mechanical Restraint: The use of a device to prevent, restrict or subdue a person's movements and should be primarily used for the safety and comfort of a person with an enduring risk of self-harm and include bed rails and lap belts.

Restrictive Practices: any practice or intervention that restricts a person's voluntary movements or behaviours and includes chemical, mechanical, physical, environmental and seclusion.

Breakaway Techniques: A set of physical skills to help separate or break away from an aggressor in a safe manner. They do not involve the use of restraint.

De-escalation: the use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

Positive Behaviour Support: involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of that behaviour. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.

Dignity: The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

Person Centred: Person centred focuses on the needs of the person; ensuring that the person's preferences, needs, and values guide clinical decisions or support; and providing care that is respectful and responsive to them.

Rights-based approach: Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

Clinical Governance: A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

Trauma informed care: is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

Positive Behaviour Support: involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes maybe social, environmental, cognitive or emotional. The approach is one of behaviour change as opposed to behaviour management (MHC 2022).

MDT: Multidisciplinary Team: A group of Health Care Workers who are members of different disciplines each providing a specific service to a patient.

Approved Centre: A "Centre" means hospital or other in-patient facility for the care and treatment of persons suffering from a mental illness or a mental disorder. An "Approved Centre" is a centre that is registered pursuant to the Mental Health Act 2001-2018. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Mental Health Act 2001-2018.

6.0 Roles and Responsibilities

6.1 The Registered Proprietor has overall accountability for the Laois/Offaly Mental Health Services and has the responsibility to nominate a Senior Manager responsible for the reduction of restraint within the Approved Centre.

6.2 The Registered Proprietor has overall accountability for the use of Restraint Practices within the Laois/Offaly Mental Health Services.

6.3 The Approved Centre Governance and Oversight MDT Committee are responsible for the oversight and reduction of restraint within the Approved Centre. This group should meet at least quarterly to review each episode of restraint.

6.4 The Mental Health Act Administrator is responsible to maintain a database for the Approved Centre which will be used to compile an annual report on the use of restraint within the Laois/Offaly Mental Health Services.

6.5 It is the responsibility of all staff working in the Maryborough Centre to adhere to this policy.

6.6 It is the responsibility of all Heads of Discipline to ensure this policy is read, understood and signed by staff under their remit.

6.7 It is the responsibility of the CNM2/CNM3 to discuss this Policy and

aim to reduce and/or eliminate the use of restraint as an ongoing agenda item at all staff meetings.

7.0 Policy

7.1 The Maryborough Approved Centre is committed to the reduction and where possible the elimination of restraint through the following:

- The Approved Centre Governance and Oversight Committee chaired by the senior management nominated by the Registered Proprietor will meet quarterly.
- This working group will review and analyse each episode of restraint to determine the following ;
 - (1) Was there compliance with the Code of Practice and Rules Governing Physical & Mechanical Restraint?
 - (2) Was there compliance with the Policies and Procedures relating to restraint?
 - (3) Were areas of improvement identified and documented?
 - (4) Were Actions Identified? Including the persons responsible and the timeframes for completion of identified actions?
 - (5) Was assurance provided to the Registered Proprietor's nominated senior management that each episode of Restraint was in accordance with the Mental Health Commission's Codes of Practices and Rules?
 - (6) Was a report produced following each meeting which is made available to staff who participate or may participate in restraint, to promote on-going education and awareness?
 - (7) Was this report made available to the MHC in a timely manner?

7.2 The eight interventions set out in the "Seclusion and Restraint Reduction Strategy" (MHC, 2014) will guide the work of the Approved Centre Governance and Oversight Committee including:

- Leadership
- Engagement
- Education
- Debriefing
- Data
- Environment
- Regulation
- Staffing

Leadership

7.3 Proper governance and leadership are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to human rights principles.

7.4 The Approved Centre Governance and oversight committee will adopt a leadership role in promoting a restraint-free environment and implement a strategy that seeks to continually reduce or eliminate the use of restraint.

7.5 Restraint Reduction will be included as an explicit goal within the mission, vision and philosophy of care statements of the Approved Centre.

7.6 Engage staff at all levels in relation to this policy and provide opportunities for staff at all levels to participate in the on-going development in relation to restraint reduction.

7.7 Implement an organisational culture which embodies a collaborative and recovery orientated approach and an atmosphere of mutual engagement and respect.

7.8 Monitor progress on actions identified in the reducing restrictive practice strategy.

7.9 Ensure all episodes of restraint are subject to ongoing reviewed by the Committee.

Engagement

7.10 Engaging residents, families and advocates can be a powerful catalyst when implementing restraint reduction initiatives.

7.11 Where restrictive practices are assessed as necessary they will be implemented, where possible, in consultation with the resident and or their family /carer.

7.12 The use of restrictive practices should be subject to on-going review and risk assessment (at least every 3 months in the case of bed rails /lap belts) and should be removed as quickly as possible when no longer required.

Education and Training

7.13 The Approved Centre Governance and Oversight Committee through analysis of data will identify areas of development for staff training and education.

7.14 All staff will receive training on Therapeutic Management of Risk and Code of Practice & Rules Governing Physical and Mechanical Restraint.

7.15 All staff will complete HSELand training on the changes to Code of Practice and Rules on Physical and Mechanical Restraint.

7.16 The Approved Centre Governance and Oversight committee will source education and training on Trauma –informed care and Positive Behaviour Support.

Debriefing

7.17 Debriefing following any adverse event, including restraint, provides robust learning and support opportunities for all involved.

7.18 Each resident will receive a MDT debrief within 2 working days after an episode of Physical Restraint and an MDT review within 5 working days.

7.19 Each debriefing should explore how occurrences can be avoided in the future by identifying triggers /antecedents events which contributed to the occurrence and identify alternative strategies in the future.

Use of Data to inform practice

7.20 Data serves as a source of clinical and organisational learning, supporting the reduction of restraint.

7.21 The Approved Centre Governance and Oversight Committee will be responsible to review the data on restraint quarterly to monitor progress and achievement of the reduction strategy.

7.21 Regular auditing to ensure compliance with the Rules & Code of Practice governing restraint will be conducted

7.22 Data will be utilised to inform staff education and training and improve practice.

Environment

7.23 Enhancing the therapeutic value of the physical environment has been demonstrated to reduce the use of restraint.

7.24 The Approved Centre Governance and Oversight Committee in consultation with key stakeholders will review the physical and care environments to establish areas for improvement.

7.25 The Maryborough Approved Centre will utilise a low stimulus room to support residents displaying unsafe behaviour to allow the resident to regain control.

7.26 Items in the Comfort boxes will be utilised in an attempt to de-escalate and prevent aggressive incidents.

Regulation

7.27 The Maryborough Centre has an appointed person to ensure compliance with regulations, codes of practice and rules set out by the MHC.

7.28 The Maryborough Centre has a policy which explicitly address the Use of Restrictive Practices; both Physical and Mechanical Restraint.

Staffing

7.28 The skills, expertise and moral of staff are key factors in the delivery of a quality mental health service.

7.29 The Senior Managers of the Maryborough Centre will ensure that all staff are trained in methods of behaviour management, de-escalation and the correct use of restraint.

7.30 Staffing levels in the Maryborough Centre will be adequate throughout the day and night shifts and at times of high acuity consideration will be given to skill mix, gender, training and education and experience.

8.0 Implementation Plan

Implementation of this policy will be through the Approved Centre Governance and Oversight Committee.

9.0 Monitoring Revision and Audit

9.1 Review will occur as required and in any event at least on an annual basis.

9.2 Audit will take place after each episode of physical restraint and quarterly for Mechanical Restraint.

9.3 Restraint reduction and elimination will form part of the weekly staff meeting Agenda.

10.0 References

Department of Health (2020) Towards a Restraint FREE Environment in Nursing Homes.

Health Information and Quality Authority (2019) Guidance on Promoting a Care Environment that is free from Restrictive Practice.

Mental Health Commission (2014) Seclusion and Restraint Reduction Policy.

Mental Health Commission (2022) Code of Practice on the use of Physical Restraint.

Mental Health Commission (2022) Rules Governing the use of Mechanical Restraint.

Mental Health Act (2001) Amendments (2015 & 2018).

