



Approved Centre Name:
O'Casey Rooms, Fairview

The total number of persons that the centre can accommodate at any one time	19
The total number of persons that were admitted during the reporting period	<5
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	20
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 O Casey Room Fairview Community Unit is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety.

In November 2022 the Oversight Committee was established to commence planning towards the adoption of the new Codes and Rules. Designated staff from O'Casey Rooms are members of oversight committee.

In December 2022 – O'Casey Rooms commenced in-service 1:1 and group education teaching sessions with staff members to ensure we embedded the knowledge and procedures of the Codes and Rules.

As part of the revised Rules Governing Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others, O Casey rooms ended the year 2023 with 7 individuals prescribed Mechanical Means of Bodily Restraint for Enduring Risk of Harm to self or others (cot sides) and 1 for lap-belt (for pelvic positioning). Following Mental Health Commission visit in September 2023 and informal feedback from the inspectors. The MDT explored all possible alternative options to replace the use of cot sides. Following research the most suitable options for the cohort of service users in O'Casey Rooms was low-low beds and floor level beds (ultra low-low beds). Business case was submitted by nursing management and occupational therapist for the funding of floor level beds. In December, 1 floor level bed was piloted with a service user and was successful.

Aim: To eliminate (as far as practical) the use of cot sides within O Casey rooms by Q2 2024.

Action plan:

- To purchase additional floor level beds for the coming year.
- Bed alarms and crash mats purchased to support the elimination of cot sides, and use of floor level beds - ensuring that each individual is safe and supported.
- System in place for procurement of additional floor level beds as service users' needs change.
- Occupational therapist- service contact in place with Task Healthcare Equipment for fall alarm detectors, bed and chair sensor pads, monitoring units and call buttons (includes yearly servicing and procurement of additional equipment if required)



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Lap-belt in place for one individual for pelvic positioning- assessed by Occupational Therapist no alternative option. Reviewed and re-prescribed 3 monthly. Clinical audit completed quarterly and weekly MDT in place.

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

O Casey rooms recognises that restrictive practices compromises a person's liberty and that its use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

O Casey rooms acknowledges that 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 be used only to address an identified clinical need and/or risk. Examples include the use of cot sides, bed rails, and lap belts. As mechanical restraint limits freedom and poses associated risks to the person, O Casey Rooms recognises that it should only be used when less restrictive alternatives are not deemed suitable. Working towards and achieving compliance with the Codes and Rules remains our priority. In order to achieve this we have focused our attention on the following:

- Oversight Committee Membership.
- Oversight Committee- Mechanical means of Bodily Restraint for Enduring Risk to Self and others included on agenda.
- Re-focused our approach to individualised auditing.
- Changed Individual Care Plan template.
- Sensory Room – refurbished with the additional purchase of mobile sensory cart.
- Physical Health- new initiatives implemented. To increase early recognition and treatment of delirium.
- Quarterly clinical audit of all restrictive practice.
- Clinical audit tool in place for physical restraint
- Quarterly Quality and Patient Safety (QPS) presentation.
- Education and training of staff.

The 2023 annual inspection by the Mental Health Commission found that the O Casey Rooms was not compliant Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others. Corrective and Preventative Actions (CAPA) were put in place to address the issues identified.

1. Clinical records did not have documented evidence that least restrictive option / alternatives to cot sides as a form of mechanical restraint had been discussed.
2. The multidisciplinary team has developed a plan of care for each person who is restrained by mechanical means. This plan of care must include information on how the Approved Centre is attempting to reduce or eliminate the use of restraint for the person.
3. Mechanical Restraint has not been included in the agenda of the Multi-disciplinary Oversight Committee.

The CAPA submitted was accepted by Mental Health Commission



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

In the creation of our "Seclusion and Physical Restraint Reduction Policy" we focused our attention on the Mental Health Commission's Seclusion and Restraint Reduction Strategy (2014) in order to focus on SMART goals to reduce or where possible eliminate episodes of Restrictive Practice. Since the new changes in 2023 on the Codes and Rules, we have embedded commitment, leadership, quality initiatives, investments towards changing practices and a heightened focus on training and education amongst our staff members.

The O' Casey Rooms is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- Enhance the work force through the provision of education & training related to restrictive practice reduction including delirium training. Training database in place and is monitored.
- Conducting reviews/ clinical audits of restrictive practice aimed at identifying areas for improvement.
- Embedding quality initiatives within practice.
- Identification and implementation of non-restrictive practices such as de-escalation, Positive Behaviour Support, Safewards and one to one therapeutic engagement.
- Introduction of low arousal approaches – awareness of influence of environmental factors.
- Maintaining consistency and predictability within the environment e.g. visual timetables and activity scheduling with elements of choice.
- Increased integration in the local community- Providing opportunity for positive social activities- Memory Café, Friends of the Elderly, Legion of Mary.



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.

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

Seclusion is not used in O'Casey Rooms.

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

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

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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	<5
The total number of episodes of physical restraint	1
The shortest episode of physical restraint	1min
The longest episode of physical restraint	10min

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

The O'Casey Room Fairview Community Unit is committed to the continued provision of safe and high quality care and is committed to adhering to the principle that the use of restrictive practices and interventions should only take place following a risk assessment and where there are no alternative means to support the patient's safety.

In November 2022 the Oversight Committee was established to commence planning towards the adoption of the new Codes and Rules. Designated staff from O'Casey Rooms are members of oversight committee.

In December 2022 – O'Casey Rooms commenced in-service 1:1 and group education teaching sessions with staff members to ensure we embedded the knowledge and procedures of the Codes and Rules.

As per our use of data to inform our practice, there has been one episode of Physical Restraint in 2023 with a duration of 10 minutes. The causative factor was slow resolving delirium, use of steroids (manifesting in a mania). Management plan implemented by the MDT in consultation with the service user – recorded on the service users Individual Care Plan. The ICP identifies - Early warning signs, environmental factors, coping strategies, and service user's preference going forward in regards to aggressive incidents. In addition, sensory room was refurbished and painted, mobile sensory cart purchased, delirium training provided, delirium protocol in place and staff attended Safewards training in April 2023.

The strategies implemented to reduce physical restraint within O Casey Rooms are outlined in the comprehensive reduction tools/interventions listed in the restrictive practice reduction policy.

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

O'Casey rooms recognises that restrictive practices compromises a person's liberty and that it's use must be the safest and least restrictive options of last resort necessary to manage the immediate risk. The use of restrictive practice must be proportionate to the assessed risk, employed for the shortest possible duration and its use must only occur following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control (MHC, 2022).

O'Casey Rooms recognises that Physical Restraint should only be used when less restrictive alternatives are not deemed suitable. Working towards and achieving compliance with the Codes and Rules remains our priority. In order to achieve this we have focused our attention on the following:



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 - . Oversight Committee- Mechanical means of Bodily Restraint for Enduring Risk to Self and others included on agenda.
 - . Re-focused our approach to individualised auditing.
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 - . Quarterly clinical audit of all restrictive practice.
 - . Clinical audit tool in place for physical restraint
 - . Quarterly Quality and Patient Safety (QPS) presentation.
 - . Education and training of staff
- The 2023 annual inspection by the Mental Health Commission found that O'Casey Rooms were compliant with the Code of Practice on Physical Restraint.

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

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The O'Casey Rooms is fully compliant with its own reduction policy.

Within the reduction policy, we continue to focus on the following areas:

- ☑ Enhance the work force through the provision of education & training related to restrictive practice reduction including delirium training. Training database in place and is monitored.
- ☑ Conducting reviews/ clinical audits of restrictive practice aimed at identifying areas for improvement.
- ☑ Embedding quality initiatives within practice.
- ☑ Identification and implementation of non-restrictive practices such as de-escalation, Positive Behaviour Support, Safewards and one to one therapeutic engagement.
- ☑ Introduction of low arousal approaches – awareness of influence of environmental factors.
- ☑ Maintaining consistency and predictability within the environment e.g. visual timetables and activity scheduling with elements of choice.
- ☑ Increased integration in the local community- Providing opportunity for positive social activities- Memory Café, Friends of the Elderly, Legion of Mary.

Signed by Registered Proprietor Nominee: Anne Marie Donohue

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