Longford Westmeath Mental Health

Approved Centre – St. Loman's Hospital

Policy Title: Reduction of seclusion, physical and enduring mechanical restraint policy

Document reference number		**Document developed by**	Oversight and Review Committee for the Reduction of Physical Restraint, Seclusion and Enduring Mechanical Restraint – Admission and St Edna's Ward, St. Loman's Hospital
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1.0 Policy Statement:

Longford Westmeath Mental Health Service is committed to the reduction of both the frequency and duration of seclusion and restraint episodes in approved centres.

2.0 Purpose

The purpose of this document is to direct staff on the process for the reduction and elimination where possible of Seclusion and Enduring Mechanical & Physical Restraint.

- We will update the local Policies on Seclusion and Enduring Mechanical & Physical Restraint in line with the revised rules and codes for Seclusion and Enduring Mechanical & Physical Restraint.
- We will also modify our Seclusion Care Plan (SCP) in line with the revisions.
- We will develop a proforma for debriefing post Seclusion and Enduring Mechanical & Physical Restraint and for the Multidisciplinary (MDT) review to ensure that all the required components are captured.
- We will devise a flow diagram for behavioural analysis and Positive Behavioural Support Plans.

3.0 Scope

All members of the Multi-Disciplinary Team

4.0 Legislation & Other Related Polices

4.1 Mental Health Act 2001.
4.2 Mental Health Commission (2022) Rules Governing the Use of Seclusion
4.3 Mental Health Commission (2022) Rules Governing the Use of Mechanical Means of Bodily Restraint.
4.4 Mental Health Commission (2022) Code of Practice on the Use of Physical Restraint.
4.5 Mental Health Commission (2020) the uses of restrictive practices in approved centres activities report.
4.6 Mental Health Commission (2014) Seclusion and Physical Restraint Reduction Strategy: Consultation Report.
4.7 SECH Mental Health Services Positive Behaviour Support Guidance.

5.0 Glossary of Terms and Definitions

- **SCP:** Seclusion Care Plan
- **MDT:** Multi-Disciplinary Team
- **RP:** Registered Proprietor
- **CD:** Clinical Director
- **Area DON:** Area Director of Nursing
- **ADON:** Assistant Director of Nursing
- **CNM 3:** Clinical Nurse Manager 3
- **QPS:** Quality and Patient Safety
- **ORC-SLH:** Oversight and Review – St. Loman's Hospital
- **Prone Restraint:** A physical restraint in a chest down position, regardless of whether the person's face is down or to the side.
- **COP –Code of practice**
- **MHC – Mental Health Commission**

6.0 Roles and Responsibilities

6.1 It is the responsibility of all staff to adhere to this Policy.

6.2 It is the responsibility of the ORC – SLH to ensure that this Policy is reviewed annually or at any time there is a change of practice.

6.3 It is the responsibility of individual line managers to ensure that all staff in their Department are aware of this Policy and that work practices are in line with the Policy.

6.4 All staff must demonstrate that they have read and have understood the processes of this policy by signing the signature log attached to the front of the Policies and Procedures Manual.

6.5 The role of the person with overall responsibility and delegated authority for the reduction of seclusion, physical and mechanical restraints is to bring objective oversight and:

- To look for patterns and trends in seclusion, physical and mechanical restraints
- To ensure that the codes of practice and policy are being adhered to.
- To ensure that the MHC Rules and local policies are being adhered to.
- To seek additional information where necessary and enquire into episodes of restraint that appear irregular
- To ensure every episode of prone restraint is examined and they are satisfied it was necessary
- To ensure the service is accountable for each episode of restraint

7.0 Procedure

A Multidisciplinary Oversight Committee has been established to analyse in detail every episode of seclusion and physical & mechanical restraint. The committee is meeting monthly to fulfil the functions as outlined in the revisions:

I. Determine if there was compliance with the rules governing the use of seclusion and mechanical restraint, and the code of practice on the use of physical restraint for each episode of seclusion and enduring mechanical & physical restraint reviewed;

II. Determine if there was compliance with the approved centre's own policies and procedures relating to seclusion and physical restraint and mechanical restraint ;

III. Identify and document any areas for improvement;

IV. Identify the actions, the persons responsible, and the timeframes for completion of any actions;

V. Provide assurance to the RP (or their nominee) that each use of seclusion and enduring mechanical & physical restraint was in accordance with the Mental Health Commission's Rules and COP;

VI. Where Prone Restraint is used, it will be reviewed by the committee and explanations why it was used and assurances will be provided to the registered proprietor.

The Committee is also overseeing the formulation of this Reduction Policy.

Given that "The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies", we have strong governance and oversight of Restrictive Practices in the current governance structure in addition to this Oversight Committee;

1. We will work towards having weekly reports on use of seclusion, physical and enduring mechanical restraint for the CD, Area DON and RP to ensure regular feedback and oversight and early capture of any changes in trends.

2. The Nursing management team ADON and CNM3 are sited in the approved centre to ensure strong governance within the centre. All episodes of seclusion are reported at once to the ADON on duty and are discussed as to the reason for seclusion, the management plans in place and the plan to end seclusion and safely manage the care of the service user going forward.

3. The CNM3 with responsibility for governance will conduct an audit of each episode of seclusion. This audit will review the practice against the requirements as set out in the Rules on Seclusion and mechanical restraint and Codes of practice on restraint. He/she will discuss any concerns with the Assistant Director of Nursing and will raise the concerns with the MDT responsible for the services user; this should be

raised with the Clinical Lead for the MDT. Also the concerns highlighted in the Audit should be presented to the senior management team via QPS report to the CMT.

4. Audits of each episode of Restrictive Practices are included in QPS report and are presented monthly to management group (Monthly to the Longford Westmeath Mental Health Catchment Area Management team and the Approved Centre Governance Group). They are also now presented to the Oversight Committee and full review of each episode in detail as per the revised Rules and Code of Practice is conducted.

5. Sensory considerations: We will endeavour to provide a person centred model of care and the skilled integration of sensory approaches by applying a sensory profile to individuals to use in a multi-sensory environment applying sensory based treatment tools. The environment will be substantially safer if staff know how to give service recipients some degree of control over their situation, and are skilled in modifying interventions to reduce the factors that can lead to incidents e.g. we will explore providing comfort boxes which can be provided for use to service users who may be triggered or experiencing trauma in an attempt to de- escalate and prevent aggressive incidents occurring.

6. Each episode of seclusion and restraint and the debriefing and MDT meetings is audited and presented at the Oversight committee and feedback is sent to the clinical team where indicated.

7. A key aspect of the reduction strategy will be introduction of positive behavioural support plans. These will allow analysis of underlying precipitants of episodes and identification of alternative strategies that can be used to prevent future episodes for the individual client. It also includes more generalised strategies that emerge from trend analysis of episodes by the Oversight Committee and insights and evidence based strategies emerging from the Restrictive Practice Group.

8. Reports will be made following each oversight committee meeting for staff who may participate in seclusion/restraint to promote on-going learning.

8.0 Training

All staff involved in Seclusion and Physical Restraint will participate in the following training:

- Mental Health Act 2001-HSELand

- Changes to the Rules and Code of Practice on Restrictive Practices-HSELand

- Changes to Rules on Seclusion-HSELand

- Changes to Code of Practice on Physical Restraint-HSELand

- Changes to the Rules on Mechanical Restraint-HSELand

- Therapeutic Management of Violence and Aggression

- Management of Actual or Potential Aggression

- Training on Revision to the rules and codes of practice relating to Seclusion, Physical Restrain and Mechanical Restraint, covering Human Rights, Legal Principles, Trauma Informed Care, Alternatives to restrictive practices, early indicators and triggers, Cultural Competence (Amelia Cox)

9.0 Method used to review operation of Standard Operating Procedures

St. Loman's Hospital - Oversight and Review Committee for the reduction of physical restraint/seclusion/enduring mechanical restraint - Admission Unit & St Edna's Unit.

10.0 Frequency of Review

Review at each meeting

11.0 Appendix I

Signature Sheet:

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:-

Print Name	Signature	Area of Work	Date