

Approved Centre Name: St Stephens Hospital, Glanmire, Cork

The total number of persons that the centre can accommodate at any one time	69
The total number of persons that were admitted during the reporting period	282
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	<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	<5
mechanical means of bodily restraint for enduring risk of harm to self or others	

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

St Stephens Hospital is a 69 bed campus, supporting 50 complex patients in continuing care units. MDT collaboration in Unit 2 have approved the prescription of Cot sides for two of their patients, (in use 8 and 10 years respectively), to ensure their safety. Based on the MHC feedback from September 2023, we engaged in discussion with the Compliance ADON from St Aidan's Unit in Waterford and subsequently our OT manager and Compliance ADON went to visit the unit. The team are actively pursuing an improvement in current documentation in line with the MHC requirements, and in the best interest of our patients.

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

Following the visit in Waterford, we are implementing a process that ensures that the prescription of cot sides is discussed at each MDT ICP review and signed off by the clinical lead in charge of the patient's care. A 4-hourly check needs to be completed when they are being used. Low beds were considered as an alternative.

We are committed to continuously reviewing and improving our compliance.

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

Mechanical Restrain Policy was signed by the Clinical Director on 01.03.2024.

We have convened a Restrictive Practice Committee who meet to review all forms of restraint.

Regular audits and ongoing training are insitu to monitor and improve.



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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

We do not use	seclusion in SSH.				
	bout the approve	d centre's com	pliance with th	e rules governin	g the use
of seclusion					
We do not use s	seclusion in SSH.				
	bout the complian	ice with the ap	oproved centre	s own reduction	policy
We do not use s	seclusion in SSH.				



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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	13
The total number of episodes of physical restraint	25
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

SSH has 69 beds in between the acute mental health unit (Unit 4, 19 beds) and the continuing care units (Unit 2, 3 and 8). In 2023 we had 282 admissions

and 13 patients restrained in 25 total episodes of restrain. The longest restrain episode was of 10 min. All of our staff is trained in PMCB. Regular training and audits monitor compliance and identify areas for improvement.

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

Episodes of physical restraint are reviewed by the MDT and the persons individual care plan updated accordingly. All incidents of physical restraint are discussed at the local incident review meetings, scheduled on a monthly basis. All episodes of restraint are audited. All episodes of physical restraint are reviewed and discussed by an approve committee at the Restrictive Practice meetings.

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

Mechanical Restrain Policy was signed by the Clinical Director in March 2023 and due for review in 2026.

Our team is committed to auditing, monitoring and providing ongoing training to ensure compliance.

Signed by Registered Proprietor Nominee: Alin Dumitrescu

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