Approved Centre Name:
Tallaght Acute Psychiatric Unit

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	**305**
The total number of persons who were secluded during the reporting period	**28**

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	n/a
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	n/a

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

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

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

Approved Centre Name:
Tallaght

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	**69**
The shortest episode of seclusion	**1hr**
The longest episode of seclusion	**49hrs**

A statement about the effectiveness of the approved centre's actions to reduce or, where possible, eliminate the use of seclusion

The effectiveness of the approved centre's efforts to reduce or eliminate the use of seclusion is an ongoing focus of assessment and improvement. As noted in our recent correspondence with the commission, we experienced a high level of restrictive practices in the first quarter of 2024, This spike was due to an unusual cluster of three highly disturbed patients with refractory mania, two of whom faced delayed admissions to the Phoenix Care Centre. Given the fluctuating nature of seclusion figures from month to month, we recognize that a longer timeframe is necessary to accurately assess the effectiveness of our initiatives aimed at reducing or eliminating seclusion.
To address this, the Restrictive Practice Review, Oversight, and Reduction Committee (RPRORC) plays a crucial role in managing seclusion and other restrictive practices within the Tallaght Hospital Approved Centre. The committee examines instances of seclusion to understand the circumstances leading up to them, identifying patterns or triggers that may contribute to their necessity. Beyond individual cases, the committee analysis broader trends and factors, including clinical conditions, staffing levels, and environmental factors that may increase the likelihood of seclusion.
Based on their reviews and analyses, the committee develops and implements initiatives aimed at reducing seclusion use. This may involve policy changes and staff training. The committee also promotes alternative approaches to managing patient behaviour, such as the Safe wards model, which focuses on improving the ward environment and therapeutic relationships to reduce conflict and containment.
To ensure staff are equipped to handle challenging behaviours without resorting to seclusion where possible, the committee focuses on the elements delivered via training programs such as Techniques for Managing Violence and Aggression (TMVA), Breakaway Techniques, Trauma-Informed Care, Positive Behaviour Support, and Clinical Risk Management.
Another significant initiative is the establishment of a CHO service-wide oversight committee under the auspices of QSSI. This committee aims to oversee the continued reduction of restrictive practices within the CHO as a whole. It focus is on reviewing current trends in data, drawing on learnings and reflections, and implementing improvements based on these insights, thus creating a culture of shared learning. This initiative builds on the existing processes already in place across each of the local QSSI Committees.
The committee monitors the effectiveness of the implemented initiatives and makes adjustments as necessary, ensuring that the measures in place are effective in reducing seclusion use. This ongoing evaluation is crucial in maintaining and improving the centre's strategies. Our strategies to reduce seclusion require continuous comprehensive review, analysis, training, and the implementation of alternative practices, as the committee works to create a safer, more supportive environment for both patients and staff.

Approved Centre Name:
Tallaght

A statement about the approved centre's compliance with the rules governing the use of seclusion
The rules governing the use of seclusion are rigorously managed under the oversight of the CNM 3, who reviews all instances of restrictive practices and ensures thorough documentation for the Restrictive Practice Review, Oversight, and Reduction Committee (RPRORC). This involves gathering, reviewing, uploading, and collating statistics related to each episode of seclusion. The documentation is audited to gather comprehensive information about the initiation, monitoring, ordering, discontinuing, documenting, and uploading processes for these instances. Recent audits have demonstrated a consistent improvement in compliance with these stringent requirements. The seclusion pathway document guides staff through the procedural elements of managing a seclusion episode. This document provides clear direction and guidance on the care and treatment of patients, emphasizing the importance of upholding their human rights throughout the process. It outlines the sequential steps necessary to manage the episode effectively within a specified timeframe. Together, these measures ensure that seclusion is implemented and managed in accordance with established protocols, aiming to promote patient safety while minimizing the use of restrictive practices.

A statement about the compliance with the approved centre's own reduction policy
All staff involved in these practices are required to acquaint themselves with our RP Reduction policy, which underscores the organization's dedication to implementing the intervention principles outlined in the MHC (2014) Seclusion and Restraint Reduction Strategy. This policy serves as a framework guiding our proactive approach to reducing restrictive practices (RPs) through targeted actions aligned with each key theme. Restrictive Practices, review oversight and reduction committee (RPROR) plays a pivotal role in continuously evaluating and implementing strategies aimed at reducing RPs. For instance: 1. The committee identifies and assesses training programs that advocate for reduction strategies. 2. Our TMVA program has recently been enhanced to emphasize de-escalation techniques, therapeutic communication, alternatives to physical restraint, and trauma-informed care practices. 3. The establishment of a CHO service-wide oversight committee under QSSI is tasked with overseeing ongoing reductions in restrictive practices throughout our organization. This committee fosters a culture of shared learning and continuous improvement. These initiatives underscore our unwavering commitment to reducing RPs, prioritizing patient safety, and cultivating a supportive environment conducive to comprehensive care practices.

Approved Centre Name:
Tallaght

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	62
The total number of episodes of physical restraint	140
The shortest episode of physical restraint	1mins
The longest episode of physical restraint	10mins

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

The approved centre is dedicated to minimizing and, where feasible, eliminating the use of physical restraint through our Restrictive Practice Reduction Policy, which is overseen by the Restrictive Practice Review, Oversight, and Reduction Committee (RPRORC). This committee plays a critical role in evaluating current practices and implementing initiatives aimed at reducing both seclusion and physical restraint across our service.

Our approach is rooted in the principles outlined in the Mental Health Commission's (MHC) 2014 Seclusion and Restraint Reduction Strategy and its subsequent Code of Practice (COP). Through proactive measures, we have made significant advancements in the use of restraint and improving documentation of less restrictive alternatives. Despite encountering an increase in incidents of violence and aggression against staff at Tallaght approved centre, we remain actively engaged in the national commitment to reduce restrictive practices.

The recent establishment of a regional oversight group within CHO7 represents a pivotal advancement in our efforts. This initiative is designed to enhance our collective understanding and promote a collaborative learning environment aimed at continually reducing restrictive practices. By facilitating the exchange of insights and the development of effective measures across the region, we are further strengthening our dedication to fostering safer and more supportive care environments.

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

The approved centre maintains rigorous compliance with the code of practice on the use of physical restraint, as outlined by the Mental Health Commission (MHC) and relevant regulatory bodies. Oversight of these practices is conducted meticulously under the direction of designated personnel responsible for ensuring adherence to established protocols.

Key aspects of our compliance include thorough documentation and review of every instance where physical restraint is employed. This process involves comprehensive recording of the initiation, monitoring, ordering, discontinuation, documentation, and reporting procedures associated with physical restraint incidents. These records are rigorously audited to ensure accuracy, completeness, and adherence to legal and ethical standards.

Regular audits and assessments are conducted to monitor compliance trends and identify areas for improvement. This proactive approach enables us to continuously refine our practices in line with evolving standards and best practices in mental health care. Additionally, staff training programs are regularly updated to incorporate the latest techniques and approaches aimed at

minimizing the need for physical restraint and promoting alternative methods of de-escalation, therapeutic communication and crisis intervention.
Overall, our commitment to compliance with the code of practice on physical restraint reflects our dedication to promoting patient safety, dignity, and rights while upholding the highest standards of care within our approved centre.
Each episode is reviewed in real time by the nurse in charge then CNM2. The Mental Health Act Administrator oversees and prompts communication to MDT members in relation to completion of debrief with the patient within 2 days and the 5 day MDT review. Each episode is audited by the CNM3 against the parameters set out in the code of practice on the use of physical restraint. The audit tool has 38 questions. Of the 82 episodes of physical restraint in 2023, the average compliance with the code of practice on the use of physical restraint was 91%. Audit results are communicated back to the treating Consultant Psychiatrist and MDT. Results are presented monthly to the local governance & compliance committee. Gaps or deficits are identified and action plans initiated to mitigate further recurrences.

The KWWMHS and the approved centre staff are committed to ensuring high standard of care provided to patients with the least restriction as is possible. The service is committed to continuous quality improvement to improve the compliance with the standards set out by the MHC, and to reduce the occurrences of the use of physical restraint.

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

The approved centre demonstrates steadfast compliance with its own reduction policy aimed at minimizing the use of restrictive practices, including physical restraint and seclusion. This policy is rooted in our commitment to adopting best practices outlined in the Mental Health Commission's Seclusion and Restraint Reduction Strategy and its Code of Practice.
Key to our compliance is the active oversight and implementation by the Restrictive Practice Review, Oversight, and Reduction Committee (RPRORC). This committee plays a pivotal role in continually evaluating current practices, identifying opportunities for improvement, and implementing strategies to reduce the incidence of restrictive interventions. These strategies are designed not only to meet regulatory requirements but also to enhance patient care outcomes by fostering a therapeutic and supportive environment.
Our reduction policy mandates ongoing staff training and development in techniques such as de-escalation, trauma-informed care, and positive behaviour support. These training initiatives empower our staff to effectively manage challenging behaviours and minimize the need for restrictive measures. Furthermore, the establishment of a CHO service-wide oversight committee under the Quality and Safety Service Improvement (QSSI) framework ensures that reduction efforts are coordinated across our organization.
Regular audits and reviews, conducted by the Restrictive Practice Review, Oversight, and Reduction Committee (RPRORC), provide critical insights into compliance with our reduction policy. These evaluations enable us to identify areas of exemplary practice as well as opportunities for improvement. Action plans are promptly developed and implemented to address any identified deficiencies, ensuring continuous enhancement of our practices.
In essence, our compliance with the approved centre's reduction policy underscores our commitment to promoting patient-centred care, respecting individual rights, and maintaining a safe and therapeutic environment for all individuals under our care.

Signed by Registered Proprietor Nominee: Kevin Brady
**If you don't have a Digital Signature, typing your name will be accepted as your signature.*