Annual Report on the Use of Physical Restraint and Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

2023

St Gabriel's Ward.

St. Canice's Hospital

Kilkenny

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GLOSSARY

APPROVED CENTRE

A “centre” means a hospital or other inpatient facility for the care and treatment of persons suffering from mental illness or 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.

CONSULTANT PSYCHIATRIST

Means a consultant psychiatrist who is employed by the HSE or by an approved centre or a person who name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

DE-ESCALATION

The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.

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.

MECHANICAL MEANS OF BODILY RESTRAINT

For the purpose of the rules, mechanical means of bodily restraint is defined as “the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person’s body”.

PERSON

All references to “person” in this document shall be taken to mean a voluntary or involuntary patient or resident, as defined in the 2001 Act.

POLICY

Written statement that clearly indicates the position of the organisation on a given subject.

POSITIVE BEHAVIOUR SUPPORT

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 may be social, environmental, cognitive, or emotional. The approach is one of the behaviour change as opposed to behaviour management.

PHYSICAL RESTRAINT

For the purpose of the Code of Practice, physical restraint is defined as "the use of physical force (by one or more persons") for the preventing the free movement of a person's body when the person poses an immediate threat of serious harm to self or others.

REPRESENTATIVE

An individual chosen by the person who is being cared for (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person.

RESIDENT

Is a person receiving care and treatment in an approved centre.

RESTRICTIVE INTERVENTIONS/RESTRICTIVE PRACTICES

For the purpose of this report, includes the use of mechanical means of bodily restraint for enduring risk of harm to self or others, physical restraint and seclusion

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.

RISK ASSESSMENT

An assessment to gauge risk in relation to the person, designed and recognised for use in mental health settings.

TRAUMA-INFORMED CARE

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.

SUMMARY OF FINDINGS 2023

Restrictive practices can only be used in strictly controlled circumstances as set out in the rules and codes of practice published by the Mental Health Commission. Approved centres are required to have systems in place to reduce and where possible, eliminate restrictive practices (MHC 2022).

PHYSICAL RESTRAINT

- There were **3 episodes** of physical restraint in 2023.
- **2 residents** were physical restrained.
- All physically restrained residents **(100%)** were **in 70+ age group.**
- More male residents **(66%)** than female residents were physically restrained.
- **100%** of physical restraints were for **5 minutes or less**.
- **All episodes of physical restraint (100%) were initiated between 9.00am and 2.00pm**.

MECHANICAL MEANS OF BODILY RESTRAINT

- **12** residents were prescribed **14** mechanical restraint (12 bedrails + 2 chair tilts) as safety and falls prevention measures.

1. About the Data

1.1 Data coverage

Data is presented for the St Gabriel's Ward during 2023

1.2 Data collection

Approved centres are required to return non-identifiable aggregate date on the use of physical restraint, seclusion and mechanical means of bodily restraint for enduring risk of harm to self or others as part of an annual report on restrictive practices.

1.3 Data limitations

2023 is the first year that approved centres are required to capture aggregate data as part of an annual report on restrictive practices.

2. STATEMENTS

STATEMENT 1

Statement on the effectiveness of St Gabriel's Ward actions to reduce or where possible eliminate the use of physical restraint and mechanical means of bodily restraint for ending risk of harm to self or others.

St Gabriel's Ward is committed to the reduction of both the frequency and duration of physical restraint and mechanical means of bodily restraint for enduring risk of harm to self or others. The service 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.

St Gabriel's Ward emphasises the importance of strong governance and oversight mechanisms as key to successful reduction and where possible, elimination of restrictive practices.

The effectiveness of St Gabriel's Ward reduction strategy was achieved through the implementation of a comprehensive restrictive practice reduction policy, the establishment of a restrictive practice reduction-working group and the analysis of each restrictive practice episode by its newly formed multidisciplinary review and oversight committee. Furthermore, staff have undertaken training on trauma-informed care, alternatives to physical restraint and seclusion, cultural competencies, positive behaviour support, human rights, including the legal principles of restrictive interventions.

STATEMENT 2

Statement on St Gabriel's Ward compliance with the rules governing the use of mechanical means of Bodily Restraint and Code of Practice on the use of physical restraint.

St Gabriel's Ward 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 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).

Achieving compliance with the relevant Rule or Code of Practice is a key priority for St Gabriel's ward. In order to achieve this priority, the services audit committee audits all episodes of physical restraint and mechanical means of bodily restraint. Audit findings are discussed at the approved centres Quality Patient Safety Committee (QPSC) meeting and at the services newly formed Multidisciplinary Review and Oversight Committee meeting.

The 2023 annual inspection by the Mental Health Commission found that St Gabriel's Ward was fully compliant with the rules governing the use of mechanical means and bodily restraint and with the code of practice on the use of physical restraint.

STATEMENT 3

Statement on the compliance with the approved centres own reduction policy

St Gabriel's Ward has a comprehensive restrictive practice reduction policy, which outlines how the service aims to reduce, or where possible eliminate the use of restrictive practices within St Gabriel's Ward.

The Policy places strong emphasis on leadership of senior clinical and administrative staff, the use of data and post incident reviews in its efforts to reduce the incidents of restrictive practices and to inform practice. The policy outlines specific reduction tools including positive behavioural support approaches and how workforce development and training are key to successful reduction or, where possible elimination of restrictive practices.

The St Gabriel' Ward is fully compliant with its own reduction policy.

3.1 Use of Physical Restraint

For the purpose of the code of practice, physical restraint is defined by "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" (MHC 2022)

In 2023, 2 residents were restrained 3 times in St Gabriel's Ward. In total 7 minutes of physical restraint was recorded.

Figure 1

Figure 1 provides an overview of the age of residents who were physical restrained in 2023. As St Gabriel's Ward is a Psychiatry of Later Life facility, the only age category of residents physically restrained was ages 70+ (100%).

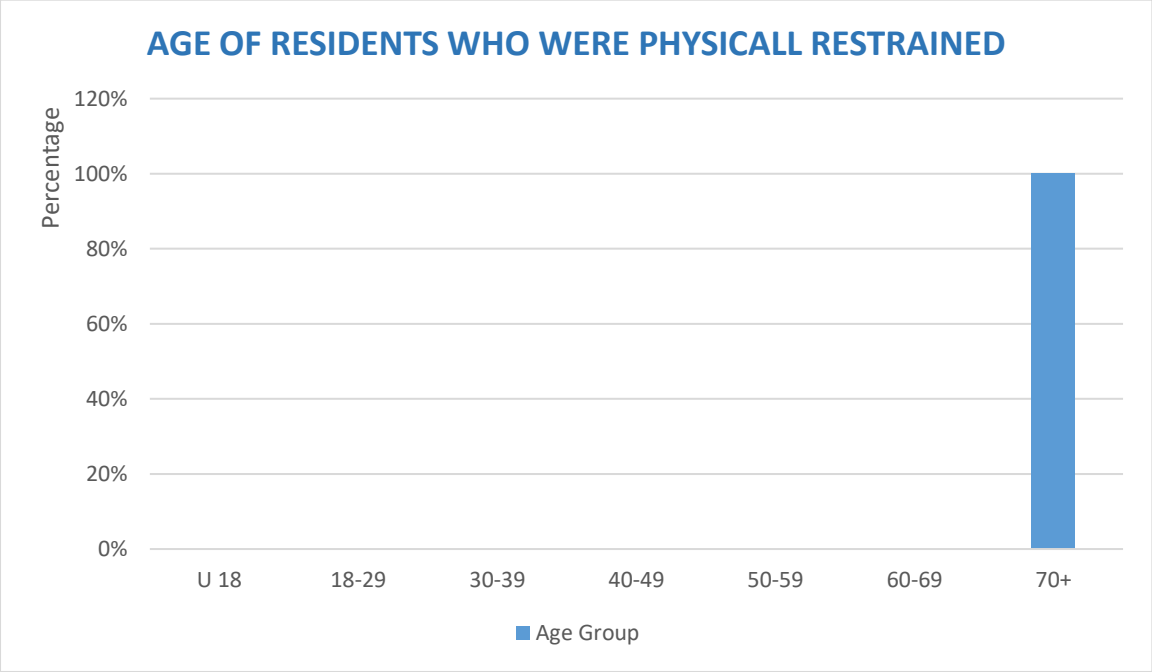
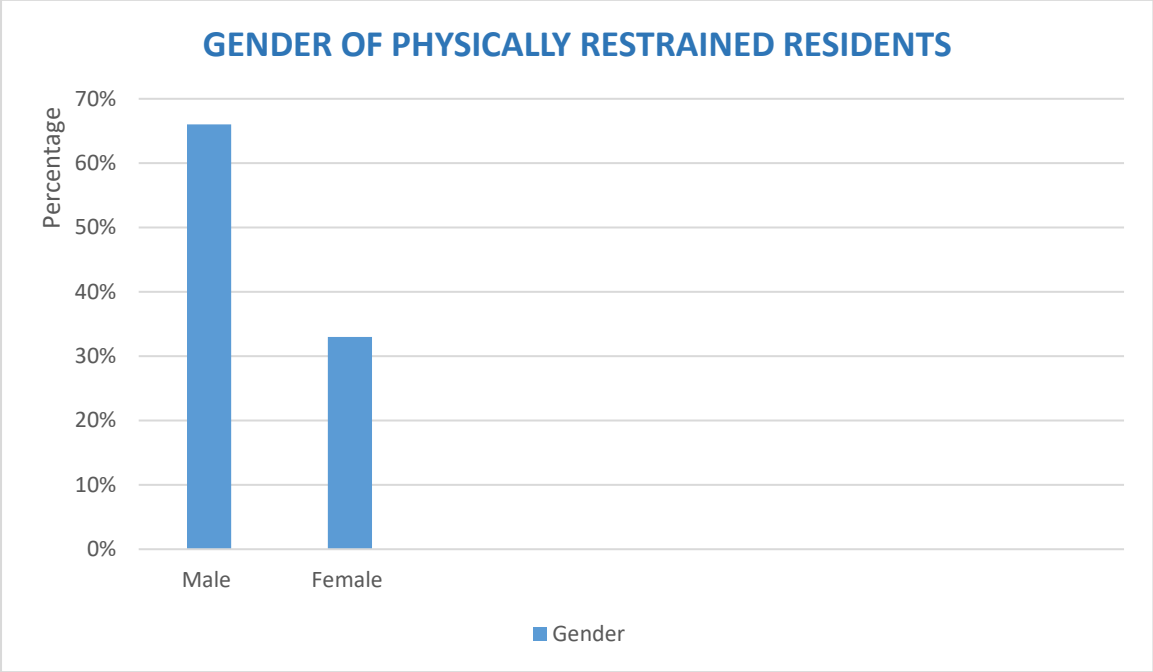


Figure 2

Gender of residents who were physically restrained.

Figure 2 shows that more males (66%) than females (33%) were physically restrained in 2023.



3.2 Duration of physical restraint and time commenced

The code of practice on the use of physical restraint in Approved Centres states that "An order for physical restraint should last for a maximum of 10 minutes. An episode of physical restraint may be extended by a renewal order made by a registered medical practitioner or the most senior registered nurse on duty in the unit/ward following a medical examination or nursing review for a further period not exceeding 10 minutes – to a maximum of two renewals of continuous restraint the continuous period of physical restraint should never be longer than 30 minutes.

In 2023, a total of 7 minutes of physical restraint was recorded on St Gabriel's Ward.

An average episode of physical restraint lasted for 2.3 minutes. The duration for a single episode of physical restraint ranged from 01 minute to 05 minutes.

Figure 3

Figure 3 show that in 2023 all episodes (100%) of physical restraint were for five minutes or less.

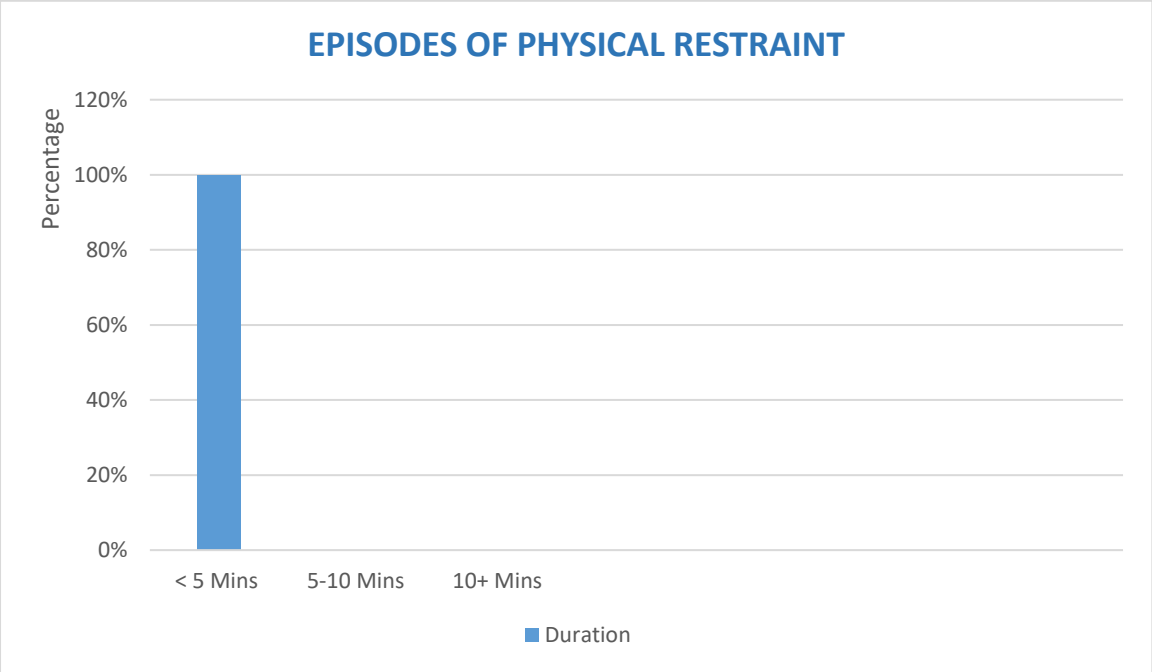


Figure 4

Figure 4 provides a breakdown by hour of when physical restraint episodes were commenced in 2023. All episodes of physical restraint occurred between 9.00am – 2.00pm

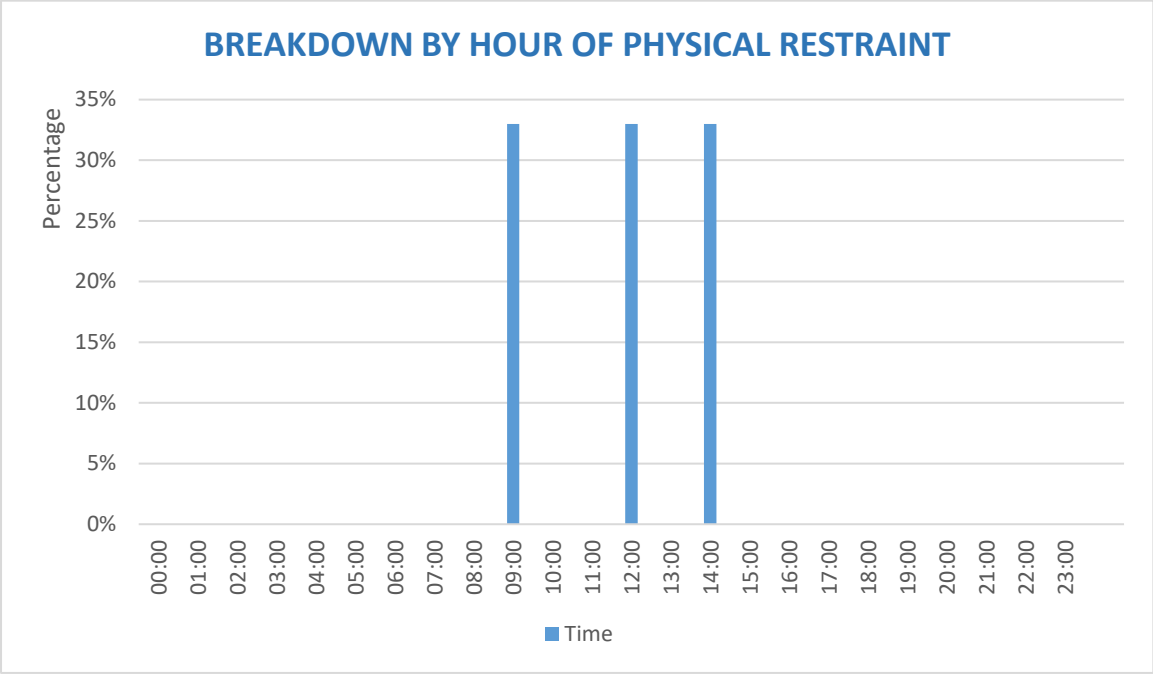
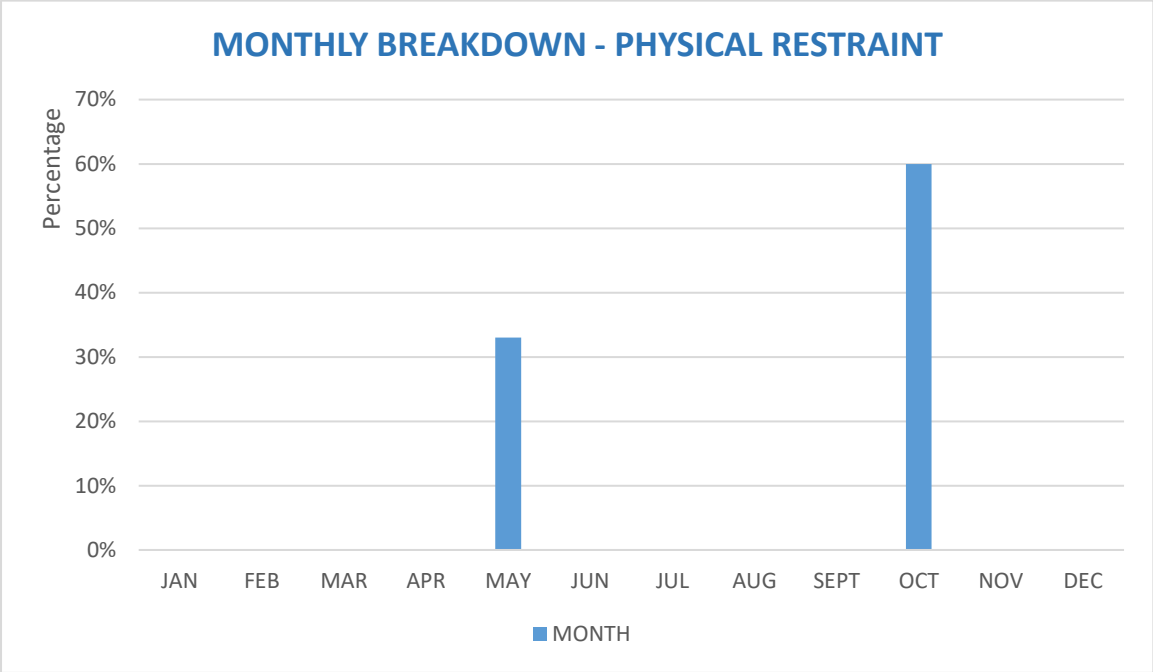


Figure 5

Figure 5 provides a monthly breakdown of the episodes of physical restraint. While physical restraint is a rare event in St Gabriel's Ward the highest proportion of episodes of physical restraint occurred in October (66%). The lowest proportion of physical restraint occurred in May (33%)



4.0 Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

In 2023, twelve residents were prescribed fourteen mechanical restraints (12 bedrails + 2 chair tilts) as safety and falls prevention measures.

5.0 Conclusion

USE OF Physical Restraint

The total number of persons the approved centre can accommodate at any one time = 20

The total number of persons that were admitted during this reporting period = 16

The total number of persons who were physically restrained during the reporting period = 2

The total number of episodes of physical restraint = 3

The shortest episode of physical restraint = 01 minute

The longest episode of physical restraint = 05 minutes

Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others.

The total number of persons that the centre can accommodate at any one time = 20

The total number of persons that were admitted during the reporting period = 16

The total number of persons who were mechanically restrained as a result of the use of mechanical means of bodily restraint for enduring risk of harm to self or others = 12