Statement on compliance with the rules governing seclusion, restraint & mechanical restraint for 2024

Approved Centre Name: Drogheda Department of Psychiatry (DDOP)

The total number of persons that the centre can accommodate at any one time	**46**
The total number of persons that were admitted during the reporting period	**569**

Rules Governing the Use of Seclusion

Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018.

The total number of persons who were secluded during the reporting period	**12**
The total number of seclusion episodes	**13**
The shortest episode of seclusion	**4 hrs**
The longest episode of seclusion	**69 hrs**

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

In accordance with the Mental Health Commission's Code of Practice regarding the use of seclusion, the DDOP has implemented targeted actions to eliminate this practice. These actions include increasing staffing capacity through a redeployment strategy and introducing early intervention methods, such as the Safewards model, which focuses on identifying potential flashpoints for conflict. Additionally, the DDOP provided comprehensive training to ten management staff members on developing and implementing behaviour support plans. To further support residents, therapeutic groups are now conducted twice daily, promoting structured engagement for all individuals. As a result of these measures, incidents of seclusion have significantly decreased in 2024 compared to 2023.The Professional Management of Complex Behaviour (PMCB) Training continues to be rolled out to all medical staff in the community.

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

The DDOP policy regarding the use of seclusion is reviewed annually. The multidisciplinary team's monthly audits have identified trends, evaluated interventions, and ensured continuous improvement.

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

The DDOP developed a Restrictive Practice Reduction Policy in 2023 and is compliant with the processes outlined in the policy. Furthermore, the Restrictive Practice Oversight Committee completed the restraint reduction network self-assessment in December to review its performance across the six core reduction strategies of Huck Shorn. The audit showed an overall performance of 4.2 out of 5.

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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	22
The total number of episodes of physical restraint	27
The shortest episode of physical restraint	0.5Mins
The longest episode of physical restraint	15 Mins

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

The DDOP has implemented proactive measures, including the promotion of real-time de-escalation strategies during restrictive interventions. This ensures that restraint is only used as a last resort, in the least restrictive manner, and for the shortest duration necessary. To equip staff with the skills needed to recognize early warning signs of distress and apply de-escalation techniques, the DDOP has trained 10 staff members in positive behaviour support and reinforced BVC training for all new staff. The Restrictive Practice Oversight Committee's goal for 2025 is to continue the downward trend towards reducing restrictive intervention in the DDOP by focusing on the increased therapeutic groups for service users. The Nursing substation modification project was completed on March 11, and aims to enhance the nurse's line of sight and improve workflow efficiency in the general adult unit.

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

The DDOP continues to use a comprehensive restraint booklet to document all aspects of the restraint process. The booklet was updated in 2024 and is based on the regulations governing the use of physical restraint. The multidisciplinary team conducts a monthly audit to ensure compliance with the code.

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

The approved center established a policy in 2023 aimed at reducing the use of restrictive practices and has been adhering to the procedures outlined within that policy. The Restrictive Practice Oversight Committee convenes monthly to review incidents involving physical restraints and to identify opportunities for ongoing quality improvement. The committee conducted a self-assessment of the Restraint Reduction Network to evaluate its effectiveness based on the six core reduction strategies proposed by Huckshorn (2008). The audit revealed an overall performance score of 4.2 out of 5. Following the audit, quality improvement plans were created and are scheduled for completion in 2025.

Each Approved Centre should also produce a comprehensive Annual Report

Statement on compliance with the rules governing seclusion, restraint & mechanical restraint for 2024

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 under Part 3 (Immediate Risk of Harm)	0
The total number of episodes of mechanically restrained under Part 3 (Immediate Risk of Harm)	0
The shortest episode of mechanically restraint under Part 3 (Immediate Risk of Harm)	0
The longest total episode of mechanically restraint Part 3 (Immediate Risk of Harm)	0
The total number of persons who were mechanically restrained (Part 4: 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

In 2024, the DDOP did not use mechanical restraints. The teams utilized effective strategies, including motion detectors, bed sensors, and increased observation, which resulted in the elimination of mechanical restraints in the DDOP.

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

The approved Centre developed a Restrictive Practice Reduction Policy in 2023 and is adhering to the outlined processes of this policy.

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Signed by Registered Proprietor Nominee: Martha Lennon.

**If you do not have a Digital Signature, typing your name will be accepted as your signature.*