



Highfield Healthcare
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Annual Report
on
Physical Restraint and Mechanical Restraint
2022

June 2023

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1. Introduction

Highfield Hospital, Approved Centre promotes a restraint free environment for our residents in line with national policy. This report has been prepared in line with the requirements relating to the new rules and regulations set out by the MHC which came into effect on January 1st, 2023. There are three types of restraint covered by the Rules. These relate to the use of 1) Physical Restraint, 2) Mechanical Means of Bodily Restraint for Immediate Threat of Serious Self Harm to Self or Others and 3) Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

Highfield Healthcare, Approved Centre delivers general adult mental health services to adults between 18 – 65 years and the care of the older persons over 65 years. The Approved Centre consisted of six units which with a bed capacity up to 102 residents.

The were total number of 282 patients admitted to the Approved Centre from January 1st to December 31st, 2022.

2. Activity Data for 2022

2.1 Physical Restraint:

Physical restraint as for the purpose of the Code of Practice, is defined as “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. (Code of Practice on the Use of Physical Restraint, MHC Sept 2022)

Physical restraint is only used as a last resort in rare and exceptional circumstances, when a resident poses an immediate threat of serious harm to self or others. Every effort is made by staff of the Approved Centre to prevent such situations arising using therapeutic engagement, positive behavioural supports, diversion, and de-escalation and after all alternative interventions have been considered.

There were 14 episodes of physical restraint during the year 2022. The average duration of the episodes was 5 minutes. The longest restraint recorded was 15 minutes while the shortest was 1 minute. A clinical restraint form was completed for each episode of restraint along with a post restraint medical review. The 14 episodes of restraint involved three patients of which two were female and one was male.

In line with the new guidance issued by the Mental Health Commission, (MHC) that came into effect in January 2023, all episodes of physical restraint episodes are now reported within 3 days of the episode of restraint occurring on the MHC, Comprehensive Information System.

2.2 Mechanical Means of Bodily Restraint for Immediate Threat of Serious Self Harm to Self or Others

For the purposes of these 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 patient's body* (Rules Governing the Use of Mechanical Means of Bodily Restraint, MHC, Sept 2022)

It is not the policy of the Approved Centre to use any devices or bodily garments for the purpose of preventing or limiting the free movement of a patient's body or mechanical restraint for the immediate threat of serious harm to self or others. It is not the policy of the Approved Centre to use Seclusion either.

The Approved Centre did not have any episodes that involved mechanical means of bodily restraint for immediate threat of serious self-harm to self or others in 2022. The Approved Centre did not have any episodes of seclusion in 2022.

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

The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations but must be used only to address an identified clinical need and/or risk. Examples include the use of cot sides, bed rails, and lap belts.

Note: While the use of bed rails and cot sides may be considered a restrictive practice, it is important to note that they may also be an important safety measure for some people. Staff must regularly review and assess the use of bed rails and cot sides. Section 10.1 (Rules Governing the Use of Mechanical Means of Bodily Restraint, MHC Sept 2022)

This form of restraint is only considered where all alternatives have been explored and the benefits of its use clearly outweigh any potential risks. In line with the new guidance, mechanical means of bodily restraint for enduring risk of harm to self and others is reported every 6 months on the MHC, Comprehensive Information System since the start of 2023.

There were 5 residents in the Care of Older Person units that had protective cot side bed rails in 2022. A clinical assessment was undertaken in relation each resident and their requirements for this form of protective measure, while taking into account the obligations conferred on the Approved Centre outlined within the Rules and Regulations.

3. Monitoring

Any form of restrictive practice is formally reviewed at unit level in the first instance by the persons treating Multi-Disciplinary Team (MDT). This allows the team to critically examine all contributory factors and look at other alternatives to physical restraint or how the person can be best supported.

The Approved Centre has also established a *Review and Oversight Committee on Code of Practice for Physical and Mechanical Restraint* which meets quarterly. The membership of this committee includes senior clinical personnel and is multidisciplinary in nature. The

committee reviews to critically analyse all episodes of restraint, capture learning, identify any aspect of practice for improvement and promote the reduction in physical and mechanical restraint across the organisation.

4. Training and Development

All staff of the Approved Centre have undertaken the module on *Changes to the Rules & Code of Practice on Restrictive Practices (Jan 2023)* on HSEland which was developed by the MHC and HSEland. This training forms part of the mental health services mandatory training programme. The programme contains 4 modules in line with the upcoming changes to the regulatory framework relating to the restrictive practices:

1. Reducing and eliminating restrictive practices: A guide to key changes to the rules and Code of Practice
2. Changes to the Rules on Seclusion – Not used in Highfield Healthcare
3. Changes to the Code of Practice on Physical Restraint
4. Changes to the Rules on Mechanical Restraint

CPI, Safety Interventions formerly known as (MAPA) is provided to all clinical staff in the Approved Centre at least every 2 years. This training also forms part of the services mandatory training programme in line with the MHC, Judgement Support Framework (February 2022). Written records of this training are maintained by the Human Resource Department. Advanced Safety Intervention Training for Adults (Advanced and Emergency) is now available.

5. Conclusion

The Approved Centre continues to aim to be a restraint free environment and will continue to promote this in line with our policy on the use of restraint in the mental health service. Each MDT critically any episodes of restraint and a service wide group with senior clinical personnel reviews practices at an organisational level.

Mechanical restraint that involves the use of cot side bed rails (enduring restraint) has been reduced in the Care of the Older Person units. Highfield Healthcare continues to encourage staff to critically examine and utilize alternative interventions to physical and mechanical restraint to aim for a restraint free environment.

6. References

(MHC, 2019) 'The Use of Restrictive Practices in Approved Centres – Seclusion, Mechanical Restraint and Physical Restraint: Activities Report 2017 and 2018'.

Judgement Support Framework Version 5.1 – February 2022

MHC (2022) Code of Practice on the use of Physical Restraint: Issued Pursuant to Section 33(3) € of the mental Health Act 2001-2018

MHC (2022) Rules Governing the Use of Mechanical Means of Bodily Restraint: Issued Pursuant to Section 69 (2) of the mental Health Act 2001-2018- September 2022