



Annual Report on
Physical Restraint and Mechanical Restraint
2023

February 2024

Contents

1. Introduction.....	3
2. Activity Data for 2023	3
2.1 Physical Restraint:	3
2.2 Mechanical Means of Bodily Restraint for Immediate Threat of Serious Self Harm to Self or Others	3
2.3 Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others	4
3. Monitoring.....	4
4. Conclusion.....	5
5. References.....	6

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

The were total number of 216 patients admitted to the Approved Centre from January 1st to December 31st, 2023.

2. Activity Data for 2023

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 17 episodes of physical restraint during the year 2023. The average duration of the episodes was 2 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 with the exception of 1 episode. The 17 episodes of restraint involved 5 patients of which 4 were female and 1 was male. The approved center has reviewed the learning from these episodes, increasing training on the rules, and is introducing a proforma for post-restraint reviews to include psychological debriefing.

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 the immediate threat of serious self-harm to self or others in 2023. The Approved Centre did not have any episodes of seclusion in 2023.

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 by the treating clinical team in conjunction with the person and/or their family 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. These were reported in July 2023 for the first six months of 2023, and in January 2024 for the latter six months of 2023.

There were 5 residents in the Care of Older Person units that have protective cot side bed rails. 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. In addition all these cot sides are reviewed as part of MDT care planning and additionally at a separate MDT Restrictive Practice meeting on a quarterly basis with the aim of identifying alternatives.

3. Monitoring

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 The approved center has a Review and Oversight Committee, which meets quarterly.

A Quorum consisting of 3 disciplines, one of which must be a Psychology representative, Chairperson, Independent Consultant, and Consultant involved in the care of the patients discussed. This committee reports to the senior management team. It made recommendations in relation to additional staff training and review of care delivery in order to reduce risks of physical restraint interventions following a review of the episodes in 04 2023. In addition it reviewed the recent restrictive practice register on the use of Cot Sides in the approved centre.

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

Crisis Prevention Institute (CPI) Safety Interventions, formerly known as (MAPA) are provided to all clinical staff in the Approved Centre at least every 2 years. This course focuses on the early identification and de-escalation of behavioural responses and includes trauma informed care module. This training also forms part of the services mandatory training programme in line with the MHC, Judgement Support Framework (February 2023). Written records of this training are maintained by the Human Resources Department. Advanced Safety Intervention Training for Adults (Advanced and Emergency) is now available.

In response to learnings from restraints in Q4 2023, additional training was put in place.

A Service Wide Luch and Learn was conducted in February 2024. In addition, a Practice Improvement early warding score was put in place in relation to identifying patients who may require additional support and interventions in the delivery of self-care in order to minimize the risk of restraint. The services recognize the delivery of self-care can be triggering in line with the principles of trauma-informed care.

4. 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 restraints in mental health services. Each MDT critically reviews all episodes of restraint with a view to organizational learning, and

the service-wide group with senior clinical personnel reviews practices at an organisational-wide level.

Mechanical restraints that involve the use of cot side bed rails (enduring restraint) have 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.

The learning outcomes from the restraint that did not meet the code of practice whereby the physical restraint exceeded the 10 minutes outlined in the Code was discussed at the Review and Oversight Committee and disseminated to the staff of the Approved Center. Protective measures were put in place to ensure that all service users Human Rights are protected at all times.

5. 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

Signed on behalf of Highfield Healthcare Senior Management



Ms Alex Teehan, Director of Nursing Mental Health

27 February 2024