



**2024 Annual Report on the Use of Restrictive
Practices in St Aloysius ward MMUH
(Physical Restraint and Seclusion)**

Date of Issue April 2025

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Introduction

St Aloysius Ward is a 13 bed approved centre providing adult in-patient services. It is located in the Mater Misericordiae University Hospital (MMUH) and the registered proprietor is the CEO of the MMUH. The MMUH works in partnership with the Health Service Executive (HSE) to provide acute psychiatric care to the community based in Dublin North city centre and also to the homeless population.

Context and Background

In 2022 the Mental Health Commission issued revised Rules Governing the Use of Seclusion (*in accordance with Section 69(2) of the Mental Health Act, 2001-2018 and the Code of Practice on the Use of Physical Restraint in accordance with Section 33(3)(e) of the Mental Health Act 2001-2018*) for the guidance of persons working in the mental health services.

The date of commencement of these Rules and Code of Practice was 1st January 2023.

This annual report has been compiled to present a summary of the information gathered by St Aloysius ward on the use of all restrictive practices e.g Physical Restraint and Seclusion in this approved centre (*St Aloysius*).

Restrictive interventions are only used in exceptional circumstances as an emergency measure, and these interventions are undertaken safely and in line with the Rules and Codes of Practice. We strive to only use restrictive interventions following reasonable attempts to use alternative means of de-escalation to enable the person to regain self-control. The purpose of this document is to report the Mater Hospitals' use of Seclusion and Physical Restraint in 2024 as per these Rules and Code of Practice.

As per the Rules, seclusion is defined as "the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means."

As per the Code of Practice, physical restraint 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".

Internal Governance, Oversight and Controls

Registered Proprietor

The Registered Proprietor in the Mater Hospital is Ms Josephine Ryan, CEO.

Internal Audit and Evaluation

An Audit tool has been developed and is used internally to monitor compliance and evaluate practice with the rules governing the use of seclusion and the code of practice on the use of physical restraint (Mental Health Commission 2022).

Multi-Disciplinary Oversight Committee

A Multi-Disciplinary Oversight Committee has been established to audit practice and monitor compliance. This committee meets on a quarterly basis. The composition of this committee is:

Dr Guy Molyneux *Clinical Director*; Siobhan Keeney *ADON* (Chair); Elizebeth Joy *CNM 2* (Jan - June), Rachel Smith *ACNM 2* (July - Dec); Brendan Culleton *Senior Occupational Therapist*; Eimear Goulding *Senior Psychologist*; Aideen Mc Donnell *MH Senior Social Worker*; Jim Walsh *Peer Advocacy in Mental Health*.

Four meetings in total were held quarterly by this group in 2024 (**19/04/2024, 12/07/2024, 11/10/2024, 07/02/2025**)

Quarterly reviews are conducted to:

- Determine compliance with the rules governing the use of restrictive practices for each episode of physical restraint and seclusion reviewed.
- Determine compliance with the Mater's policies and procedures relating to physical restraint and seclusion.
- Identify and document any areas of improvement.
- Identify the actions, the persons responsible, and the timeframes for completion of any actions.
- Provide assurance that each use of physical restraint and seclusion was in accordance with the Mental Health Commission rules.

Hospital Policy's

St Aloysius ward has an updated policy on Physical Restraint based on the Code of Practice prepared by the Mental Health Commission, in accordance with section 33(3) of the Mental Health Act 2001 and the updated rules 2022.

St Aloysius ward has an updated policy on Seclusion based on the Rules Governing Seclusion prepared by the Mental Health Commission, issued pursuant to section 69(2) of the Mental Health Act 2001, and the updated rules 2022.

St Aloysius ward developed a Restrictive Practice Reduction Policy in 2023 in line with the new rules and code of practice. This policy is available on the Mater Website <https://www.mater.ie/about/corporate-information/>

Aggregated Data

Overall Data

	2023	2024
Total number of persons St Aloysius ward can accommodate at any one time	13	13
Total number of persons that were admitted	204	188
Total number of female patients admitted	111	78
Total number of male patients admitted	93	110
Total number of persons who were physically restrained	18	14
Total number of episodes of physical restraint	30	20
Shortest episode of physical restraint	< 1 minute	< 1 minute
Longest episode of physical restraint	10 minutes	10 minutes
Total number of persons who were secluded	14	12
Total number of seclusion orders (4 hourly)	84	83
Total episodes of Seclusion	18	15
Shortest episode of seclusion	4 hours	1 hour
Longest episode of seclusion	75 hours	115 hours

Monthly breakdown Physical Restraint and Seclusions

The table below shows the spread of physical restraint and seclusion across the year.

Month	2023		2024	
	Physical Restraint Episodes	Seclusion Episodes	Physical Restraint Episodes	Seclusion Episodes
Jan	4	0	0	0
Feb	0	0	4	5
March	5	3	3	2
April	3	4	3	0
May	1	3	0	0
June	6	1	0	0
July	0	0	3	2
August	4	2	0	0
September	2	1	4	4
October	0	0	0	1
November	4	2	1	1
December	1	2	2	0

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Physical Restraint Data

	2023	2024
Total number of people physically restrained	18	14
Total physical restraint episodes	30	20
Total people physically restrained more than once	9	7
Gender	11 female 7 male 0 nonbinary	6 female 8 male 0 nonbinary
Age-		
<18	1	0
18-29	7	2
30-39	5	4
40-49	3	5
50-59	2	2
60-69	0	0
≥ 70	0	1
Physical restraint duration –		
≤ 1 minute	11	8
>1 minute ≤ 5	15	10
>6 minutes ≤ 10	4	2

Hourly average commencement of physical restraint Data

The table below provides a breakdown by hour of when physical restraint episodes were commenced.

Breakdown by hour of when <u>physical restraint</u> episodes were commenced							
2023	2024	2023	2024	2023	2024	2023	2024
00:00 = 0	2	06:00 = 0	0	12:00 = 5	1	18:00 = 0	1
01:00 = 0	0	07:00 = 0	0	13:00 = 1	1	19:00 = 0	1
02:00 = 0	0	08:00 = 0	0	14:00 = 1	0	20:00 = 5	3
03:00 = 1	0	09:00 = 2	2	15:00 = 2	0	21:00 = 1	3
04:00 = 0	0	10:00 = 0	0	16:00 = 4	1	22:00 = 1	0
05:00 = 0	0	11:00 = 2	2	17 :00 = 3	2	23:00 = 2	1

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Seclusion Data 2023

	2023	2024
Total number of people placed in seclusion	14	12
Total number of Incidents of Seclusion	18	15
Total seclusion orders (4 hourly episodes)	84	83
Total people secluded more than once	5	4
Gender -		
Female	7	4
Male	7	8
Non binary	0	0
Age	<18 = 0 18-29 = 5 30-39 = 5 40-49 = 3 50-59 = 1 < 60 = 0	0 1 3 4 2 0
Seclusion incidences < 4 hours	0	2
Seclusion incidences > 4 hours < 8 hours	5	5
Seclusion incidences ≥ 8 < 24 hours	11	5
Seclusion > 24 < 72 hours	1	2
Seclusion > 72 hours	1	1
People in seclusion who required physical restraint	11	9

Hourly average commencement of seclusion

The table below shows ...

Breakdown by hour of when seclusion episodes were commenced							
2023	2024	2023	2024	2023	2024	2023	2024
00:00 = 0	1	06:00 = 0	1	12:00 = 3	0	18:00 = 1	1
01:00 = 0	0	07:00 = 0	0	13:00 = 0	1	19:00 = 1	1
02:00 = 0	2	08:00 = 0	1	14:00 = 0	1	20:00 = 0	0
03:00 = 1	0	09:00 = 0	2	15:00 = 4	0	21:00 = 2	1
04:00 = 0	0	10:00 = 1	0	16:00 = 3	1	22:00 = 0	0
05:00 = 0	0	11:00 = 0	1	17 :00 = 1	0	23:00 = 1	1

Effectiveness of St Aloysius to reduce or where possible to eliminate the use of restrictive practice

Training

Training	Nursing	Medical	HSPC
Total number of staff on St Aloysius ward	20	9	4
Total staff with up to date training in TMVA (Therapeutic Management of Violence and Aggression)	20	9	4
Number of staff who have completed the new Module on Restrictive Practices on HSeLanD	20	9	4
Trauma Informed Care Training	4	3	2
RAID (Reinforce Appropriate , Implode Disruptive)	10	2	3
Safeguarding	20	9	4

Initiatives to reduce, and where possible eliminate restrictive practice

- All staff are given the opportunity to attend training to learn RAID principles or Trauma Informed Care principles
- All staff have been informed of mandatory nature of training and are facilitated to attend
- Occupational therapist trained and rolling out sensory development and interventions for staff and residents
- Psychology doing positive behaviour support plans with each resident
- Improvements to environment
- Reflective sessions carried out with staff following incidences of restrictive practice

Improvement actions taken in 2024 to improve compliance with rules governing the use of restrictive practice

Key Actions taken in 2024 for improvement based on quarterly Internal Audits and Review of Restrictive Practices by the Oversight Committee include:

- Educational sessions and Safety Pauses held at MDT Meetings.
- All staff instructed/reminded to complete module on Restrictive Practices on HSeLanD.
- Review of the Reduction of Restrictive Practice policy.
- Audit of all debriefing and multi- disciplinary team reviews that occurred with the residents following episodes of restrictive practices.
- A review of the seclusion care plan and improvements made to further enhance to ensure the required data is documented.
- Internal Audit Tool reviewed and improved further following each audit.
- A review and improvements made to the overall administration of clinical practice forms, transcribing and uploading information on the Central Information System (CIS) and overall process and review of documentation.
- Introduction of *Positive Behaviour Support Plans*.
- All staff offered the opportunity to attend *Trauma Informed practice* or/and *RAID* (Reinforce Appropriate Implode Disruptive).
- Response to feedback from Mental Health Inspectors annual visit.
- All incidents relating to restrictive practices are reviewed by the Quality and safety committee.
- All staff are reminded the importance of clear handwriting, timing, dating clinical entries.
- All staff reminded to document what alternatives were utilised to avoid the use of restrictive practices.
- The Residential Environment Impact Survey (REIS) audit completed by our Senior OT, highlights the improvements made to the Approved centre and had recommendations that have been implemented.
 - Re decoration of a “My Space” room
 - Seating areas away from the day room
 - Access to a garden area and outdoor seating with vegetables and flowers
 - Reading room and books available
 - Eoin O Connor artwork placed on the walls
 - Furniture which is less clinical in appearance
 - Active therapy schedule
- Internal audit and report of the culture of restrictive practice in St Aloysius

Compliance with Reduction Policy

- 85% of all incidents of Physical Restraint had a debrief and MDT review with the person's preferences being identified for future references.
- All patients except one who spent a period of time in seclusion had a debrief and MDT review following the incident of seclusion. Their preferences are documented in their file for future reference. The one person that did not have a debrief/MDT review as they were transferred to a high secure hospital following their seclusion in St Aloysius ward.

Summary

Mater Hospitals' actions to reduce or, where possible, eliminate the use of seclusion and Physical Restraint

The Mater hospital looks at continual efforts to avoid, reduce and, where possible, eliminate restrictive practices. It monitors use of restrictive practices to ensure compliance with the code of practice and to inform practice improvements and develops staff and provides positive behaviour support as a means of reducing or where possible eliminating the use of physical restraint.

Mater Hospitals' compliance in 2024 with the code of practice on the use of physical restraint


On quarterly review of data and practice the Mater Multi-Disciplinary Oversight Committee identify any deficits in the practice of restrictive practices and respond to these accordingly to ensure the standards are being met in accordance with section 33(3) of the Mental Health Act 2001 and the updated rules 2022.

Mater Hospitals' compliance in 2024 with the Rules Governing the use of Seclusion

On quarterly review of data and practice the Mater Multi-Disciplinary Oversight Committee is satisfied that the hospital is complying with the code of practice on the use of Seclusion as set out in the Rules Governing Seclusion prepared by the Mental Health Commission, issued pursuant to section 69(2) of the Mental Health Act 2001, and the updated rules 2022. Through the Quarterly reviews held by the Oversight Committee in 2024 some areas for improvements were identified and actions were taken to improve practice and compliance.

Mater Hospitals' compliance in 2024 with its reduction policy

On review of data and practice the Mater Multi-Disciplinary Oversight Committee is satisfied that compliance with the reduction policy in the hospital has significantly improved throughout the year, and that all staff involved in restrictive practice have read and are aware of this policy.

Registered Proprietor:	Signature :	Date :
Ms Josephine Ryan CEO		26.06.2025