



Physical restraint reduction strategy and policy

In keeping with the hospital's Charter of Service Users Rights, St Patrick's Mental Health Services' (SPMHS') policies, and the Code of Practice for Physical Restraint (Mental Health Commission), SPMHS promotes service users' right to be free from restraint, balanced with protecting the safety of service users, staff and visitors. SPMHS implements this restraint reduction policy which is published on its website.

SPMHS adopts a holistic multidisciplinary approach that is grounded in evidence-based assessment and treatment, the recovery model, trauma-informed care and human rights. SPMHS aims to reduce or, where possible, eliminate the use of physical restraint within its approved centres.

Leadership

The approach outlined in this policy is adopted by all staff and is demonstrable through staff engagement with service users. Leaders in all areas of the organisation, at team and discipline level, ensure that staff within their departments and teams are aware of this approach, understand what this approach means in practice, and implement this approach in their interactions with service users and their families.

The use of data to inform practice

The Clinical Governance Committee considers all data in relation to all episodes of physical restraint on a quarterly and annual basis to ensure compliance with relevant legislative requirements, to identify opportunities for advancement, and to advance opportunities to enhance the safety of the clinical environment for service users, staff and visitors.

Specific reduction tools in use

SPMHS employs, and views, the following as essential tools to reduce or, where possible, to eliminate, the use of physical restraint within its approved centres:

- Staff recruitment
- Staff retention
- Skill mix and staffing levels
- Staff undergraduate training
- Multidisciplinary teamwork
- Communication
- Staff training in Crisis Prevention Institute Management of Aggression and Violence, including identification of risk, de-escalation, trauma-informed care, positive behaviour support, safe management of risk, physical restraint, and in-person debriefing
- Multidisciplinary assessment of risk prior to admission, on admission, and throughout the course of the service user's admission
- Multidisciplinary, person-centred, needs-based care planning
- Provision of evidence-based treatments to ameliorate the symptoms of ill-health that contribute to a propensity towards violence
- Service user engagement and involvement in the assessment, care and treatment process



- Provision of information
- Service user and family involvement
- An approach based on the recovery model; for example, WRAP
- An approach based on trauma-informed care
- Record of care process.

Development of the workforce

SPMHS invests considerable efforts in the recruitment process to ensure staff have the appropriate levels and types of undergraduate training and professional competency to meet the assessed needs of its services. It also invests in ongoing staff continuous professional development (CPD) and supports these activities through:

- mandatory training
- an established policy familiarisation process
- opportunities for individual and group development
- peer support across a range of departments
- line management support across all departments
- a standardised approach to applying for funding for CPD courses and postgraduate courses.

Although SPMHS invests considerable resources at specific training aimed at reducing physical restraint, it believes that holistic training and development that supports clinicians to engage and treat the diverse range of service user needs is an essential element in achieving its aims.

Use of post-incident reviews to inform practice

SPMHS continues to use data to improve quality care. Each quarter and annually, an analysis of all data related to episodes of aggression and violence, including episodes of physical restraint, is completed and considered by the Clinical Governance Committee. These analyses inform the continuous process of risk assessment; the content and use of formal assessments (such as admission psychiatric assessment, development of the Admission and Ongoing Risk Assessment (ARAT) tool, Dynamic Appraisal of Situational Aggression (DASA)); workforce planning and allocation; the environment within which service users are cared for; and new developments.

As part of the Crisis Prevention Institute Management of Aggression and Violence training, staff who may be involved in an episode of physical restraint are trained in positive behaviour support. This is in addition to their training in the Management of Aggression and Violence. Staff at SPMHS use positive behaviour support as a person-centred approach to identifying and meeting a person's support needs, in particular if the service user is distressed and at risk of harming themselves or others. Staff use this approach, in conjunction with many other approaches, to work with the service user to understand why they are distressed, the impact their environment has on them, and the best ways to keep them safe. Comprehensive, person-centred, needs-based, multidisciplinary care plans are developed, where possible, with the service user.

The Registered Proprietor has appointed Adam Kavanagh, the Programme Manager for Clinical Governance, as the named senior manager who is responsible for the approved centre's reduction of physical restraint.