



The **Regulation** and
Quality Improvement
Authority

Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland

Follow Up Report

Western Health and Social Care Trust

March 2015

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

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1.0 Background

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services.

Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

1.1 Context for the follow up visits

In February 2013 RQIA carried out a review of safeguarding in mental health and learning disability (MHL) hospitals across Northern Ireland. This review had been commissioned by the Department of Health, Social Services and Public Safety (DHSSPS). The purpose of the review was to consider and report on the effectiveness of the safeguarding arrangements in place within the MHL hospitals across the five Health and Social Care (HSC) Trusts in Northern Ireland. A sample of 33 inpatient wards was inspected as part of the 2013 review, resulting in 26 recommendations. These recommendations were made regionally and applicable to all MHL inpatient facilities.

The review undertaken in 2013 recommended that following the initial review, that the DHSSPS should prioritise the publication of the Adult Safeguarding Policy Framework (Recommendation 1). This was in order to facilitate the release of revised Adult Safeguarding Policy and Procedures. RQIA acknowledge that the DHSSPS and the Department of Justice (DoJ), with the support of other government departments are actively taking forward policy development in relation to Safeguarding Vulnerable Adults in Northern Ireland. To date the DHSSPS has not issued the new Adult Safeguarding Policy Framework. The public consultation on the revised policy and procedure closed on 31 January 2015.

1.2 Purpose of the review

This follow up report aims to establish the progress made in implementing the 26 recommendations across the five HSC Trusts. This report describes the outcome of this review for wards visited in the Western HSC Trust.

1.3 Methodology

The inspector visited seven inpatient facilities across the Western HSC Trust including:

- Acute learning disability wards;
- Acute mental health wards
- Continuing care learning disability wards;
- Continuing care and rehabilitation units; and,
- Dementia wards

A list of the wards visited is included at Appendix 1.

Information was provided through the review of ward records, discussions with staff and patients, and liaising with a variety of support departments from within the Trust. The key areas focused on during the course of the visits included:

- policies and procedures associated with safeguarding
- management, supervision and training of staff
- awareness and response to safeguarding concerns
- identification and prevention of abuse
- concerns and complaints from patients and relatives
- records management arrangements

Relevant legislation, policies, procedures, guidance and best practice documents were considered by the inspector in the assessment of the effectiveness of each Trust's safeguarding arrangements. A list of these documents is included at Appendix 2.

2.0 Progress Made in Implementing the Recommendations of the Review of Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland (February 2013)

This report will aim to give a summary of the findings, in relation to the original recommendations, from the wards visited within the Western HSC Trust.

2.1 Governance Arrangements in respect of Safeguarding

Recommendation 2

Trusts should ensure that work capturing patient experience is included in their quarterly and annual reports.

Findings

The Western HSC Trust advised that the Adult Mental Health Sub-Directorate continues to carry out patient experience surveys. It is the trust's intention that information regarding patient experiences will be reflected in the Chief Executive and Governance Report. It is also the trust's intention that this will become a standing agenda item for the senior management team and governance meetings. The inspector was not provided with hard copies of the above or similar reports to support this recommendation.

The Western HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation to be not met.

2.2 Awareness of Safeguarding Practice

Recommendation 3

Trusts should ensure that all staff working within mental health and learning disability wards are appropriately trained in safeguarding vulnerable adults.

Findings

Safeguarding vulnerable adults training is mandatory for all staff working in mental health and learning disability inpatient settings in the Western HSC Trust. Seven wards were visited across the Western HSC Trust area. The range of staff having completed up to date safeguarding vulnerable adult training in each ward was between 32% - 94%. It was concerning to note such a significant variance between wards within the trust. Training records reviewed on all wards included training for staff who were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to an overall average of 52% of staff, across the seven wards visited, having completed up to date training in safeguarding vulnerable adults. A number of staff who had not received training had recently commenced their post and were awaiting a training session. There was a number of staff not trained on each ward visited and this was not specific to one area or ward.

The Western HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 4

Trusts should ensure that all staff working on children's wards within mental health and learning disability services are appropriately trained in child protection and Understanding the Needs of Children in Northern Ireland (UNOCINI).

Findings

There were no children's wards within this trust.

Recommendation not assessed.

Recommendation 5

Trusts should ensure that the awareness of their safeguarding structures and roles is fully promoted in all wards and ensure that this information is readily accessible to staff, patients, relatives and visitors.

Findings

Awareness of safeguarding structures and roles was promoted and information was readily accessible to staff, patients, relatives and visitors in six of the seven wards visited. On these six wards there was information related to safeguarding displayed throughout the ward, including posters and leaflets. There was also material available within the ward information/welcome pack, which included leaflets with information provided by the trust and voluntary organisations. There was information available in designated folders for quick access by staff. There was evidence available of patients and staff having exercised the safeguarding procedures and due action having been taken. On one ward there was less information available for patients and relatives regarding safeguarding vulnerable adults. It was good to note that on another ward there was evidence that safeguarding vulnerable adults is part of the staff/patient meeting agenda. Pathways and flowcharts were displayed in staff areas to guide staff should an incident occur.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be substantially met.

2.3 Identification of Safeguarding Concerns

Recommendation 6

Trusts should develop in consultation with ward managers a mechanism to review the effectiveness of safeguarding vulnerable adults training.

Findings

Evidence provided by the Western HSC Trust indicated that the trust had completed two individual audits that assessed the effectiveness of safeguarding training:

- (1) 'Current Application of Safeguarding Vulnerable Adults 2006 and Protocol For Joint Investigation 2009 within Western Health & Social Care Trust Area', which aimed to examine the application of the 2006

and 2009 documents, evidence good practice across the trust, and agree a baseline for continued development of Adult Protection Services; and,

- (2) 'Achieving Best Evidence (ABE) Activity in Adult Programmes of Care within the Western Health & Social Care Trust September 2009 to August 2012, May 2013', which aimed to assess ABE Activity across adult programmes of care and provide a point of reference to examine the most effective way to distribute ABE work to ABE trained Social Work Staff within the Western HSC Trust Area.

As a result of the above audits actions and plans and recommendations were made to further develop work already undertaken.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 7

Trusts should undertake a review to determine if all staff robustly adhere to safeguarding policies and procedures.

Findings

Audits completed by the trust reflected staff adherence to safeguarding policies and procedures, 'Current Application of Safeguarding Vulnerable Adults 2006 And Protocol For Joint Investigation 2009 Within Western Health & Social Care Trust Area' and 'Achieving Best Evidence (ABE) Activity in Adult Programmes of Care within the Western Health & Social Care Trust' September 2009 to August 2012, May 2013'.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 8

Trusts should ensure that comprehensive investigations and risk assessments are carried out when required by relevant staff.

Findings

There were examples on all wards that comprehensive risk assessments had been completed and were in place. There was evidence of comprehensive multi-disciplinary and nursing risk assessments in place on all seven wards. These correlated with the patients holistic and individualised care plans and evidenced the vulnerability and changing needs of individual patients throughout their inpatient stay. There was also evidence available to confirm that appropriate actions had been initiated following identification of safeguarding concerns. Of the samples provided there was evidence

available to confirm that the action taken was relevant and appropriate in each case. This included the update of care plans, risk assessments and the implementation of a person centred safety management plan.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 9

Trusts should ensure that risk assessment training is provided for all staff.

Findings

Risk assessment training was offered to registered nurses in the form of 'Promoting Quality Care' (PQC). Of the seven wards visited 53% staff (64 staff) had an up to date record of having completed PQC training. On one of the seven wards visited there was no evidence of PQC training having been provided to any staff. Whilst some staff had not received formal training, it was apparent that staff were appropriately completing comprehensive risk assessments (CRA) based on guidance and support at local level. There was evidence available on each ward of staff at all levels having attended clinically specific risk assessment training. This included training on subjects such as MUST, infection control and moving and handling.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 10

Trusts should ensure that all staff receive training in relation to the complaints policy and procedure.

Findings

There was evidence from the review of complaint records that staff were adhering to the procedures in place for the management and handling of complaints. Whilst some staff had not received formal training it was apparent that staff were appropriately addressing and managing complaints. Of the seven wards visited 50% staff (60 staff) had an up to date record of having completed complaints training. Training had been completed as part of a stand-alone module or the combination training. Two of the seven wards had no records of any staff having attended complaints training. There was an array of information available to guide staff in the handling and management of complaints, this included policies procedures, pathways and flowcharts. The complaints policy and procedure was available and was noted to be out of date from May 2014.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 11

Trusts should ensure that the complaints policy and procedures are clearly communicated and promoted to patients and relatives in a user-friendly format.

Findings

Information regarding complaints was displayed throughout all seven wards. There was additional information available in each ward's information/welcome pack. There was evidence available on each ward of patients and relatives having exercised the complaints process formally and informally, in each case appropriate action and follow up was taken.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

2.4 Safeguarding Practice in Preventing Abuse

Recommendation 12

Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.

Findings

Safeguarding adults and children was included in the induction booklet on five of the seven wards; two of the wards local induction did not evidence safeguarding. Staff that met with the inspector were articulated on all wards regarding safeguarding procedures and the actions to take if they had a concern.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially met.

Recommendation 13

Trusts should ensure that all staff receive regular supervision and appraisal.

Findings

The Western HSC Trust policy for supervision states that all registrants should receive supervision twice yearly. The inspector noted that supervision of non-registrants is not included in the policy. It was clear that there were some

wards where regular supervision to both trained nurses and healthcare assistants was in place; however this was not consistent throughout the trust. There were wards where supervision and/or appraisal had been delayed or missed due to staff personal reasons, such as absence. There were instances where reduced staffing levels on wards took priority and as a result supervision was cancelled. The inspector was not provided with assurances that rescheduling had taken place in these circumstances.

Ward 1: There was evidence of regular supervision and appraisal being offered to all staff on both a 1:1 and group basis.

Ward 2: There was evidence that 28% of the total staff team have had their minimum of two annual supervision sessions to date. There was no indication of any health care assistants having had supervision; this is in keeping with policy. There was no evidence of any staff having had an appraisal to date for this year.

Ward 3: There was evidence that 91% of the staff have received at least one session of supervision. There was confirmation of 91% staff having had an appraisal.

Ward 4: Records reviewed indicated that 73% of the staff had received at least one session of supervision to date. There was confirmation of ongoing appraisal activity for all staff, with 45% of the staff team having had an appraisal to date.

Ward 5: 88% of the staff had received at least one session of supervision. There was evidence that 13% of staff had a completed appraisal. There were no records for the remaining staff and it was noted that no health care assistants had an appraisal to date.

Ward 6: there was no evidence available of any staff having had any 1:1 supervision sessions. The ward manager informed that there are no staff trained on the ward to carry out supervisions. There was evidence of ongoing appraisal activity for all staff. There was evidence that 95% of staff had received appraisal.

Ward 7: 4% of the staff had one completed supervision session to date. There was no confirmation of any staff having had an appraisal to date for this year.

The Western HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 14

Trusts should ensure that all policies and procedures associated with safeguarding are kept up-to-date and made available to all staff on the wards.

Findings

The Western HSC Trust did not have its own policies and procedures in relation to safeguarding vulnerable adults and child protection. Instead the trust had adopted the regional guidance in both cases and had created local guidelines and protocols derived from the regional guidance. It was noted that the guidelines in both cases were out of date and there was no evidence of them having been reviewed. Each ward was noted to have held separate safeguarding vulnerable adult and child protection folders. These allowed quick reference access for staff to the policy, procedures and guidance. It was good to note that additional local, regional and national information was available to guide staff. Pathways and flowcharts were displayed in staff areas to guide staff should an incident arise.

The Western HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation to partially met.

Recommendation 15

Trusts should ensure that staff are appropriately trained in the area of management of challenging behaviour.

Findings

The inspector reviewed staff training records across seven wards. It was noted that 68% staff (82 staff) had an up to date record of having completed Management of Actual and Potential Aggression (MAPA). However not all staff had completed both the 2 day and 3 day MAPA sessions. It was explained that the level of training needed was dependent on the type of ward. One of the seven wards had no records of staff with up to date training, however it was confirmed that the use of MAPA does not take place on this ward. There was confirmation that the trust had made efforts for further numbers of nursing staff to attend an update within the coming 3-6 months.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 16

Trusts should ensure that staff are appropriately trained in the areas of seclusion, restraint and close observation.

Findings

Seclusion was not used in any of the wards visited.

The inspector assessed staff training records across seven wards. Of the wards visited 68% staff (82 staff) had an up to date record of having

completed Management of Actual and Potential Aggression (MAPA) which includes the use of restraint. The inspector was unable to confirm that staff in all wards had received formal training in relation to special or close observation of patients.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 17

Trusts should ensure that only staff who are appropriately trained should employ restrictive intervention techniques.

Findings

Wards within the Western HSC Trust do not complete a physical intervention form when MAPA or restrictive intervention techniques are used. The inspector was unable to triangulate those directly involved in any form of MAPA holds as this was not recorded in any other records. This was not in keeping with best practice guidance. Of the seven wards visited there was no evidence of physical intervention having been used and there was no evidence available to suggest that those not trained were using restrictive intervention techniques.

The inspector was unable to fully assess this recommendation due to the absence of appropriate forms for recording the use of restrictive intervention techniques.

Recommendation not assessed.

Recommendation 18

Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.

Findings

The inspector reviewed the trust's policy and procedures on 'patient's property'; this was available on all wards however there was no date of expiry or evidence that it had been reviewed since its creation in 2012.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 19

Trusts should ensure that all staff have received the appropriate level of training in child protection.

Findings

There are three levels of child protection training - level 1, 2 and 3. These include the frequency of contact with children, training appropriate to the position and role of the individual member of staff working with children and specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk. Each ward had staff trained in a variety of different levels of child protection training, depending on the needs and risks associated with an individual ward. The inspector assessed staff training records across seven wards. A total of 37% staff (45 staff) had an up to date record of having completed formal Child Protection training. Two of the seven wards had no records of any staff having had this training. There was evidence on three of the wards of further training booked for nursing staff within the next 3-6 months.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 20

Trusts should ensure that all arrangements in place for children visiting or those admitted to adult wards should comply with child protection requirements.

Findings

The trust policy and procedure outlined systems in place for the arrangements of children admitted to adult wards. There was no evidence reviewed of under 18 admissions to adult ward.

Each ward had procedures in place for children visiting adult wards, arrangements included a designated room for children's visits, supervision by an adult at all times, children were possible do not enter the main ward areas and the trust encouragement to pre – arrange children's visits with the ward staff. There was information in relation to children's visits displayed at ward level on posters and also included within the ward welcome pack. There were flexible visiting arrangements available on the dementia ward. The policy and procedure for children's visits was available for review.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 21

Trusts should ensure that all staff receive training in records management.

Findings

Whilst some staff had not received formal training it was apparent that staff were receiving guidance and support at ward level by way of formal and informal supervision and peer mentoring. 44% staff (53 staff) had an up to date record of having completed formal records management training. Training had been provided either as part of the staff induction, a stand-alone module or as part of the combination training. One of the seven wards had no evidence of any staff having attended records management training. There was evidence on two of the seven wards of further training booked for within the next 3-6 months.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 22

Trusts should ensure that all staff adhere to the records management policy and procedures.

Findings

Review of records in six of the seven wards visited did not identify any concerns in relation to how the trust was practicing in terms of records management processes. It was noted that the trust was making progress towards electronic record keeping. On one ward the inspector noted the use of correction fluid within a patient's file; this was addressed with the deputy ward sister.

The Western HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially met.

2.5 Response to Safeguarding Concerns

Recommendation 23

Trusts should ensure that a culture of inclusion of patients and relatives and transparency in communication across all wards.

Findings

There was confirmation from the information reviewed of systems in place to ensure the inclusion of all patients. There was evidence of openness, transparency and a willingness to ensure involvement in care; this was evidenced from the review of individual patient's multi-disciplinary records. There was information displayed throughout the ward and an abundance of information within the ward welcome pack to keep patients and relatives informed. There was confirmation that the role of the advocate was effective

in promoting and ensuring patient and relative inclusion, through discussion about their care plans and attendance at multi-disciplinary meetings. Six of the seven wards held patient-staff/community meetings, evidence available indicated those in attendance and matters arising. On one of the wards information was also available in easy read format.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 24

Trusts should ensure that patients and relatives are, where possible, fully included in discussions about their care.

Findings

From the records sampled there was evidence of patient and relative inclusion in care and future planning on all seven wards. There was confirmation of patients and where relevant and agreed relatives having had 1:1 consultations and discussions with doctors, nurses and other members of the multi-disciplinary team. There was evidence on six of the seven wards of patients having signed their care plans and other aspects of their care records. Where patients had not signed, a reason for this was documented and in absence a relative's signature had been obtained. Prior to signing care plans, the care plan had been discussed and explained to the patient or the relative.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 25

Trusts should ensure that patients and relatives are fully communicated with, in relation to their care and incidents and accidents on the wards.

Findings

The inspector reviewed incident/accident/datix records relating to accidents and incidents on all seven wards. There was evidence available from the patients' files and incident/accident/datix records sampled that, where relevant and with the consent of the patient, relatives were fully communicated with in relation to incidents and accidents. Communication had been recorded in the form of face to face contact or sharing of information via a telephone call post incidents.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

Recommendation 26

Trusts should ensure that patients and relatives on all wards have access to advocacy services.

Findings

All seven wards receive visits from an independent or peer advocacy service weekly, fortnightly or monthly. In addition patients or their relatives can request to see the advocate on an ad-hoc basis. Information regarding advocacy services was displayed on posters throughout all wards and is included in the ward welcome pack. It was noted that advocates can attend, at patients request, multi-disciplinary meetings and where necessary discharge planning meetings. It was also noted that two of the wards receive visits from a legal advocate on a monthly basis.

The Western HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

3.0 Additional findings

The inspector met with three staff members and one student nurse across three of the seven wards and with two patients on two of the seven wards visited.

Staff that met with the inspector provided a clear understanding of the Safeguarding Vulnerable Adults, Child Protection and Complaints policies and procedures. Staff were able to confirm their understanding of the action to take in the event of a safe guarding concern or complaint. None of the staff that met with the inspector expressed any concerns in relation to safeguarding arrangements within the trust.

Not all staff who met with the inspector were able to confirm that they had received regular supervision and appraisal.

All patients that met with the inspector were satisfied with their care throughout their admission. Patients informed the inspector that they felt safe and that they knew who to talk to if they had a concern or complaint. All patients informed the inspector that they felt involved in their care and were complimentary of the staff and ward environment. Patients informed the inspector that whilst they had no concerns they were looking forward to going home.

4.0 Conclusion

This report represents a follow up overview of the safeguarding arrangements in place to protect children and vulnerable adults in mental health and learning disability hospitals in the Western HSC Trust.

It is recognised that the trust has made progress in establishing effective safeguarding arrangements for both children and vulnerable adults. However the inspector found that the levels of progress varied across the trust and between wards.

It was recognised that the ongoing development of the designated officer role is invaluable in establishing and delivering more effective safeguarding arrangements.

The overall governance arrangements in place to support effective safeguarding were considered to be appropriate, with clear management and accountability structures evident in all wards.

The trust has continued to successfully determine the main priorities for safeguarding and has maintained a focus on meeting these.

All staff were able to demonstrate an awareness of safeguarding issues, of policies and procedures and of the required reporting arrangements. Further improvement is required though to ensure that all staff are appropriately trained in vulnerable adults and child protection procedures. This includes ensuring that all relevant policies and procedures are updated and implemented; and that staff are proactive in the promotion of safeguarding processes to patients and relatives. This will assist in ensuring that all staff are equipped to recognise and take action if a safeguarding issue arises.

Policies and procedures were in place to prevent abuse; however these were out of date or had not been reviewed. Trusts arrangements for managing patients' money and property were effective in providing assurances of protecting patients' money and belongings.

The arrangements for working with other organisations were in place. The internal arrangements and communication with relatives appears to have improved in relation to the level of information shared. There was evidence that both patients and relatives are being consulted and involved more in decision makings, safeguarding, patient care and informed of accident/incidents.

The reporting and analysis of accidents and incidents is being carried out and there was evidence that certain accidents and incidents were now being screened as potential safeguarding concerns. There was evidence of risk management of patients and of risks being discussed at multidisciplinary meetings.

Policies and procedures for supervision and appraisal were noted to be in place; however there were variances in the uptake of supervision and appraisals throughout the trust. Staff reported they were supported by management, but there were still cases where both regular supervision and appraisal had not been afforded to all staff.

Procedures were in place for children to visit adult wards. The trust had made progress in ensuring their staff hold up to date child protection training.

Advocacy services were available to patients and relatives; and it was noted that all wards were actively promoting the services to patients or relatives.

The inspector can confirm that nine of the 26 recommendations have been fully met, three substantially met, ten partially met, one not met and two not assessed.

5.0 Next Steps

This report will be forwarded to the Western HSC Trust for dissemination to all staff and managers in MHLI inpatient facilities. It is anticipated that the trust will wish to develop an action plan to address recommendations that have not yet been implemented in full.

This report will be made available on RQIA's website from April 2015.

A composite report summarising findings from visits to wards across the five HSC Trusts will be available on the RQIA website from April 2015. This report will be shared with the Department of Health, Social Services and Public Safety, and the Health and Social Care Board.

RQIA wishes to thank the patients and relatives who agreed to be interviewed as part of this review, and the staff and management from the Western HSC Trust, and the Health and Social Care Board, for their cooperation and contribution.

Kieran McCormick
Inspector
March 2015

Appendix 1:

Wards visited within the Western Health & Social Care Trust:

Trust	Hospital	Ward
Western Trust	Waterside Hospital	Ward 3
	Grangewood Hospital	Evish
	Lakeview Hospital	Strule
	Tyrone and Fermanagh Hospital	Oak B
	Tyrone and Fermanagh Hospital	Addictions and Treatment Unit
	Tyrone and Fermanagh Hospital	Lime
	Tyrone and Fermanagh Hospital	Beech

Appendix 2

Legislation, Standards and Best Practice Guidance

- Mental Health (NI) Order (1986)
- The Children Order (1995)
- Human Rights Act (1998)
- Valuing People (2001)
- Co-operating to safeguard Children (2003) (DHSSPS)
- DHSSPS (2003) Reference Guide to Consent for Examination, Treatment or Care
- DHSSPS (2003) Reference Guide to Consent for Examination, Treatment or Care
- DHSSPS (2005) Care at its best
- DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.
- APCP (2005) Regional Child Protection Policy and Procedures
- DHSSPS (2006) Safeguarding Vulnerable Adults Regional Policy & Guidance
- Quality Standards for HSC (2006)
- DHSSPS (2008) Standards for Child Protection Services
- RCN “Let’s talk about Restraint. Rights, risks and responsibilities” March (2008)
- Circular HSS(F)57/2009 – Residents’ Monies
- Complaints in HSC: Resolution & Learning (2009)
- Protocol for joint investigation of alleged or suspected cases of abuse of vulnerable adults (2009)
- Promoting Quality Care (2009)
- DHSSPS (2010) Circular HSC/MHDP – MHU 1/10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance
- Safeguarding VAs-Shared Responsibility (2010)
- DHSSPS (2011) Improving Dementia Services in Northern Ireland, A regional strategy
- DHSSPS (2011) Service Framework for Mental Health and Well-being
- UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland (2011)
- DHSSPS (2012) Learning Disability Service Framework
- DHSSPS (2013) Service Framework for Older People

Appendix 3

Summary of Compliance

No.	Recommendation	Fully met	Substantially met	Partially met	Not met	Not assessed
2	Trusts should ensure that work capturing patient experience is included in their quarterly and annual reports to the HSC Board.				✓	
3	Trusts should ensure that all staff working within mental health and learning disability wards are appropriately trained in safeguarding vulnerable adults.			✓		
4	Trusts should ensure that all staff working on children's wards within mental health and learning disability services are appropriately trained in child protection and Understanding the Needs of Children in Northern Ireland (UNOCINI).					✓
5	Trusts should ensure that the awareness of their safeguarding structures and roles is fully promoted in all wards and ensure that this information is readily accessible to staff, patients, relatives and visitors.		✓			
6	Trusts should develop in consultation with ward managers a mechanism to review the effectiveness of safeguarding vulnerable adults training.	✓				
7	Trusts should undertake an audit of practice to determine if all staff are robustly adhering to safeguarding policies and procedures.	✓				
8	Trusts should ensure that comprehensive investigations and risk assessments are carried out as required by relevant staff.	✓				
9	Trusts should ensure that risk assessment training is provided for all staff.			✓		
10	Trusts should ensure that all staff receive training in relation to the complaints policy and procedure.			✓		
11	Trusts should ensure that the complaints policy and procedures are clearly communicated and promoted to patients and relatives in a user-friendly format.	✓				

12	Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.		✓			
13	Trusts should ensure that all staff receive regular supervision and appraisal.			✓		
14	Trusts should ensure that all policies and procedures associated with safeguarding are kept up-to-date and made available to all staff on the wards.			✓		
15	Trusts should ensure that staff are appropriately trained in the area of management of challenging behaviour.			✓		
16	Trusts should ensure that staff are appropriately trained in the areas of seclusion, restraint and close observation.			✓		
17	Trusts should ensure that only staff who are appropriately trained should employ restrictive intervention techniques.					✓
18	Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.			✓		
19	Trusts should ensure that all staff have received the appropriate level of training in child protection.			✓		
20	Trusts should ensure that all arrangements in place for children visiting or those admitted to adult wards should comply with child protection requirements.	✓				
21	Trusts should ensure that all staff receive training in records management.			✓		
22	Trusts should ensure that all staff adhere to the records management policy and procedures.		✓			
23	Trusts should ensure that a culture of inclusion of patients and relatives and transparency in communication across all wards.	✓				
24	Trusts should ensure that patients and relatives are, where possible, fully included in discussions about their care.	✓				
25	Trusts should ensure that patients and relatives are fully communicated with in relation to their care, and about incidents and accidents on the wards.	✓				
26	Trusts should ensure that patients and relatives on all wards have access to advocacy services.	✓				