



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**

### **Southern 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 Southern HSC Trust.

### **1.3 Methodology**

The inspector visited three inpatient facilities across the Southern HSC Trust including:

- Acute mental health wards
- Rehabilitation unit

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 Southern 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**

A patient experience survey questionnaire has been devised and is given to each patient and encouraged to complete on discharge from hospital. The survey is being adapted into an Easy Read format. A carer's experience survey is also given to each carer on a patient's discharge from hospital. Issues raised are fed back through Releasing Time to Care and managers' meetings for action. Regular meetings with in-patient's, staff and the

advocate address issues within the ward environment; minutes are recorded of these meetings.

The reports which collate the experiences of patients, reports and which are shared with the senior management team, Trust Board, HSCB and PHA are:

- Regional Patient Client Experience Audit programme
- Quarterly reports and annual report
- PPI Quarterly update return to Patient Client Experience Committee (PCEC)
- PPI Case studies - presented quarterly to PCEC
- PPI Newsletters
- PPI Annual Report
- 10,000 Voices Project reports and Regional Nursing Key Performance Indicators

The Southern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully 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 Southern HSC Trust. Of the five wards visited across the Southern HSC Trust area, the range of staff having completed up to date safeguarding vulnerable adult training was between 80% - 93%. 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 a trust average across the three wards of 87% of staff having completed up to date training in safeguarding vulnerable adults. A number of staff who had not received training had recently commenced post and were awaiting a training session.

The Southern HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially 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 are no children 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 readily accessible to staff, patients, relatives and visitors in all three wards. There was information related to safeguarding displayed throughout each, including posters and leaflets in all three wards. There was also material available within the ward information/welcome pack. This included leaflets with information provided by the trust and voluntary organisations. There was recorded evidence on one of the three wards of safeguarding being discussed during patient and staff forum meetings. There was also evidence that safeguarding vulnerable adults and child protection was on the agenda for discussion at staff meetings. Pathways and flow charts were displayed in staff areas to guide staff should an incident occur.

The Southern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully 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**

There was evidence available that the Southern HSC Trust Adult Safeguarding Manager had completed a review of safeguarding, 'Audit of effective application of the PVA process and completion of the appropriate documentation across programmes of care in adherence to the safeguarding vulnerable adults regional adult protection policy and procedural guidance 2006'. The inspector was provided with a copy of this audit. There was confirmation at local ward level of ward managers using supervision as a tool to reviewing the effectiveness of training. The outcomes of supervision

allowed managers to complete a training needs analysis for their individual departments.

The Southern 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**

The Southern HSC Trust 'Audit of effective application of the PVA process and completion of the appropriate documentation across programmes of care in adherence to the safeguarding vulnerable adults regional adult protection policy and procedural guidance 2006', assisted in determining staff compliance with policies and procedures and attendance at mandatory training. There was confirmation at local ward level of ward managers using supervision as a tool to reviewing the effectiveness of training.

The Southern 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 multi-disciplinary and nursing risk assessments had been completed. These correlated with the patients' care plans and evidenced the vulnerability and changing needs of individual patients throughout their inpatient stay. There was confirmation of the action taken and safety/management plans put in place post safeguarding incident. This included the updating of care plans, risk assessments and the implementation of a person centred safety management plan. The Southern 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**

Comprehensive risk assessment (CRA) training was offered to registered nurses on all wards in the form of 'Promoting Quality Care' (PQC). There was no evidence of formal risk assessment training having been provided to health care assistants, however it was recognised that this was in keeping with trust policy. The inspector reviewed staff training records across three wards. Of the three wards visited 60% staff (33 registered nurses) had an up to date record of having completed PQC comprehensive risk assessment training. Whilst some staff had not received formal training it was apparent that staff were appropriately completing comprehensive risk assessments. 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, moving and handling

The Southern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be substantially 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. It was apparent that staff were appropriately addressing and managing complaints. Of the three wards visited 51% staff (28 of 55 staff) had an up to date record of having completed formal 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 which were displayed to guide staff should a complaint be made. The complaints policy and procedure was available however was noted to be out of date.

The Southern HSC Trust has made some 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 wards visited; this included easy read information, posters and the trust complaints leaflets. There was additional information available in each wards 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 due action and follow up had been appropriately taken.

The Southern 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 for each of the three wards. Staff who met with the inspector were aware of the safeguarding procedures and the actions to take if they had a concern.

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

### **Recommendation 13**

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

## **Findings**

There was evidence of both 1:1 and group supervision provided to all staff as a minimum of twice yearly on all three wards. There was also evidence available of ongoing appraisal (Knowledge and Skills Framework - KSF) for all staff on all wards.

The Southern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully 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 Southern HSC Trust was noted to have created its own local safeguarding vulnerable adult guidance to compliment the 2006 Regional Safeguarding Vulnerable Adults Policy and Procedure. However this guidance was noted to have not been reviewed since its creation in 2012. The trust had also created its own Child Protection guidance, which was in date and complimented the 2005 Regional Child Protection Guidelines. Each of the three wards held separate safeguarding vulnerable adult and child protection folders which allowed quick reference access for staff and included local, regional and national best practice guidance.

The Southern HSC Trust has made some progress in implementing this recommendation and the inspector considers this recommendation to be 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 two wards. One ward was not assessed as part of this recommendation due to the nature of care provided. It was noted that 70% staff (35 staff) had an up to date record of having completed Management of Actual or Potential Aggression (MAPA).

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

#### **Recommendation 16**

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

#### **Findings**

The use of seclusion was not in place in any of the wards visited.

Of the wards visited 70% staff (35 staff) had an up to date record of having completed Management of Actual and Potential Aggression (MAPA) which included 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 Southern HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially met.

### **Recommendation 17**

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

### **Findings**

Two of the three wards visited had no records of physical intervention having been used. One ward did have physical intervention forms in place. These evidenced that only those with up to date MAPA training had been involved in the use of restrictive intervention techniques.

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

### **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 the management of patients' property and money on all three wards. There was no evidence that this policy had been reviewed and kept up to date.

The Southern HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation not 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. The level of training required is dependent on a number of factors. 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 three wards. Of the three wards visited 94% staff (52 staff) had an up to date record of having completed formal Child Protection training. All wards were making progress in ensuring that child protection training was being offered to all staff.

The Southern HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially 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 any adult wards visited.

Each ward also 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; no entry by children to the main ward areas where possible; and, encouragement to pre – arrange children's visits with the ward staff. Information in relation to children's visits was displayed on posters at ward level and included within the ward welcome pack. The trust also completes a 'Children Visiting' risk assessment which is held in each patient's file. The policy and procedure for children's visits was available for review although noted to have not been reviewed since its publication in September 2008.

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

### **Recommendation 21**

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

### **Findings**

98% staff (54 of 55 staff), across three wards, had an up to date record of having completed formal records management training. This had been completed either as part of an e-learning, a stand-alone module or as part of their corporate induction. All three wards were ensuring that records management training was offered to all staff.

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

## **Recommendation 22**

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

### **Findings**

Of the records sampled in the wards visited, there were no concerns identified in relation to how the trust is practicing in terms of records management processes. This included the documenting, recording, storage and safety of confidential information. The inspector observed practices in place for the secured storage of records in line with data protection legislation. The inspector also reviewed contemporaneous records in patients' files on the day of the visit. The trust's Records Management policy and procedure was not reviewed during the visits. However it was recognised that staff were appropriately adhering to best practice in accordance with their own codes of professional practice.

The Southern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully 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 evidence from the information reviewed during the visits of systems in place to ensure the inclusion of 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 meeting records and minutes. There was information displayed throughout all wards and an abundance of information within the ward welcome pack to keep patients and relatives well informed. This included hospital leaflets and information from voluntary organisations. The role of the advocate was effective in promoting and ensuring patient and relative inclusion, through discussion about patient care plans and attendance at multi-disciplinary meetings. Each ward held patient-staff meetings; there was evidence to show those in attendance and matters arising. It was noted that these minutes are escalated to the hospital manager and head of service for review.

The Southern 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**

The inspector reviewed evidence in the care documentation across all three wards of patient and relative inclusion in care and future planning. 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 all wards of patients having signed their care plans and other aspects of their care records. Prior to signing care plans, the care plan had been discussed and explained to the patient or the relative. On one of the wards there was evidence of survey questionnaires issued to all patients on discharge. Comments made were positive.

The Southern 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 viewed incident/accident/datix records relating to accidents and incidents on all three wards. Patients records evidenced that where relevant and consented by 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 Southern 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**

Each of the three wards receive visits from an independent advocacy service at least weekly. In addition to a weekly ward visit patients can request to see

the advocate on an ad-hoc basis. Information regarding advocacy services was displayed on posters and leaflets throughout all wards and is included in the ward welcome pack. It was noted that advocates attend at a patient's request multi-disciplinary meetings and where necessary discharge planning meetings.

The Southern 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 spoke with three staff and two patients across two of the three wards visited.

Staff who met with the inspector provided a clear understanding of the Safeguarding Vulnerable Adults, Child Protection and Complaints policy and procedure. 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 expressed any concerns in relation to safeguarding arrangements within the trust. Staff who met with the inspector confirmed that they had received regular supervision and appraisal. Patients who met with the inspector were complimentary and satisfied with the care provided 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. One patient informed the inspector that they were unaware of the ward advocate. This was explained to the patient and the ward sister was also informed. All patients who met with the inspector informed that they felt involved in their care.

## 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 Southern HSC Trust.

It is recognised that the trust has made progress in establishing effective safeguarding arrangements for both children and vulnerable adults.

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 had continued to successfully determine the main priorities for safeguarding and had 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.

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

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. Supervision and appraisal was provided to both nursing and health care assistants on the wards visited.

Procedures were in place for children to visit adult wards. The trust has made progress in ensuring their staff attend child protection training. Advocacy services were available to all patients and relatives; and it was noted that all wards were actively promoting the services to patients or relatives.

**The inspector can confirm that 15 of the 25 recommendations have been fully met, six substantially met, two partially met, one not met and one not assessed.**

## **5.0 Next Steps**

This report will be forwarded to the Southern 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 Southern 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 Southern Health & Social Care Trust

Trust	Hospital	Ward
Southern Trust	Craigavon Area Hospital	Cloughmore
	Craigavon Area Hospital	Willow
	St Lukes Hospital	Ward 6

## 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.	✓				