



The **Regulation** and
Quality Improvement
Authority

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

Regional Summary

March 2015



informing and improving health and social care
www.rqia.org.uk

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 acknowledges 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

Each of the individual Trust follow up reports aimed to establish the progress made in implementing the core 25 of the 26 recommendations across each of the five HSC Trusts. This report will provide a composite overview of the outcomes and findings of the review for the region.

1.3 Methodology

The inspector visited 33 inpatient facilities across Northern Ireland including:

- Children's learning disability ward;
- Children's and adolescent mental health ward;
- Acute learning disability wards;
- Acute mental health wards and medium secure wards;
- Continuing care learning disability wards;
- Continuing care and rehabilitation units; and,
- Dementia wards
- Psychiatric intensive care units

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.

The inspector met with the ward manager, deputy ward manager or nurse in charge on each ward to discuss the processes in place to safeguard vulnerable adults/children. A report of inspection findings and details from the outcome of the follow up visits was issued to each trust in April 2015. Individual trust reports will be available at www.rqia.org.uk.

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 throughout the region.

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

Four of the five trusts were able to provide evidence of capturing patient experiences, these were reflective in reports created and issued to respective stakeholders. The inspector reviewed a number of these in each trust. The quality of evidence gathered varied between trusts and it was recognised that some trusts were more pro-active than others in capturing patient experiences. The Western HSC Trust however advised that the Adult Mental Health Sub-Directorate continues to carry out patient experience surveys. It was their intention that information regarding patient experiences will be reflected in the Chief Executive and Governance Report. The inspector was not provided with hard copies of the above or similar reports to support this recommendation.

Table 1: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust				✓	

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 all trusts.

The inspector reviewed training records for a total of 852 staff within the region across the five trusts.

The regional average of staff with an up to date record of safeguarding vulnerable adult training totalled 77% (654 staff trained). Training records reviewed in all trusts included training for staff that were on long term sick leave and maternity leave and as a result their training had lapsed. The numbers of staff having completed safeguarding vulnerable adults training was noted to be above average in relation to three of the trusts. Throughout the region a number of staff who had not received training had recently commenced post and were awaiting a training session. There was a number of staff not trained in each trust visited. The trust with the lowest average of 52% was in the Western HSC Trust, 25% below the regional average.

Chart 1 – Safeguarding Vulnerable Adults

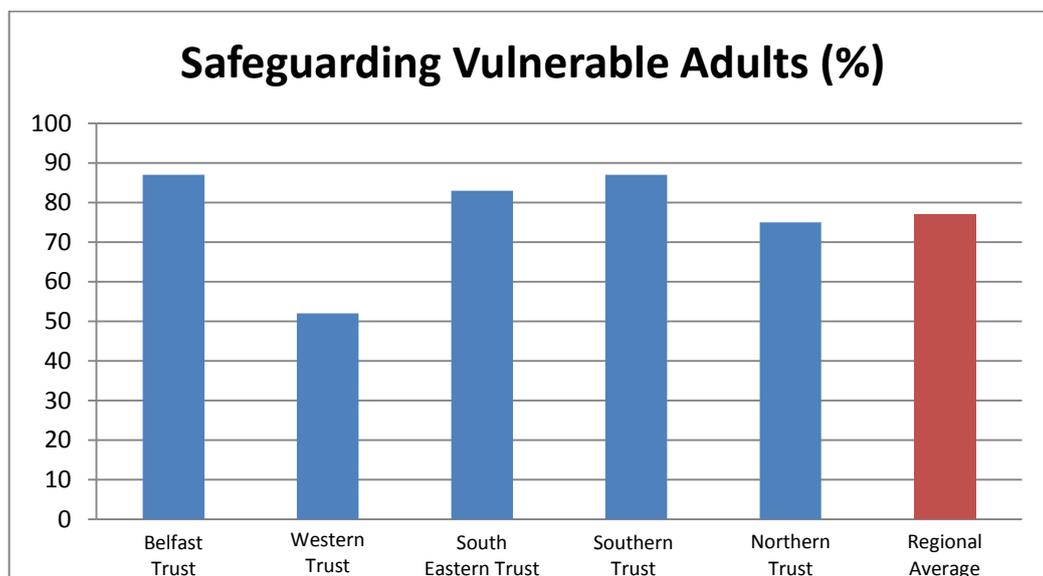


Table 2: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust		✓			
Northern HSC Trust		✓			
South Eastern HSC Trust		✓			
Southern HSC Trust		✓			
Western HSC Trust			✓		

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

Child protection training is mandatory for all staff working in mental health and learning disability children's inpatient settings in all trusts. There are only two children's inpatient facilities for mental health and learning disability within Northern Ireland. The two children's inpatient facilities (The Iveagh Centre and Beechcroft Ward 1) were visited in the Belfast HSC Trust as part of this follow up. Staff records were reviewed for 87 staff across two wards. 100% of the staff had completed appropriate child protection training.

The RQIA Child Protection Review Report 2009 recommended that staff are trained in UNOCINI and the processes associated with it. Of the two wards a total of 44% staff (38 staff) had completed formal UNOCINI training; 14 of the 46 staff from The Iveagh Centre and 24 of the 41 staff from The Beechcroft Unit. This was considered appropriate in respect of staff roles and responsibilities. There was evidence available of further training having been arranged for those not currently trained. The June 2011 UNOCINI guidance does not make stipulation those staff that should be trained or the numbers of staff to be trained in each setting.

Table 3: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust					✓
South Eastern HSC Trust					✓
Southern HSC Trust					✓
Western HSC Trust					✓

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 on the majority of wards. There was pro-active work in ensuring that information was displayed at ward level in relation to safeguarding. Most wards also provided patients or their relatives with a ward information/welcome pack. This included leaflets with information provided by the trust and voluntary organisations. There was evidence available throughout the region of patients and relatives having exercised the safeguarding procedures and due action having been taken. Actions taken were in keeping with local and regional procedure and guidance. Most wards displayed pathways and flow charts to guide staff should an incident occur. On one of the hospital sites in the Belfast HSC Trust, that covered six of the thirty three wards visited, there was information and a picture displayed of the safeguarding designated officer. This was seen as a form of good communication for patients, visitors and staff.

Table 4: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust		✓			

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 confirmed that all five trusts had met this recommendation. It was recognised that some trusts had achieved the recommendation in a more formal matter. This was largely achieved in the method of a formal audit or safeguarding specific annual report. The quality of evidence gathered varied between trusts. Alternatively there were arrangements at local ward level of ward managers using supervision as a tool to review the effectiveness of safeguarding vulnerable adults training.

Table 5: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

Recommendation 7

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

Findings

There was evidence that four of the five trusts had fulfilled this recommendation and one trust had partially met. This was largely achieved through the completion of an audit or safeguarding specific annual report. The inspector was provided with samples of each for review. The quality of evidence gathered varied between trusts. It was recognised that some trusts had achieved the recommendation in a more formal matter, by way of an audit or review, compared with other trusts.

Table 6: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

Recommendation 8

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

Findings

There was evidence from all 33 wards visited of comprehensive multi-disciplinary and nursing risk assessments in place. It was noted that wards and trusts had made effort to ensure that these correlated with the patients holistic and individualised care plans. On adult wards the inspector reviewed patient comprehensive risk assessments (CRA) and on children wards Functional Analysis of Care Environments (FACE) risk assessments. On a sample of wards visited there was evidence of safeguarding concerns and issues having been identified. In each case there was evidence available of action been taken and safety/management plans put in place post safeguarding incident. This included the update of care plans, risk assessments and the implementation of a person centred safety management plan. On one of the wards visited in the Northern HSC Trust the inspector identified an incident that staff had not realised was a potential safeguarding concern; this was discussed with the ward manager and necessary action taken.

Table 7: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

Recommendation 9

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

Findings

There was evidence available in each trust of staff at all levels having been offered and attended clinically specific risk assessment training. This included training on topics such as MUST, infection control, moving and handling.

Comprehensive risk assessment training was primarily offered to registered nurses in the form of 'Promoting Quality Care' (PQC) or 'FACE' training. The inspector reviewed a total of 852 staff records across 33 wards. Of the 33 wards visited there was a regional average of 35% staff (295 staff) had an up to date record of having completed formal PQC or FACE risk assessment training. Many wards in each trust had not provided formal comprehensive risk assessment training to health care assistants. It was recognised that this was in keeping with individual trust policy. Whilst some staff had not received formal training staff were completing PQC and FACE risk assessments based on informal guidance and support at ward level, supervision and peer mentoring.

Chart 2 – Risk Assessment

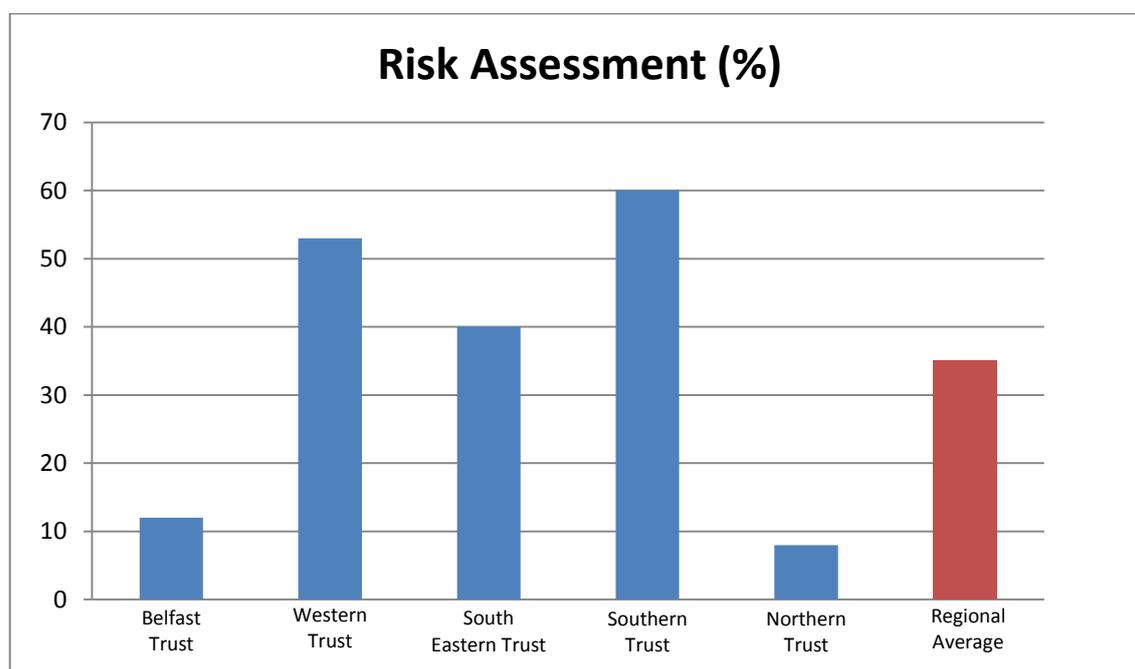


Table 8: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust			✓		
South Eastern HSC Trust			✓		
Southern HSC Trust		✓			
Western HSC Trust			✓		

Recommendation 10

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

Findings

There was evidence from review of complaint records that staff were adhering to the procedures in place for the management and handling of complaints throughout all trusts.

The total number of staff training records available within the region totalled 852 staff across 33 wards between five trusts. The inspector noted that throughout the region a number of staff had not completed formal complaints training. However whilst some staff had not received formal training it was apparent that staff were addressing and managing complaints based on local induction and informal guidance and support at ward level.

Of the 33 wards visited 56% staff (479 staff) had an up to date record of having completed formal complaints training. This was either completed as part of an eLearning, stand-alone module, combination day or as part of the corporate induction/welcome. It was noted within all trusts that some of those staff not trained were those on long term sick leave or maternity leave. The numbers of staff having completed complaints training was noted to be below the regional average in three of the trusts. The Belfast HSC Trust in particular was below the regional average by 24%.

Chart 3 – Complaints

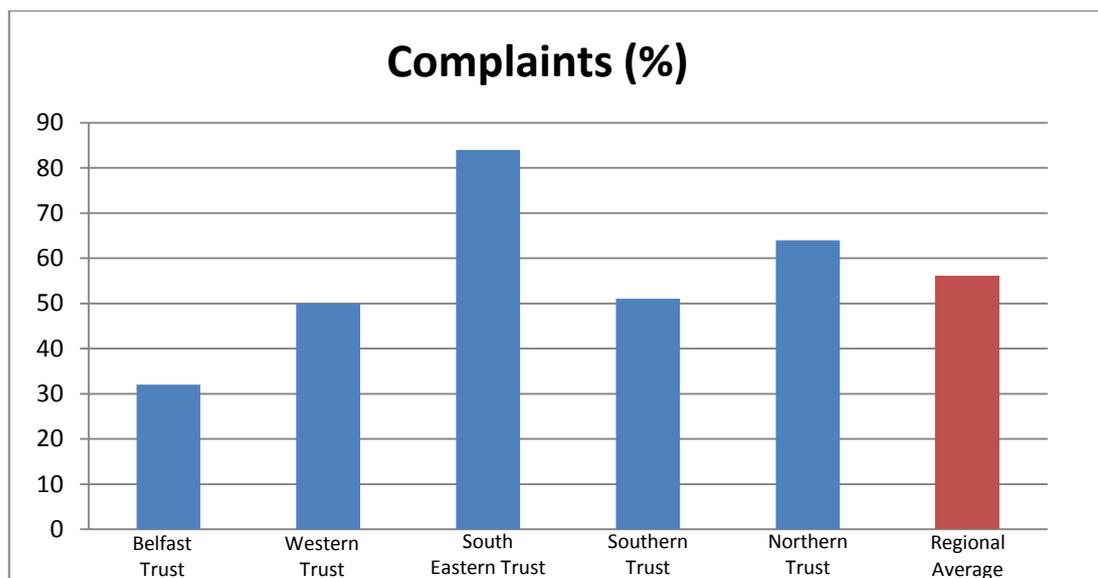


Table 9: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust			✓		
South Eastern HSC Trust		✓			
Southern HSC Trust			✓		
Western HSC Trust			✓		

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

It was evidenced that all trusts had made progress towards promoting their complaints policies and procedures. This included the displaying of posters and the trust complaints leaflets. There was evidence of patients and relatives having exercised the complaints procedure within each trust. There were samples of letters from relatives and patients addressing concerns, reviewed by the inspector. In each case reviewed, there was evidence that staff had followed the trust policy and procedure. All staff that spoke to the inspector demonstrated an understanding of how best to manage complaints and concerns. A number of wards throughout individual trusts were noted to have provided complaints information in easy read. However this was not consistent throughout the region and could be further developed regionally. There was information provided on wards to guide staff on how to respond to and deal with complaints. Information included policies and procedures, pathways and flow charts which were available to guide staff should a complaint be made.

Table 10: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

2.4 Safeguarding Practice in Preventing Abuse

Recommendation 12

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

Findings

The local induction was noted to vary greatly across the region but also within individual trusts. There was evidence that the majority of wards included safeguarding as part of the local induction however it was concerning that this was not included for a significant number of facilities. In many cases the inspector had no assurances or evidence that those staff working on wards without safeguarding included in the local induction were being made aware of safeguarding procedures.

Table 11: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust				✓	
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust		✓			

Recommendation 13

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

Findings

It was noted that appraisal was offered to all staff in all trusts. However it was concerning to note that in each trust there were occasions when registered nurses were not receiving supervision and their annual appraisal, in keeping with best practice guidance and policy. The inspector noted that there were variations between trusts, within trusts and within hospital sites. The majority of wards were noted to have not met their own trust targets in relation to the required volume of supervision and appraisals completed. There was also evidence from all five trusts that on some wards health care assistants were not being offered formal supervision, however this was trust policy and procedure.

Table 12: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust			✓		
South Eastern HSC Trust			✓		
Southern HSC Trust	✓				
Western HSC Trust			✓		

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

Each ward in all trusts was noted to have held separate safeguarding vulnerable adult and child protection folders which allowed quick reference access for staff to policy, procedures and guidance. It was positive to note that additional local, regional and national information was available to guide staff. Pathways and flow charts were displayed in staff areas to guide staff should an incident arise. Three of the five trusts visited were noted to have not created their own safeguarding vulnerable adults or child protection policy and procedures. Alternatively these trusts had created their own local guidance supported by the regional policy and procedures. The two remaining trusts had created their own policy and procedures and additional local guidance.

One of the five trusts had both their safeguarding vulnerable adults and child protection policy and procedures up to date. Three other trusts had either not updated or reviewed their guidance or policy and procedures in relation to either safeguarding vulnerable adults or child protection. One trust had both their safeguarding vulnerable adults and child protection guidance out of date and no evidence of having been reviewed.

Table 13: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust		✓			
Northern HSC Trust	✓				
South Eastern HSC Trust		✓			
Southern HSC Trust			✓		
Western HSC Trust			✓		

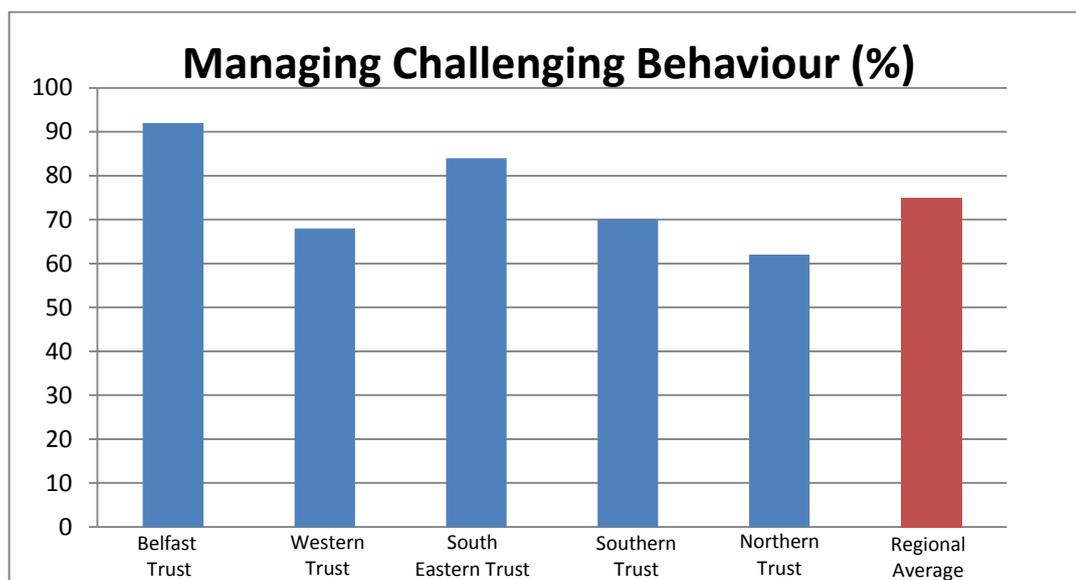
Recommendation 15

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

Findings

The inspector reviewed a total of 852 staff training records across 33 wards across the five trusts. Training records reviewed on all wards included training for staff that were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to a regional average of 75% of staff across the five trusts visited having completed up to date training in management of challenging behaviour. This was either in the form of Care and Responsibility (C&R) or Management of Actual and Potential Aggression (MAPA).

Chart 4 – Managing Challenging Behaviour



It was noted that four of the trusts use MAPA as the preferred programme for management of challenging behaviour. At the time of the visit the South Eastern HSC Trust was using C&R. The inspector was informed that the plan was for the whole region to use MAPA and arrangements were underway to facilitate the transition.

Table 14: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust		✓			
South Eastern HSC Trust		✓			
Southern HSC Trust		✓			
Western HSC Trust			✓		

Recommendation 16

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

Findings

The inspector visited three wards throughout the region where the use of seclusion was in place. The policy, procedures and associated guidance relating to seclusion was available for review in each case. There was evidence that the use of seclusion formed part of the local induction process on two of the wards. One of these wards provided training in addition to induction; the third ward did not provide induction or training on the use of seclusion.

Four of the five trusts use MAPA as the preferred training programme for the management of behaviours and one trust continues to use C&R, these programmes cover the use of restraint. The inspector reviewed a total of 852 records relating to staff training across the five trusts. Training records reviewed on all wards records included training for staff that were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to an overall regional average of 75% of staff having completed up to date training in management of challenging behaviour. The inspector was unable to confirm that staff in any of the trusts had been provided with formal special or close observation training.

Table 15: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust			✓		
South Eastern HSC Trust		✓			
Southern HSC Trust		✓			
Western HSC Trust			✓		

Recommendation 17

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

Findings

Of the five trusts visited there was evidence in three of the trusts of incidents where staff with no training or out of date training had been involved in the use of restrictive intervention techniques. There were wards where the inspector

could not validate that only those trained were involved in restraint holds. This was the case due to insufficient training records. In one trust the lack of completion of physical intervention forms proved it impossible for the inspector to triangulate those directly involved in an incident where physical intervention is used.

Table 16: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust		✓			
South Eastern HSC Trust			✓		
Southern HSC Trust	✓				
Western HSC Trust					✓

Recommendation 18

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

Findings

The inspector reviewed in all trusts the policy and procedures in place to govern patients' money and property. It was noted that in four of the trusts these policies and procedures were out of date or had not been reviewed since their creation. There was evidence in some wards of auditing systems in place by the ward manager and service manager as an additional safety measure. It was noted on a number of wards that small safes had been provided at patient's bedsides. This was seen as a form of good practice. There was evidence of wards completing an inventory of patient's property upon admission however this was not in place on all wards visited.

Table 17: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust				✓	
Northern HSC Trust				✓	
South Eastern HSC Trust	✓				
Southern HSC Trust				✓	
Western HSC Trust			✓		

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. This includes the frequency of contact with children, position and role of the individual member of staff, specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk. Each ward had staff on their wards 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 a total of 852 staff training records across five trusts. Training records reviewed on all wards included training for staff that were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to an overall regional average of 64% of staff having completed up to date formal Child Protection training. The numbers of staff having completed child protection training was noted to be below average in three of the trusts. The remaining two trusts were making progress towards achieving a higher compliance of staff trained. There were wards identified that had not provided this training to any of their staff, in each case this was addressed with the ward manager.

Chart 5 – Child Protection

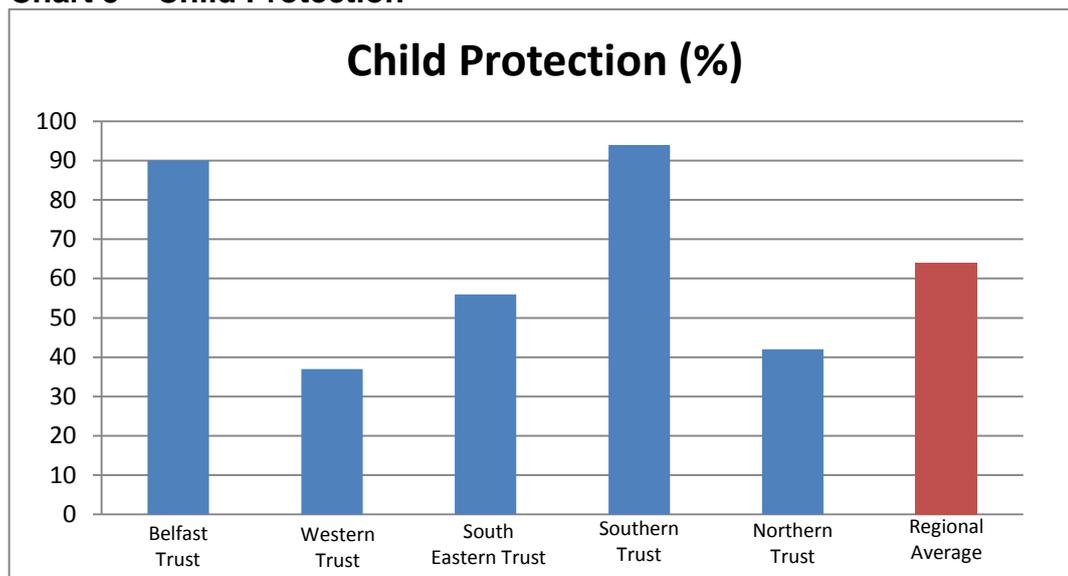


Table 18: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust			✓		
South Eastern HSC Trust			✓		
Southern HSC Trust		✓			
Western HSC Trust			✓		

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 policy and procedure for each trust outlined systems in place for the arrangements of children admitted to adult wards. The inspector did not review in any trust evidence that incidents of under 18 admissions had happened on adult wards within the month prior to each visit.

It was positive to note that all five trusts had policies and procedures in place for children visiting adult wards. Arrangements included a designated room for children’s visits supervised by an adult at all times. Children where possible do not enter the main ward areas and the trust encourages the visits of children to be pre-arranged. Wards that did not facilitate children visiting the ward had alternative arrangements in place, one example included visiting facilitated in the nearby café on the hospital site. There was information in relation to children’s visits displayed at ward level on posters and also included within the ward welcome pack.

Table 19: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust		✓			
Western HSC Trust	✓				

Recommendation 21

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

Findings

Within each trust it was noted that not all staff had been provided with formal records management training. Alternatively it was apparent that staff were receiving guidance and support at ward level, through formal and informal supervision and peer mentoring. The inspector reviewed a total of 852 staff records across 33 wards. Training records reviewed on all wards included training for staff that were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to an overall regional average of 65% of staff having completed up to date training in records management. Training was included either as part of the staff induction, a stand-alone module, core skills training or corporate induction. There was evidence throughout the region of some wards not having provided this training to any of their staff. The numbers of staff having completed records management training was noted to be below the regional average in two of the trusts. The Belfast HSC Trust at 33% and the Western HSC Trust at 44% were noted to be below the regional average.

Chart 6 – Records Management

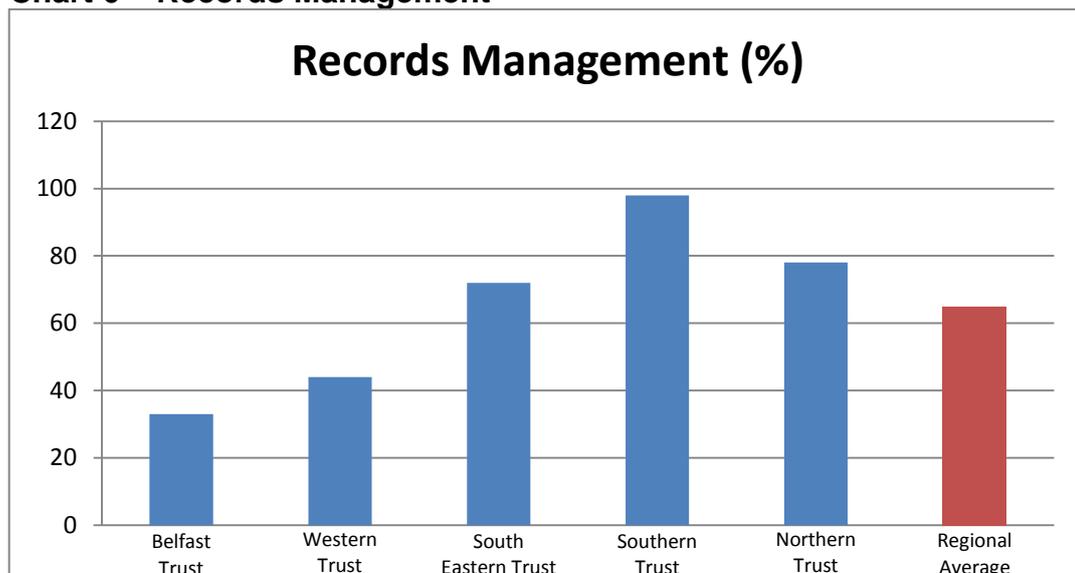


Table 20: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust			✓		
Northern HSC Trust		✓			
South Eastern HSC Trust		✓			
Southern HSC Trust	✓				
Western HSC Trust			✓		

Recommendation 22

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

Findings

Of the records sampled in all trusts there were no significant concerns identified in relation to how the trusts were practicing in terms of records management processes. This included the systems and processes in place for the documenting, recording, storage and safety of confidential information. The inspector observed good practices in place for the secured storage of records in line with data protection legislation. The inspector also reviewed clear and contemporaneous records in patient’s files. The records pertaining to staff training were fragmented in relation to a number of wards. This was

due to poor consolidation of training activity between paper and electronic records. It was considered that this needed further development. It was acknowledged that staff were adhering to good practice in accordance with their codes of professional practice, policy and procedure.

Table 21: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust		✓			
Southern HSC Trust	✓				
Western HSC Trust		✓			

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 each trust of systems in place to ensure the inclusion of all patients. There was confirmation 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 wards and an abundant of information within ward welcome packs to keep patients and relatives well informed. This included hospital leaflets and information from voluntary organisations. The majority of wards held patient-staff meetings; there was evidence available to show those in attendance and matters arising. There was confirmation from speaking to patients that the role of the ward advocate was effective in promoting and ensuring patient and relative inclusion. Easy read information was available for review however not on all wards visited.

Table 22: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

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 five trusts of patient and relative inclusion in care, treatment and discharge planning. Patients and where relevant agreed relatives had recorded one to one consultations and discussions with doctors, nurses and other members of the multi-disciplinary team. There was evidence in each trust, but not on all 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. There was also some evidence that prior to signing care plans the care plan had been discussed and explained to the patient or the relative. There was also evidence of patients having exercised their rights under the Mental Health (Northern Ireland) Order 1986 through appeal to the Mental Health Review Tribunal. It was recognised whilst much improvement had been achieved in this regard, further development and consistency was needed moving forward.

Table 23: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

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 across all five trusts. There was evidence available from the patient's files and incident/accident records sampled 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 incident. This proved positive in terms of keeping patients and relatives included and involved in care.

Table 24: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust	✓				
Northern HSC Trust	✓				
South Eastern HSC Trust	✓				
Southern HSC Trust	✓				
Western HSC Trust	✓				

Recommendation 26

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

Findings

Of the 33 wards visited it was positive to note that 94% (31 wards) receive visits from an independent advocacy service regularly. In addition patients or their relatives can request to see the advocate on an ad-hoc basis. Two of the wards within the region did not have any formal advocacy provision. However the inspector was informed that in each case that this was currently under review. Information regarding advocacy services was displayed throughout all other wards on posters and was included in the ward welcome packs. It was noted that advocates attend, at patient's request, multi-disciplinary meetings and were necessary discharge planning meetings. Easy read information on advocacy was available on a small number of the wards. There was also evidence of group advocacy sessions and peer support services available although not on all wards.

Table 25: Level of compliance

Compliance Rating	Fully met	Substantially met	Partially met	Not met	Not assessed
Belfast HSC Trust		✓			
Northern HSC Trust	✓				
South Eastern HSC Trust		✓			
Southern HSC Trust	✓				
Western HSC Trust	✓				

3.0 Additional findings

The inspector spoke with 26 staff, three student nurses, 18 patients and one relative whilst visiting wards across the five trusts.

Staff who spoke to the inspector demonstrated a clear understanding of the Safeguarding Vulnerable Adults, Child Protection and Complaints policy and procedures. Staff and students were able to confirm their understanding of the action to be taken in the event of a safe guarding concern or complaint. Not all staff who spoke to the inspector were able to confirm that they had received regular supervision and appraisal.

The inspector spoke with patients on a number of wards in each trust visited. The majority of patients that spoke 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. Most patients that the inspector spoke to informed that they felt involved in their care, patients were complimentary of staff and the ward environment. There were patients who spoke with the inspector who had concerns and issues to voice in relation to their own personal circumstances; these were followed up by the inspector. Patients with concerns were subsequently advised of their statutory rights and of the trusts complaints procedure, in each case all matters were discussed with the nurse in charge who was advised to further explore the matters with the patient.

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 across Northern Ireland.

It is recognised that all five trusts have made progress in establishing effective safeguarding arrangements for both children and vulnerable adults, although the inspector found that the levels of progress varied within trusts, across trusts and between wards.

Wards, where a designated officer or safeguarding lead was based or spent a considerable amount of time continued to demonstrate higher levels of safeguarding awareness, more up-to-date training, and a robust application of policies and procedures. It was recognised that the ongoing development of the designated officer role is invaluable in establishing and delivering more effective safeguarding arrangements. Local and regional groups have been established to facilitate multiagency working and clear communication protocols were in place for staff to report any concerns about the safeguarding of vulnerable people.

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

The trusts have continued to successfully determine the main priorities for safeguarding and have maintained a focus on meeting these. However, the development of the new adult safeguarding policy framework remains outstanding.

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 trained appropriately in vulnerable adults and child protection procedures; 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 in some trusts these were out of date or had not been reviewed. Trusts arrangements for managing patient's money and property were effective in providing assurances of protecting patient's money and belongings.

The arrangements for responding to safeguarding issues varied across trusts. 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 decisions, safeguarding, patient care and 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 processes in place and risks being discussed at multidisciplinary meetings.

Policies and procedures for supervision and appraisal were noted to be in place; however it was noted there were variances in the uptake of supervision and appraisals throughout trusts. 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 trusts had made progress in ensuring their staff held up to date child protection training, this will need further consideration regionally so to ensure a higher level of compliance with training.

Advocacy services were available to most patients and relatives; and it was noted that most wards were actively promoting the services to patients or relatives. Those wards without formal advocacy arrangements provided reassurances that this was currently in negotiations.

The inspector can confirm that only six of the 25 recommendations had been fully met by all five trusts. Of the remaining 19 recommendations the inspector can confirm that some trusts have substantially met, partially met or not met each remaining recommendation.

5.0 Next Steps

This report will be made available to each of the respective trusts in addition to their individualised report for dissemination to all staff and managers in MHLI inpatient facilities. It is anticipated that the trusts 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.

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 Belfast HSC Trust, and the Health and Social Care Board, for their cooperation and contribution.

Kieran McCormick
Inspector
March 2015

6.0 Summary of Regional Recommendation Outcomes

Below is a summary of the outcomes of the recommendations for each of the five trusts.

Belfast HSC Trust - 13 of 25 recommendations were fully met, three substantially met, eight partially met and one not met.

Northern HSC Trust – 13 of the 25 recommendations were fully met, four substantially met, five partially met, two not met and one not assessed.

South Eastern HSC Trust - 12 of the 25 recommendations were fully met, eight substantially met and four partially met and one not assessed.

Southern HSC Trust - 15 of the 25 recommendations were fully met, six substantially met, two partially met, one not met and one not assessed.

Western HSC Trust - Nine of the 26 recommendations were fully met, three substantially met, ten partially met, one not met and two not assessed.

Table 26 – Breakdown of recommendation outcomes

Table 26 lists the number of wards inspected in each of the five trust areas and the total outcome for each level of compliance.

Trust	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
Number of wards visited	13	5	5	3	7
Recommendations fully met	13	13	12	15	9
Recommendations substantially met	3	4	8	6	3
Recommendations partially met	8	5	4	2	10
Recommendations not met	1	2	0	1	1
Recommendations not assessed	0	1	1	1	2

In the Belfast HSC Trust (BHSCT) area 36% of recommendations were either partially met or not met.

In the Northern HSC Trust (NHSCT) area 28% of recommendations were either partially met or not met.

In the South Eastern HSC Trust (SEHSCT) area 16% of recommendations were either partially met or not met.

In the Southern HSC Trust (SHSCT) area 12% of recommendations were either partially met or not met.

In the Western HSC Trust (WHSCT) area 44% of recommendations were either partially met or not met.

In terms of the percentage of recommendations partially or not met, in the Western and Belfast Trust areas this was higher than in comparison to the Northern, South Eastern and particularly the Southern Trust areas.

6.1 Summary of Recommendations Not Met:

Listed below are the recommendations not met within each specific trust, there were no recommendations not met for the South Eastern HSC Trust:

Belfast HSC Trust

Recommendation	
No. 18	Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.

Northern HSC Trust

Recommendation	
No. 12	Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.
No. 18	Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.

Southern HSC Trust

Recommendation	
No. 18	Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.

Western HSC Trust

Recommendation	
No. 2	Trusts should ensure that work capturing patient experience is included in their quarterly and annual reports to the HSC Board.
No. 17	Trusts should ensure that only staff who are appropriately trained should employ restrictive intervention techniques.

Appendix 1:

Wards visited

Trust	Hospital	Ward	Date visited
Belfast Trust	Knockbracken HealthCare Park	Valencia	06/08/14
	Knockbracken HealthCare Park	Rathlin	06/08/14
	Knockbracken HealthCare Park	Shannon 2	07/08/14
	Knockbracken HealthCare Park	Shannon 3	07/08/14
	Knockbracken HealthCare Park	Dorothy Gardiner Unit	14/08/14
	Mater Hospital	Ward J	08/08/14
	Muckamore Abbey Hospital	Killead	08/08/14
	Muckamore Abbey Hospital	Sixmile	12/08/14
	Muckamore Abbey Hospital	Cranfield Men	12/08/14
	Muckamore Abbey Hospital	Greenan	13/08/14
	Muckamore Abbey Hospital	Oldstone	13/08/14
	Muckamore Abbey Hospital	Iveagh Centre	02/09/14
	Foster Green Hospital	Beechcroft 1	14/08/14
Northern Trust	Holywell Hospital	Carrick 4	26/08/14
	Holywell Hospital	Tobernaveen Upper	26/08/14
	Holywell Hospital	Carrick 1	28/08/14
	Holywell Hospital	Inver 1	28/08/14
	Causeway Hospital	Ross Thompson Unit	18/09/14
South Eastern Trust	Ulster Hospital	Ward 27	03/09/14
	Downshire Hospital	Ward 15	03/09/14
	Downshire Hospital	Downe Acute	19/09/14
	Downshire Hospital	Downe Dementia Ward	19/09/14
	Lagan Valley Hospital	Ward 11	05/09/14
Southern Trust	Craigavon Area Hospital	Cloughmore	05/09/14
	Craigavon Area Hospital	Willow	08/09/14
	St Lukes Hospital	Ward 6	08/09/14
Western	Waterside Hospital	Ward 3	18/09/14
	Grangewood Hospital	Evish	12/09/14

Trust	Lakeview Hospital	Strule	12/09/14
	Tyrone and Fermanagh Hospital	Oak B	17/09/14
	Tyrone and Fermanagh Hospital	Addictions and Treatment Unit	17/09/14
	Tyrone and Fermanagh Hospital	Lime	11/09/14
	Tyrone and Fermanagh Hospital	Beech	11/09/14

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

Regional Summary of Compliance

No.	Recommendation	HSC Trust	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.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust				✓	

3	Trusts should ensure that all staff working within mental health and learning disability wards are appropriately trained in safeguarding vulnerable adults.	Belfast HSC Trust		✓			
		Northern HSC Trust		✓			
		South Eastern HSC Trust		✓			
		Southern HSC Trust		✓			
		Western HSC Trust			✓		

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).	Belfast HSC Trust	✓				
		Northern HSC Trust					✓
		South Eastern HSC Trust					✓
		Southern HSC Trust					✓
		Western HSC Trust					✓

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.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust		✓			

6	Trusts should develop in consultation with ward managers a mechanism to review the effectiveness of safeguarding vulnerable adults training.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

7	Trusts should undertake an audit of practice to determine if all staff are robustly adhering to safeguarding policies and procedures.	Belfast HSC Trust			✓		
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

8	Trusts should ensure that comprehensive investigations and risk assessments are carried out as required by relevant staff.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

9	Trusts should ensure that risk assessment training is provided for all staff.	Belfast HSC Trust			✓		
		Northern HSC Trust			✓		
		South Eastern HSC Trust			✓		
		Southern HSC Trust		✓			
		Western HSC Trust			✓		

10	Trusts should ensure that all staff receive training in relation to the complaints policy and procedure.	Belfast HSC Trust			✓		
		Northern HSC Trust			✓		
		South Eastern HSC Trust		✓			
		Southern HSC Trust			✓		
		Western HSC Trust			✓		

11	Trusts should ensure that the complaints policy and procedures are clearly communicated and promoted to patients and relatives in a user-friendly format.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

12	Trusts should ensure that appropriate safeguarding awareness should be included in staff induction training.	Belfast HSC Trust			✓		
		Northern HSC Trust				✓	
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust		✓			

13	Trusts should ensure that all staff receive regular supervision and appraisal.	Belfast HSC Trust			✓		
		Northern HSC Trust			✓		
		South Eastern HSC Trust			✓		
		Southern HSC Trust	✓				
		Western HSC Trust			✓		

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.	Belfast HSC Trust		✓			
		Northern HSC Trust	✓				
		South Eastern HSC Trust		✓			
		Southern HSC Trust			✓		
		Western HSC Trust			✓		

15	Trusts should ensure that staff are appropriately trained in the area of management of challenging behaviour.	Belfast HSC Trust	✓				
		Northern HSC Trust		✓			
		South Eastern HSC Trust		✓			
		Southern HSC Trust		✓			
		Western HSC Trust			✓		

16	Trusts should ensure that staff are appropriately trained in the areas of seclusion, restraint and close observation.	Belfast HSC Trust			✓		
		Northern HSC Trust			✓		
		South Eastern HSC Trust		✓			
		Southern HSC Trust		✓			
		Western HSC Trust			✓		

17	Trusts should ensure that only staff who are appropriately trained should employ restrictive intervention techniques.	Belfast HSC Trust			✓		
		Northern HSC Trust		✓			
		South Eastern HSC Trust			✓		
		Southern HSC Trust	✓				
		Western HSC Trust					✓

18	Trusts should ensure that policies and procedures that govern patients' money and property should be reviewed and updated.	Belfast HSC Trust				✓	
		Northern HSC Trust				✓	
		South Eastern HSC Trust	✓				
		Southern HSC Trust				✓	
		Western HSC Trust			✓		

19	Trusts should ensure that all staff have received the appropriate level of training in child protection.	Belfast HSC Trust	✓				
		Northern HSC Trust			✓		
		South Eastern HSC Trust			✓		
		Southern HSC Trust		✓			
		Western HSC Trust			✓		

20	Trusts should ensure that all arrangements in place for children visiting or those admitted to adult wards should comply with child protection requirements.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust		✓			
		Western HSC Trust	✓				

21	Trusts should ensure that all staff receive training in records management.	Belfast HSC Trust			✓		
		Northern HSC Trust		✓			
		South Eastern HSC Trust		✓			
		Southern HSC Trust	✓				
		Western HSC Trust			✓		

22	Trusts should ensure that all staff adhere to the records management policy and procedures.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust		✓			
		Southern HSC Trust	✓				
		Western HSC Trust		✓			

23	Trusts should ensure that a culture of inclusion of patients and relatives and transparency in communication across all wards.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

24	Trusts should ensure that patients and relatives are, where possible, fully included in discussions about their care.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

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.	Belfast HSC Trust	✓				
		Northern HSC Trust	✓				
		South Eastern HSC Trust	✓				
		Southern HSC Trust	✓				
		Western HSC Trust	✓				

26	Trusts should ensure that patients and relatives on all wards have access to advocacy services.	Belfast HSC Trust		✓			
		Northern HSC Trust	✓				
		South Eastern HSC Trust		✓			
		Southern HSC Trust	✓				
		Western HSC Trust	✓				