



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

Northern 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 were 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

This follow up report aims to establish the progress made in implementing 25 recommendations across the five HSC Trusts. This report describes the outcome of this review for wards visited in the Northern HSC Trust.

1.3 Methodology

The inspector visited five inpatient facilities across the Northern HSC Trust including:

- Acute mental health wards
- Continuing care and rehabilitation units; and,
- Psychiatric Intensive Care

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 Northern HSC Trust.

2.1 Governance Arrangements in respect of Safeguarding

Recommendation 2

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

Findings

The Northern HSC Trust provided evidence that patients' experiences and views were gathered through patient survey questionnaires. The trust had undertaken an audit of patient experiences to measure the changes since the introduction of Releasing Time To Care (RTTC). Information from the surveys was consolidated and collated together for further action by hospital management. Information included patient's experiences of their admission, consultation regarding their care and treatment, ward based activities, discharge planning, views regarding the ward environment and how well their dignity was maintained.

The Northern 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 Northern HSC Trust. Of the five wards visited across the Northern HSC Trust area, the range of staff having completed up to date safeguarding vulnerable adult training in each ward was between 50% - 100%. It was concerning to note such a significant variance between wards within the trust. Training records reviewed on all wards included training for staff who were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to a trust average across the five wards of 75% of staff having completed up to date training in safeguarding vulnerable adults. A

number of staff who had not received training had in some cases recently commenced post and were awaiting a training session. The Northern HSC Trust has made some 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 were no children's wards visited within this trust.

Recommendation not assessed.

Recommendation 5

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

Findings

Awareness of safeguarding structures and roles was promoted and information was readily accessible to staff, patients, relatives and visitors in all five wards. Of the five wards visited there was information related to safeguarding displayed including posters and leaflets. There was also material available within the ward information/welcome pack, which included leaflets with information provided by the trust and voluntary organisations. There was information available in designated folders for quick staff access. There was evidence available of patients and staff having exercised the safeguarding procedures and due action having been taken. Examples include alleged patient on patient abuse, concerns regarding financial abuse from family members and concerns regarding staff behaviours or actions. Safeguarding actions taken were in keeping with local and regional procedure and guidance.

The Northern 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 at local ward level of ward managers using supervision as a tool to reviewing the effectiveness of training. The trust has also appointed a safeguarding nurse who will be working to support & promote the safeguarding role within nursing. This staff member will be working with ward staff to audit and monitor safeguarding activity on a monthly basis and this will also inform governance meetings.

The Northern 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

There was information provided to the inspector that the trust had gathered information, statistics and evidence of a trend in increase in vulnerable adult referrals. This information was gathered and collated into an annual report that is submitted to the local adult safeguarding partnership. The trust in addition completes an annual report to the Northern Local Adult Safeguarding Partnership; a copy of this was reviewed by the inspector.

The Northern 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 of comprehensive risk assessments completed and in place. There was evidence of comprehensive multi-disciplinary and nursing risk assessments in place on all five wards. These correlated with the patients holistic and individualised care plans and evidenced the vulnerability and changing needs of individual patients throughout their inpatient stay. The inspector also reviewed examples of appropriate action having been initiated post safeguarding concern; this included the update of care plans, risk assessments and the implementation of a person centred safety management plan.

The Northern 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 only provided to registered nurses on all five 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 five wards. Of the five wards visited 8% staff (11 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 PQC 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, and moving and handling.

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

Recommendation 10

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

Findings

There was evidence from the review of complaints 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 based on induction and informal guidance and support at ward level. Of the five wards visited 64% staff (91 of 143 staff) had an up to date record of having completed formal complaints training. There was a selection of information available to guide staff in the handling and management of complaints, this included policies procedures, pathways and flowcharts. The complaints policy and procedure was available although was due for review October 2010.

The Northern 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 five wards visited; this included easy read information, posters and the trust complaints leaflets. There was additional information available in each ward's information/welcome pack. There was evidence available on each ward of letters from patients and relatives having utilised the complaints process. In each case there was evidence that staff had followed the Trust policy and procedure. One of the five wards had compliments and complaints books available throughout the ward for patients and visitors to make comments.

The Northern 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

Staff who spoke to the inspector were aware on all wards regarding safeguarding procedures and the actions to take if they had a concern. Safeguarding adults and children was included in the induction booklet on two of the five wards; two other wards' induction booklet evidenced safeguarding children but no mention of safeguarding vulnerable adults; one of the five wards induction made no reference to safeguarding children or adults. The induction policy and procedure, dated May 2010, was reviewed the policy did not mention safeguarding as part of the induction process.

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

Recommendation 13

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

Findings

The supervision and appraisal policy and procedure was available on all five wards visited. The policy for appraisal in the Northern HSC Trust states that all staff should receive an annual appraisal. The policy for supervision states that all registrants should receive supervision twice yearly.

The inspector noted that supervision of non-registrants is not included in this policy.

Of the five wards visited it was noted that two of the wards were providing regular supervision and appraisal for all staff.

On one of the five wards there was evidence of a quarter of all staff having had one supervision session to date, however there were no appraisal records for the year and these were due to commence in July 2014.

One of the five wards was unable to produce any supervision or appraisal records. The inspector was informed that the ward manager, who was on leave, had these locked away.

One of the five wards provided confirmation of all staff having received twice yearly supervision for 2013. There were no records however for 2014 to date and no records of appraisal having taken place to date. There was information provided of daily group supervision/debrief at ward level.

There were wards where supervision and or appraisal had been delayed or missed due to staff personal reasons, such as absence. There were instances where reduced staffing levels on wards took priority and as a result supervision was cancelled. The inspector was not provided with assurances that rescheduling had taken place in all circumstances.

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

Recommendation 14

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

Findings

The Northern HSC Trust has created its own local guidance and protocols derived from the regional guidance. Pathways and algorithms were displayed in staff areas to guide staff should an incident arise. Each ward 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. The Northern HSC Trust does not have specific up to date policies

and procedures in relation to safeguarding vulnerable adults and child protection. Instead the trust has adopted the regional guidance in both cases.

The Northern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully 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 five wards. Training records reviewed on all wards included training for staff who were on long term sick leave and maternity leave and as a result their training had lapsed. These factors have contributed to an average trust figure of 62% of staff, across the five wards, having completed up to date training in management of challenging behaviour known as the Management of Actual and Potential Aggression (MAPA). There was evidence that a higher percentage of staff had completed MAPA training during their employment however their training had now expired and had not been updated or renewed. There was confirmation that the trust had made efforts for further numbers of nursing staff to attend an update within the coming 3-6 months.

The Northern 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

A seclusion suite was available on one of the five wards visited. The policy, procedure and associated guidance relating to the use of seclusion was available for review. There was confirmation that the use of seclusion formed part of the staff induction process; however no formal training is provided. 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 Northern HSC Trust has made some progress in implementing this recommendation and the inspector considers this recommendation to be partially met.

Recommendation 17

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

Findings

Of the five wards visited one ward had no records of physical intervention having been used. Three of the five wards provided evidence that only those staff with up to date MAPA training had been involved in the use of restrictive intervention techniques. On the one remaining ward there was evidence from two separate incidents that staff with out of date training had been involved in restraint holds. This was discussed with the ward manager. In this case, the inspector could therefore not be assured that only those trained or with up to date training were using MAPA techniques.

The Northern HSC Trust has made some progress in implementing this recommendation and the inspector considers this recommendation to be substantially 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 policy and procedures on the 'management of patient's property and money', it was noted that there was no evidence that this policy had been reviewed or kept up to date.

The Northern HSC Trust has made limited progress in implementing this recommendation and the inspector considers this recommendation to be 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 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 staff training records across the five wards. A total of 42% staff (60

staff) had an up to date record of having completed formal Child Protection training. On three of the five wards there was evidence that this training had only been offered and provided to registered nurses, there were no records for health care assistants. The remaining two wards provided evidence that a number of health care assistants had completed this training either as part of UNOCINI or through the 'corporate safeguarding update'. All staff who spoke with the inspector were aware of child protection arrangements and procedures.

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

Recommendation 20

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

Findings

The Trust policy and procedure outlined systems in place for the arrangements of children admitted to adult wards. There was no evidence reviewed of under 18 admissions to adult ward visited within the month prior to each visit.

Each of the five wards had procedures in place for children visiting adult wards. Arrangements included a designated room for children's visits, supervision by an adult at all times, children where possible do not enter the main ward areas and the trust encouragement to pre – arrange children's visits with the ward staff. There was information in relation to children's visits displayed on posters either at ward level and included within the ward welcome pack. On one of the wards the visiting of children to individual patients is decided at multi-disciplinary team level. The policy and procedure for children's visits was available for review although noted to have not been reviewed since its publication in September 2012.

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

Recommendation 21

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

Findings

Whilst some staff had not received formal training it was apparent that staff were receiving guidance and support at ward level, by way of supervision and peer mentoring. The inspector reviewed staff training records across five

wards. Of the wards visited 78% staff (111 staff) had an up to date record of having completed formal records management training. This was either as part of a stand-alone module or as part of the staff three yearly mandatory update.

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

Recommendation 22

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

Findings

Of the records sampled from all five wards 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 systems 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 available for review. It was recognised that staff were adhering to best practice guidance in accordance with their own codes of professional practice.

The Northern 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 visit of each ward 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 patients' multi-disciplinary minutes. There was information displayed throughout the ward and an abundant of information within the ward welcome pack to keep patients and relatives well informed. Information included hospital leaflets and material from voluntary organisations. Each ward held patient-staff community meetings, there was evidence available for four wards to show those in attendance and matters arising, one ward was not currently recording the date, time and persons in attendance. Information regarding

advocacy, complaints and group meetings was displayed and accessible throughout all wards on posters and in leaflets. There was confirmation from speaking to patients that the role of the advocate was effective in promoting and ensuring patient and relative inclusion, through discussion about their care plans and attendance at multi-disciplinary meetings.

The Northern 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 care documentation reviewed across all five wards evidenced patient and relative inclusion in care, treatment and discharge planning. Patients' and where relevant agreed relatives had recorded 1:1 consultations and discussions with doctors, nurses and other members of the multi-disciplinary team. There was confirmation on all five wards of that patients had signed their care plans and other aspects of their care records; where patients had not signed documentation a reason for this was recorded. Prior to signing their 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 1986 Mental Health Order by way of appeal to the Mental Health Review Tribunal.

The Northern 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 five wards. Patients' files and incident/accident records sampled provided evidence 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 Northern 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

Information regarding advocacy services was displayed on posters throughout all five wards and is included in the ward welcome pack. It was noted that advocates can attend, at patients request, their multi-disciplinary meetings and where necessary, discharge planning meetings. There was also evidence available of group advocacy sessions taking place on three of the five wards; minutes were reviewed in relation to this. Each of the five wards receive visits from an independent advocacy service at least weekly or fortnightly. In addition to a weekly or fortnightly ward visit patients can request to see the advocate on an ad-hoc basis.

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

3.0 Additional Findings

The inspector met with two staff members and one patient whilst visiting wards across the trust.

Of the staff who met with the inspector there was evidence of an understanding of the Safeguarding Vulnerable Adults, Child Protection and Complaints policies and procedures. Staff were able to confirm their understanding of the action to take in the event of a safe guarding concern or complaint. All staff who met with the inspector confirmed that they had received regular supervision and appraisal. None of the staff who met with the inspector expressed any concerns in relation to safeguarding arrangements within the trust.

Patients who met with the inspector were satisfied with their care throughout their admission. Patients informed the inspector that they felt safe and that they knew who to talk to if they had a concern or complaint. All patients who met with the inspector informed that they felt involved in their care and were complimentary of the staff and ward environment.

The inspector reviewed an incident on one of the wards involving a male and two female patients. The ward manager informed the inspector that none of the patients were currently on the ward, but at the time a vulnerable adult notification form had not been completed and the designated officer had not been informed. The manager was advised by the inspector that this matter should have been escalated as a vulnerable adult issue, the ward manager was also advised to revisit the local trust and regional guidance; the ward manager agreed to complete the vulnerable adult notifications retrospectively.

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 Northern HSC Trust.

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

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

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

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

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

The trust had incorporated the regional policies and procedures and had created their own local guidance derived from these; however they were out of date or had not been reviewed. Trusts arrangements for managing patients' money and property were effective in providing assurances regarding protection.

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 making, safeguarding, patient care and informed of accident/incidents.

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

Policies and procedures for supervision and appraisal were noted to be in place; however there were variances in the uptake of supervision and appraisals throughout the trust.

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

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

The inspector can confirm that 13 of the 25 recommendations have been fully met, four substantially met, five partially met, two not met and one not assessed.

5.0 Next Steps

This report will be forwarded to the Northern HSC Trust for dissemination to all staff and managers in MHLID 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 Northern 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 Northern Health & Social Care Trust

Trust	Hospital	Ward
Northern Trust	Holywell Hospital	Carrick 4
	Holywell Hospital	Tobernaveen Upper
	Holywell Hospital	Carrick 1
	Holywell Hospital	Inver 1
	Causeway Hospital	Ross Thompson Unit

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.	✓				