



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
Belfast Health and Social Care Trust**

March 2015



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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

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

1.3 Methodology

The inspector visited 13 inpatient facilities across the Belfast HSC Trust 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

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 Belfast 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 Belfast HSC Trust undertake a range of work to capture patient experience. This is included in both their quarterly and annual reports. There was evidence provided by the trust to demonstrate the capturing of patients' experiences and user involvement, consolidated in the trust's Annual Report.

The Belfast HSC Trust mental health programme has an established working group co-chaired by a service user and a staff member. There is a 50/50 balance of service users/carers to staff in each group. This reflects the format used by a Bamford working group which took part in the design of the new mental health care pathway.

The introduction of the BHSCT 'Keeping You Safe' programme aims to enable and empower service users in relation to increasing understanding of adult abuse. The trust have seen positive results with an evaluation of the implementation of the programme demonstrating the effectiveness of the material and the engagement of service users whilst recognising that approaches need to be customised with different groups. The programme has been utilised across all service areas and plans are in place to extend further. This includes progressing plans to identify, train and support service users in the co-facilitation of the programme.

The trust had carried out a carers' audit in February 2013, "The Triangle of Care". The audit aimed to obtain a baseline assessment for acute mental health inpatient wards. Auditing the current practice for carer and patient inclusion within the Belfast HSC Trust, with the purpose of informing and developing the provision of a more efficient, effective and inclusive service. Outcomes of the audit have included the creation of guidelines regarding sharing information amongst the Multi-disciplinary team (MDT) and ward contact cards have been developed for distribution to patients and carers on admission. There will also be a six monthly carer survey carried out on wards. The Belfast 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 Belfast HSC Trust. Of the 13 wards visited across the Belfast HSC Trust area, the range of staff having completed up to date safeguarding vulnerable adult training was between 57% - 100%. It was concerning to note such a significant variance between wards within the trust. Safeguarding vulnerable adults awareness was also included as part of the induction on nine wards; there was no evidence that this was included on the other four 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 a trust average across the 13 wards of 87% of staff having completed up to date training in safeguarding vulnerable adults.

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

Recommendation 4

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

Findings

Child protection training is mandatory for all staff working in mental health and learning disability children's inpatient settings in the Belfast HSC Trust. Two children's inpatient facilities (The Iveagh Centre and Beechcroft Ward 1) were visited in the BHSC as part of this follow up. Staff training records were reviewed for both wards and 100% of 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.

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

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 13 wards visited. Information relating to safeguarding was displayed throughout the wards as posters and leaflets. There were also resources available within the ward information/welcome pack, which included leaflets with information provided by the trust and voluntary organisations. There was material available in designated folders for quick access by staff.

Pathways and flow charts were displayed in staff areas to guide staff should an incident occur. On one of the hospital sites, which covered six of the 13 wards visited, there was information and a picture displayed of the safeguarding designated officer (DO). The picture display of the DO was seen as a form of good communication as it assisted patients, visitors and staff to identify the safeguarding lead for the hospital.

There was evidence available of patients and relatives having informed staff of safeguarding concerns. There was evidence of the safeguarding procedures having been implemented appropriately. This included occasions of 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 Belfast 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 were arrangements at local ward level of ward managers using supervision as a tool to review the effectiveness of safeguarding vulnerable adults training.

The Belfast 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

At the time of the visits to wards in the Belfast HSC Trust a formal review of staff adherence to safeguarding policies and procedures had not been completed. The trust had commissioned the Business Services Organisation (BSO) to undertake an audit across all inpatient mental health and learning disability wards to determine staff compliance with policies and procedures and attendance at mandatory training. The audit was due to commence at the end of August 2014 with completion in September 2014. BSO confirmed that all fieldwork had been completed, however at this time the report is awaiting internal review. In addition one of the hospital sites has proposed to undertake an audit looking at staff understanding and implementation of the adult safeguarding process; at the time of the inspection this had not commenced.

Information was also provided to the inspector of a proposal by the trust to undertake an audit to determine staff compliance with policies and procedures and attendance at mandatory training. The trust end of year report evidenced that the trust had planned to review the effectiveness of safeguarding vulnerable adult training.

The Belfast HSC Trust has made some progress in implementing this recommendation and the inspector considers this recommendation to be partially 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 adult wards that comprehensive risk assessments had been completed. In children's wards, Functional Analysis of Care Environments (FACE) risk assessments were in place. These had been

completed by the multi-disciplinary team and complimented the nursing risk assessments in place on all 13 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. Comprehensive risk assessments and care plans included relevant and appropriate actions and had been reviewed regularly. There was also evidence available to confirm that appropriate actions had been initiated following identification of safeguarding concerns. These actions included the update of care plans, risk assessments and the implementation of a person centred safety management plan.

The Belfast 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 primarily offered to registered nurses in the form of 'Promoting Quality Care' (PQC) or 'FACE' training. The inspector reviewed training records across 13 wards. Of the 13 wards visited 12% staff (50 staff) had an up to date record of having completed formal PQC or FACE risk assessment training. On seven of the 13 wards, there was no evidence of formal PQC risk assessment training having been provided to any staff. On wards where formal comprehensive risk assessment training had been provided, it was noted that this had not been offered to health care assistants; however, it was recognised that this was in keeping with trust policy. Whilst some staff had not received formal training it was apparent that staff were appropriately completing PQC and FACE 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 Belfast 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 review of complaint records that staff were adhering to the procedures in place for the management and handling of complaints.

The inspector reviewed staff training records across 13 wards. Of the 13 wards visited, 32% staff (133 staff) had an up to date record of having completed formal complaints training. This was either completed as part of a stand-alone module or the corporate induction. There was concern that one of the 13 wards had no records of any staff having attended formal complaints training. Although some staff had not received formal training it was apparent that staff were appropriately addressing and managing complaints. This was based on induction and informal guidance and support at ward level and also through supervision and peer mentoring.

The inspector reviewed examples of where complaints had been resolved at local level by the ward manager and instances where the complaints department had addressed and resolved the complaint. There was information available to guide staff at ward level 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.

The Belfast 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 and available for patients throughout all 13 wards visited. This included easy read information, posters and the trust complaints leaflets. There was also additional information regarding making a complaint, such as the trust complaints procedure for patient and relatives and information about independent agencies, such as the Patient Client Council and the Complaints Ombudsman. These were available in the patient information/welcome pack on each ward visited. The inspector viewed complaints records on each of the wards visited whereby patients and relatives had exercised the complaints process formally and informally.

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

2.4 Safeguarding Practice in Preventing Abuse

Recommendation 12

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

Findings

Safeguarding adults and children was included in the corporate induction for all staff and also included as part of the local induction for all staff on nine wards. This was not included in the local induction on the other four wards. Staff who met with the inspector on all wards were well articulated regarding safeguarding procedures and the actions to take if they had a concern.

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

Recommendation 13

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

Findings

There was a supervision and appraisal policy and procedure available on all 13 wards visited. The policy for appraisal in the Belfast 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.

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

On nine wards there was evidence of regular supervision and appraisal being offered to all staff.

On one ward there were no records available to confirm any staff having received any form of supervision. There was evidence of appraisal activity but this had not been completed for all grades of staff.

On three of the wards there was no evidence that health care assistants had been in receipt of supervision, although all staff had been receiving their annual appraisal.

The Belfast 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

Adult safeguarding policies and procedures were in date and available to guide staff on all 13 wards. The Belfast HSC Trust had specific policies and procedures in relation to safeguarding vulnerable adults and child protection. The trust had created its own local guidelines and protocols supported by the regional guidance. It was good to note that additional local, regional and national information was available to guide staff. The child protection policy and procedure specific to each children's ward visited was noted to be available. However this was only in date on one of the wards; the other ward had no date included on the policy and procedure to evidence that it was being reviewed or that it was in date. Each ward was noted to have separate safeguarding vulnerable adult and child protection folders which were useful as they allowed quick reference access to policy, procedures and guidance for staff. Pathways and flow charts were displayed in staff areas to guide staff should an incident arise.

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

Recommendation 15

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

Findings

The inspector reviewed training records relating to staff training across 13 wards. It was noted that 92% of staff (382 staff) had completed Management of Actual and Potential Aggression (MAPA). There was evidence that the trust had made arrangements to ensure that MAPA training was made available for nursing staff to attend an update within the coming 3-6 months. There was evidence that the ward induction also provided staff with an awareness of the management of challenging behaviours.

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

Recommendation 16

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

Findings

Two of the wards visited contained seclusion suites. The policy, procedure and associated guidance relating to the use of seclusion were available for review on both wards. This policy was due for review in May 2013; however there was no evidence that the policy had been reviewed. The use of seclusion formed part of the local induction process at one of the hospital sites and training was also provided. For the other hospital site there was no evidence that training was provided or that seclusion was discussed as part of the local induction.

The inspector assessed staff training records across 13 wards. Of the wards visited 92% staff (382 staff) had an up to date record of having completed MAPA which covers the use of restraint. The inspector was unable to confirm that staff in all wards had received formal training in relation to special or close observation of patients.

The Belfast 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 13 wards visited there was evidence that in ten of these wards only those with up to date MAPA training had been involved in the use of restrictive physical intervention techniques. On one of the three remaining wards there was evidence that staff with outdated training had been involved in the restraint of patients. For the other two wards, the training records that existed were not consolidated or up to date. The inspector could not be assured that only those trained or with up to date training were using MAPA techniques. The Belfast HSC Trust has made some progress in implementing this recommendation and the inspector considers this recommendation to be partially 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 a number of different trust policy and procedures regarding 'patients' property and monies'. The policy and procedure was available but was noted to not have been in date on all wards.

The Belfast 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 reviewed staff training records across 13 wards. Of the wards visited 90% staff (374 staff) had a record of having completed formal Child Protection training. There was confirmation on three of the wards of further training booked for within the next 3-6 months.

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

There was a trust policy and procedure available which outlined the process for admitting a child to an adult ward. There was no evidence reviewed of under 18 admissions to any of the adult wards visited within the month prior to each visit.

All 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 not entering 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 at ward level and also included on leaflets within the patient ward welcome pack. The policy and procedure for children's visits was available for staff. It was noted that one of the wards does not facilitate the visits of children. This was due to potential risks and had been deemed as a protective measure to safeguard

children. In this case children's visits are facilitated in the nearby café on the hospital site.

The Belfast 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 13 wards. Training records reviewed on all wards included training for staff that were on long term sick leave and maternity leave. Of the 13 wards visited 33% staff (137 staff) had an up to date record of having completed formal records management training. Training had been completed either as part of the staff induction, a stand-alone module or as part of the core skills training. Three of the 13 wards had no evidence of any staff having attended formal records management training. There was confirmation on two of the 13 wards of further training booked for completion within the next 3-6 months. On two of the 13 wards visited there was evidence that this training had only been provided to registered nurses.

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

Recommendation 22

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

Findings

Of the records sampled on all 13 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 practices in place for the secured storage of records in line with data protection legislation. The inspector also reviewed clear and contemporaneous records in patients' files on the day of the visit. The trust's Records Management policy and procedure was available for review but was noted to have expired. However it was recognised that staff were appropriately adhering to best practice in accordance with their own codes of professional practice.

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

2.5 Response to Safeguarding Concerns:

Recommendation 23

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

Findings

There was evidence from the information reviewed during the visits of systems in place to ensure the inclusion of patients. It was good to note that patient/staff community meetings were held weekly, fortnightly or monthly on 11 of the 13 wards visited. These meetings allowed patients the opportunity to voice compliments, concerns and queries, in a group forum. Information reviewed in relation to staff/patient community meetings recorded those in attendance and matters arising and actions taken. Two wards did not hold patients or relatives ward group meetings. In this instance there was evidence of inclusion between on a one to one between staff and relatives by way of recorded discussions, satisfaction surveys and completion of 'All About Me Passports'. On all wards there was an indication of openness, transparency and a willingness to ensure involvement in care during the course of multi – disciplinary reviews. There was evidence of patients and relatives attendance at meetings and where requested, presence of the ward advocate.

There was information regarding advocacy, complaints and group meetings displayed and accessible throughout all wards on posters and in leaflets provided by both the trust and voluntary sector. 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. There was an abundance of material within the ward welcome pack to keep patients and relatives well informed. It was noted on a number of the wards that easy read information was available relating to complaints and concerns.

The Belfast 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

There was evidence available in the care documentation reviewed across all 13 wards of patient and relative inclusion in care, treatment and discharge planning. Patients and where relevant, their relatives, had 1:1 consultations and discussions with doctors, nurses and other members of the multi-disciplinary team. On seven of the 13 wards, patients' signatures were included on care plans and other care records. On the same seven wards where patients had not signed documentation, a reason for this was documented and in the absence a relative's signature had been obtained. Prior to signing their care plans, the care plan had been discussed and explained to the patient or their relative.

The Belfast 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 13 wards. The inspector noted that where relevant and with the patients consent, communication had been shared with relatives in relation to incidents and accidents. This communication had been recorded in the form of face to face contact or sharing of information via a telephone call post incidents.

The Belfast 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

The inspector established that patients on 12 of the 13 wards visited had access to an independent advocacy service at least monthly. In addition patients or their relatives can request to see the advocate on an ad-hoc basis. One of the wards currently does not have an independent advocate attend the ward. The ward manager stated that this was currently being negotiated, in the interim relatives or patients could make telephone contact with the independent advocacy service. Information regarding advocacy services was displayed on posters and leaflets throughout all wards and information relating

to accessing advocacy and the role of the patient advocate was included in the ward welcome pack. It was noted that advocates can and do attend, multi-disciplinary meetings and discharge planning meetings at patient's requests.

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

3.0 Additional findings

The inspector met with 13 staff members, two student nurses, ten patients and one relative while visiting wards across the trust.

The majority of patients who met with the inspector were largely 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. Patients that the inspector spoke to informed that they felt involved in their care and were complimentary of the staff and ward environment. Patients informed the inspector that whilst they had no concerns they were looking forward to going home. One patient who spoke with the inspector had a number of concerns and issues to voice. The patient was advised of her statutory rights and of the trust's complaints procedure, all matters were discussed with the nurse in charge who agreed to further explore the matters with this 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 in the Belfast HSC Trust.

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

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

The overall governance arrangements in place to support effective safeguarding were considered to be appropriate, with clear management and accountability structures evident in all children and adult 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, policies and procedures and the required reporting arrangements. Further improvement is required though to ensure that all staff are appropriately trained in vulnerable adults and child protection procedures. This includes ensuring that all relevant policies and procedures are updated and implemented; and that staff are proactive in the promotion of safeguarding processes to patients and relatives. This will assist in ensuring that all staff are equipped to recognise and take action if a safeguarding issue arises.

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

The 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. Staff reported they were supported by management, but there were still cases where both regular supervision and appraisal had not been afforded to all staff.

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

Advocacy services were available to the majority of 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 negotiation.

The inspector can confirm that 13 of 25 recommendations have been fully met, three substantially met, eight partially met and one not met.

5.0 Next Steps

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

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

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

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

Kieran McCormick
Inspector
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Appendix 1

Wards visited within the Belfast Health & Social Care Trust included:

Trust	Hospital	Ward
Belfast Trust	Knockbracken HealthCare Park	Valencia
	Knockbracken HealthCare Park	Rathlin
	Knockbracken HealthCare Park	Shannon 2
	Knockbracken HealthCare Park	Shannon 3
	Knockbracken HealthCare Park	Dorothy Gardiner Unit
	Mater Hospital	Ward J
	Muckamore Abbey Hospital	Killead
	Muckamore Abbey Hospital	Sixmile
	Muckamore Abbey Hospital	Cranfield Men
	Muckamore Abbey Hospital	Greenan
	Muckamore Abbey Hospital	Oldstone
	Muckamore Abbey Hospital	Iveagh Centre
	Foster Green Hospital	Beechcroft 1

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.		✓			