



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**

### **South Eastern Health and Social Care Trust**

#### **March 2015**

## **The Regulation and Quality Improvement Authority**

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

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## **1.0 Background**

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

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

### **1.1 Context for the follow up visits**

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

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

### **1.2 Purpose of the review**

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

### **1.3 Methodology**

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

- Acute mental health wards
- Rehabilitation unit
- Dementia ward

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 South Eastern 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 South Eastern HSC Trust undertake a range of work to capture patient experience and include this in both their quarterly and annual reports. The inspector reviewed further evidence that the trust also capture patients' experiences within Key Performance Indicator reports. Evidence was also included within the monthly governance reports reviewed. Reports included patients' experiences during their inpatient stay and suggestions for improvements. The trust has informed the inspector that they aim to develop a sustainable mechanism to evaluate service user experience within adult safeguarding. This had not been progressed at the time of the visits to the wards due to operational demands.

The South Eastern 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**

The numbers of staff having completed safeguarding vulnerable adults training was reassuring on four of the five wards visited in the trust. Safeguarding vulnerable adults training is mandatory for all staff working in mental health and learning disability inpatient settings in the South Eastern HSC Trust. Of the five wards visited across South Eastern HSC Trust area, the range of staff having completed up to date safeguarding vulnerable adult training in each ward was between 14% - 100%. One of the five wards had 14% of their total staff team trained in safeguarding vulnerable adults. This finding was particularly concerning and the matter was addressed separately

with the ward manager and with trust senior management subsequent to the visit. Assurances were provided by the trust that these concerns would be addressed promptly and appropriately.

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. A number of staff who had not received training had recently commenced post and were awaiting a training session. These factors have contributed to a trust average across the five wards of 83% of staff having completed up to date training in safeguarding vulnerable adults.

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

#### **Recommendation 4**

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

#### **Findings**

There are no children wards within this trust.

Recommendation not assessed.

#### **Recommendation 5**

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

#### **Findings**

Awareness of safeguarding structures and roles was promoted and information was readily accessible to staff, patients, relatives and visitors in all five wards visited. Information relating to safeguarding was displayed throughout wards, including 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.

There was evidence available of patients and relatives having exercised the safeguarding procedures and due action having been taken, examples include alleged patient on patient abuse and concerns regarding staff

behaviours or actions. Actions taken were in keeping with local and regional procedure and guidance.

The South Eastern 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 information available that the South Eastern HSC Trust had completed an annual Adult Safeguarding Report. The inspector was provided with a copy of this audit, which reviewed the effectiveness of safeguarding vulnerable adult training. There was evidence at local ward level of ward managers using supervision as a tool to reviewing the effectiveness of training; the outcomes of supervision allowed managers to complete a training needs analysis for their individual departments.

The South Eastern 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 evidence available that the South Eastern HSC Trust had completed an annual Adult Safeguarding Report, the inspector was provided with a copy of this audit, this evidenced that the trust had reviewed staff adherence to safeguarding policies and procedures. There was evidence at local ward level of ward managers using supervision as a tool to review the adherence to the safeguarding policies and procedures.

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

### **Recommendation 8**

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

## **Findings**

There were examples on all wards that comprehensive risk assessments had been completed. 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. 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 South Eastern HSC Trust has made significant progress in implementing this recommendation and the inspector considers this recommendation to be fully met.

## **Recommendation 9**

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

## **Findings**

Comprehensive risk assessment (CRA) training was offered to registered nurses on all five wards in the form of 'Promoting Quality Care' (PQC). On one of the wards there was evidence that formal risk assessment training had been provided to health care assistants, however it was recognised that this was not compulsory as per trust policy. The inspector reviewed staff training records across the five wards. Of the five wards visited 40% staff (47 staff) had an up to date record of having completed PQC training. Whilst some staff had not received formal training it was apparent that staff were completing CRA risk assessments. On each ward there was evidence of staff at all levels having attended clinically specific risk assessment training. This included training on subjects such as MUST, infection control, moving and handling.

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

## **Recommendation 10**

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

## **Findings**

Review of complaint records evidenced that staff were adhering to the procedures in place for the management and handling of complaints. Whilst

some staff had not received formal training it was apparent that staff were appropriately addressing and managing complaints. Of the five wards visited, 84% staff (98 staff) had an up to date record of having completed formal complaints training. This was either completed as part of e-learning, a stand-alone module or the corporate induction. There was an array of information available to guide staff in the handling and management of complaints, this included policies procedures, pathways and flow charts which were displayed to guide staff should a complaint be made. The complaints policy and procedure was available and was noted to be in date until April 2017.

The South Eastern HSC Trust has made progress in implementing this recommendation and the inspector considers this recommendation to be substantially 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 throughout all five wards visited. This included easy read information, posters and the trust complaints leaflets. There were also additional information leaflets available in each wards information/welcome pack. There was evidence available on each ward of patients and relatives having exercised the complaints process. There were samples of letters from relatives and patients addressing concerns and in each case due action and follow up was taken.

The South Eastern 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**

The local induction booklet sampled on four of the five wards demonstrated that safeguarding adults and children formed part of the staff induction, one of the five wards local induction did not evidence safeguarding. The induction policy and procedure was reviewed and identified safeguarding as part of the induction process, this policy was in date until October 2015. The trust corporate induction included safeguarding awareness. Staff who met with the

inspector on all wards were aware of the safeguarding procedures and the actions to take if they had a concern.

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

### **Recommendation 13**

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

### **Findings**

There was a supervision and appraisal policy and procedure available on all five wards visited. The policy for appraisal in the South Eastern 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. It was also noted that there was evidence 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. Staff reported instances where reduced staffing levels on wards had taken priority.

Ward 1: there were no records available of any staff having had any supervision or appraisal completed. This was particularly concerning and the inspector addressed the matter with the ward manager.

Ward 2: there was evidence that all registered nurses are receiving regular supervision. Supervision was not provided to health care assistants; this was in keeping with trust policy. There was evidence that all staff had received appraisal.

Ward 3: there was evidence that 76% of the staff had received at least one session of supervision. There was evidence that the remaining 24% staff had supervision planned or that they were off on long term leave. There was no evidence of any staff having had an appraisal and it was noted that these were overdue since March 2014.

Ward 4: there was evidence that 86% of the staff had received at least one session of supervision; there was no evidence available for the remaining 14% of staff. There was evidence of ongoing appraisal activity for all grades of staff. It was noted that non registrant staff on this ward were also receiving supervision.

Ward 5: there was evidence that 42% of the staff had received at least one session of supervision; there was no evidence available for the remaining

58% of staff. There was no evidence of any staff having had an appraisal and it was noted that these were overdue. It was noted that non registrant staff on this ward were also receiving supervision.

The South Eastern 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 South Eastern HSC Trust had specific policies and procedures relating to safeguarding vulnerable adults and child protection. Adult safeguarding policies and procedures were up to date and available to guide staff on all five wards. Child protection policy and procedures were available for review but were noted to have expired in May 2014. It was noted that additional local, regional and national information was available to guide staff. Each ward was noted to have held separate safeguarding vulnerable adult and child protection folders. This allowed quick reference access for staff to policy, procedure and guidance. Pathways and flow charts were displayed in staff areas to guide staff should an incident arise. It was good to note that one of the wards had an identified "safeguarding link nurse".

The South Eastern HSC Trust has made 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 records relating to staff training across five wards. It was noted that 84% of staff (98 staff) had completed Care and Responsibility training (C&R). However, not all staff had completed both the 2 day and the 3 day sessions. The level of training required was dependent on the type of ward and patient profile. There was evidence that the trust had made efforts for further numbers of nursing staff to attend an update within the coming 3-6 months.

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

## **Recommendation 16**

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

### **Findings**

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

The inspector assessed staff records across five wards. Of the wards visited 84% staff (98 staff) had an up to date record of completed Care and Responsibility training (C&R) which includes the use of restraint. The inspector was unable to confirm that staff in all wards had received formal training in relation to special or close observation of patients.

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

## **Recommendation 17**

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

### **Findings**

Of the five wards visited, there was evidence from completed physical intervention forms that on three wards only those with up to date C&R training had been involved in the use of restrictive intervention techniques. On the remaining two wards there was information available from three separate incidents that staff with out of date training or no record of training had been involved in restraint holds. This was discussed in each case with the respective ward managers and with senior trust representatives subsequent to the visit. Assurances were provided by the trust that these concerns would be addressed promptly and appropriately. It was concerning that staff had indicated and confirmed on the physical intervention forms that they had C&R training but on further examination the training records did not support this.

The South Eastern 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 the trusts policy and procedures on the 'handling of patient's cash and valuables'. The policy was available on all wards and was noted to be up to date. Four of the five wards did not hold any monies belonging to patients. On wards that held patients' monies there was evidence provided of systems and procedures in place to govern patients' monies and property. This included records of the depositing of money, withdrawal or purchases. Each transaction was signed by two members of staff or a member of staff and the patient; monies were reconciled by two members of staff. Three of the five wards complete an inventory of patients' property upon admission; this is signed by the patient or two staff members.

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

## **Recommendation 19**

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

## **Findings**

There are three levels of child protection training - level 1, 2 and 3. The level of training required is dependent on a number of factors. These include: the frequency of contact with children; training appropriate to the position and role of the individual member of staff working with children; and, specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk. Each ward had staff trained in a variety of different levels of child protection training, depending on the needs and risks associated with an individual ward.

The inspector assessed staff training records across five wards. Of the five wards visited 56% staff (66 staff) had an up to date record of having completed formal Child Protection training. Four of the five wards were making progress in ensuring that child protection training was offered to all staff. One of the five wards had no records of any staff having had this training. This was particularly concerning and the inspector addressed this with the ward manager and with senior trust staff subsequent to the visit. Assurances were provided by the trust that these concerns would be addressed promptly and appropriately. All of the staff who spoke to the inspector were well informed about child protection arrangements and procedures.

The South Eastern HSC Trust has made some 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 a young person aged under 18 years to any adult wards.

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; no entry for children to the main ward areas, where possible; and encouragement to pre – arrange children's visits with ward staff. There was information in relation to children's visits displayed at ward level and included within the ward welcome pack. There were flexible visiting arrangements available on the dementia ward. The policy and procedure for children's visits was available for review and was up to date.

The South Eastern 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 72% staff (84 staff) had an up to date record of having completed formal records management training. Training had been provided as part of a stand-alone module or as the corporate induction.

The South Eastern 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**

The inspector reviewed records in patients' files on the day of the visit. It was noted that the trust was making progress towards going paper-lite through the use of electronic records. The records management policy and procedure was reviewed but was noted to have expired September 2012. The inspector observed practices in place for the secured storage of records in line with data protection legislation.

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

## **2.5 Response to Safeguarding Concerns**

### **Recommendation 23**

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

## **Findings**

There was evidence from the information reviewed of systems to ensure the inclusion of all patients. There was evidence of openness, transparency and a willingness to ensure involvement in care during the course of multi – disciplinary reviews. There was information displayed throughout each ward and an abundance of information within the welcome pack on each ward. This assisted in keeping patients and relatives informed. There was confirmation that the role of the advocate was effective in promoting and ensuring patient and relative inclusion. Three of the wards held patient-staff/community meetings; minutes recorded those in attendance and matters arising. Of the two remaining wards, one held relatives forums in the absence of patient forums and the other did not hold patient or relative forums.

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

### **Recommendation 24**

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

## **Findings**

The inspector reviewed evidence in the care documentation across all five wards of patient and relative inclusion in care, treatment and discharge planning. There was evidence of patients and relatives having had one to one consultations with doctors, nurses and other members of the multi-disciplinary team. There was evidence on all wards of patients having signed their care

plans and other aspects of their care records. Where patients had not signed, a reason for this was documented and in absence a relative's signature had been obtained. There was also confirmation of patients being made aware of their rights and having exercised their rights under the Mental Health (Northern Ireland) Order 1986, by way of appeal to the Mental Health Review Tribunal.

The South Eastern 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. There was information available from the patients' files and incident/accident records that, where relevant and with the consent of the patient, relatives were fully communicated with in relation to incidents and accidents. Communication had been recorded in the form of face to face contact or sharing of information via a telephone call.

The South Eastern 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**

Four of the five wards receive visits from an independent or peer advocacy service on a regular basis. In addition patients or their relatives can request to see the advocate on an ad-hoc basis. Information regarding advocacy services was displayed on posters and leaflets throughout four of the five wards and is included in the ward welcome pack. It was noted that advocates can and do attend, at a patient's request, their multi-disciplinary meetings, and where necessary discharge planning meetings. One of the wards had no formal advocacy arrangements in place, although the ward manager informed that this was currently under review. There was however peer advocacy support provided weekly.

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

### **3.0 Additional findings**

The inspector spoke with five staff across three of the five wards and with three patients on two of the five wards visited.

Staff who met with the inspector demonstrated an understanding of the Safeguarding Vulnerable Adults, Child Protection and Complaints policy and procedure. Staff were able to confirm their understanding of the action to take in the event of a safe guarding concern or complaint. None of the staff expressed concerns in relation to safeguarding arrangements within the trust. Not all staff were able to confirm that they had received regular supervision and appraisal.

Two of the three 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 informed the inspector that they felt involved in their care and were complimentary of the staff and ward environment. One patient who spoke with the inspector was unhappy with their detention. The patient was informed of their rights and the trusts complaints procedure. The ward manager was also advised of the concerns voiced by the patient and was asked to reissue the patient with a copy of the trusts complaints leaflet and details of the Mental Health Review Tribunal.

During the course of the visit to one of the wards it was noticed that a female patient was being nursed in the main visitors/family room. At the time of the visit the inspector noted that the patient had been nursed in this area for 11 days. The inspector was informed that this was due to the patient having been admitted when the ward was at full occupancy. The Ward Sister advised that there were no other options available within the trust to facilitate this acute admission. On review of the trust Bed Management Policy and Procedure, (expires July 2015), it stipulated that the ward may use the visitor's room as a contingency bed. Following further review of the matter it was apparent that the policy and procedure in this instance had not been fully adhered.

There was no evidence in the patient's records or at all, that the admission into the contingency bed had been agreed by the multi-disciplinary team and that this had been explained to the patient or next of kin. There was no evidence within the patients care plans or risks assessments that the patients' needs could and would be appropriately and safely met within the assigned area. The ward manager and senior managers were advised that risk assessments should be updated to reflect that this space was now being used as a sleeping area. The persons at feedback were also advised to complete a trust notification of incident form for this matter.

The inspector spoke with the patient regarding her care and stay on the ward, the patient was positive about her stay and was happy about her sleeping arrangements. There were blinds for the window and the patient had the option to lock the door if needed to maintain their privacy and dignity.

This finding was particularly concerning and the matter was addressed separately with the ward manager and with trust senior management subsequent to the visit. Assurances were provided by the trust that these concerns would be addressed promptly and appropriately.

#### **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 South Eastern HSC Trust.

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

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

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

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

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

The arrangements for working with other organisations were in place. The internal arrangements and communication with relatives appears to have improved in relation to the level of information shared. There was evidence that both patients and relatives are being consulted and involved more in decision 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 has made progress in ensuring their staff attend child protection training.

Advocacy facilities including peer 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 under review.

**The inspector can confirm that 12 of the 25 recommendations have been fully met, eight substantially met and four partially met. One recommendation was not assessed.**

## **5.0 Next Steps**

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

Trust	Hospital	Ward
<b>South Eastern Trust</b>	Ulster Hospital	Ward 27
	Downshire Hospital	Ward 15
	Downshire Hospital	Downe Acute
	Downshire Hospital	Downe Dementia Ward
	Lagan Valley Hospital	Ward 11

## 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.					
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