

ANNEX B

Comments from BHSCT, NHSCT, SEHSCT and SHSCT to DOH on COPNI Recommendations

Safeguarding and Human Rights

No	COPNI Recommendation	Response to Recommendation	Comment
R1	An Adult Safeguarding Bill for Northern Ireland should be introduced without delay. Older People in Northern Ireland must enjoy the same rights and protections as their counterparts in other parts of the United Kingdom. It remains arguable that a policy based approach may not be Human Rights compatible as it does not guarantee an appropriate level of protection. This was the point made by the reports on the statutory guidance in England and in Wales prior to new legislation coming into force.	<p>Accepted</p> <p>Accepted</p>	<p>SHSCT SHSCT would support this legislative development</p> <p>BHSCT BHSCT would support the development of legislation.</p>
R2	The Safeguarding Bill should clearly define the duties and powers on all statutory, community, voluntary and independent sector representatives working with older people. In addition, under the proposed Adult Safeguarding Bill, there should be a clear duty to report to the HSC Trust when there is reasonable cause to suspect	Accepted	<p>BHSCT Accepted</p>

	that there is an adult in need of protection. The HSC Trust should then have a statutory duty to make enquiries.		
R3	All staff in care settings, commissioners of care, social care workers, and regulators must receive training on the implications of human rights for their work. Such training must be specific rather than disconnected from more general training. The level of training should vary depending upon the nature of the duties undertaken and refresher courses should be undertaken regularly. Human rights should be an essential component of practitioner dialogue.	<p>Accepted</p> <p>Accepted</p> <p>Accepted</p> <p>Accepted</p>	<p><u>SEHSCT</u> The regional contract should set out and specify the requirements for the training for IS providers. Trusts should verify through contract monitoring. The Care Home standards should set out the requirements. RQIA should inspect against the standards to ensure compliance. Under the 2015 ASG Policy all regulated providers are required to name an ASC and an annual report is required to be published. The SEHSCT has a rolling program of Human Rights training for all staff according to the grade and role.</p> <p><u>SHSCT</u> Safeguarding and Human Rights awareness training is already delivered. Specific training will be considered to add value to current level. Human rights discussions are embedded in practitioner dialogue.</p> <p><u>NHSCT</u> Safeguarding and Human Rights awareness training has been delivered in a number of private homes since January 2018 by Trust staff. This relates to how practices can infringe human rights and how breaches occur. It explains how all members of society must consider and address S75 Human Rights Act 1998. Further training has been identified with the Equality Unit. This training will continue to be delivered throughout 18/19 and will be facilitated by the adult safeguarding team. In relation to Trust staff, the NHSCT has a rolling program of Human Rights training. This has been delivered over the last 4 years during the next 6 months all staff within Community and Hospital Social Work Teams including PPT will have refresher training which will be specific to their role in relation to assessment, care planning and review of the needs of individuals in the care home settings. Will be rolled out to include residential care homes.</p> <p><u>BHSCT</u> The BHSCT will work with its social work training team and Nurse education commissioners to design new bespoke training programmes for a diverse range of staff which supports understanding of the values principles and behaviours which can demonstrate a human rights approach specific to their role.</p>

			<p>Adult Services Learning and Development Team provide an on-going calendar of training in respect of Adult Safeguarding at all levels including Awareness and Refresher training. We also respond to specific requests from facilities/services and would provide this training in their workplace and would focus training and practice examples to their particular service user group.</p> <p>The content and level of this training has been agreed regionally and is part of the NIASP training schedule. The stipulation is that all staff complete Adult Safeguarding at Corporate Induction and our Social Care Staff must attend Adult Safeguarding Training once and thereafter this must be “refreshed” (updated) every 3 years for staff in residential /nursing care and 2 years for staff working in domiciliary or day care settings. This is the same requirement as the mandatory RQIA standards.</p> <p>Human Rights considerations – This is included in our Adult Safeguarding Awareness training. This emphasises that decisions taken in relation to the safeguarding of adults and children need to be compatible with Human Rights legislation and we focus in particular on Articles 2, 3 and 8 giving examples and implications if abuse or suspected abuse is not reported. This also includes discussion of the need to balance this with the person’s Article 8 rights. However, at this level of training we would emphasise that staffs responsibility is to report on; it is not their decision to make – if in doubt, report. Human Rights considerations are also included in Refresher training which is a quiz and tests staffs knowledge of their responsibilities under the Safeguarding Policy. Staff are asked about human rights and their relevance to safeguarding. Refresher training provides a forum to test knowledge, clarify any issues and ensure all are aware of their responsibilities. At refresher training we encourage staff to draw from their own practice experience and therefore enable them to make links with policy, procedures and their responsibilities.</p> <p>The Learning and Development Service also provides a calendar of dates for Human Rights training. This programme focuses primarily on the legislation and recent case law and judgements enabling staff to consider human rights in all interventions with those who use services.</p> <p>With regard to staff being aware of their responsibilities to report concerns in a human rights context. This would be included in Adult Safeguarding Awareness and Refresher Training. We refer to the BHSCT (2018) Your Right to raise a concern (Whistleblowing) Policy – highlighting that this policy provides a procedure for staff to raise genuine concerns internally on malpractice relating to criminal activity, failure to comply with a</p>
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			<p>legal duty, miscarriages of justice, danger to health and safety or the environment and the concealment of any of these issues in the workplace.</p> <p>We advise that examples may include:</p> <ul style="list-style-type: none"> *Malpractice or ill treatment of a patient by a member of staff *Repeated ill treatment of a patient despite a complaint being made *Where a criminal offence has been committed, is being committed or is likely to be committed. <p>We emphasise that the Trust has responsibility to promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously. It is a manager's responsibility to recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner. All members of staff recognise that it is their duty to draw to the Trust's attention any matter of concern.</p> <p>In summary, NISCC aim to protect the public by overseeing social work and social care staff. They do this through:</p> <ul style="list-style-type: none"> • Compulsory Registration of the social care work force. All staff in social care settings must be registered. • Setting standards for practice through the NISCC Standards of Conduct and Practice for Social Care Workers. These include value statements that make a commitment to upholding the rights, dignity and inherent worth of individuals. https://niscc.info/registration-standards/standards-of-conduct-and-practice • Setting requirements for Post Registration Training and Learning (PRTL). April (2018) Continuous Learning and Development Standards, Guidance for Social Care Workers. https://niscc.info/storage/resources/20180423_scwaudit-2018-final-guidance-for-registrants-_jh-final.pdf <p>These standards require all social care staff to avail of learning that includes principles of care, safeguarding, communication, health and safety and social care core skills. Learning in supervision, appraisal.</p> <p>Action: The Trust Adult Safeguarding Committee will review the organisation's capacity to deliver learning and development to social care, nursing and support services.</p>
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R4	Practitioners must be trained to report concerns about care and treatment in a human rights context.	<p>Accepted</p> <p>Accepted</p> <p>Accepted</p> <p>Accepted</p>	<p><u>SEHSCT</u> Since the Adult Safeguarding procedures were issued by HSCB in September 2016, the SEHSCT has rolled out a training program for all staff according to their role and responsibility under the 2015 Adult Safeguarding policy. SET has reviewed and issued the SET Adult Safeguarding policy. An Adult Safeguarding Champions network has been formed with all IS providers in SET area. Training has been funded by HSCB and provided by Volunteer Now relevant to their roles under the new policy. The regional contract should specify the requirements for the training for IS providers.</p> <p><u>SHSCT</u> As above. This will be further considered.</p> <p><u>NHSCT</u> The above training (see R3) incorporates all staff in Homes i.e. Managers, C/A, Nurses, Domestic Staff, Kitchen staff, activity coordinators and maintenance staff. It identifies how Human Rights are related to practices under the new Adult Safeguarding Policy (2015) and care issues. Anonymised examples are given of abuse cases and how they link to abuses of human rights particularly right to life, inhumane and degrading treatment, liberty and right to private life. The Regional Contract should specifically set out the requirements for IS providers. Staff who are regulated by a professional body are required to ensure they have attended appropriate training.</p> <p><u>BHSCT</u> BHSCT will review existing whistleblowing training programmes to ensure a human rights context and understanding. The BHSCT are committed to ensuring quality health and social care services and place a strong emphasis on staff being supported to raise concerns. The latter responsibilities are highlighted in <i>BHSCT (2018) Your Right to raise a concern (Whistleblowing) Policy</i>. There are regular reminders of these staff responsibilities through training, team meetings, Chief Executive Briefings and poster/intranet campaigns. An e-learning programme addressing Equality, Good Relations and Human Rights <i>Making a Difference</i> is available to all staff. See above (R3) for further detail.</p>
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R5	Policies and procedures relating to the care of older people should identify how they meet the duty to be compatible with the European Convention on Human Rights.	<p>Accepted</p> <p>Accepted</p> <p>Accepted</p> <p>Accepted</p>	<p>SEHSCT This is already in place in the SEHSCT.</p> <p>SHSCT Policies and procedures will be scoped to identify how they meet the duty to be compatible with the European Convention on Human Rights.</p> <p>NHSCT This has been current practice in the NHSCT since 2007.</p> <p>BHSCT BHSCT will set up a policy group appropriately resourced and skilled to review all policies and procedures related to the care of older people in hospital and community. This should include all relevant contract and service specifications for commissioned services.</p>
R6	The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights. An important component of the registration and inspection procedures, is to ensure that the human rights of people in care settings are protected and promoted. The Commissioner commends the approach of Care Inspectorate Wales (formerly the Care and Social Services Inspectorate Wales) in mapping individual rights to inspection themes and potential lines of enquiry. (CSSIW, Human Rights, 2017, a copy of which can be found at Appendix 3 of COPNI Report.)	Accepted	<p>BHSCT In principle subject to detailed review.</p>

R7	The Department or RQIA should produce comprehensive guidance on the potential use of covert and overt CCTV in care homes compliant with human rights and data protection law.	Accepted	BHSCT BHSCT has developed and updated a local policy for the use of CCTV for the purposes of supporting AS investigations at MAH. CCTV has been operational for approximately 12 months in specific areas.
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R9	<p>There should be meaningful family involvement in care and treatment plans and decision making at all key milestones. Electronic or written care plans should be available to families on request, including nutritional information.</p>	<p style="text-align: center;">Accepted</p>	<p><u>SEHSCT</u> SEHSCT implement the care management process which actively involves service users and their families in all decisions made. The Trust has developed a Moving into Care booklet which offers guidance to potential residents and their families. All families are provided with the list of facilities relevant to their needs and are advised to consult the RQIA website, before making a choice for permanent care placements. Independent Sector Homes are responsible for maintaining and updating the care plans as resident's care needs change. Homes should be required to share the care and treatment plans with families on request.</p> <p><u>SHSCT</u> Meaningful involvement currently underpins all practice with families.</p> <p><u>NHSCT</u> NHSCT have a care management process which was introduced in 2004 and actively involves and encourages service users and their families. Trust provide copies of reviews to families. The Trust provide copies of reviews as appropriate to families. The Homes are responsible for updating and maintaining care plans. Homes must therefore be required to provide electronic or written care plans and the Trust would find it beneficial if Homes should be included in this responsibility. NHSCT have been committed to ensuring that service users and families are fully engaged as appropriate. All families already have a named Trust contact as detailed in their care plan and review.</p> <p><u>BHSCT</u> The purpose of the Trusts CReST Team is to focus solely on the needs and quality of life issues of Older People in permanent placements taking a person centred compassionate and human rights approach. A key objective is to reach out to families offering support with meaningful involvement in care reviews and carer support programmes specific to the needs of families of residents in care homes. We will work with care homes to scope availability of electronic records and support development of this.</p>
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R10	The Commissioner reiterates Recommendation 4 of the Inquiry into Hyponatraemia-related Deaths that, "Trusts should ensure that all healthcare professionals understand what is required and expected of them in relation to reporting of Serious Adverse Incidents (SAIs)."	Accepted	<p><u>SEHSCT</u> SEHSCT are compliant with the regional SAI policy and staff have been trained in relation to their role and their responsibility to report. SEHSCT have issued a Whistleblowing and Escalating Concerns Policy in May 2018. This includes a specific Chain of Command Policy to inform the escalation of concerns.</p> <p><u>SHSCT</u> SHSCT actively monitor compliance with SAI reporting mechanisms.</p> <p><u>NHSCT</u> The NHSCT is involved in a regional workstream regarding the Hyponatremia Review and are committed to ensuring that recommendations are taken forward. NHSCT are compliant with the regional SAI policy.</p> <p>Since 2004 there has been an ongoing training programme to support staff in relation to their role and their responsibility to report. Ongoing monitoring of the Datix system supports the Trust to ensure staff are compliant in their duty to report incidents.</p> <p>"Both managers and staff are individually responsible for reporting adverse incidents they may identify in compliance with this policy. 'Adverse incident' includes incidents, near-misses, concerns, serious incidents, unexpected clinical and social care outcomes and Never Events"</p> <p><u>BHSCT</u> BHSCT has a Being Open policy in place which makes significant reference to duty of candour. Trusts have clear Whistleblowing policies</p>
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R11	The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report an SAI should be a disciplinary offence.		<p><u>SEHSCT</u> The Trust disciplinary process would only be considered if the threshold was met for a disciplinary process to follow. Private Homes will also need to be required to have the same compliance within their own staffing group.</p> <p><u>SHSCT</u> Communication across the Trust, RQIA and Care homes needs to be water tight to enable pick up of such failures. Threshold for disciplinary needs to be met and considered within the contract.</p> <p><u>NHSCT</u> The NHSCT is involved in a regional workstream regarding the Hyponatremia Review and are committed to ensuring that recommendations are taken forward. The NHSCT is committed to learning and improving standards of care. NHSCT through the monitoring of Datix will address any failures to report an SAI in a way to gain a better understanding of the reasons why the SAI was not reported. The Trust's disciplinary process will be considered if the threshold was met.</p> <p><u>BHSCT</u> Regional review of Disciplinary policy currently underway</p>
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R12	Failure to have an initial six week care review meeting should trigger a report in line with SAI procedures.		<p><u>SEHSCT</u> It is accepted that this is the current requirement under CM guidance, however there are some circumstances where flexibility may be required. Trust would accept that if a 6 week reviews do not happen – a reporting and escalation process is required but not automatically an SAI.</p> <p><u>SHSCT</u> The Trust currently follows the Departmental guidance ECCU 1/2010 Care Management Provision of Services and Charging Guidance. The guidance is broad and does not identify specific time frames, just a minimum of an annual review. This is our current standard however we are introducing a new standard outside of these departmental guidance. When case management guidance was reviewed we agreed that all new cases would get a 2 week review, an 8 week review (on transfer to permanent placement) and a 12 week review - not yet implemented - as well as an annual review</p> <p><u>NHSCT</u> Failure to have an initial six week care review meeting should not automatically warrant an SAI investigation. Can we ask for clarification of where the 6 weeks target comes from? The link provided does not detail this.</p> <p><u>BHSCT</u> The HSBC has very specific and clearly defined criteria on what is and what is not an SAI. Failure to have an initial six week review does not meet this criteria. Trust currently follow DOH guidance ECCU 1/2010 Care Management, Provision of Services and Charging guidance. The CrEST team assurance frameworks stipulates that the team will undertake an initial visit 2 weeks after transfer to team. Future reviews will be agreed at initial meeting with the minimum standard being 6-12 months. This is supported by a three monthly purposeful monitoring visit.</p>
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R13	The RQIA should pro-actively seek the involvement of relatives and family members as well as explore other routes to getting meaningful information, data and feedback on the lived experience in a care setting.		<p><u>SHSCT</u> Consider adding Trusts into area of Responsibility</p>
R14	The movement of residents by relatives to other homes should be viewed as a red flag and feedback should be obtained by the commissioning HSC Trust and the RQIA on the reasons for such moves.	Accepted	<p><u>SEHSCT</u> When a family wish to move a relative due to care concerns and the Trust has been alerted to the concerns, the Trust will always investigate and inform the appropriate agencies as required.</p> <p><u>SHSCT</u> Needs further consideration – can be a personal choice rather than related to standard of care</p> <p><u>NHSCT</u> The practice within the NHSCT has been to highlight concerns with appropriate agencies and investigate as required. This includes the moving of residents by families where concerns have been shared. On occasion it is appropriate for family to support a change of care home. However, when family wish to move a relative due to care concerns, these are highlighted with the Trust who will always investigate and inform the appropriate agencies as required.</p> <p><u>BHSCT</u> The BHSCT will develop a system to ensure this intelligence is captured and analysed for improvement opportunities</p>

R15	<p>There should be adequate support and information provided to older people and their families when facing a decision to place a loved one in a care home. Each HSC Trust should allocate a senior health professional to oversee these placements and good practice. This would be greatly helped by the introduction of a Ratings System for care settings</p>	<p style="text-align: center;">Accepted</p>	<p><u>SEHSCT</u> SEHSCT has developed a Moving into Care booklet which offers guidance to potential residents and their families. All families are provided with the list of facilities relevant to their needs and are advised to consult the RQIA website, before making a choice for permanent care placements. The Trust have a robust care management process in place and work closely with relatives to facilitate placement. A regional rating system for Care Homes would require DoH lead. Clarity required re allocate a senior health professional to oversee placements - ?on a case by case basis if Care Manager or corporately ie Permanency Team Manager.</p> <p><u>SHSCT</u> Clarity required if this is one individual or Keyworker /Case Manager and clarity around role and responsibility. Ratings systems may be an advantage.</p> <p><u>NHSCT</u> NHSCT provide a "Choosing a Care Home" booklet.</p> <p>The Trust has a robust care management process in place and work closely with service users and relatives to facilitate placement.</p> <p>Each service user who is known to the Trust has a lead named professional.</p> <p>A regional rating system for Care Homes would require DoH lead.</p> <p>The NHSCT would agree that a resource to collate the intelligence around quality trends would provide a more robust Governance structure.</p> <p><u>BHSCT</u> This refers to senior health professional, would suggest word health comes out or add in health & social care professional</p> <p>The Trust will review the quality and accessibility of current information in collaboration with other Trusts using co-production and improvement approaches.</p>
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Medicines Management

No	COPNI Recommendation	Response to Recommendation	Comment
R16	Dunmurry Manor should consistently use a Monitored Dosage System for medicines administration which would prevent many of the errors identified in this investigation for the administration of regular medications.	N/A	
R17	Care must be taken by staff to ensure any medicine changes, when being admitted / discharged from hospital, are communicated to the medical prescriber in order to institute a proper system to identify and amend any errors.		<p><u>SEHSCT</u> SEHSCT have raised the issue of medical governance in respect of transfers of care from the acute sector with the HSCB Regional Discharge Group.</p> <p><u>SHSCT</u> Consider adding Care Homes into area of Responsibility</p> <p><u>NHSCT</u> As established standard practice the NHSCT reviews the information provided for discharge arrangements to a care home from an Acute setting.</p> <p><u>BHSCT</u> Agreed</p>

R18	Families of residents must have involvement in changes in medication prescribing. Explanation should be provided so that resident and family members understand the reasoning for any change.		<p><u>SHSCT</u> Consider adding Care Homes into area of Responsibility</p> <p><u>BHSCT</u> Agreed</p>
R19	Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.		<p><u>SHSCT</u> Consider adding Care Homes into area of Responsibility</p> <p><u>BHSCT</u> Agreed</p>

R20	A medications audit must be carried out monthly or upon delivery of a bulk order of medication. This must be arranged with a pharmacist. To assist with more effective medicines management, providers of care homes should consider contracting with their community-based pharmacist (for a number of hours each week) to ensure that medicines management is safe and effective. The pharmacist could assist in staff training, identify where there are competency issues in the administration of medications and improve medicines governance within the home.		<p><u>SHSCT</u> Each registrant has a professional responsibility in relation to safe administrations of medicines and to attend training and identify areas for Continuous Professional Development as required. Consider adding Individual Registrants / Trusts into area of Responsibility</p> <p><u>BHSCT</u> Agreed Consideration should be given to how the medicines optimisation projects (Nursing Homes) funded by the Directorate of Integrated Care could be linked.</p>
R21	The RQIA Pharmacist inspectors need to review all medication errors reported since the previous inspection and review the Regulation 29 reports in the home to ensure steps have been taken to improve practice.		<p><u>SHSCT</u> Consider adding Care Homes into area of Responsibility Consider adding Trusts into area of Responsibility</p> <p><u>BHSCT</u> Agreed</p>

Environment and Environmental Cleanliness

No	COPNI Recommendation	Response to Recommendation	Comment
R22	It must be a pre-registration requirement for RQIA and a pre-contract requirement for HSC Trusts that all new care homes specialising in dementia care comply with dementia friendly building standards (and that buildings already in place are subject to retrospective “reasonable adjustment” standards). This must form part of periodic inspections to ensure suitability is maintained.	Accepted	<p><u>SEHSCT</u> Trusts do not have responsibility for pre-contract registration. This is covered by the RQIA regulation process.</p> <p><u>SHSCT</u> Consider adding RQIA into area of Responsibility</p> <p><u>NHSCT</u> This is not covered by the regional contract. RQIA are responsible for ensuring any Dementia registered care home complies with Dementia Friendly building standards as part of their registration and regulation.</p> <p><u>BHSCT</u> Any updated pre-registration requirements implemented by RQIA in relation to building standards will be covered by contract clauses which require Homes to meet those RQIA standards. Current contracting arrangements require Homes to have the appropriate RQIA registration in place in relation to category of care.</p> <p>The Trust’s Commissioned Services Governance arrangements includes the review and analysis of RQIA inspections and reports. The Trust has recently increased its investment in governance and monitoring for Commissioned Services in order to enhance and strengthen those arrangements.</p> <p>In circumstances where the assessment or review of an individual Resident indicates that environmental issues may impact upon the Resident’s safety or wellbeing, the Trust may make recommendations of changes required to the Home environment in line with the best practice evidence base.</p>

R23	Premises must be one of the areas that RQIA inspectors routinely inspect as an integral part of an integrated inspection with a focus on the condition of residents' rooms.		BHSCT Agreed
R24	Runwood must devolve goods and services budgets to a local level for staff to manage.	N/A	
R25	The RQIA must review how effective inspections are for periodically covering all of the regional healthcare hygiene and cleanliness standards and exposing gaps that a home may have in relation to these.		BHSCT Agreed
R26	Consideration should also be given to expanding these Standards in line with the NHS 'National Specifications for Cleanliness', which emphasise additional issues like the cleaning plan of the home and a specified standard of cleanliness for different parts of the home/different types of equipment.		BHSCT Agreed

R27	The programme of unannounced 'dignity and respect spot checks' should also include assessment of the suitability and state of the environment. In Dunmurry Manor the breaches of key environmental indicators raise the question of whether residents were being treated with appropriate dignity and respect and whether this should have triggered warning signs about Dunmurry Manor at an earlier stage.		<u>SHSCT</u> Needs further consideration The report provides no context as to what programme this recommendation refers to. Clarity is needed.
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Regulation and Inspection

No	COPNI Recommendation	Response to Recommendation	Comment
R28	Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.		BHSCT Agreed
R29	A protocol for collaborative partnership working in improving care in a failing care home should be developed and implemented as a matter of urgency by the RQIA and the HSC Trusts. The protocol should address the handling of complaints and the use of intelligence deriving from these to better inform all those with responsibility for the care of older people placed in homes.	Accepted	<p>SEHSCT SEHSCT has commenced engagement with RQIA to support the development of collaborative working arrangements and are keen for further consideration on this development.</p> <p>SHSCT Recent workshop has commenced this process. Consider adding Care Homes into area of responsibility.</p> <p>NHSCT NHSCT continues engagement with RQIA to support the development of a joint protocol and are keen for further consideration on this development.</p> <p>BHSCT The BHSCT strongly supports this recommendation and would like to see this work prioritised.</p>
R30	RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.		BHSCT Agreed

R31	RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.		BHSCT Agreed
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R32	The use of lay assessors/ inspectors in the inspection of care settings for older people should be introduced.		BHSCT Agreed
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R33	There should be a strict limit to the length of time a home is given to make improvements to bring its service back into full compliance.		<p><u>SEHSCT</u> SEHSCT are interpreting this to mean compliance with the care standards and regulations as per RQIA inspections SEHSCT feel that this is currently a major issue with the implementation of the regulatory and inspection process and would feel that this could be strengthened within the role of RQIA to ensure improvement timeframes are clearly stated and understood by all parties. The Trust has a role to ensure the safety of the residents and that quality improvement actions are taken. The decision in terms of length of time to return to full compliance should be home and issue specific and can only be made in partnership between RQIA and the Trust(s).</p> <p><u>SHSCT</u> Consider adding Care Homes into area of responsibility. Consider adding RQIA into area of responsibility.</p> <p><u>NHSCT</u> The imposition of a strict and inflexible timeframe is not always appropriate or in the best interests of service users.</p> <p>NHSCT recommend consideration is given to extend the function of the Strategic Management Group to include RQIA.</p> <p>The decision in terms of length of time to return to full compliance should be home and issue specific and can only be made in partnership between RQIA and NHSCT. This would require RQIA to monitor the improvements that the home put into place rather than wait until the follow up inspection at the end of the FTC timescale.</p> <p><u>BHSCT</u> Agreed. As part of the Trust’s Commissioned Services Governance arrangements the Trust maintains an escalation register for Homes of concern. Time limits for the submission and acceptance of action plans and the achievement of compliance are determined and set on a per Home basis and this includes liaising with RQIA regarding same in relation to any enforcement actions. Escalation process will be reviewed to ensure effectiveness.</p>
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R34	The RQIA should implement an inspection regime which includes weekend and night-time inspections for all homes on a more regular basis (and at least once per year), especially where there are indications of problems within a home. This offers an opportunity to reflect on the management of night time and weekend needs when fewer staff may be present and residents may present with more challenging behaviours.		BHSCT Agreed
R35	The DoH / RQIA should introduce a performance rating system / a grading system, as is the practice in other jurisdictions of the United Kingdom as soon as possible.		BHSCT Agreed

R36	The system of financial penalties should be strengthened and applied rigorously to providers of independent care homes which exhibit persistent or serious breaches of regulations.		<p><u>SEHSCT</u></p> <ol style="list-style-type: none"> 1. Responsibility to include RQIA given their role in serious breaches of regulations. 2. Regional contract should be reviewed to strengthen penalties and the application of these. 3. Regional guidelines for implementation need to be mapped out and agreed and applied consistently across the region. <p><u>SHSCT</u> Needs a regional process to agree and contract will need strengthened.</p> <p><u>NHSCT</u> Consideration must be given to the impact the actions would have on service user's health and wellbeing</p> <ol style="list-style-type: none"> 1. Responsibility to include RQIA given their role in serious breaches of regulations. 2. Regional contract should be reviewed to strengthen penalties and the application of these. 3. Regional guidelines for implementation need to be mapped out and agreed for regional consistency in its application. <p><u>BHSCT</u> The Trust's contract with Homes is the Regional Residential and Nursing Homes Specification and Contract. This contract includes clauses which deal with unsatisfactory performance and suspension. The Trust will implement any future updated version of the regional contract as directed by the HSCB</p>
R37	The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.		<p><u>SHSCT</u> We should consider adding Trusts into area of responsibility.</p> <p><u>BHSCT</u> Agreed</p>

Staff Skills, Competence, Training and Development

No	COPNI Recommendation	Response to Recommendation	Comment
R38	The Department / Chief Nursing Officer (CNO) as the commissioners of pre-registration nurse education should ensure workforce plans are developed that take full account of nurse staffing requirements for the independent sector.		BHSCT Agreed
R39	The Chief Nursing Officer as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse workforce levels required in the independent sector in Northern Ireland i.e. normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.		BHSCT Agreed

R40	The RQIA should collaborate with the CNO in this work and revise the minimum nurse staffing standard No 41 to give more clarity to the independent sector on levels of nurse staffing which are required to deliver safe, effective and compassionate care.		BHSCT Agreed
R41	A high level of staff turnover and use of agency should be considered a “red flag” issue for commissioners of care and the RQIA. Staff turnover should be monitored and findings of high levels of staff attrition should trigger further investigation. The nursing home minimum standards on staffing should reflect concerns where there is a high staff turnover and state that exit interviews are required in the event of any staff terminating their contract with a provider.		BHSCT Agreed

R42	Trust Executive Directors of Nursing, as commissioners of care in the independent sector should ensure that there are sufficient numbers of nursing staff with specialist knowledge to deliver safe, effective and compassionate care in the independent sector and assure themselves through the contract agreements with providers.	Not Accepted	<p><u>SEHSCT</u> Requires further consideration as the Directors of Nursing (PHA /DoH) are not in a position to secure or ensure appropriate numbers of trained staff in the Independent Sector. RQIA need to identify specific numbers of staff required to facilitate adequate staffing levels in care homes. SEHSCT welcomes Phase 8 of Normative staffing which will review Nurse staffing in Private Nursing Homes.</p> <p><u>SHSCT</u> The Directors of Nursing in all Trusts are not necessarily the Commissioners of Care for IS sector. PHA in reach and normative staffing will assist greatly. Consider adding Care Homes into area of Responsibility</p> <p><u>NHSCT</u> All reasonable steps will be taken to ensure there is sufficient nursing staff in post. It should be noted that this is a regional issue. Recommendation should be attributable to DoH as well as Trusts. Further consideration and discussion is required before accepting this recommendation. NHSCT welcomes Phase 8 of Delivering Care which will review Nurse staffing in Private Nursing Homes. RQIA should share the responsibility for this recommendation.</p> <p><u>BHSCT</u> This commissioning role sits with the Director of Adult Social & Primary Care. The Trust has established a CREST (Care Review & Support Team). This is a multidisciplinary team to provide assurance that all people living in care homes receive person centred, safe, effective and compassionate care. This is in addition to the existing Nursing Home Support team who have a clinical advice and education role in Nursing Homes and have access to specialist nursing support from 24/7 District Nursing and community specialist teams such as Oncology /diabetes, continence & respiratory.</p>
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R43	The RQIA inspection process must review levels of permanent staff attrition as well as the balance of agency / permanent staffing levels across all shifts in place in a home and review exit interviews.		BHSCT Agreed
R44	Runwood Homes must carry out an urgent staffing review to address weaknesses in induction, to investigate the high levels of attrition of nursing staff and managers in Dunmurry Manor and to make improvements to workforce management to encourage retention of permanent nursing staff and managers.	N/A	

Management and Leadership

No	COPNI Recommendation	Response to Recommendation	Comment
R45	The RQIA should require managers leaving employment with a home to provide them with an exit statement, within a defined timeframe, to enable them to identify patterns or issues which should trigger an inspection. Exit statements would be treated in confidence (and not available to the employer).		<p>BHSCCT Agreed</p>
R46	Any reports of inappropriate behaviour by senior managers in the independent sector should be investigated in full by the HSC Trust (at a contract level) and by the RQIA (in terms of the registered individual status). The outcome of these investigations should be a material consideration for the RQIA in terms of the "Fit and Proper Person Test".		<p>SEHSCT Independent Sector Providers as employers are responsible for the management, investigation and disciplining of their own staff. Trusts have an obligation to draw to the attention of the appropriate Senior Manager/ Owner and of an IS Company and RQIA - any concerns in respect of inappropriate behaviour. Any investigations/ disciplinary processes undertaken by IS managers should be monitored by RQIA as part of their regulation/registration function. Further consideration should be given to the inclusion and clarification of this issue in the regional contract.</p> <p>SHSCT This may also need to be investigated internally by those senior to Senior Managers within the IS provider in line with employment practices. Any investigations of IS care home staff by the home should be monitored by RQIA as part of their regulation/registration function.</p> <p>May need added to regional contract.</p>

			<p><u>NHSCT</u> Any investigations of IS care home staff by the home should be monitored by RQIA as part of their regulation/registration function. Companies as employers are responsible for investigation and disciplining their own staff. Further consideration should be given to the inclusion and clarification of this issue in the regional contract. Trusts have an obligation to draw to the attention of the appropriate Regulatory body as appropriate / Senior Manager/ Owner and of an ISP Care Home and RQIA - any concerns in respect of inappropriate behaviour. RQIA, under their legal requirements have sole responsibility for Fit and Proper person testing.</p> <p><u>BHSCT</u> Not accepted for Trust The Trust's contract with Homes is the Regional Residential and Nursing Homes Specification and Contract. This contract requires the Home to meet the regulations and standards set by the DoH and as enforced by RQIA.</p>
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R47	An independent body should be established to encourage and support whistleblowers throughout the process and whistleblowers need to be protected by the law to make genuine disclosures.		<p><u>BHSCT</u> Agreed</p>
R48	Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning Trust or the RQIA (see Section 8 on Complaints and Communication of COPNI Report).	Accepted	<p><u>SEHSCT</u> SEHSCT currently have a process in place where all formal complaints are reported by care homes to the Contracts Department. Where residents or families have not had the complaint dealt with to their satisfaction by the home the SEHSCT will manage the complaint formally through the SEHSCT complaints department.</p> <p><u>SHSCT</u> Process already in place via governance teams in Trust</p> <p><u>NHSCT</u> NHSCT currently have a process in place where all formal complaints are reported by care homes to the Trust's Governance Department. Where residents or families have not had the complaint dealt with to their satisfaction by the home the NHSCT will manage the complaint formally through the NHSCT complaints department.</p> <p><u>BHSCT</u> The current contracting arrangements in place require Homes to report information regarding complaints to the Trust on a quarterly basis. The Trust has recently increased its investment in the governance and monitoring arrangements for Commissioned Services. This enhanced team has responsibility for the oversight and analysis of complaints, including the identification of learning and actions taken following the review of complaints. Homes are required to handle all complaints in line with their complaints policy. In circumstances where the complainant is dissatisfied with the Home's response the Trust will investigate the complaint under its own complaints policy.</p>

Complaints and Communication

No	COPNI Recommendation	Accept Recommendation	Response
R49	Dunmurry Manor / Runwood must introduce an open and transparent complaints management system and welcome the early involvement of families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process. Families should be given meeting dates well in advance rather than requesting a meeting themselves. If a meeting has to be cancelled due to unforeseen circumstances this should be communicated to the families promptly.	N/A	

R50	<p>There must be improved communication between all bodies receiving complaints. Central collation would enable complaints to act as a better 'Early Warning System' about a failing home. A requirement for annual reporting of numbers and types of complaints, how they were dealt with and outcomes, would be a first step towards more open and transparent communication about complaints.</p>		<p><u>SEHSCT</u> SEHSCT has improved the process in relation to monitoring themes and trends and analysis of complaints. A monthly governance meeting has been established to review these reports and triangulate the number of incidents, complaints and Adult Protection reports. The SEHSCT compiles a quarterly report for the Programme and Directorate Governance meetings. To further strengthen these governance processes will require additional resources.</p> <p><u>SHSCT</u> Consider adding Care Homes into area of responsibility.</p> <p><u>NHSCT</u> NHSCT welcomes this recommendation. The Trust will work with the DoH to secure the necessary funding to strengthen governance arrangements. NHSCT have been working closely with HSCB bodies to learn from best practice in relation to monitoring themes and trends and analysis of complaints.</p> <p><u>BHSCT</u> Agreed see R48.</p>
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R51	<p>Given the poor information sharing over the issues in Dunmurry Manor, there should be a central point of access where the RQIA can access all complaints made to a home. They must then use this access to track patterns and look at the detail of complaints that are indicative of serious concerns.</p>		<p><u>SHSCT</u> Consider adding Trusts into area of Responsibility</p> <p><u>BHSCT</u> Agreed</p>
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R52	Complaints statistics relating to care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.		BHSCT Agreed
R53	A duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.		BHSCT Agreed
R54	In the event of a complex and serious complaint not being resolved locally, an independent complaints process should be engaged that allows access to alternative dispute resolution providing appropriate support for whistleblowers and families.		BHSCT Agreed

Accountability and Governance

No	COPNI Recommendation	Response to Recommendation	Comment
R55	The sharing and analysis of communication regarding concerns about low standards of care must be improved within and between the HSC Trusts, the RQIA, including its Board and the Department of Health to enable a more efficient and effective information flow, action and follow-up in all matters pertaining to failures of care.	Accepted	<p><u>SEHSCT</u> SEHSCT are keen to support the development of a protocol and system which will enable effective sharing and analysis of communication.</p> <p><u>SHSCT</u> Consider adding Care Homes into area of responsibility. DOH and HSCB communication also needs considered.</p> <p><u>NHSCT</u> This area of responsibility should also include HSCB and DHSSPS. NHSCT are engaged in supporting the development of a protocol and system which will enable effective sharing and analysis of communication.</p> <p><u>BHSCT</u> Trust strongly welcomes this recommendation to improve systems of information flows and analysis.</p>
R56	Those who commission care should assure themselves that they contract with organisations which have strong governance and accountability frameworks in place. Record keeping should be subject to rigorous and regular audit.		<p><u>SEHSCT</u> This requires the regional contract to clearly specify the requirements for governance and accountability in the IS Providers. RQIA currently has the lead role in determining whether any IS Provider meets the pre-registration requirements and receives the certificate of registration – which deems that they are suitable providers. IN relation to Dunmurry Manor, SET implemented a rigorous audit program and regularly fed back the concerns and issues to RQIA.</p> <p><u>SHSCT</u> Resource will need to be considered.</p>

		Accepted	<p><u>NHSCT</u> NHSCT currently contract with approximately 300 care homes across NI and within the current resources will make every effort to ensure good Governance and Accountability. However to fully implement this recommendation an additional resource will be required. The DoH and HSCB share responsibility for this recommendation.</p> <p>The NHSCT will only contract with homes who are regulated by RQIA as fit for purpose.</p> <p>RQIA has the lead role in determining whether an organisation meets the requirements on registration which we accept when contracting with Independent sector providers.</p> <p><u>BHSCCT</u></p> <p>The Trust has recently allocated increased investment to its Commissioned Services Governance Team in order to enhance existing monitoring processes. This includes a focus on record keeping and auditing processes conducted within Homes.</p>
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R57	An individual Duty of Candour should be introduced in Northern Ireland for all personnel and organisations working across and in the system which governs and delivers care to older people to encourage openness and transparency.		<p><u>SEHSCT</u> The Trust will implement an individual Duty of Candour if introduced in NI</p> <p><u>SHSCT</u> Professional codes and Trust values already include similar concepts. Consider adding Care Homes into area of Responsibility Consider adding RQIA into area of Responsibility</p> <p><u>NHSCT</u> The NHSCT is involved in a regional workstream regarding the Hyponatremia Review and are committed to ensuring that recommendations are taken forward. Professional bodies include a Duty of Candour in their Codes of Practice. NHSCT has a set of CORE values which we will continue to promote across all systems and processes Compassion Openness Respect Excellence</p> <p><u>BHSCT</u> Regional work stream already underway</p>
R58	The Regional Contract should be reviewed and training provided in relation to its content and effective use of its terms. The Department of Health should conduct a review of whether this contract is adequate in terms of being able to enforce the performance obligations contained therein.		<p><u>BHSCT</u> Agreed</p>

R59	All Relevant Authorities should develop and implement Escalation Policies that ensure senior officials are sighted in operational matters that are serious, protracted or otherwise significant in their business area.	Accepted	<p><u>SEHSCT</u> SEHSCT have issued a Whistleblowing and Escalating Concerns Policy in May 2018. This includes a specific Chain of Command Policy to inform the escalation of concerns. SEHSCT would welcome improved communication across all key agencies in terms of escalation and decision making.</p> <p><u>NHSCT</u> Consideration should be given to expanding Strategic Management Group under safeguarding. Communication is recommended / required across all key agencies i.e. HSCB / RQIA / PSNI / Commissioner for Human Rights / Commissioner for Older People NI / Trusts. NHSCT has an Assurance Framework in place which supports escalation of serious operational matters from practice level up to Trust Board.</p> <p><u>BHSCT</u> The trust has an escalation process for independent sector concerns. This is working effectively.</p>
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NOTE:

- SEHSCT - South Eastern Health and Social Care Trust
- SHSCT - Southern Health and Social Care Trust
- NHSCT - Northern Health and Social Care Trust
- BHSCT - Belfast Health and Social Care Trust