

*Response to COPNI Assessment on HSC First Response to 'Home Truths' Recommendations
October 2019*

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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. In the absence of an Adult Safeguarding Bill, what steps are being taken to ensure that older people in Northern Ireland enjoy the same rights and protections as their counterparts in other parts of the United Kingdom?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

While an Adult Safeguarding Bill can't be progressed until a Minister is appointed, the Department is undertaking preparatory work and considering whether it is possible to carry out a public consultation on legislative options for an incoming Minister to consider.

In the interim, the Department has been undertaking an audit of Adult Safeguarding procedures and referrals by HSC Trusts and we anticipate Adult Safeguarding will be a focus for the Independent Review Team in its final Report. We intend to take forward any relevant administrative improvements identified by this work. An Adult Safeguarding Change Programme will therefore be created to begin work in November with the aim of driving a more consistent regional approach, giving a clear mandate to practitioners and considering regional governance structures (including NIASP and LASPs).

Oct 2019 – RESPONSE FROM TRUSTS, RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The Trusts and RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

2. 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 that there is an adult in need of protection. The HSC Trust should then have a statutory duty to make enquiries.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

In the absence of Ministers and an Executive, the Department is currently considering whether it is possible to carry out a public consultation on legislative options for an incoming Minister to consider.

The Department will take into account this recommendation when developing any public consultation and when providing advice to Ministers. In developing any documentation for consultation, COPNI along with other pertinent bodies will be sighted on its progress.

Oct 2019 – RESPONSE FROM TRUSTS, RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The Trusts and RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

3. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. (A)Trusts and the RQIA will review the bespoke training provided to their own staff to ensure it continues to comply with this and provide an annual assurance it continues to do so.

(B)HSCB will explore the possibility of rolling out regional training for all non-Trust registered staff. In the future such requirements will be spelt out as part of the Regional Contract.

(C)Promoting Human Rights is also part of core professional training for all health and social care registrants and staff.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

In order to assess the adequacy of the Department’s response, the Commissioner requires the following information:

(A) What is the timescale for the review by the Trusts and the RQIA of Human Rights training? Will training be mandatory for all staff in a care setting?

(B) What is the timescale for the HSCB to ‘explore the possibility’ of rolling out regional training for all non-Trust registered staff. Will training be mandatory for all non-Trust registered staff? When will the Regional Contract be amended to include the requirement to provide Human Rights training to non-Trust registered staff?

(C) How will practice be monitored and assured?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

By the 1st November 2019, the Department of Health on behalf of the HSC will issue a clear statement fully supporting the promotion of Human Rights in all care and health settings and will commit to a programme of work to embed this.

In addition the HSC will commit to the development and introduction of a Human Rights Based Framework for the care home sector, consulting and involving all relevant agencies, authorities and bodies, including engagement with both the NIHRC and COPNI. Work will begin on this from the 1st November 2019

In developing the framework, there will be a focus in ensuring training continues to be appropriate across the sector, developing mechanisms to monitor its impact and quality. In addition the Department in tandem with the HSCB will review the Regional Contract with a view to compulsorily include mandatory Human Rights training to all non HSC staff. We will aim to have any revisions to the contract in place by April 2020.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SEHSCT:

The Commissioner requests information regarding the nature and scope of the safeguarding and Human Rights awareness training in private homes; and to Trust staff. How is the effectiveness/appropriateness of its Human Rights training practices monitored and reviewed?

Where are the results recorded? If there is no such monitoring/recording process, how does the SEHSCT assure itself of its effectiveness?

SEHSCT response:

The Managers of private care homes are responsible for each of their care staff both registered and non-registered to receive Human Rights based training in order to ensure the staff understand the implications of the Human Rights legislation directly on their practice. The Trust has no formal monitoring or reviewing of the Human Rights training in private care homes. It is considered as part of the annual Contract Reviews, Care Management Reviews, complaints resolution and incident monitoring. In addition the Trust receives Adult Safeguarding Champion reports on an annual basis, these will be discussed at the contract review meeting (or sooner if there are issues).

Under Section 13 of the regional care homes contract the Trust will ensure compliance with human rights training.

The SE Local Adult Safeguarding Partnership (LASP) has made available 5 training sessions to the independent sector entitled 'Keeping Adults Safe' delivered by Volunteer Now.

The Trust holds Provider Forum meetings with Independent Sector Providers and has provided sessions on Human Rights and Adult Safeguarding.

The NI Human Rights Commission report 'In Defence of Dignity' The Human Rights of Older People in Nursing Homes has been shared with both Trust and Private providers to raise awareness of human rights and promote clarity around how human rights are engaged in practice.

The Trust has developed a Hyperlink Index for the sharing of useful resources and this has been disseminated through SE LASP meetings and to all Independent Sector providers.

The SEHSCT has a bespoke training package for Human Rights and Adult Safeguarding and this is mandatory for all HSCT staff.

Human Rights training is integrated into other key training for staff, such as, Adult Safeguarding, Care Management, Approved Social Work, induction training, assessment, care planning and recording.

The Trust monitors compliance for its own staff for compliance against mandatory training.

The Trust has a range of assurance processes in place to ensure the effective application of the training by staff. These include – supervision, appraisals, incident and complaint reviews, file and practice audits. Audits have been conducted of Adult Protection documentation, practice and process. Actions plans have implemented and been shared for learning.

In addition the CPEA Independent review team have conducted Adult Protection audits and the outcomes are awaited for regional learning.

A Quality Improvement initiative has been undertaken to improve the Service User involvement in Adult Protection decision making. This has been inserted in the human rights section of the Adult Protection referral form to strengthen service user and the next of kin decision making around how an allegation is progressed. This ensures involvement and engagement of their human rights from the outset. Effectiveness will be monitored via audit of the Adult Protection process.

COPNI COMMENTS to NHSCT:

The Commissioner requests information regarding the nature and scope of the Safeguarding and Human Rights awareness training in private homes; and to Trust staff. How is the effectiveness/appropriateness of its Human Rights training practices monitored and reviewed? Where are the results recorded? If there is no such monitoring/recording process, how does the NHSCT assure itself of its effectiveness?

NHSCT response:

The Managers of private care homes put in place arrangements for each of their care staff both registered and non-registered to receive Human Rights based training. The content of the training includes the specific reference to Human Rights articles, accompanied with case studies and skills development. This approach supports the staff to understand the implications of the Human Rights legislation directly on their practice. There is no formal monitoring or reviewing of the Human Rights

training and its implications, in practice, however, it is considered as part of the annual Contract Reviews, Care Management Reviews, complaints resolution and incident monitoring. Section 13 of the regional homes contract the Trust will ensure compliance re: human rights.

In relation to the Northern Health and Social Care Trust staff, training is delivered both on Human Rights specific training courses and also integrated into other key training for staff, such as, Care Management, Approved Social Work Re-approval training, Induction Training, Assessment and Care Planning. There is no specific separate monitoring and reviewing of Human Rights Training, however it is integral in the audits such as, Care Management Audits, Supervision Audits and Complaint investigations.

COPNI COMMENTS to SHSCT:

The Commissioner notes that the Belfast HSCT response provides a comprehensive overview of both ongoing and proposed work streams in this area.

Given the failings in quality of care and residents' safety identified in the investigation, the Commissioner requests information from the SHSCT as to whether and how it has altered its practice in order to address this issue. How does the SHSCT assure itself of the effectiveness of the Human Rights awareness training provided? When will the Trust make a determination on whether to introduce specific training?

SHSCT response:

The SHSCT currently delivers adult safeguarding (NIASP level 2 learning outcomes) awareness training as part of corporate mandatory training for all staff. This training is general awareness and includes focus on the application of Human Rights considerations in recognising, responding and reporting concerns. A rolling programme is available for refresher compliance which is monitored through the line management structure.

Human Rights are referenced throughout all operational training. The level of detail varies with the specific programme and the training provider, e.g. Ethos, Principles and Practices for Supported Living Staff; Positive Behaviour Support; NISAT; assessment.

Specific training is commissioned by Social Services Workforce Development and Training and is delivered by the Law Centre NI on the integration of Human Rights in complex areas of practice. This is bespoke training to meet specific need for social work and social care staff e.g. Capacity, Consent and Deprivation of Liberty.

Human Rights discussions are an essential component in practitioner dialogue and SHSCT in conjunction with the Clinical Education Centre continues to provide Human Rights training across all disciplines, including Approved Social Workers, Social Work, Nursing staff, AHPs and support workers. Human Rights are considered throughout the assessment, care planning, monitoring and review processes and work continues to sustain improvement on the specific application and integration of human rights.

SHSCT are also rolling out the Making a Difference eLearning training which is mandatory for all staff. Making a Difference training includes: human rights, values and FREDA principles. This training will be reinforced by the HSC staff training manual on Equality, Good Relations and Human rights. The manual is available within the equality section of the Trust SharePoint site.

SHSCT are also providing face to face 'Making a Difference' training for Domiciliary Care Staff and have provided them with a colour copy of the training manual for their personal use. Elements of this training focuses particularly on human rights and findings from a number of high profile investigations, recommendations and learning from same.

The Managers of care homes are responsible for ensuring all staff both registered and unregistered receives Human Rights training in order to ensure that staff understand the implications of the Human Rights legislation directly on their practice. The Trust has no formal monitoring or reviewing of the Human Rights training provided in Care Homes. The Southern Local Adult Safeguarding Partnership training work stream supports partner organisations to strengthen governance in local adult safeguarding training. The annual trainers' event can be aligned to focus on the application of Human Rights in practice.

Oct 2019 – RESPONSE FROM RQIA:

RQIA response:

All RQIA inspection staff have undergone HR training. Up to 2012 this was carried out by RQIA's own Human Rights advisor who was employed on a permanent basis to provide training and advice to staff across the organisation. Since 2012 this service has been provided by the Directorate of Legal Services (BSO). The Mental Health Team would have also received training delivered by BSO- Equality Unit. Board members and directors have also received training.

After the publication of the COPNI Report additional training was provided by Dr Nazia Latif of Right Practice. This training was tailored to the role of the attendees and delivered in a more bespoke way to different Directorates using case examples from practice, scenarios from inspection findings. Dr Latif is a human rights expert, with her own company who has 13 years' experience in Human Rights training and who led on the Human Rights Commission's investigation on Human Rights in Nursing Homes.

In addition since June 2019 the Care Homes Team has commenced weekly safety huddles where key concerns and issues (including human rights) are discussed and actions agreed.

The record of inspection of care homes includes commentary on human rights issues in line with the requirements of the care standards.

RQIA inspection staff have regular supervision with their senior colleagues where the performance, including the effectiveness of training undertaken, is discussed. Practice will be monitored and assured through established processes of staff supervision, peer review of practice and performance management.

RQIA will continue to aim to mainstream Human Rights in all that we do, which is an ongoing process as we continue to build this into the culture of the Organisation. This will also form Part of our Mental Capacity Act – Deprivation of Liberty internal Training and will also be linked to the review of our Inspection Methodology. We will evaluate the training for effectiveness as we do with other training programmes delivered in the Organisation.

4. Practitioners must be trained to report concerns about care and treatment in a human rights context.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Refer to response against Rec 3. This will be included in any training to be provided.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests information as to how the impact will be monitored.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

As per the response to Question 3.

By the 1st November 2019, the Department of Health on behalf of the HSC will issue a clear statement fully supporting the promotion of Human Rights in all care and health settings and will commit to a programme of work to embed this.

In addition the HSC will commit to the development and introduction of a Human Rights Based Framework for the care home sector consulting and involving all relevant agencies, authorities and bodies, including engagement with both the NIHRC and COPNI. Work will begin on this from the 1st November 2019

In developing the framework, there will be a focus in ensuring training continues to be appropriate across the sector, developing mechanisms to monitor its impact and quality. In addition the Department in tandem with the HSCB will review the Regional Contract with a view to compulsorily include mandatory Human Rights training to all non HSC staff. We will aim to have any revisions to the contract in place by April 2020.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SEHSCT:

Given the failings identified in DMCH, the Commissioner requires further information as to whether and how the SEHSCT has altered its practice to implement this recommendation.

The Commissioner requires further information regarding the nature and scope of: the Adult Safeguarding training program; the review and output of the Adult Safeguarding policy; and the Adult Safeguarding Champions network.

How is the effectiveness/appropriateness of the training program for all staff (under the 2015 Adult Safeguarding policy) monitored and reviewed? Where are the results recorded? If there is no such monitoring/recording process, how does the SEHSCT assure itself of its effectiveness?

Has the SEHSCT sought to have the regional contract amended to specify the training requirements for IS providers?

SEHSCT response:

The SEHSCT has implemented the NIASP regional training framework with the 6 identified levels according to the specific role of the member of staff. (See attached)



In addition, a specific training and development plan for those in key decision making roles; Designated Adult Protection Officers and Investigating Officers has been implemented during 2019/20. This has included training on Mental Capacity, Deprivation of Liberty, Human Rights and recording and documentation – this has been delivered through workshops and seminars.

The SEHSCT has reviewed and re-issued the Trust Adult Safeguarding Policy and included within it is clear reporting information for raising concerns.

The element of a duty to report concerns is included in Induction, care management, Adult Safeguarding, and all relevant training programmes.

The SEHSCT has implemented a central incident reporting process and has developed escalation processes for raising concerns through line management and across Directorates.

The SEHSCT are participating in the regional workshops on the Duty of Candour in June 2019.

Compliance and effectiveness of the policy implementation and training is measured and monitored through supervision and file audits which have been conducted in regard to care management and adult safeguarding. Investigation and review of incidents and complaints also informs the learning and practice improvement. Action plans have been put in place to ensure the learning identified from audits is addressed.

SEHSCT has established an Adult Safeguarding Champions Network to support Independent Sector providers. These meetings have raised awareness of the Adult Safeguarding Policy, the role of the ASC, reporting of concerns and awareness of the Adult Safeguarding Champion Position reports. These reports will be discussed as part of the contract review process. The NI Human Rights Commission report 'In Defence of Dignity' The Human Rights of Older People in Nursing Homes has been shared with providers at the networks. A Hyperlink Index of useful resources has been developed and shared.

All information has been shared electronically with Independent sector providers through the contracts department.

All information is discussed and shared at SET Local Adult Safeguarding Partnership (LASP) meetings.

Reporting of concerns of care and treatment in a human rights context has also been included in Independent Sector Forums. SEHSCT holds these forums on a quarterly basis covering a broad range of issues/topics.

The SEHSCT has not requested any change to the regional contract in regards to training pending the CPEA review .It is anticipated that there may be recommendations which will require update to Nursing Home Minimum Standards which may include training.

COPNI COMMENTS to NHSCT:

Given the failings identified in DMCH, the Commissioner requests further information as to whether and how the NHSCT has altered its practice to implement this recommendation. The Commissioner requests further information regarding the NHSCT's training on reporting concerns about care in a human rights context. Please provide evidence that this is happening. Has the NHSCT sought to have the regional contract amended to specify the training requirements for IS providers?

NHSCT response:

The Northern Health & Social Care Trust has not requested changes to the Regional contract as it is anticipated there will be recommendations from the CPEA Review which will direct the necessary changes.

As reported previously this element of duty to report is included in staff induction, Care Management, safeguarding, and all relevant training programmes. The Duty of Candour training which commenced in June 2019 supports staff to report concerns about care in a Human Rights context.

COPNI COMMENTS to SHSCT:

Given the failings in quality of care and residents' safety identified in the investigation, the Commissioner requests information from the SHSCT as to whether and how it has altered its practice in order to address this issue. When will the Trust make a determination on whether to introduce specific training? How does the SHSCT assure itself of the effectiveness of the training provided?

SHSCT response:

The duty to report concerns is included in all Staff induction programmes, Corporate Adult Safeguarding training as well as being implicit within professional bodies' code of practice. This is reiterated in training for case managers as per the ECCU 1/2010 Care Management Provision of Services and Charging Guidance and all other relevant training. The SHSCT are also participating in the Regional Duty of Candour workshops.

The SHSCT has not requested changes to the Regional contract, in this regard, as it is anticipated that there will be recommendations from the CPEA Review which will direct the necessary changes.

5. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Trusts and the Department will ensure that all policies and procedures relating to the care of older people remain compatible with the ECHR. Thereafter, as part of the annual assurance process, Trusts will formally confirm that all such policies and practices continue to be compatible with the Convention.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

How will the Department monitor and ensure that all policies and procedures relating to the care of older people are/remain compatible with the European Convention on Human Rights? Will the Department and Trusts explicitly identify how each policy meets the duty? How will practice be monitored and assured?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department agrees that all HSC policies and procedures relating to the care of older people must be compatible with the European Convention on Human Rights.

As per our response to Recommendation 3, work will begin from the 1st November 2019 across the HSC on the development and introduction of a Human Rights Based Framework for the care home sector. This will include introducing mechanisms to ensure that care remains compatible with the ECHR and will set out policy development and roll out across the HSC will be so compliant.

The development of the Framework will involve engagement with both NIHRC and COPNI and will take advice from both bodies to develop suitable monitoring and assurance processes.

In addition we will ask Trusts to ensure that their procedures for adopting corporate policies and procedures include a clear statement of compatibility with Human Rights. The Department will continue to ensure that all policy submissions to the Permanent Secretary or a Minister include consideration of Human Rights and Equality implications.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SEHSCT:

Given the failings identified at DMCH, the Commissioner requires information regarding SEHSCT’s policies and procedures relating to care of older people and how they identify a specific duty’s compatibility with the ECHR.

SEHSCT response:

All SEHSCT policies and procedures are based on Human Rights principles and equality screened to ensure compatibility with Human Rights. Trust policies will only be signed off when they have been formally screened against the Human Rights legislation.

This process is overseen by the Equality Unit.

The review and update of SET Adult Safeguarding Policy was undertaken to ensure compatibility with the DoH Policy Adult Safeguarding Prevention and Protection in Partnership 2015. The regional Adult Safeguarding Operational Procedures (2016) have been implemented in SET.

All explicitly identify the duty of compatibility with the ECHR.

COPNI COMMENTS TO NHSCT:

Given the failings identified at DMCH, the Commissioner requests information regarding NHSCT's policies and procedures relating to care of older people and how they identify a specific duty's compatibility with the ECHR.

NHSCT response:

All Northern Health & Social Care Trust policies are based on Human Rights principles and are screened to ensure compatibility against human rights. Trust policies will only be agreed and signed off when they have been formally screened against the Human Rights legislation. This process is overseen by the Equality Unit.

SHSCT - No response received as Commissioners Assessment: Adequate.

6. The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The RQIA will lead on the implementation of this recommendation.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests further information from the Department of Health and the RQIA on the RQIAs review and mapping exercise as outlined in its response.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The RQIA will lead on the implementation of this recommendation and have provided further information as requested.

The Department will assure itself of RQIA’s progress against this recommendation through the annual Arm’s Length Body Accountability process.

Oct 2019 – RESPONSE FROM RQIA:

The RQIA Business Plan 2017/18 set out that we would review our inspection methodology. The appointment of the deputy director of assurance has provided the appropriate resource at senior level to facilitate this work. Please find attached project documentation in respect of the review. RQIA would be happy to talk through the review and project plans in more detail if you feel this would be helpful.



Project_Brief -
Inspection Methodc



Improving Decision
Making Project PID \



Inspection Report
Project PID v6 22051



Combined Project
Progress report v5 0

RQIA has, in partnership with IHCP, facilitated training for providers in respect of their legal obligations regarding human rights. This training was provided by the same company that trained RQIA staff to ensure consistency.

We have been liaising for several months with CQC in respect of specific arrangements for registration. An information sharing visit to CQC is arranged for October 2019 to understand how colleagues have integrated HR requirements into their registration processes. The visit was unable to take place sooner due to diary commitments on both sides.

RQIA inspection staff have received training on HR including scenarios specific to their work. The Review of Registration Processes has been deferred to align with the overarching review of inspection methodology. A Project Board for this review has been established to include the Chief Social Worker, provider groups, a representative for HSC Trusts, the PCC and RQIA Senior and Executive staff and Board. The Review of Registration Processes will be included as a workstream of this project. A mapping exercise of the Welsh approach has been completed and this will be referenced in the review of inspection methodology. This Recommendation will also be taken forward as part of the Independent Review.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests further information on the 'detailed review' referenced.

BHSCT response:

The Belfast Trust fully accepts that the registration and inspection process must ensure that care providers comply with legal obligations imposed on them in terms of human rights and wishes to withdraw the comments "In principle subject to detailed review" in the understanding that this was a typing format error.

SEHSCT - No response received as Commissioners Assessment: Adequate.

NHSCT - No response received as Commissioners Assessment: Adequate.

SHSCT - No response received as Commissioners Assessment: Adequate.

7. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner does not believe statutory guidance is required – the legal framework is already established under the Data Protection Act 2018 and the Human Rights Act 1998. HSC are already using CCTV such as at Muckamore Abbey, therefore guidance should already be in place. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Guidance on the overt use of CCTV was published by the RQIA in May 2016 and is available on the RQIA website. We will ask RQIA to remind providers of this guidance.

The mandatory introduction of CCTV would be a significant change in Departmental policy with a number of human rights, privacy, safeguarding and data protection considerations – it would therefore require Ministerial agreement. Advice will be prepared for any incoming Minister.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests a copy of the local policy for the use of CCTV. How is the effectiveness/appropriateness of its local policy monitored and reviewed? If not how does the BHSCT know that it is fit for purpose? If so where are the results recorded?

BHSCT response

As requested local policy for the use of CCTV is attached:



CCTV within
Muckamore Abbey F



BHSCT - Addendum
to BHSCT CCTV Polic

Operationally the policy is believed to be effective in terms of the provision of visual evidence when undertaking Adult Safeguarding investigations. However there are limitations as CCTV as follows: i) is not in patients bedrooms ii) at times cameras can cease working; for example power outages, iii) There is no audio facility. To date the provision of the CCTV has not been evaluated.

SEHSCT - No response received as Commissioners Assessment: Adequate.

NHSCT - No response received as Commissioners Assessment: Adequate.

SHSCT - No response received as Commissioners Assessment: Adequate.

8. HSC Trust Directors of Nursing, as commissioners of care in the independent sector, should assure themselves that care being commissioned for their population is safe and effective and that there are systems to monitor this through the agreed contract between both parties.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. It should be noted that Trust Directors of Nursing are not the only Directors with responsibility for commissioning care in the independent sector. Trust Directors with responsibility for commissioning will take all reasonable steps to ensure that care being commissioned is safe and effective and this is monitored effectively. The Department has commissioned the development of a Nursing Assurance Framework which will include nursing services commissioned and provided by the Independent Sector.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests further information regarding the nature and scope of this work including proposed plans and timeframes.

The SEHSCT and NHSCT both identify the need for additional resources – how does the Department propose to address this issue?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department in tandem with the HSCB will review all aspects of the Regional Contract. This will include clarify mechanisms that will allow for Trust Commissioners of Care to assure themselves and to monitor that the care being commissioned is both safe and effective. We expect this work to start in November 2019 and be completed within 12 months.

A draft nursing assurance framework has been produced which, as outlined, includes all nursing services commissioned by independent sector. It is anticipated the framework will be finalised by March 2020. This work may require statutory underpinning.

We anticipate commissioning of care will be a primary focus for the Independent Review Team when it presents its final Report to the Department before the end of 2019. In rolling out the review of the regional contract, we will carefully consider all pertinent recommendations.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests sight of the updated Governance and Quality framework for commissioned services. How is the effectiveness of the CReST team, monitored and reviewed? If not how does the BHSCT know that it is fit for purpose? If so where are the results recorded?

BHSCT response

Governance and Quality Framework for CReST is attached:



BHSCT -
CReSTQuality Assura

The effectiveness of the CReST team is monitored through established service accountability review processes.

Achievements this year include;

- Improvements in care review performance and statutory requirements
- Increase in family involvement in care reviews
- Escalation framework developed and implemented to identify homes of concern
- Organisation and facilitation of events to support care home managers and staff
- Integrated working with contracts department in annual contract meetings and quality monitoring
- Reduction in number of FTC within IS Homes within the Belfast Trust area
- Trust led Quality Improvement project in 2 care homes to promote better use of the complaints procedure, with plans to roll out wider

COPNI COMMENTS to SEHSCT:

The Commissioner requests further information as to whether the additional resources mentioned have been sought.

SEHSCT response:

The Trust has undertaken a review of its existing infrastructure and the processes for oversight of the Independent Sector care provision. A paper outlining the framework and the additional resources required to provide effective support and governance to support Independent Sector commissioning of care has been completed. The Trust has been able to identify a limited resource in 2019 / 20 that would enable some of the posts identified as being required to be put in place in a phased manner. Full implementation will take a number of years and will be dependent on the ability to secure the resource required.

SEHSCT has established a cross Directorate monthly Independent Sector Operational Governance meeting which is attended by governance leads from Mental Health, Disability, Older People's directorates, Finance, Contracts, Pharmacy and Adult Protection to collate, analyse and escalate concerns and associated action planning. In addition SEHSCT hold monthly cross directorate Independent Sector Corporate Governance meetings chaired at Assistant Director level.

The SEHSCT has established a dedicated Permanent Placement Team with named staff aligned to individual care homes. Whilst the role of the team is primarily to engage with the service user and their families, they also review the quality of care and provide a proactive partnership approach to meeting the needs of individual clients in a group care environment.

The SEHSCT has reviewed and developed an escalation policy to support the raising of concerns in line with contractual arrangements.

The Trust are continuing to participate with the CPEA Independent Review process to identify changes in practice that will strengthen Governance arrangements and may require funding.

COPNI COMMENTS to NHSCT:

The Commissioner requests further information as to whether these additional resources have been sought.

NHSCT response:

Funding has been secured to recruit two additional safeguarding staff into our permanent placement team. This will support the Trust to undertake investigations of any incident in relation to safeguarding. The Trust is continuing to work with the Department through the CPEA Review process to identify changes in practice that will strengthen Governance arrangements which may have funding or resource implications.

Independent Service Providers are required to ensure that the Trust is aware of any complaints received and to ensure that these are forwarded to the Complaints Department via the Trust's Contracts Commissioning Team. These complaints then fall within the regional complaint's policy and are triaged and investigated accordingly. Complaints from Independent Service Providers are

included in Quarterly Reports to the Engagement, Experience and Equality Group within the Trust's Assurance Framework.

The Trust has recently held its second raising concerns awareness week and at 31 May 2019, 67% of Trust Managers have undertaken formal openness training. This training is part of the Trust's commitment to promoting openness in addition to the obligations under the professional requirements of NMC, GMC, Social Care Workers and HCPC highlighting the Duty of Candour, professional code of conduct and ethics.

The training is available to all staff within the Trust and is available via e-learning, face to face sessions (via ad-hoc requests) alongside the Raising Concerns Awareness Weeks.

COPNI COMMENTS to SHSCT:

The Commissioner requests information on how the SHSCT intends to implement this recommendation.

SHSCT response:

The SHSCT continue to monitor care commissioned by the SHSCT in the independent sector through the 8 week, 12 week and annual review processes; the contract compliance process; contract review meetings; complaints; incidents and safeguarding processes.

Operational Directors and Assistant Directors work closely with the Trust Executive Director of Nursing and the Trust Safeguarding Lead to provide an assurance that the commissioned care delivered is safe and effective. Where professional nursing concerns are identified within commissioned services, a system is in place to escalate, when appropriate, to the Executive Director of Nursing's office and where necessary to the NMC. A flowchart to support HSC staff has been developed with particular reference to the interface with care home employers of nursing staff.

In addition the SHSCT Trust hosts a cross-Directorate, multi-disciplinary Independent Sector Governance Forum with participation from safeguarding, finance, operational and contracts leads to ensure mechanisms are in place to share intelligence on performance of care homes in the delivery of contractual requirements and take appropriate actions to manage same and support care delivery in the Independent Sector.

The Trust is continuing to work with the DOH through the CPEA review process to identify changes in practice that will strengthen Governance arrangements which may have funding or resource implications.

9. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. HSC Trusts will work with relevant care homes to build on existing procedures and move to a regional single care plan format personalised to each service user. Homes will be responsible for updating and maintaining care plans as required and where the appropriate authority exists, homes will be required to share the care and treatment plans with families on request.

COMMISSIONER'S ASSESSMENT: Adequate

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

How is the effectiveness of the CReST team, monitored and reviewed? If not how does the BHSCT know that it is fit for purpose? If so where are the results recorded?

BHSCT response:

As outlined in section 8

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to meaningful family involvement identified in the investigation, the Commissioner requests information from the SEHSCT as to how it has altered its practice in order to address this issue. Please provide a copy of the Moving into Care booklet.

SEHSCT response:

The SEHSCT accepts this recommendation and continues to work within the care management framework and processes to ensure that people and their families are fully involved and engaged in care provision decisions, through reviews and other key milestones and sharing the care and treatment plan.

The Moving into care booklet is attached.



(final) Moving into
Care Information.doc

Please note that the Trust is currently reviewing this under co-production methodology and with assistance with Bryson House Advocacy service.

The SEHSCT has established a 'Moving into Care Citizens Hub' to adopt a co-production approach to improving this experience for service users and their families. The aim is to rethink the process and the information required to inform a person moving into a care home environment. The Trust is working with Dunmurry Manor care home and Bryson Advocacy Service in progressing this and while in the very early stages, is well supported by local partners.

A Quality Improvement initiative has been undertaken to improve the Service User involvement in Adult Protection decision making. This has been inserted in the human rights section of the Adult Protection referral form to strengthen service user and the next of kin decision making around how

an allegation is progressed. This ensures involvement and engagement of their human rights from the outset. Effectiveness will be monitored via audit of the Adult Protection process.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to meaningful family involvement identified in the investigation, the Commissioner requests information from the NHSCT as to whether and how it has altered its practice in order to address this issue.

NHSCT response

The Northern Health & Social Care Trust accepts this recommendation, through the care management processes the Trust will continue to ensure that families are fully engaged.

COPNI COMMENTS to SHSCT:

Does the SHSCT accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to meaningful family involvement identified in the investigation, the Commissioner requests information from the SHSCT as to whether and how it has altered its practice in order to address this issue.

SHSCT response:

Recommendation accepted. SHSCT staff involve adults and families in the decision to move into a care home. Preparation for this transition will include their contribution to the design of care plan where this is possible. Families are invited to be part of ongoing multidisciplinary review process, attending meetings and being party to decisions for care and treatment throughout the year. The Care Homes are responsible for updating and maintaining care plans as required and are required to share the care and treatment plans with families on request.

Following a formal care review SHSCT keyworkers will also share a written copy of the review and recommendations with families.

Families should be notified on the occasions when the client/ resident who has capacity will not provide consent to their information being shared.

10. 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).

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Noted. This will be taken forward by the Department as part of the Inquiry into the Hyponatraemia Related Implementation.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

In Recommendation 10 you have referred to Recommendation 4 of IHRD Report. We believe your recommendation refers to Recommendation 31 of IHRD Report.

The Department is leading the work to implement the IHRD recommendations and the arrangements for dealing with SAIs will continue to promote the principles of openness.

The SAI Workstream arising from the Hyponatraemia Inquiry is currently coproducing implementation solutions to a range of recommendations. This will include key principles in “What you should expect if you are involved in a Serious Adverse Incident” which should be promoted in the SAI procedure by the end of the calendar year.

Associated induction, training and awareness will support the implementation of recommendations and will support all health and social care professionals’ staff to understand what is required and expected of them in reporting of SAIs.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information from the SEHSCT as to whether there has been a review of the effectiveness of the Whistleblowing and Escalating Concerns Policy and the Chain of Command Policy. If no review of these policies has been conducted, how does the SEHSCT assure itself of their effectiveness?

SEHSCT response:

The SEHSCT accepts the recommendation and is compliant with the regional SAI policy. There is ongoing training to support staff in relation to their role and their responsibility to report. Ongoing monitoring of incident reports supports the Trust to ensure staff are compliant in their duty to report incidents. Both managers and staff are individually responsible for reporting adverse incidents they may identify in compliance with this policy.

The SEHSCT participated in the regional workshops on Duty of Candour in June 2019.

COPNI COMMENTS to NHSCT:

Given the failings with regard to reporting incidents identified in the investigation, the Commissioner requests information from the NHSCT as to whether and how it has altered its practice in order to address this issue.

NHSCT response:

The Northern Health & Social Care Trust accepts this recommendation.

Northern Health & Social Care Trust Duty of Candour Workshops were held in June 2019.

The Trust Adverse Incident Management Policy (incorporating the principles of the Regional Serious Adverse Incident Policy) applies to all staff within the Trust and is included within staff Induction. Training on incident reporting is available to all staff and recently the Trust has introduced a requirement for every service in the Trust to develop Incident Trigger Lists. The Trigger lists are a list of service-specific events which must be reported as incidents.

COPNI COMMENTS to SHSCT:

Does the SHSCT accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to reporting of SAIs identified in the investigation, the Commissioner requests information from the SHSCT as to whether and how it has altered its practice in order to address this issue.

SHSCT response:

Recommendation accepted. The SHSCT incident reporting processes apply to all staff within the Trust and it is included in staff induction. Training is available to support staff in relation to their role and responsibility to report incidents and consider the threshold for reporting as an SAI. Ongoing monitoring of the Trust Datix system supports the Trust to ensure staff are compliant in their duty to report incidents including SAIs.

As part of ongoing Care home Transformation programme SHSCT have employed a Governance and Information Officer to input reported incidents onto the HSC DATIX system which arise within the Independent sector. This development will assist the SHSCT to provide a more timely response to the incident and monitor trends in present time.

The Trust is also participating in the Regional Duty of Candour workshops.

11. The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-Related Deaths that Failure to report an SAI should be a disciplinary offence.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Noted. This will be taken forward by the Department as part of the Inquiry into the Hyponatraemia Related Implementation.

COMMISSIONER’S ASSESSMENT: Inadequate

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The matter of including the deliberate failure to report an SAI as a disciplinary offence will require negotiation with professional bodies and trade union side. There are a number of recommendations which may require similar engagement and are linked to the Duty of Candour. It is proposed that openness will continue to be promoted as part of the Being Open Sub-Group’s work and that contractual changes will be developed as a package of measures by the Workforce Workstream when the position on Duty of Candour has Ministerial approval.

The Department is leading the work to implement the IHRD recommendations and the arrangements for dealing with SAIs will continue to promote the principles of openness.

The SAI Workstream arising from the Hyponatraemia Inquiry is currently coproducing implementation solutions to a range of recommendations. This will include key principles in “What you should expect if you are involved in a Serious Adverse Incident” which should be promoted in the SAI procedure by the end of the calendar year.

Outside the scope of IHRD Implementation, the Department will also review Standard 13 (Safeguarding Standard) of the Care Standards for Nursing Homes (April 2015) to consider introducing information concerning SAIs into the core documentation and appendices.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

Does the BHSCT accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests further information regarding the review together with a timeframe for completion.

BHSCT response:

The BHSCT Trust accepts that failure to report an SAI may on occasions instigate a disciplinary procedure, if the threshold was met, in which case the Trust would follow due process. Therefore the Trust partially accepts this recommendation. The Trust is committed to learning and improving standards of care. BHSCT will always address any failures to report an SAI in a way that gains a better understanding of the reasons why an SAI was not reported and to use this learning to improve understanding and compliance with the requirements to do so.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to the handling of SAIs which were identified in the investigation, the Commissioner requests information as to whether and how the SEHSCT has altered its practice in order to address this issue.

SEHSCT response:

Recommendation accepted. The SEHSCT is committed to ensuring the recommendations from the Hyponatraemia Review are taken forward. The SEHSCT is committed to learning and improving standards of care.

The emphasis is to ensure that all staff report all adverse incidents. It is not up to individual staff to report an incident as an SAI as the notification of an SAI occurs after screening of the incident by the relevant Senior Managers, responsible Assistant Director and Director when the decision is taken against the SAI criteria.

The SEHSCT accepts that failure to report an SAI may on occasions instigate a disciplinary procedure however this may not always conclude with a disciplinary offence being charged.

NHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings with regard to the handling of SAIs which were identified in the investigation, the Commissioner requests information from the SHSCT as to whether and how it has altered its practice in order to address this issue.

SHSCT response:

Recommendation partially accepted. The SHSCT is committed to ensuring the recommendations from the Hyponatraemia Review are taken forward. The SHSCT is committed to learning and improving standards of care.

The emphasis is to ensure that all staff report all adverse incidents. It is not up to individual staff to report an incident as an SAI as the notification of an SAI occurs after screening of the incident by the relevant Senior Managers, responsible Assistant Director and Director when the decision is taken against the SAI criteria.

The SHSCT accepts that failure to report an SAI may on occasions instigate a disciplinary procedure however this may not always conclude with an offence being charged.

12. Failure to have an initial 6 week care review meeting should trigger a report in line with SAI procedures.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Partially Accepted. Under the care management guidelines, this is not a requirement, but is considered best practice. The HSC agrees that if the 6 week review does not happen a need for escalation is required, however establishing an SAI may not be the most appropriate response. There will be circumstances where flexibility will be required.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

1. Can the Department outline the process by which a matter will be escalated?
2. When was the escalation process introduced?
3. What guidance has been issued in respect of it to ensure that it actually happens and consistently?
4. How is the effectiveness of the process/guidance monitored/assessed?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

We acknowledge the intent behind this recommendation is that care reviews are not being carried out with the frequency and robustness required. To respond to this intent, the Department will commit to consult with the HSC to produce guidance with suitable inspection arrangements built in to ensure oversight and scrutiny.

The guidance will have a focus on review arrangements being clearly set out in the admission care plan, built into an individual's contract, checked as a matter of good practice and sampled at inspection.

The guidance will clarify why there is a need for six-week care reviews, what they should entail, knowing whether they have taken place and a range of actions to maintain best practice. Care management practice is already within the scope of an of RQIA inspection.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

The Commissioner requests information on the rationale for the SEHSCT not accepting this recommendation.

SEHSCT response:

The SEHSCT do not accept this recommendation. The Trust accept the need for a timely review following an admission to a care home. We continue to promote this as good practice with the aim of a timely review to identifying any issues early into the placement and take the appropriate steps to address these. There is no evidence to indicate that a failure to undertake a review within a six week timescale set out by COPNI would automatically meet the criteria for an SAI process to be initiated.

If at any stage the Trust Care Management processes were non-compliant, this will be escalated immediately to Line Management and where appropriate an incident investigation would be implemented. Following this investigation, if the criteria for an SAI was reached the Trust would immediately implement the SAI process.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response:

The Northern Health & Social Care Trust does not accept this recommendation. From our experience the Northern Trust works to a two weekly review following the date of admission to a care home. We will continue to do so as this timely review picks up issues early into the placement and is able to address these. There is no evidence to indicate that a failure to undertake a review within a six week timescale set out by COPNI would automatically meet the criteria for an SAI process to be initiated. If at any stage the Trust Care Management processes were breached these would be escalated immediately to Line Management and where appropriate an incident investigation would be implemented. Following this if the criteria for an SAI was reached the Trust would immediately implement the SAI process.

COPNI COMMENTS to SHSCT:

Does the SHSCT accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests further information on the progress of implementation of the 12 week review referenced.

SHSCT response:

Recommendation Not Accepted. The Southern Health Social Care Trust accepts the need for a timely review following admission to a care home. Within the Departmental guidance ECCU 1/2010 Care Management Provision of Services and Charging Guidance a 6 week review is not a requirement. The guidance states "A review of needs and the services provided should take place at the times or intervals specified in the care plan or at any other time deemed necessary....reviews should be conducted to suit the individual circumstances of service users and their carers." (pg. 7) "more frequent reviews may be required in response to changing circumstances or at the request of the service users or other persons, including carers or agencies involved in their care." (pg. 8) The SHSCT has implemented internal standards as set out above as these are accepted points for monitoring of the agreed care plan to ensure they are effectively meeting the assessed need. We are currently progressing the implementation of a review at 12 weeks for those residents who have transferred permanently over to our Care Home Support team.

Establishing an SAI if a review has not been completed within 6 weeks of admission to a Care Home would meet the criteria for an SAI process to be initiated however it does not allow for the flexibility intended in the Departmental Guidance ECCU 1/2010 Care Management Provision of Services and Charging Guidance.

13. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA will take the lead in the implementation of this Rec including full implementation of the Personal Public Involvement (PPI) requirements and DOH Co – Production Guidance.

COMMISSIONER’S ASSESSMENT: Adequate

COPNI COMMENTS: The Commissioner has requested further information from the RQIA on the implementation of this recommendation.

Oct 2019 – RESPONSE FROM TRUSTS:

COMMENTS:

The Commissioner requests clarification as to what is meant by the response.

SHSCT response:

Recommendation accepted. SHSCT is of the opinion that this recommendation should be adopted by all HSC organisations who are involved in supporting clients in a care home setting and not just RQIA. SHSCT are encouraging care homes within their area to engage in the 10,000 MORE voices initiative.

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENT TO RQIA:

Are the measures being undertaken to improve performance in this area being monitored/assessed? If so where are the results recorded? If not how will its appropriateness/success be monitored and improved upon?

RQIA response:

RQIA has established an inspection methodology improvement programme. The aims of this programme include ensuring a clear focus on the experience of people who receive care and those who are important to them. This will include work to strengthen our direct engagement with service users and those important to them, alongside ensuring that we make better use of the information that we receive relating to experience in care settings.

Each element, once introduced, will be evaluated 6 months after implementation. We are working closely with colleagues in the Care Inspectorate Scotland as we develop our new approach. In the later stages of each project, we will seek review of each proposed process by a relevant colleague in the Care Inspectorate. This is an extensive work programme that will run throughout this business year.

Over 70 members of the public signed up for the RQIA Membership Scheme which was launched at an event in January 2019. At this event, members advised which projects they would be particularly interested in supporting us with which included reviewing the RQIA website to ensure it includes more helpful information for members of the public and relatives and the format and content of our inspection reports.

RQIA proactively seeks the involvement of relatives and family members at every opportunity. On inspection inspectors will speak to visitors to the home and leave contact details and “Have We Missed You” cards to encourage relatives to share information about the experiences of their loved

ones. We have provided posters for display in homes explaining that they are regulated and what this means and how to contact us.

We have attended family meetings in homes at the request of managers and facilitate this where we can – within the resource constraints of running our own business.

As part of our communication and engagement strategy we take all opportunities to promote our work and the importance of family contact with us to share positive and negative stories of their experiences. This includes broadcast interviews and platform pieces in print media.

Our website includes details of how to contact us to share concerns and we do receive calls from relatives. We have used this information as intelligence when planning our inspection activity – and have undertaken unplanned inspections on the back of information shared by relatives and family members about a service. We promote our website through our social media channels and are scoping a review to ensure it is as user-friendly as possible for all our stakeholders.

We have featured relatives' experiences as part of our guidance for providers and on our website as well as in training for our own staff.

The success of the membership scheme will be measured as part of the project.

14. The movement of residents by relatives to other care 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Each Trust, in conjunction with the HSCB, will develop a local and regional system to ensure this type of intelligence is captured, analysed and shared with the RQIA for improvement opportunities. As part of DOH's Independent Review it is expected that the review team will consider the effectiveness of communication across the HSC.

COMMISSIONER'S ASSESSMENT: Adequate

COPNI COMMENTS: The Commissioner has requested further information from each Trust and the RQIA on the implementation of this recommendation. The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests further information regarding the development of a system. Is the effectiveness of the system being monitored/assessed? If not how does the BHSCT know that it is fit for purpose? If so where are the results recorded?

BHSCT response:

The CReST team has a red flag system where staff log information/ notifications, adverse incidents complaints, etc. A relative seeking to move a person from a home is a red flag. The system requires that in circumstances of a red flag, that this is escalated and reviewed immediately. In addition the team has a Live Governance meeting each week. In any case, where a service user's family take a decision to move them from one home to another this will be discussed.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The SEHSCT states that the Trust will investigate in circumstances in which 'the Trust has been alerted to concerns.' Given the failings identified in Home Truths in relation to this recommendation, the Commissioner requests information from the SEHSCT as to whether and how it has altered its practice in order to address this issue.

SEHSCT response:

The SEHSCT accepts in principal that it could be a red flag but the Trust will always ask why and this will be considered on a case by case basis. The Trust will continue through the Care Management procedures to effectively manage issues through these processes. As part of the Contract Review meetings with providers the Trust will collate and examine information on the number of people who have transferred out of the home and the reasons why. This information will be held by the contracts department.

The link roles of the key workers within the Permanent Placement Team will enable better relationships with care homes and improved oversight of the culture and changing resident population. When a resident is seeking to leave the facility due to care concerns, the liaison key worker will seek information as to the circumstances surrounding it and inform the appropriate agencies as required.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The NHSCT states that the Trust will investigate in circumstances in which 'the Trust has been alerted to concerns.' Given the failings identified in Home Truths in relation to this recommendation, the Commissioner requests information from the NHSCT as to how it has altered its practice in order to address this issue.

NHSCT response:

The Northern Health & Social Care Trust accepts in principle that it could be a red flag but the Trust will always ask why and this will be considered on a case by case basis. There could be a rationale for transferring an individual, i.e. initial home of choice not available at point of permanent care being required. The Trust has not altered its practice in relation to Care Management procedures as it has been able to effectively manage issues through these processes. As part of the Contract Review process the Trust will collate information on the number of people who have transferred out of the home and the reason why. This information will be held centrally in the Contracts Department.

COPNI COMMENTS to SHSCT:

Does the SHSCT accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner wants to clarify that he would expect the SHSCT to take action to understand the reasons for a move requested by families / residents and in particular in the event that there are a number of requests made.

SHSCT response:

Recommendation accepted. The Trust oversees any change in placement by applying the Departmental guidance ECCU 1/2010 Care Management Provision of Services and Charging Guidance as this would be a trigger point for a care review. The SHSCT will continue to seek clarity on why a resident chooses to move on a case by case basis. The decision to move can be based on a person's choice, maybe the home they currently reside in was not their first choice, other factors to influence this could be proximity to family or the resident's care needs can no longer be safely met by the Care Home. Any issues raised during this process will be raised with the Care home and also within the Contract Review process.

15. 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 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: (A). Partially Accepted (B). Ministerial decision required.

Each HSCT should review the support and information provided to older people and their families when making a decision to place their relative into a care home, including the feasibility of allocating a senior health professional to oversee these placements and good practice. In respect of the introduction of a ratings system, the Department has considered this recommendation and formulated advice for incoming Minister.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

What steps will be taken to ensure the HSCTs engage in this process?

Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Organising such placements is the responsibility of each Trust. It is the Department's expectation that any social worker, nurse or allied healthcare professional assisting in making any such placement should be under the supervision of a more senior colleague.

Whilst it is up to each Trust to organise as it sees fit, we expect as best practice to see a senior manager be responsible for keeping an overview of placements [and monitoring key information such as about care reviews]. We will write to all Trusts in November 2019 to confirm this expectation and seek assurance from each Trust that they have this oversight in place.

The Department will give consideration as how families can contribute their considerable expertise in determining what information would be helpful when making decisions about care and capturing their experiences to enhance the support available. We would be keen to work with COPNI to ensure there is accessible and helpful information available to those making decisions on care homes for their loved ones. We will provide a further update to COPNI and seek discussion early in 2020.

The formal introduction of a Ratings System for Care Settings would require a Ministerial decision. Advice and guidance will be prepared for an incoming Minister.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SEHSCT:

For the purposes of clarity, the Commissioner considers that it is a matter for the SEHSCT to determine which 'senior health professional' is most appropriate to oversee placements.

SEHSCT response:

The Trust have a robust care management process in place and work closely with relatives to facilitate placement.

The establishment of the Permanent Placement Team will enable improved processes to oversee placements and to in reach into care homes to understand the culture of care and to offer increased support. The Senior Manager of the team is a nurse

NHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information as to what support and information is made available by the SHSCT to older people and their families facing a move to a Care Home. The Commissioner further requests information from the SHSCT as to whether the introduction of a ratings system would assist those requiring care, their families and the SHSCT itself.

The Commissioner notes that the Belfast HSC Trust's response references a review of the quality and accessibility of current information in collaboration with other Trusts using co-production and improvement approaches.

SHSCT response:

Partially accepted. The SHSCT has robust Care Management processes in place and works closely with older people and relatives to facilitate placement. Currently each placement is overseen by an appropriate key worker and the Trust will be continuing with this arrangement.

The SHSCT have commenced scoping of all information currently provided to older people and their families and will be engaging with Service Users and Carers to coproduce a standardised Trust information pack. There is also an opportunity to discuss and regionally agree with all relevant stakeholders the information for sharing on transition to a Home setting.

The SHSCT would welcome the introduction of a ratings system for care settings.

16. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: N/A – for Runwood Care Homes Ltd to respond

COMMISSIONER’S ASSESSMENT: Adequate

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE: **As stated above.**

17. Care must be taken by staff to ensure any medicines 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The Department, HSCB and Trusts through the Regional Discharge Group will consider carefully the implications of this recommendation and revise existing policy and guidance as accordingly.

COMMISSIONER'S ASSESSMENT: Adequate

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests further information from the SEHSCT regarding its work to address the issue of medical governance.

SEHSCT response:

The SEHSCT accepts this recommendation and will participate with the HSCB, other Trusts and the Regional Discharge Group to consider the implications of this recommendation and existing policy and process. The SEHSCT reviews the information provided for discharge arrangements to a care home from an acute setting.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests further information from the NHSCT as to whether and how it has altered its practice in order to address this issue.

NHSCT response:

As referenced in the Trusts first response this has been our established standard practice. The Trust will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests clarification as to whether the SHSCT has a role in this process and, if so, please explain what that role is.

SHSCT response:

Recommendation accepted. The SHSCT already have an established process in place where both Acute and nominated Community practitioners have access to NIECR. This enables medics in the Acute Directorate to review medication on admission to hospital and the patient discharge letter will be uploaded for the GP to view on discharge. A copy of the discharge letter is also shared with the Care Home on discharge. Consideration should be given to enable Care home staff to access NIECR.

18. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Trusts will lead on the implementation of this recommendation across all Nursing homes....engaging the Medicines Optimisation in Older People (MOOP) network as necessary. It is acknowledged the approach is very much a shared decision making one involving the patient and/or family or carers but at all times should respect the privacy of the resident.

COMMISSIONER'S ASSESSMENT: Adequate

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests clarification as to whether the SEHSCT has a role in this process and, if so, please explain what that role is.

SEHSCT response:

The Trust does accept it is good practice to inform residents and families where appropriate about all changes to the care provided. This is the role for the Care Home who is responsible for providing the day to day care for the individual.

Changes in medication prescribing are the responsibility of the General Practitioner.

The SEHSCT does not accept that it has a role in this process.

It is important that there is no delay in medication changes prescribed by the GP being implemented as this may have a direct impact on the service user's health and wellbeing. It is the responsibility of the GP and the Care Home to ensure that the Service User and where appropriate/ necessary the family are informed of such changes.

It could be an infringement of Human Rights where the Service User has capacity.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requires the NHSCT to clarify whether it has a role in this process and, if so, please explain what that role is.

NHSCT response:

The Trust does accept that it is good practice to inform families, where appropriate, in all changes in the care provided. However the Trust does not have a role in this and changes in medication are the responsibility of the General Practitioner and the providers of care.

This could be an infringement of Human Rights where the resident has capacity. It is important that there is no delay in medication changes prescribed by the GP being implemented as this may have a direct impact on the service user's health and wellbeing.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

The Commissioner notes the Department's response states that the Trusts will lead on the implementation of this recommendation across all Nursing homes engaging the Medicines Optimisation in Older People (MOOP) network as necessary. The Commissioner requires the SHSCT to clarify its role in this process.

SHSCT response:

Recommendation partially accepted. This would not be the case in situations where the resident has the capacity to make their own decisions and where they choose not to involve their family. Furthermore, it is important that there is no delay in commencing medication changes prescribed by the GP or in the reporting of omissions or errors that occur to the GP as it may have a direct impact on the service user's health and wellbeing.

The Trust does accept it is good practice to inform residents and families where appropriate about all changes to the care provided. This is the role for the Care Home who is responsible for providing the day to day care for the individual.

19. Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The Department in conjunction with Trusts and Care Providers will consider how best to implement this recommendation.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests further information regarding the nature and scope of this work, including a timeframe for implementation.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department will lead a HSC review of the current standards, with the view to enabling Care home managers to update medication records and particularly the Medicine Administration Record (MAR) each time a medicine is administered or refused – and the reason for refusal. If a person continually refuses their medicines for a period for a period of time to be determined and acknowledges it is their right to do so, there should be a referral to the GP for advice - which should also be recorded

We anticipate this will be a focus for the Independent Review Team when it presents its final Report to the Department before the end of 2019. In rolling out the review above, we will actively consider all pertinent recommendations they present.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests clarification as to whether the SEHSCT has a role in this process and, if so, please explain what that role is.

SEHSCT response:

The SEHSCT accepts this recommendation however the responsibility for implementation rests with the Care Providers and not with the Trust.

The Trust would expect that a home records this activity in line with regulation and duly reports any such incidents to the RQIA/Trust via the incident reporting process.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests clarification as to whether the NHSCT has a role in this process and, if so, please explain what that role is.

NHSCT response:

The Northern Health & Social Care Trust accepts this recommendation however the implementation of this sits with the Care Providers and not with the Trust.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests clarification as to whether the SHSCT has a role in this process and, if so, please explain what that role is.

SHSCT responses:

Recommendation accepted. The SHSCT accepts this recommendation however the implementation of this sits with the Care Providers and not with the Trust

20. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The Department will lead a review of existing policies, guidance and procedures and implement updates as necessary to ensure compliance with this recommendation.

COMMISSIONER'S ASSESSMENT: Adequate

21. The RQIA Pharmacist Inspectors need to review all medication errors reported since the previous inspection and review the Reg 29 reports in the home to ensure steps have been taken to improve practice.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA Inspectors will review all notifiable incidents as they are reported.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

The RQIA state that it already reviews all notifiable incidents. That assertion is not supported by the findings of the Commissioner’s investigation. How does the Department plan to resolve this weakness within the current system?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department will work with the RQIA to ensure this continues to be a component of inspection planning and inspections.

Oct 2019 – RESPONSE FROM RQIA:

All medicine incidents continue to be reviewed by a pharmacist inspector when received into RQIA. Inspectors will contact the home if necessary to ensure appropriate action has been taken. They also identify any developing trends in the incidents reported. Prior to any medicines management inspection the notifications received since the previous medicines inspection will be reviewed as part of the pre inspection preparations. These are discussed during the inspection to make sure staff have identified any trends and are aware of the incidents that have occurred.

Notifiable incidents are reviewed by inspectors as they are reported individually and as part of pre-inspection planning.

Monthly quality reports are already routinely reviewed during inspections.

RQIA is unaware of any evidence that “RQIA was not reviewing all notifiable medication incidents”.

22. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that a Ministerial Decision is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Any move to require newly built care homes and adjustments to existing care homes to comply with Dementia friendly building standards would require a Ministerial decision. Advice and guidance will be prepared for an incoming Minister.

Oct 2019 – RESPONSE FROM RQIA and TRUSTS:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA and Trusts will implement any changes to their role and function that any new legislation or Departmental Policy change will require.

23. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Premises are already a routine component of RQIA Care inspections. Care Inspectors undertake an inspection of a sample of residents' rooms as well as communal areas.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

The Commissioner requests further information that this system of inspection is being deployed effectively. Is it monitored/assessed? If so where are the results recorded?

In interviews for the Investigation, Inspectors confirmed that a percentage of residents' rooms are inspected.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have provided the further information requested.

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENT TO RQIA:

Does the RQIA accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The RQIA states that 'premises are already a routine component of RQIA inspections'. Given the volume of complaints regarding conditions in residents' rooms which were identified in the Commissioner's investigation, this response is insufficient.

How is the inspection process monitored/assessed to measure its effectiveness? Where are the results recorded? If it is not reviewed how does the RQIA assure itself of its effectiveness?

RQIA Response:

Premises and Residents' rooms are already routinely inspected as part of all RQIA inspections. There have always been situations where multi-professional inspections of regulated services have taken place. Since April 2019 the RQIA have taken a more intentional approach to this, leading to a higher proportion of integrated inspections. We will review the impact of this change at the end of the inspection year

Inspectors use an observation and assessment tool – the results of which is captured as part of the record of inspection on RQIA's internal system.

Inspection processes are monitored/assessed by a variety of means including through supervision, peer review of reports and performance management where necessary. Information on these matters is recorded on internal systems.

24. Runwood must devolve goods and services budgets to a local level for staff to manage.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: N/A For Runwood Care Homes Ltd to respond

COMMISSIONER’S ASSESSMENT: Adequate

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE: **As stated above.**

25. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Any decision to require the RQIA to review how effective inspections are against all of the Regional Healthcare Hygiene and Cleanliness Standards, would require a Ministerial decision. Advice will be prepared for any incoming Minister.

The Department will consult with the RQIA to confirm the intent behind the recommendation continues to be incorporated into their existing programme of inspections and if it is applicable that the principle of cleaning plans and specified standards for equipment and different areas of a care home could be adopted.

26. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The NHS's 'National Specifications for Cleanliness' referenced in the original recommendation date from 2007 and relate to hospitals.

Any decision on the RQIA conducting a programme of inspections against the NHS 'National Specifications for Cleanliness', would require a Ministerial decision. Advice will be prepared for any incoming Minister.

Notwithstanding this, the Department will consult with the RQIA to confirm the intent behind the recommendation continues to be incorporated into their existing programme of inspections and if it is applicable that the principle of cleaning plans and specified standards for equipment and different areas of a care home could be adopted.

27. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Any decision to consider revising current inspection procedures, would require a Ministerial decision. Advice will be prepared for any incoming Minister.

In the interim, the Department will consult with the RQIA to confirm the intent behind the recommendation continues to be incorporated into their existing programme of inspections.

28. Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA to take lead on implementation.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

In the RQIA’s response, it repeats comments on Rec 23 – “Premises are already a routine component of RQIA inspections. Care inspectors undertake an inspection of a sample of residents’ rooms as well as communal areas.” The RQIA’s response does not indicate that it intends to alter its approach to inspections. How will the Department ensure the implementation of a new approach to inspections while the regulator does not appear to recognise any requirement for change?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have provided the further information requested.

Oct 2019 – RESPONSE FROM RQIA:

RQIA response:

RQIA has instigated an integrated approach to inspections - including the use of multi-disciplinary inspection teams where care, pharmacy, estates and finance may be assessed as part of inspection. The use of MD inspections is based on an assessment of risk and evaluation of intelligence about the setting.

Meaningful evaluation of the lived experience of residents is part of the review of inspection methodology referred to above.

Premises and Residents’ rooms are routinely inspected as part of all RQIA inspections. However, since April 2019 the RQIA have taken a more intentional approach to this, leading to a higher proportion of integrated inspections. We will review the impact of this change at the end of the inspection year

Please see attached project documents (under Recommendation 6) in relation to the review of inspection methodology.

29. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Work has already begun across the HSC on the issue.

As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests further information regarding the nature and scope of this work, together with a timeframe for implementation.

The RQIA offers no response as to whether it accepts or does not accept this Recommendation and in a brief narrative response does not appear to acknowledge a need for change in this area. The Commissioner requests a reply from the Department regarding the apparent conflicting responses to this recommendation.

The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary.

We will also ensure that the complaints process in this sector is clear in that there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved.

The Department will aim to have this work completed by June 2020.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No Response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information regarding progress on collaborative working arrangements.

SEHSCT response:

The SEHSCT accepts this recommendation and has engaged in regional work across the Health and Social Care services on this issue. As part of the CPEA Independent Review, it is expected that the review team will consider the effectiveness of communication across the system of Health and Social Care agencies and make appropriate recommendations to support collaborative working.

The SEHSCT has established liaison meetings with RQIA held on a quarterly basis to improve collaborative working and share intelligence across the agencies to inform inspections and to support improvements within care homes where concerns have been identified.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information regarding progress on collaborative working arrangements.

NHSCT response:

The Northern Health & Social Care Trust accepts this recommendation.

Work has already begun across the Health and Social Care services on this issue. As part of the Department's Independent Review, it is expected that the review team will consider the effectiveness of communication across the Health and Social Care bodies and make appropriate recommendations to support collaborative working.

At present if the Trust have on-going challenges with a provider the Trust ensure that RQIA are fully engaged in the process of resolution.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests an update on progress arising from the workshop referenced.

SHSCT response:

Recommendation accepted. As part of the CPEA Independent review it is expected that the review team will consider the effectiveness of communication across the HSC bodies and make appropriate recommendations to support collaborative working where there are concerns regarding the quality of care provided in a care home.

30. RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA acknowledges that one of the unforeseen consequences of moving to unannounced inspections is the lack of opportunity for families and carers to speak to inspectors. RQIA is currently undertaking a review of all aspects of its inspection processes with support from Care-Inspectorate Scotland.

COMMISSIONER’S ASSESSMENT: Adequate

COPNI COMMENTS: The Commissioner has requested further information from the RQIA regarding the implementation of this recommendation.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have provided the information as requested.

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENTS TO RQIA:

The Commissioner requests further information on the ‘Have We Missed You Initiative’ and the review of inspection processes. How does RQIA monitor/assess the effectiveness of these initiatives? Where are the results recorded? If they are not being reviewed how does the RQIA assure itself of effectiveness?

RQIA response:

During an inspection, RQIA inspectors will leave a number of cards setting out contact details for the aligned inspector of the establishment so that patients, residents and families may have these to hand in order to pass on concerns or compliments. We are currently redesigning these cards and producing a poster for permanent display setting out these details.

Please see attached documentation in respect of the review of inspection methodology.

The impact of initiatives is monitored via numbers of patient/relative contact and recorded on internal systems.

RQIA has established an inspection methodology improvement programme. The aims of this programme include ensuring a clear focus on the experience of people who receive care and those who are important to them. This will include work to strengthen RQIA’s direct engagement with service users and those important to them, alongside ensuring that RQIA make better use of the information that they receive relating to experience in care settings. Inspectors will now leave a number of postcards in settings to advise families that an inspection has taken place. These cards include contact details for RQIA asking that they contact us with any comments or views about their experiences.

RQIA has also commenced a review of its inspection methodology. The overarching principle is to reflect a shift away from a compliance-based model of inspection to one that reflects an improvement approach that supports innovation as well as compliance with statutory and mandatory requirements.

This approach is described as “meta regulation” – a form of regulation that encourages good governance through self-regulation with the regulator challenging and assuring the provider’s oversight arrangements. The key is to balance this with the ability to adopt a more traditional “command and control” approach as necessary – for example in enforcement activity. A project

board has been established and members include Chief Social Worker, provider groups, a representative for HSC Trusts, the PCC and RQIA senior and executive staff and board. This is an extensive work programme that will run throughout this business year.

31. RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA is currently undertaking a review of all aspects of its inspection processes. Inspectors do speak to a range of staff during all inspection visits and RQIA are exploring the introduction of a pilot mechanism whereby staff can provide intelligence to inspectors on care issues through their trade union representative.

COMMISSIONER’S ASSESSMENT: Adequate

COPNI COMMENTS:

The RQIA makes no reference in their response to this Recommendation of ‘a review of all aspects of its inspection processes’. The Commissioner has requested further information from the RQIA regarding the seemingly conflicting responses to this recommendation.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have provided the information as requested.

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENTS TO RQIA:

The Commissioner requests further information on the proposed mechanism referred to in the response including timescale for implementation.

RQIA response:

Please see attached documentation in respect of the review of inspection methodology.

At the most recent meeting of RQIA and the Trade Union Joint Negotiating Forum TUs were in agreement that it would not be appropriate to proceed with only one TU involved. TU representatives also made the point that all care home staff are registrants required to work under a code of practice that compels them to raise concerns about their place of work if necessary.

The inspection methodology improvement programme will include work to strengthen RQIA’s direct engagement with staff. RQIA has since determined that any mechanism should be taken forward with the involvement of all relevant trade unions and this will form part of the discussions at their next meeting with TUs.

It should also be noted that all registered nurses, social workers and social care workers operate under a professional code of practice which includes a responsibility to raise concerns about the service in which they work.

32. The use of lay assessors/inspectors in the inspection of care settings for older people should be introduced.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. This is already in place with lay inspectors having taken part in 60 inspections to date during 2018/2019. RQIA are actively recruiting more lay assessors to increase this role.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

How is the effectiveness of the lay assessment programme monitored/assessed? Where are the results recorded?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have indicated they welcome any assistance COPNI could provide in this regard given the Commissioner’s engagement with key stakeholders who may have an interest and skills in this area.

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENTS TO RQIA

Is there a definite timeframe for the introduction of lay inspectors? How is the effectiveness of the initiative being monitored?

RQIA response:

RQIA currently use lay assessors on their inspections. Lay assessors started in Mental Health Team in 2014 and in 2017/18 the Care Team started using lay assessors.

The use of lay inspectors is included in the inspection methodology improvement programme. Lay inspectors are also involved in the inspection of acute hospitals – including in wards where older people are cared for.

RQIA uses all opportunities to attract people to the lay assessor role. This has included family members who have shared concerns with us about a service with a view to improving it for other users and through their membership scheme. We have previously advertised nationally for assessors but this outlay did not prove to be value for public money given the costs of such advertising.

Last year RQIA attended every Pensioners’ Parliament specifically to encourage this already-engaged group of citizens to consider opportunities as lay assessors.

The value of lay input to our inspections is proven through our work in hospitals where it is well-established. We want to reflect this success in our care home inspections but also ensure that the input is meaningful, thoughtful and robust. The methodology is embedding in this strand of our work as we are deliberately taking time to ensure it is effective.

We would welcome any assistance COPNI could provide in this regard given the Commissioner’s engagement with key stakeholders who may have an interest and skills in this arena.

33. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Partially accepted. The current legislation sets a limit of 90 days and RQIA can extend this if there is evidence of sufficient improvement. Trusts can impose sanctions (cease admissions) and RQIA will formally seek the view of Trusts that they are satisfied with any potential extension. The Dept is currently reviewing the 2003 legislation and this includes a review of the enforcement powers and sanctions open to RQIA. A Departmental Reference Group with all relevant policy leads feeds into this work. However, we are not clear that immovable deadline would necessarily be in the best interests of residents and their families.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

The Commissioner seeks clarification on the meaning of ‘partially accepted.’ On what basis is the Department “not clear that immovable deadline would necessarily be in the best interests of residents and their families”?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

As indicated in the initial HSC response, current legislation sets a limit of 90 days. Any change to this position would require a Ministerial decision. The legislation does allow for a shorter time frame or an extension to be applied but this is an operational matter for RQIA to administer depending on individual situations.

This flexibility of approach is the most advantageous and practical way to achieve the best long term outcome for the residents and families. RQIA will continue to seek the view of Trusts when setting a timeframe for compliance.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SEHSCT response:

The SEHSCT accepts the principle of this recommendation. The Trust would accept that a care provider should be given a timeframe within which they must make improvements as part of the RQIA inspection and enforcement process. The current legislation sets a limit of 90 days and RQIA can extend this if there is evidence of sufficient improvement.

Trusts can impose sanctions (cease admissions) and RQIA will formally seek the view of Trusts that they are satisfied with any potential extension.

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). Therefore we are not clear that a strict deadline would necessarily be in the best interests of residents and their families. The Trust has put in place the process to issue performance notices which articulate the timelines for expected improvement.

COPNI COMMENTS to NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response:

The Northern Health & Social Care Trust partially accepts this recommendation.

The current legislation sets a limit of 90 days and RQIA can extend this if there is evidence of sufficient improvement. Trusts can impose sanctions (cease admissions) and RQIA will formally seek the view of Trusts that they are satisfied with any potential extension.

The Department is currently reviewing the 2003 legislation and this includes a review of the enforcement powers and sanctions open to RQIA. A Departmental reference Group with all relevant policy leads, feeds into this work.

However, we are not clear that immovable deadline would necessarily be in the best interests of residents and their families.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation accepted. This is a regulatory responsibility.

The current legislation sets a limit of 90 days and RQIA can extend this if there is evidence of sufficient improvement. Trusts can impose sanctions (cease admissions) and RQIA will formally seek the view of Trusts that they are satisfied with any potential extension.

34. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. RQIA is currently undertaking a review of all aspects of its inspection processes including out of hours inspections with a view to increasing the numbers in response to intelligence. As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

The Commissioner requests further information regarding the nature and scope of this work. The Commissioner has also requested further information from the RQIA on the implementation of this recommendation. The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

RQIA have advised it uses out of hours inspections where active intelligence indicates risk. Over and above this intelligence, RQIA aim to undertake a minimum of 20% of all planned inspections out of hours and have achieved this target since its introduction in 2017/18

Oct 2019 – RESPONSE FROM RQIA:

COPNI COMMENTS TO RQIA:

The Commissioner welcomes acceptance of this recommendation but emphasises that it refers to both out-of-hours inspections on foot of intelligence and regular out-of-hours inspections. The Commissioner requests further information regarding the nature and scope of the review of the inspection processes.

RQIA response:

Please see attached documents in respect of the review of inspection methodology. (see Response to R6)

RQIA has a finite resource and it is accepted that inspectors cannot and should not be a permanent presence in any home. However, we have developed a dynamic risk assessment tool that supports decision making in respect of inspection planning.

RQIA uses out of hours inspections where active intelligence indicates risk. Over and above this intelligence, we aim to undertake a minimum of 20% of all planned inspections out of hours and have achieved this target since its introduction in 2017/18.

35. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The RQIA did not respond to this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The decision to introduce such a system would be for a Minister and can't be progressed until a Minister is appointed. Advice is being prepared for any incoming Minister. As part of this preparation, the Department will consult with the RQIA

Oct 2019 – RESPONSE FROM RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

36. The system of Financial Penalties should be strengthened and applied rigorously to care settings which exhibit persistent or serious breaches of regulations.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS: Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The RQIA did not respond to this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department is currently reviewing the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and this includes a review of the enforcement powers and sanctions open to RQIA.

When this work is concluded any changes to the implementation of financial penalties would require a Ministerial decision. Accordingly, advice and guidance will be prepared for an incoming Minister.

In the interim the Department will work with Trusts to ensure they make full use of any sanctions in their contracts.

Oct 2019 – RESPONSE FROM RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

37. The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The RQIA did not respond to this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary. We will also ensure that the complaints process in this sector is clear to ensure there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved. The Department will aim to have this work completed by June 2020.

However, giving RQIA the statutory role as indicated in the recommendation would require a Ministerial decision. Advice and guidance will be prepared for an incoming Minister.

Oct 2019 – RESPONSE FROM RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

38. The Department / Chief Nursing Officer as the commissioners of pre-registration nurse education should ensure workforce plans are developed that take cognisance of nurse staffing requirements for the independent sector.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The Department will lead in the roll out of this recommendation and commits to ensuring that appropriate workforce plans are developed.

COMMISSIONER'S ASSESSMENT: Adequate

39. The Chief Nursing Officer (CNO) as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse manpower levels required in the independent sector in Northern Ireland i.e. normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Although an overall Nursing Workforce Review was completed the CNO has commissioned Phase 8 of ‘Delivering Care’ Programme (normative nursing) for the independent sector which once developed will be used to ensure safe staffing in the independent sector.

COMMISSIONER’S ASSESSMENT: Adequate

40. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Phase 8 (normative nursing), for the independent sector is currently being developed as outlined in Recommendation 39 (and once developed and agreed) RQIA will inspect against the amended standards.

COMMISSIONER’S ASSESSMENT: Adequate

COPNI COMMENTS: The RQIA did not respond to this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

Subject to the completion of Phase 8 Delivering Care and agreement of the mechanism for monitoring, RQIA will use Phase 8 standards for monitoring nurse staffing levels.

We anticipate this will be an area of focus for the Independent Review Team, in presenting their final Report. In addition to the above commitment, we will actively consider all pertinent recommendations they present.

Oct 2019 – RESPONSE FROM RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA will implement any changes to its role and function that any new legislation or Departmental Policy change will require.

41. A high level of staff turnover and use of agency should be considered a “red flag” issue for commissioners of care and the RQIA. Such findings 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS: Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

After further consideration, the Department accepts this is an operational matter and not one requiring a Ministerial decision.

The Department therefore accepts the recommendation and will ensure that appropriate monitoring is in place and as part of the annual review process, each Trust will seek and record the relevant information, supplying this to the RQIA as necessary.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the duty of care which a Trust retains for its residents when accommodated in the independent sector, the Commissioner requests a response to this recommendation.

SEHSCT response:

The SEHSCT accepts this recommendation. As part of the annual review process the Trust will seek information from the care home provider on the level of staff turnover, confirmation that exit interviews have been undertaken and the reasons for leaving. During Care Management Reviews if any issue regarding staffing is identified this will be escalated through the line management processes.

The establishment of the Permanent Placement team and the development of further support and in reach into care homes will enable the Trust to better understand the culture and operational environment within care homes.

The Trust has established a cross directorate Social Care Independent Sector Governance Forum to enable this intelligence to be shared and an escalation framework has been introduced to ensure alerts through Senior Management.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the duty of care which a Trust retains for its

residents when accommodated in the independent sector, the Commissioner requires a response to this recommendation.

NHSCT response:

The Northern Health and Social Care Trust accept this recommendation. As part of the annual review process the Trust will seek information from the care home provider on the level of staff turnover, confirmation that exit interviews have been undertaken and the reasons for leaving. During Care Management Reviews if an issues relating to staff turnover is identified this will be escalated through the line management processes. The template used at the Contract Review meeting specifically asks this question regarding staff turnover. RQIA will be advised when staffing issues are identified.

Ministerial decision required. Advice formulated for incoming Minister.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the duty of care which a Trust retains for its residents when accommodated in the independent sector, the Commissioner requests a response to this recommendation.

SHSCT response:

Recommendation accepted. As part of the SHSCT Care annual contract review meeting with the Care Home the Trust will seek information from the provider on their staffing levels and staff turnover. If, as part of the case management review process, staff issues are identified they will be escalated to the Home manager through the Trust line management structure and a contract compliance may be raised. Where there are serious concerns regarding staffing levels, the Trust will also escalate to RQIA.

The Trust also has an Independent Sector Governance forum to enable the sharing of information across all care sectors and programmes of care.

42. Trust Executive Directors of Nursing should ensure as commissioners of care in the independent sector that there are sufficient numbers of nursing staff to deliver safe, effective and compassionate care in the sector and assure themselves through the contract agreements with providers.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Trust Directors of Nursing are not necessarily the commissioners of care in the Independent Sector. The Trusts will work with the Department, RQIA and the Independent Sector to monitor existing guidance for staffing in care homes. As part of commissioning arrangements Independent Sector providers will be required as part of Phase 8 Delivering Care Programme to ensure safe and effective staffing. The commissioning specification will also include an outline of the specialist knowledge and skills required by providers. Trusts will monitor staffing levels as part of the New Nursing Assurance Framework (under development) as set out in Recommendation 8 and work in partnership with Independent Sector providers to provide specialist nursing in-reach support as required by the need of residents’.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS: The Commissioner notes the BHSCT has not accepted this recommendation. How does the Department intend to address this issue?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department accepts this recommendation, that there should be a structure in place to assure both families and residents there are sufficient staff in post to deliver the care expected.

The Department will consult across the HSC to see how best the recommendation can be delivered especially as few homes have a single commissioner and that Trust Directors of Nursing are not necessarily the commissioners of care in the Independent Sector.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests further information as to the rationale upon which the BHSCT made the decision to not accept this recommendation.

BHSCT response:

The BHSCT accepts that there must be systems and processes to provide assurance that there are sufficient numbers of staff to deliver safe, effective and compassionate care. Regional conclusion of Phase 8 of Delivering Care is required to inform this recommendation and to ensure that there is a shared understanding of the expected nurse staffing levels between Trusts and Independent Sector Providers.

As is the case in the Belfast Trust, not all Trust Directors of Nursing are necessarily the commissioners of care provided by the Independent Sector. Therefore, the Trust holds the view that roles, responsibilities systems and processes need to be further developed and agreed.

The Trust will work with the Department, RQIA and the Independent Sector to develop monitoring processes to inform the assurance framework. A further resource maybe required to support and develop these processes.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SEHSCT response:

SEHSCT accepts that there must be systems and processes to provide assurance that there are sufficient numbers of staff to deliver safe, effective and compassionate care delivered by independent sector providers. Regional conclusion of Phase 8 of Delivering Care is required to inform this recommendation and to ensure that there is a shared understanding of the expected nurse staffing levels between Trusts and Independent Sector Providers.

As Trust Directors of Nursing are not necessarily the commissioners of care provided by the Independent Sector, roles, responsibilities systems and processes need to be further developed and agreed.

The Trusts will work with the Department, RQIA and the Independent Sector to develop monitoring processes to inform the assurance framework. A further resource maybe required to support and develop these processes.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response:

The Northern Health & Social Care Trust accepts that there must be systems and processes to provide assurance that there are sufficient numbers of staff to deliver safe, effective and compassionate care delivered by independent sector providers. Regional conclusion of Phase 8 of Delivering Care is required to inform this recommendation and to ensure that there is a shared understanding of the expected nurse staffing levels between Trusts and Independent Sector Providers.

As Trust Directors of Nursing are not necessarily the commissioners of care provided by the Independent Sector, roles, responsibilities systems and processes need to be further developed and agreed.

The Trusts will work with the Department, RQIA and the Independent Sector to develop monitoring processes to inform the assurance framework. A further resource maybe required to support and develop these processes.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests an update on the referenced work on staffing undertaken by the PHA.

SHSCT response:

Recommendation not accepted. As Trust Executive Directors of Nursing are not necessarily the commissioners of care in the Independent Sector, roles, responsibilities communication and escalation processes would need to be developed and agreed in relation to this recommendation. SHSCT is currently reviewing this recommendation.

Where professional nursing concerns are identified within commissioned services, a system is in place to escalate, when appropriate, to the Executive Director of Nursing's office and where

necessary to the NMC. A flowchart to support HSC staff has been developed with particular reference to the interface with care home employers of nursing staff.

As part of commissioning arrangements Independent Sector providers will be required as part of Phase 8 Delivering Care Programme to ensure safe and effective staffing. The commissioning specification will also include an outline of the specialist knowledge and skills required by providers. Trusts will work in partnership with Independent Sector providers to provide specialist nursing in-reach support as required based on the needs of residents'.

43. 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 should review exit interviews.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS: Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

After further consideration, the Department accepts this is an operational matter and not one requiring a Ministerial decision.

However, the current social care market and recruitment challenges render full acceptance of this recommendation difficult to achieve.

During November 2019, the Department will consult with the RQIA and providers as to how best to take forward this recommendation

44. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: N/A For Runwood Care Homes Ltd to respond

COMMISSIONER'S ASSESSMENT: Adequate

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE: N/A as stated above.

45. 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).

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The RQIA did not confirm whether they accept this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

After further consideration, the Department accepts that seeking exit statements from managers leaving any care home is an operational matter and not one requiring a Ministerial decision.

However, we have some concerns on the practicality and potential legality of this recommendation and if RQIA are to compulsorily require exit interviews, this would require a Ministerial decision. Advice will be prepared for an incoming Minister.

The Department will also work with the RQIA to identify if there are other mechanisms which could be identified to match the intent of the recommendation.

Oct 2019 – RESPONSE FROM RQIA and TRUSTS:

RQIA - No response received as Commissioners Assessment: Adequate.

BHSCT - No response received as Commissioners Assessment: Adequate.

SEHSCT - No response received as Commissioners Assessment: Adequate.

NHSCT - No response received as Commissioners Assessment: Adequate.

SHSCT - No response received as Commissioners Assessment: Adequate.

46. Any reports of inappropriate behaviour by senior managers in the 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The RQIA did not confirm whether they accept this recommendation and the Commissioner has requested further information from the regulator.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department fully supports the investigation of senior managers who are alleged to have behaved inappropriately within the current legislative framework. Clearly any concerns brought to the attention of a Trust or the RQIA should be appropriately followed up and investigated. However, we understand that, for instance, Trusts do not have a legal right to formally investigate staff who are not employed by them.

The Department will review how it can reinforce the duties and responsibilities of employers. In addition, the Department will consult with the RQIA and all applicable professional and non-professional bodies as to how best they can use their current regulatory powers to investigate inappropriate behaviour of registered managers and responsible persons.

Any changes to existing policy and legislation would require Ministerial approval, for whom we will prepare advice.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

The Commissioner requests further information as to the rationale upon which the BHSCT made the decision to not accept this recommendation.

BHSCT response:

The BHSCT accepts the recommendation on the basis that it is at a contract level. The Trust does confer with RQIA to ensure that the appropriate investigation and action is taken. If the Trust has any concerns around the conduct of a senior manager this would be discussed with RQIA as a matter of urgency. Trusts have no legal right to investigate staff formally who are not employed by the Trust.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SEHSCT response:

The SEHSCT accepts this recommendation. Independent Sector Providers as employers are responsible for the management, investigation and disciplining of their own staff. The SEHSCT will draw any concerns of inappropriate behaviour to the attention of the appropriate Senior Manager/ Owner of an Independent Sector Company and RQIA. This will be monitored at contract level.

The SEHSCT would support a multi–agency investigation into inappropriate behaviours where it is appropriate to do so. Any investigations/ disciplinary processes undertaken by Independent Sector managers should be monitored by RQIA as part of their regulation/registration function.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response:

Northern Health & Social Care Trust accept this recommendation. The Trust would support a multi-agency investigation into inappropriate behaviour where it is appropriate to do so, e.g. safeguarding issues.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation accepted. Independent Sector Providers as employers are responsible for the management, investigation and disciplining of their own staff. The SHSCT will draw any concerns of inappropriate behaviour to the attention of the appropriate Senior Manager/ Owner of an Independent Sector Company and RQIA. This will be monitored at contract level.

The SHSCT would support a multi–agency investigation into inappropriate behaviours where it is appropriate to do so. Any investigations/ disciplinary processes undertaken by Independent Sector managers should be monitored by RQIA as part of their regulation/registration function.

47. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS: Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

All whistle-blowers are subject to the relevant protection of the Public Interest Disclosure (NI) Order 1998. We contend this protection remains sufficient, appropriate and relevant.

The Department will work with the rest of the HSC to ensure that all relevant whistle blowing guidance is reissued and particular the RQIA’s September 2016 publication *Review of the Health and Social Care Whistleblowing Arrangements*.

Any changes to existing whistleblowing legislation and arrangements are matters for consideration by the Department for the Economy and may need the approval of a Minister.

Oct 2019 – RESPONSE FROM RQIA AND TRUSTS:

This Recommendation will be responded to by the Department of Health as Policy Lead. The RQIA and Trusts will implement any changes to their role and function that any new legislation or Departmental Policy change will require.

48. Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning HSC Trust or the RQIA (See Section 8 on Complaints and Communication).

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: (A) Accepted. Escalation process already in place but will be reviewed but RQIA are not part of the process. As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC. (B) Ministerial Decision Required. Advice formulated for incoming Minister.

COMMISSIONER'S ASSESSMENT: Inadequate

COMMENTS:

(A) Given the Department's reference to the Independent Review in its response, will the Review Team's findings be published/made available to the Commissioner in full and by what date?

(B) Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Why does the Department believe that ministerial advice is required?

The Commissioner notes that BHSCT has accepted this recommendation whilst three other Trusts and the RQIA did not explicitly accept or reject this recommendation.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

This Recommendation is cross referred to Recommendation 37.

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary. We will also ensure that the complaints process in this sector is clear to ensure there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved. The Department will aim to have this work completed by June 2020.

However, giving RQIA the statutory role as set out in the recommendation, would require a Ministerial decision. Advice and guidance will be prepared for an incoming Minister.

Oct 2019 – RESPONSE FROM TRUSTS:

SEHSCT added a comment:

The SEHSCT accepts this recommendation.

The Trust's current process is effective and will continue to work with families and continue to raise awareness that where complaints have not been resolved they can be escalated to the Trust.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Trust states: 'process already in place'. Given the failings in quality of care and safety identified at DMCH, the Commissioner requests information as to whether and how the SHSCT has altered its practice to implement this recommendation.

SHSCT response:

Recommendation accepted: The SHSCT is currently reviewing the revised Regional Guidance in relation to HSC Complaints April 2019 and will update Trust processes accordingly. Where residents or families have not had their complaint dealt with to their satisfaction by the care home the SHSCT will manage that complaint through the Trusts formal complaints process.

49. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: For Runwood Care Homes Ltd to respond

COMMISSIONER’S ASSESSMENT: Adequate

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE: **N/A See response above.**

50. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. HSCB collates all complaints made to HSC Trusts and a multi-disciplinary group reviews these monthly. An annual Complaints Report is published and every year the HSCB host a 'Learning from Complaints' regional event. As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

Is the effectiveness of these systems monitored/assessed? If not how does the Department know that they are fit for purpose? If so where are the results recorded?

The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary.

HSCB collates all complaints made to HSC Trusts and a multi-disciplinary group reviews these monthly. An annual Complaints Report is published and every year the HSCB host a 'Learning from Complaints' regional event.

The Commissioner will have full sight of the Independent Review Team's Report and it is expected they will consider the effectiveness of communication across HSC. We will also ensure that the complaints process in this sector is clear to ensure there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved. The Department will aim to have this work completed by June 2020.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information as to whether the additional resources mentioned have been sought.

SEHSCT response:

The SEHSCT accepts this recommendation.

The Trust has undertaken a review of its existing infrastructure and the processes for oversight of the Independent Sector care provision. A paper outlining the framework and the additional resources required to provide effective support and governance to support Independent Sector commissioning of care has been completed. The Trust has been able to identify a limited resource

in 2019 / 20 that would enable some of the posts identified as being required to be put in place in a phased manner. Full implementation will take a number of years and will be dependent on the ability to secure the resource required.

SEHSCT has established a cross Directorate monthly Independent Sector Operational Governance meeting which is attended by governance leads from Mental Health, Disability, Older People's directorates, Finance, Contracts, Pharmacy and Adult Protection to collate, analyse and escalate concerns and associated action planning. In addition SEHSCT hold monthly cross directorate Independent Sector Corporate Governance meetings chaired at Assistant Director level.

The SEHSCT has established a dedicated Permanent Placement Team with named staff aligned to individual care homes. Whilst the role of the team is primarily to engage with the service user and their families, they also review the quality of care and provide a proactive partnership approach to meeting the needs of individual clients in a group care environment.

The SEHSCT has reviewed and developed an escalation policy to support the raising of concerns in line with contractual arrangements.

The Trust continues to work with the DOH through the CPEA Review Group and will support and implement any further recommendations as appropriate.

COPNI COMMENTS TO NHSCT:

The Commissioner requests information as to whether additional resources have been secured.

NHSCT response:

The Northern Health & Social Care Trust has not secured additional funding. The Trust continues to work with the DOH through the CPEA Review Group and will support the recommendations as appropriate.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings in effective management of complaints and information sharing identified at DMCH, the Commissioner requests information as to whether and how the SHSCT has altered its practice to implement this recommendation.

SHSCT response:

Recommendation accepted. The SHSCT continues to work with the DOH and the CEPA Review team and will support and implement the review team's outcomes once the report is finalised and shared with the Trust.

51. 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 the home, not just to it. They must then use this access to track patterns, and look at the detail of complaints that are indicative of serious concerns.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. See DoH response to R.50 above.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

Please provide evidence of plans to implement this recommendation, together with a timeframe. The RQIA offers no response as to whether this recommendation is accepted or not. The Commissioner requests a reply from the Department regarding the seemingly conflicting responses to this recommendation.

The Commissioner also requests sight of the Independent Review’s report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary.

HSCB collates all complaints made to HSC Trusts and a multi-disciplinary group reviews these monthly. An annual Complaints Report is published and every year the HSCB host a ‘Learning from Complaints’ regional event.

The Commissioner will have full sight of the Independent Review Team’s Report and it is expected they will consider the effectiveness of communication across HSC. We will also ensure that the complaints process in this sector is clear to ensure there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved. The Department will aim to have this work completed by June 2020.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings in quality of care and safety identified at DMCH which persisted over an extended period, the Commissioner requests information as to whether and how the SEHSCT has altered its practice to implement this recommendation.

SEHSCT response:

The SEHSCT accepts this recommendation.

The Trust has established a central reporting system through contracts and currently collates all incidents, complaints made. This central reporting informs the Independent Sector Governance Forum which has been established across Directorates and this enables the sharing of information across Directorates and also with RQIA at quarterly liaison meetings.

As part of the Department’s Independent Review, it is expected that the review team will consider the effectiveness of communication across the Health and Social Care.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings in quality of care and safety identified at DMCH which persisted over an extended period, the Commissioner requests information as to whether and how the NHSCT has altered its practice to implement this recommendation.

NHSCT response:

The Northern Health & Social Care Trust accept this recommendation. Health & Social Care Board collates all complaints made to Health & Social Care Trusts and a multi-disciplinary group reviews these monthly. An annual Complaints Report is published and every year the Health & Social Care Board host a 'Learning from Complaints' regional event.

As part of the Department's Independent Review, it is expected that the review team will consider the effectiveness of communication across the Health and Social Care.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation accepted. As part of the CPEA review it is expected that the review team will consider the effectiveness of communication across the whole HSC.

52. Complaints statistics relating to care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. See DoH response to R.50 above.

COMMISSIONER’S ASSESSMENT: Adequate

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. For the purposes of clarity, the intent of this recommendation is that the Department and the HSC Trusts publish annually details of the complaints made to them. The Commissioner also expects independent providers to publish details of complaints made to them.

SEHSCT response:

The SEHSCT accepts this recommendation.

The HSCB currently collates all complaints made to HSC Trusts and an annual Complaints Report is published. The HSCB host a ‘Learning from Complaints’ regional event annually.

As part of the Department’s Independent Review, it is expected that the review team will consider the effectiveness of complaints handling and communication across the HSC.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. For the purposes of clarity, the intent of this recommendation is that the Department and the HSC Trusts publish annually details of the complaints made to them. The Commissioner also expects independent providers to publish details of complaints made to them.

NHSCT response:

The Northern Health & Social Care Trust accepts this recommendation.

Health & Social Care Board collates all complaints made to HSC Trusts and a multi-disciplinary group reviews these monthly. An annual Complaints Report is published and every year the HSCB host a ‘Learning from Complaints’ regional event.

As part of the Department’s Independent Review, it is expected that the review team will consider the effectiveness of communication across the HSC.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

For the purposes of clarity, the intent of this recommendation is that the Department and the HSC Trusts publish annually details of the complaints made to them. The Commissioner also expects independent providers to publish details of complaints made to them.

SHSCT response:

Recommendation accepted. Health & Social Care Board collates all complaints made to HSC Trusts. An annual Complaints Report is published and every year the HSCB host a 'Learning from Complaints' regional event.

As part of the Department's CPEA Independent Review, it is expected that the review team will consider the effectiveness of communication across the HSC.

53. A Duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Noted. This will be taken forward by the Dept as part of the Inquiry into Hyponatremia Related Deaths Implementation.

COMMISSIONER’S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests the Department clarify same.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department has established the Hyponatraemia Implementation Programme to take forward the recommendations arising from the Inquiry into Hyponatraemia-related Deaths (IHRD). Workstream 1 of the Programme is responsible for developing options in relation to the recommendations for a Duty of Candour.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SEHSCT response:

The SEHSCT accepts this recommendation.
Duty of Candour Workshops were held in June 2019.
Staff across all disciplines and grades participated in these workshops.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response

The Northern Health & Social Care Trust accepts this recommendation.
Northern Health & Social Care Trust Duty of Candour Workshops were held in June 2019. Staff across all disciplines and grades attended.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation accepted. The SHSCT are participating in the Regional Duty of Candour workshops.

54. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Noted. PCC and the NIPSO are in place to handle such issues and all whistle-blowers are subject to the relevant protection of the Public Interest Disclosure (NI) Order 1998. Our view is that these mechanisms remain appropriate and relevant.

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. During the Commissioner’s investigation it was evident that whistleblowing systems were ineffective. What is the basis for the Department’s assertion that current ‘mechanisms remain appropriate and relevant’? Is the effectiveness of these mechanisms monitored/ assessed? If not how does the Department know that they ‘remain appropriate’? If so where are the results recorded?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department acknowledges that clarity needs to be provided for service users and their families on how to complain, who to complain to and how to escalate if necessary. We will also ensure that the complaints process in this sector is clear to ensure there is no ambiguity or confusion in relation to complaints/concerns related to the quality of care and which body has responsibility for firstly capturing complaints/concerns, leading on their resolution and escalation if resolution is not achieved. The Department will aim to have this work completed by June 2020.

If a person wishes they can take their complaint to the NI Public Services Ombudsman. However, setting up a further independent complaints process and a body to oversee this would require a Ministerial decision. Advice and guidance will be prepared for an incoming Minister.

Oct 2019 – RESPONSE FROM TRUSTS, RQIA:

This Recommendation will be responded to by the Department of Health as Policy Lead. The Trusts and RQIA will implement any changes to their role and function that any new legislation or Departmental Policy change will require.

55. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. Work has already begun across HSC on this issue. As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS: The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department will set up a HSC wide working group during November 2019 to respond to this recommendation.

We anticipate that all aspects of communication will be an area of focus for the Independent Review Team, in presenting their final Report by the end of 2019. In addition to the above commitment, we will actively consider all pertinent recommendations they present.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information regarding the progress on the work to develop a protocol and system which will enable effective sharing and analysis of communication.

SEHSCT response:

SEHSCT accepts this recommendation.

The Trust has participated in work has already underway across the Health & Social Care system in the form of a collaborative workshop with RQIA.

As part of the CPEA Independent Review, it is expected that the review team will consider the effectiveness of communication across the Health & Social Care system

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information regarding progress on the development of a protocol and system which will enable effective sharing and analysis of communication.

NHSCT response:

Northern Health & Social Care Trust Accept this recommendation.

Work has already begun across the Health & Social Care on this issue.

As part of the Department's Independent Review, it is expected that the review team will consider the effectiveness of communication across the Health & Social Care.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. Given the failings identified at DMCH, the Commissioner requests information as to whether and how the SHSCT has altered its practice to implement this recommendation.

SHSCT response:

Recommendation accepted. The SHSCT participated in work already underway across the HSC system in the form of a collaborative workshop. As part of the CPEA review it is expected that the review team will consider the effectiveness of communication across the whole HSC.

56. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. The statutory duty of Quality and Adult Safeguarding Policy is already in place. The regional contract specifies the requirements for governance and accountability for the Independent Sector providers. However we will work with the HSCB and Trusts on how effective delivery of this is enhanced.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS: The SEHSCT and NHSCT both identify the need for additional resources – how does the Department propose to address this issue?

Is the effective delivery of the service monitored/assessed? If so where are the results recorded? If not how is the Department satisfying itself that the delivery of the statutory duty is effective?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The statutory duty of Quality and Adult Safeguarding Policy is already in place. The regional contract specifies the requirements for governance and accountability for the Independent Sector providers.

This is an operational matter and it is for each Trust to ensure they have allocated sufficient resources from their funding envelopes to assure themselves they are contracted with organisations with strong governance and accountability frameworks in place. The Department satisfies itself that Trusts are discharging all their duties and requirements through an annual accountability process.

Oct 2019 – RESPONSE FROM TRUSTS:

BHSCT - No response receives as Commissioners Assessment: Adequate.

COPNI COMMENTS TO SEHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SEHSCT response:

The SEHSCT partially accepts this recommendation, in that all organisations with which it commissions care, there must be strong governance and accountability frameworks in place. The regional contract specifies the requirements for governance and accountability for the Independent Sector providers. However, the Trust will work with the Health & Social Care Board, Trusts and RQIA on how effective delivery of this is enhanced and monitored. The role of auditing record keeping within Independent Care Providers is primarily a role for the RQIA as the regulator and is part of the inspection and regulation process and as such the Trust would not seek to replicate this. However, if the Trust identifies through its processes a deficit in record keeping standards it will work with that provider, in conjunction with all relevant parties in order to make the necessary improvements.

The Minimum Standards articulate the requirements for a provider in terms of the policies required, regarding record keeping and the range of records and standards that are required for a home to attain and maintain the standards. The Trust as the commissioner of care has reviewed the resource required for a home to attain and maintain the standards. The Trust as the commissioner of care has reviewed the resource required to improve the governance in respect of the key worker role in

oversight of care home placements and reviews and has sought additional resources to strengthen this role.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information regarding whether the additional resources have been sought.

NHSCT response

The Northern Health & Social Care Trust accepts this recommendation.
The Trust already embrace the Statutory Duty of Quality.

Additional staff have been resourced to support the monitoring arrangements under the care management processes.

The regional contract specifies the requirements for governance and accountability for the Independent Sector providers. However we will work with the Health & Social Care Board and Trusts on how effective delivery of this is enhanced. This is also a requirement contained within the Nursing and Residential standards. (RQIA)

The regional contract specifies the requirements for governance and accountability for the Independent Sector providers. However we will work with the Health & Social Care Board and Trusts on how effective delivery of this is enhanced. This is also a requirement contained within the Nursing and Residential standards. (RQIA)

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why. The Commissioner requests information as to whether additional resources have been sought.

SHSCT response:

Recommendation accepted. In respect of governance and accountability arrangements, best practice would be to define and examine such arrangements prior to contracting at the specification and procurement stage. The procurement of residential and nursing placements is a feature of the regional 5-year social care procurement plan, however the timescale for this work to be undertaken is dependent on the outcomes of the adult social care group and as such Trusts rely on the current contracting process.

Within the current contract, which is regionally agreed and consistent across all Trusts in NI, there is the requirement for each home to adhere to the following regulations; the Nursing Home Regulations (NI) 2005, the Residential Care Home Regulations (NI) 2005 and Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. The latter gives powers to the Department of Health, Social Services and Public Safety (DHSSPS) to publish minimum standards that the Regulation and Quality Improvement Authority (RQIA) must take into account in the regulation of establishments and agencies. The Care Standards for Nursing Homes are written under the provisions of Article 38 and represent the minimum provision below which no provider is expected to operate. The Care Standards for Nursing Homes (2015) and the Residential Care Home Minimum Standards (2011) are therefore reflective of legislation, a requirement of registration by the Regulation and Quality Improvement Authority and a term of the regional contract.

In relation to Record Keeping there are defined standards for this within the Care Standards for Nursing Homes, which also forms part of the Trust's contract with the home. The content of specific records is also noted throughout the Care Standards.

57. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Noted. This will be taken forward by the Dept as part of the Inquiry into Hyponatremia Related Deaths Implementation.

COMMISSIONER'S ASSESSMENT: Inadequate

COPNI COMMENTS:

Does the Department accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department has established the Hyponatraemia Implementation Programme to take forward the recommendations arising from the Inquiry into Hyponatraemia-related Deaths (IHRD). Workstream 1 of the Programme is responsible for developing options in relation to the recommendations for a Duty of Candour. We will look at the implementation of this recommendation as Workstream 1 is rolled out.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation Accepted. The SHSCT are participating in the Regional Duty of Candour workshops and will implement an individual Duty of Candour if introduced in NI.

58. The Regional Contract should be reviewed and training provided in relation to its content and the effective use of its terms. The Department of Health to conduct a review of why/ whether this contract is adequate in terms of being able to enforce the performance obligations contained therein.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE:

(A) Accepted. Annual review led by HSCB to consider

(B) Ministerial Decision Required. Advice formulated for incoming Minister

COMMISSIONER’S ASSESSMENT: Further information required

COPNI COMMENTS:

(A) The Commissioner requests further information regarding the planning and timeframe for the contract review.

(B) Why does the Department believe that ministerial advice is required?

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

After further consideration, the Department accepts this an operational matter and not one requiring a Ministerial decision.

From the 1st November 2019, the Department in tandem with the HSCB with review all aspects of the Regional Contract, with a view to having a revised template in place for the 2020/21 financial year.

We anticipate the Regional Contract will be an area of focus for the Independent Review Team, in presenting their final Report to the Department before the end of 2019. In addition to the above commitment, we will actively consider all pertinent recommendations they present.

59. 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.

Sept 2018 – HEALTH AND SOCIAL CARE RESPONSE: Accepted. An effective Early Alert System is already in place and its importance will be reinforced through a HSC Workshop. As part of DOH's Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.

COMMISSIONER'S ASSESSMENT: Further information required

COPNI COMMENTS:

Is the effectiveness of the Early Alert System monitored/assessed? If not how does the Department know that it is fit for purpose? Where are the results recorded?

The Commissioner also requests sight of the Independent Review's report and timeframe for its publication.

Oct 2019 – HEALTH AND SOCIAL CARE RESPONSE:

The Department accepts this recommendation and acknowledges there are some concerns on the effectiveness and consistency of the current system across Trusts and in subsequent actions.

The Department will work with the other HSC organisations to ensure each has a robust, consistent and effective escalation policy and procedures to ensure that senior officials remain sighted at all times at organisational level and across system boundaries on serious, protracted or otherwise significant operational matters that may impact on the quality of care provision.

Work will begin by 1st November 2019, with a view to completing the exercise for the start of the 2020/21 financial year.

We anticipate communication will be an area of focus for the Independent Review Team, in presenting their final Report to the Department before the end of 2019. In addition to the above commitment, we will actively consider all pertinent recommendations they present.

Oct 2019 – RESPONSE FROM TRUSTS:

COPNI COMMENTS TO BHSCT:

Given the failings in complaints escalation processes evidenced in the investigation into DMCH, the Commissioner requests information on how effectiveness is measured and evidence of how the escalation process is working effectively.

BHSCT response

In addition to the escalation process, the Trust has in place a system for the management of high-risk complaints. In the last year, the Trust has worked with two care homes to work with residents and carers to improve their understanding and confidence in raising concerns. This is to be rolled out to other homes.

SEHSCT - No response received as Commissioners Assessment: Adequate.

COPNI COMMENTS TO NHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

NHSCT response:

The Northern Health & Social Care Trust accepts this recommendation.

An effective Early Alert System is already in place and its importance will be reinforced through a HSC Workshop.

As part of the Department's Independent Review, it is expected that the review team will consider the effectiveness of communication across the HSC.

COPNI COMMENTS to SHSCT:

Does the Trust accept this recommendation? If the recommendation is not accepted, the Commissioner requests a reason as to why.

SHSCT response:

Recommendation accepted. An effective Early Alert System is already in place and its importance will be reinforced through a HSC Workshop. As part of DOH's CPEA Independent Review, it is expected the review team will consider the effectiveness of communication across HSC.