

Strictly Private and Confidential
The Commissioner for Older People for
Northern Ireland
Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP

28th September 2018

BY EMAIL AND HAND DELIVERY

Dear Sir,

Re: Report on the Commissioner's Investigation into Dunmurry Manor Care Home

We have set out below details of how Dunmurry Manor Care Home and Runwood Homes Limited ('Runwood') are complying, or planning to comply with the Recommendations set out in the Report on the Commissioner's Investigation into Dunmurry Manor Care Home, in accordance with the Notice issued under Schedule 2 Paragraph 4 (1) of the Commissioner for Older People Act (Northern Ireland) 2011.

Runwood has publicly accepted that criticism of elements of practice within Dunmurry Manor at the material times was warranted and has approached the Recommendations on the basis that they offer an opportunity for reflection, learning and improvement in practice, not only at Dunmurry Manor but across the Runwood Group.

- 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.
- R2 The Safeguarding Bill should clearly define the duties and powers **on all statutory, community, voluntary and independent sector representatives** working with older people. In addition under the proposed Adult Safeguarding Bill there should be a clear duty to report to the HSC Trust when **there is reasonable cause to suspect that there is an adult in need of protection**. The HSC Trust should then have a statutory duty to make enquiries.

The introduction of an Adult Safeguarding Bill as envisaged at R1 and R2 would **require** legislative action, which is outside the control of Runwood.

- R3 **All staff in care settings, commissioners of care, social care workers and regulators must receive training on the implications of human rights for their work.**
- R4 **Practitioners must be trained to report concerns about care and treatment in a human rights context.**

It appears that Recommendations R3 and R4 are not specifically directed to Runwood but, rather, are intended to be applicable across the social care spectrum. Runwood has, however, commenced a programme of human rights training for their staff.

Runwood engaged Right Practice to provide human rights training to all staff at Dunmurry Manor and all Runwood Home Managers and Deputy Home Managers in Northern Ireland. This training has been completed.

Based on these initial sessions, in-house training sessions are being developed which will be provided on a rolling basis to all Runwood staff within Northern Ireland.

Right Practice are experts in providing human rights and equality training and also assist in the practical application of human rights standards to the work of regulatory and inspection bodies on a local, national and international basis. Trainers have included [REDACTED]

The training provided to date addresses the following:

- Provides an overview of both human rights law and guidance on human rights issues of particular relevance to those working in the social care sector;
- Practical examples of how breaches of human rights can arise in a social care setting;
- Stresses that a successful human rights approach is about ensuring that the standards and principles of human rights are integrated into policy making, as well as the day-to-day running of organisations; and
- The inclusion of a practical scenario, so that staff have an opportunity to consider the application of human rights in practice and what actions should be taken as a result, including the reporting of concerns about human rights issues.

Runwood recognise that successfully embedding a human rights culture into the organisation, needs to be led from the 'top-down'. Training to date has, therefore, been targeted at Home Managers and Deputy Managers.

A report by Right Practice on the training provided to date is attached (Bundle; pages 1 to 4).

An additional tailored training session has also been arranged for Runwood Board Members. It is intended that this session will be delivered via the British Institute of Human Rights and will specifically look at the importance of human rights at a strategic level including:

- Corporate responsibility;
- Recruitment practices and procedures;
- Drafting, reviewing and auditing policies;
- Staff development;
- The regulatory and oversight landscape; and
- Engagement with residents and family members.

This training is mandatory for Board Members and will be completed by the end of October 2018.

Runwood have also reviewed their Whistleblowing Policy and have revised this to encourage reporting of poor practice (not only in respect of human rights issues but in respect of any issues of concern). New whistleblowing posters have been created and are now in display in all homes. (A copy of the Whistleblowing Poster is attached; page 5). Runwood encourages

staff to raise any concerns they may have internally in the first instance, so that they can be promptly addressed. The Whistleblowing Poster, however, includes contact details for the Whistleblowing Helpline for NHS and Social Care, the Protect Advice Line for the independent whistleblowing charity 'Public Concern at Work' (now rebranded as Protect) and a direct contact within RQIA, so that there is ready access to bodies whom staff can contact outside the Runwood organisation for advice should they require this.

R5 Policies and procedures relating to the care of older people should identify how they meet the duty to be compatible with the European Convention on Human Rights.

It appears that Recommendation R5 is not specifically directed at Runwood but is intended for implementation across the social care sector.

Runwood undertake a rolling programme of reviews of all their policies and procedures. The need to identify how policies and procedures meet the duty to be compatible with the European Convention on Human Rights has been added to the issues that will be specifically addressed as each policy and procedure is being reviewed on a rolling basis. It is intended that this process will implement the learning from the tailored training provided by Right Practice in Northern Ireland and The British Institute of Human Rights to Board of Directors .

R6 The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights.

The implementation of changes to the registration and inspection process is not within the control of Runwood.

R7 The Department or RQIA should produce comprehensive guidance on the potential use of covert and overt CCTV in care homes compliant with human rights and data protection law.

This Recommendation is directed to the Department of Health and/or RQIA. Runwood will be happy to comply with any guidance issued by either body in relation to the use of CCTV in care homes, which takes into account relevant human rights and data protection considerations.

R8 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.

This Recommendation is directed to the HSC Trust Directors of Nursing and, as such, is not a Recommendation that Runwood would be in a position to implement.

R9 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.

Where a resident lacks decision-making capacity, Homes will maintain communication with relatives regarding a residents' health care to the extent that this is in the resident's best interests, including at key milestones. This includes permitting family members access to a resident's electronic or written care plans on request, including nutritional information. If the resident does have decision making capacity, communication with relatives regarding healthcare will be decided by the resident.

Family members are also normally invited to take part in Care Reviews being undertaken by commissioning HSC Trusts.

Runwood are currently in the process of rolling out new electronic care record software. It is important that such software is rolled out in a controlled manner to allow testing in a practical environment to ensure that it is fully functional and allow training requirements to be met. To date, the software has been installed in three Runwood Homes in England. If the initial rollout period is successful, the software will be rolled out on a phased basis to all Runwood Homes, including those in Northern Ireland.

One of the functions of the electronic care record which Runwood plan to implement in due course, is a facility that allows resident's family members to remotely access resident's care records securely via a remote portal. This would allow family members real time access to resident's records, subject to the above caveat relating to resident consent.

R10 The Commissioner reiterates Recommendation 4 of the Inquiry into Hyponatraemia-related Deaths that, "Trusts should ensure that all healthcare professionals understand what is required and expected of them in relation to reporting of Serious Adverse Incidents (SAIs).

This Recommendation is directed as HSC Trusts and, as such, cannot be implemented by Runwood.

R11 The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report a SAI should be a disciplinary offence.

It is understood that R11 is directed at the HSC Trusts.

After reflecting on this Recommendation, Runwood have, however, taken the opportunity to update their Disciplinary and Dismissal Policy to specifically include the following matters within the list of actions that will normally be considered as gross misconduct, namely:

- Wilful failure to follow company serious incident reporting procedures; or
- Failure to make a statutory report in good time and as required.

R12 Failure to have an initial 6 week care review meeting should trigger a report in line with SAI procedures.

6 week care review meetings are organised and undertaken by representatives from the commissioning HSC Trusts. This Recommendation would, therefore, need to be implemented by the commissioning HSC Trusts.

R13 The RQIA should pro-actively seek the involvement of relatives and family members as well as explore other routes to getting meaningful information, data and feedback on the lived experience in a care setting.

This Recommendation is directed to the RQIA and cannot, therefore, be implemented by Runwood.

Runwood has, however, taken the opportunity to improve the information, data and feedback that they obtain on the experiences of their residents. An amended Regulation 29 Visit

template was implemented with effect from August 2018, which includes a requirement that feedback will be sought from at least 10% of relatives for the overall occupancy of each Home. (Bundle; pages 6 to 18).

All Regulation 29 Reports are now emailed to each member of the Board of Directors. Analysis and review of Regulation 29 Reports is undertaken by Runwood's Quality and Operations Team. Having direct access to the Regulation 29 Reports allows those in Head Office a more detailed and immediate overview of the functioning of individual Homes.

R14 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.

This Recommendation is directed to the HSC Trusts and RQIA and, as such, is not one that Runwood would be in a position to implement.

R15 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 Systems for care settings.

This Recommendation is directed to the HSC Trusts.

The implementation of a ratings system for care settings is something that would need to be implemented on a Northern Ireland wide basis, with input from the appropriate regulatory body or bodies. This Recommendation is not one that could meaningfully be implemented by any individual care home provider.

R16 Dunmurry Manor should consistently use a Monitored Dosage System for medicines administration which would prevent many of the errors identified in this investigation for the administration of regular medications.

A new medicines management system was implemented in Dunmurry Manor in April 2017. This involved Dunmurry Manor entering into a contractual arrangement with a local pharmacy, who provide a medicine service to Dunmurry. This includes the provision of a monitored dosage system for each resident. This ensures the timely ordering and supply of medications for patients.

R17 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.

A resident's General Practitioner is responsible for the prescribing of medication that they require. It is already standard practice that a hospital discharging a resident will communicate any medication changes on discharge to the prescriber.

Paragraph 22.12 of Runwood's Supply, Storage, Administration and Disposal of Medicines Policy ('the Medicines Policy'), states that arrangements will be made for care home to be 'copied in' on correspondence between consultants and the GP if there are changes to medication for any resident. A copy of the Medicines Policy is attached (Bundle; pages 19 to 69).

A double signature check is used when medication changes are being noted following a resident's admission, or readmission to a Home, so that there are two people checking that this information is accurately recorded at the time this is done.

The Medicines Policy sets out, at Paragraph 15.1.4, that all relevant information about a newly admitted resident's medication, including allergies and sensitivities should be sought from appropriate sources (resident's GP, hospital discharge information, relatives and previous carers). (This Paragraph also applies to residents being re-admitted to a Runwood Home following hospital discharge as well as residents initially admitted to a Home directly from hospital).

Paragraph 15.2 of the Medicines Policy applies to residents being transferred to another Home (which would include transfers to hospital). Paragraph 15.2.1 states that appropriate records should be sent directly to the next place of care, including copies of prescription records.

R18 Families of residents must have involvement in changes in medication prescribing. Explanation should be provided so that resident and family members understand the reasoning for any change.

Where a resident lacks decision-making capacity, Homes will maintain communication with relatives regarding a residents' health care, including medication changes, to the extent that this is in the resident's best interests. If the resident does have decision making capacity, communication with relatives regarding healthcare will be decided by the resident.

R19 Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.

At Paragraph 12.4.13 of the Medicines Policy it is stated that, if a medicine is refused or withheld from a resident, the reason for this must be documented on the medication administration record. A sample of medication administration records are checked during Regulation 29 visits, which includes consideration of whether this requirement is being met.

R20 A medications audit must be carried out monthly or upon delivery of a bulk order of medication. This must be arranged with a pharmacist. To assist with more effective medicines management, providers of care homes should consider contracting with their community- based pharmacist (for a number of hours each week) to ensure that medicines management is safe and effective. The pharmacist could assist in staff training, identify where there are competency issues in the administration of medications and improve medicines governance within the home.

It is noted that R20 appears to be directed at the social care sector generally, rather than specifically directed towards Runwood. It is anticipated that the implementation of such Recommendation would require careful consideration of resourcing issues, including the likely availability of pharmacy staff to fulfil this proposed role.

It is recommended that a medications audit must be carried out monthly or upon delivery of a bulk order. The recommendation does not specify whether this is intended to be an audit of medication stock, an audit of medication administration or both. Runwood's Medicines Policy requires that weekly checks are made of Controlled Drugs and related record keeping and that monthly audits of medicines and the safe disposal/returns of unused medicines take place (Paragraph 3.9 and 3.15).

Paragraph 3.6 of the Runwood Medicines Policy requires that the nominated pharmacist (for a specific Home) gives guidance to staff involved in drug administration on a regular basis. A list of training requirements should be devised through Home Manager/pharmacy liaison.

Dunmurry Manor has pre-existing arrangements with a local pharmacy to provide monitored dosage systems for residents and to provide 3-monthly medication audits. It is not considered that there would be a benefit to increasing the frequency of direct audits by the pharmacist. Dunmurry Manor's internal audits are, however, made available to the pharmacist for review. The external pharmacy audit supplements the internal medication audit procedures, which are subject to review during both Regulation 29 visits and periodic unannounced audits. The administration of medications is also subject to audit by RQIA. Runwood have created a new post of an Internal Compliance Inspector who has been employed to focus solely on the Regulation 29 provider visits. The Inspector will use the information gleaned from such visits to provide a detailed regular analysis of quality governance mechanisms across the service, which will include the medication audit process.

The use of the monitored dosage medication system means that repeat medications received for residents will have been prepared and double-checked under the control of a pharmacist, prior to receipt at the Home.

R21 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.

This Recommendation is directed to the RQIA and is not one that can be implemented by Runwood.

R22 It must be a pre-registration requirement for RQIA and a pre-contract requirement for HSC Trusts that all new Care Homes specialising in dementia care comply with Dementia Friendly building standards [and that buildings already in place are subject to retrospective "reasonable adjustment" standards]. This must form part of periodic inspections to ensure suitability is maintained.

This recommendation is directed to the RQIA and HSC Trusts and is not a matter that could be implemented by Runwood.

R23 Premises must be one of the areas that RQIA Inspectors routinely inspect as an integral part of an integrated inspection with a focus on the condition of residents' rooms.

This Recommendation is directed to the RQIA and is not a matter that could be implemented by Runwood.

R24 Runwood must devolve goods and services budgets to a local level for staff to manage.

Each Runwood Home is provided with an individual budget for each element of their running costs, including budgets for goods and services. Each Home has direct access to pre-approved suppliers and relevant staff members at each Home directly place orders with the suppliers for any goods or services required.

As with any organisation, there is a need for budget control and local budgets are monitored. Individual one-off substantial equipment costs are subject to pre-approval by Head Office. This is not, however, applicable for equipment required for the day-to-day running of a Home.

- R 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.
- R26 Consideration should also be given to expanding these Standards in line with the NHS 'National Specifications for Cleanliness', which emphasise additional issues like the Cleaning Plan of the Home and a specified standard of cleanliness for different parts of the home/different types of equipment.
- R27 The programme of unannounced 'Dignity and Respect Spot Checks' should also include assessment of the suitability and state of the environment. In Dunmurry Manor the breaches of key environmental indicators raise the question of whether residents were being treated with appropriate dignity and respect and whether this should have triggered warning signs about Dunmurry Manor at an earlier stage.
- R28 Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.
- R29 A protocol for collaborative partnership working in improving care in a failing care home should be developed and implemented as a matter of urgency by the RQIA and the HSC Trusts. The protocol should address the handling of complaints and the use of intelligence deriving from these to better inform all those with responsibility for the care of older people placed in homes.
- R30 RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.
- R31 RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.
- R32 The use of lay assessors/inspectors in the inspection of care settings for older people should be introduced.
- R33 There should be a strict limit to the length of time a home is given to make improvements to bring its service back into full compliance.
- R34 The RQIA should implement an inspection regime which includes weekend and night-time inspections for all homes on a more regular basis (and at least once per year), especially where there are indications of problems within a home. This offers an opportunity to reflect on the management of night time and weekend needs when fewer staff may be present and residents may present with more challenging behaviours.
- R35 The DoH/RQIA should introduce a performance rating system/a grading system, as it is the practice in other jurisdictions of the United Kingdom as soon as possible.

- R36 The system of Financial Penalties should be strengthened and applied rigorously to care settings which exhibit persistent or serious breaches of regulations.
- R37 The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.
- R38 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.
- R39 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 ie normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.
- R40 The RQIA should collaborate with the CNO in this work and revise the minimum nurse staffing standard No 41 to give more clarity to the independent sector on levels of nurse staffing which are required to deliver safe, effective and compassionate care.
- R41 A high level of staff turnover and use of agency should be considered a “red flag” issue for commissioners of care and the RQIA. 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.
- R42 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.
- R43 The RQIA inspection process must review levels of permanent staff attrition as well as the balance of agency/permanent staffing levels across all shifts in place in a home and should review exit interviews.

Each of Recommendations R25 to R43 would require implementation by either RQIA, the Department of Health or commissioning HSC Trusts and are not Recommendations that could be implemented by Runwood.

- R44 Runwood Homes must carry out an urgent staffing review to address weakness 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.

The need for improvement to induction processes was a matter that had been identified by Runwood, even prior to the current Investigation and the Recommendations being issued. The Investigation Report, however, underscored the need for:

- A clearly structured approach to the provision of training;
- An ability to easily audit and assess whether training has been completed as required; and
- A need to assess whether training is effectively being put into practice.

As initial steps in addressing the above issues, tailored 26 week induction programmes have been drawn up for each category of staff, clearly setting out defined time-frames within which various elements of training must be completed. A copy of the Induction Programme for each staff member is held by the Home Manager in each Home and is available for inspection during Regulation 29 visits. The Induction Programme includes a mix of e-learning and face-to-face training. A sample Induction Programme is attached (Bundle; page 70 to 83).

Each staff member is paired with a 'buddy' on commencing employment, so that training provided is matched with input and support at a practical level. This ensures that new staff members are appropriately supported and can be assisted with their integration into the team.

The Induction Programme runs in tandem with a newly introduced process of ongoing Competency Observations and Assessments. This supervision scheme has been developed to assess that staff:

- Can perform specific tasks consistently to the required standard;
- Understand why they are doing things; and
- Apply the required skills in practice.

A sample Observation Checklist is attached (Bundle; pages 84 to 90).

The 'buddy system' allows immediate feedback to be provided to new staff members on any issues arising in the practical application of training provided or, any issues with the staff member's performance. In addition to the feedback provided on a day-to-day basis, the induction process requires formal reviews at set time-frames, namely at 4 weeks, 8 weeks, 12 weeks, 16 weeks, 20 weeks and 24 weeks. A decision must be taken at each review as to whether the staff member can be signed off as having satisfactorily completed each stage of the induction process.

In order to provide an additional layer of assurance that training is being undertaken appropriately, when Runwood in-house trainers are providing training in individual Homes they have also been tasked with reviewing training records. The Trainers are asked to complete a training matrix which includes details of the percentage number of each staff who have completed each type of training. This will provide an additional source of information to the Human Resources Team in Head Office, which can be analysed when assessing the performance of any individual Home.

The assessment of staff competency is something that continues after the Induction Period with Annual Appraisals of current staff, supplemented by Formal Reviews conducted 6 months after each Annual Appraisal. Both the Appraisal and Formal Review require the Manager to grade staff on:

- Values (that is, does the employee show respect, treat residents with dignity, be passionate about care, seek feedback and display team spirit);
- Behavioural Competence (the extent to which the employee demonstrates Runwood's expectation of how staff should behave in their role); and
- Technical skills competence (the extent to which the employee demonstrates the technical skills and knowledge required in their job).

A Personal Development Plan will then be generated for any training or development areas that have been identified in discussion between the staff member and the Manager.

Whilst Runwood consider that the above outlined steps have provided an improvement in induction process and oversight of training issues, it is recognised that there is room for further improvement to take place, to ensure that training is provided in the most effective method or methods possible. Whilst the above Recommendation relates to the Induction Process, it is recognised that it is important that current staff are also engaged with training in an effective way, which ensures that everyone's skills remain up to date and that people do not become complacent in the application of policies and procedures.

Runwood have created a new post of a Learning & Development Manager, with this individual having specific responsibility for overseeing the provision of effective learning across the Runwood group, including in Northern Ireland. This post has just been filled in September 2018. The Learning Director Manager has been tasked with undertaking a detailed review of the current training processes, including induction, to ascertain how the effectiveness of staff training can be improved, specifically in ensuring that learning is then enacted in the workplace. This will include considering the effectiveness of different methods of training and how to engage staff in training.

A further planned work stream for the Learning Director Manager is to develop a prior knowledge assessment that staff can complete on initial employment. The intention is that this would allow the preparation of tailor-made training segments to immediately address any areas where skills or knowledge gaps have been identified, to supplement the normal induction and training programmes.

As is recognised within the Investigation Report this an area is which there are high rates of attrition of staff, with challenges being faced across the sector. Recent reports have highlighted that there are difficulties in filling staff requirements within the NHS, as well as in the private sector.

Issues that contributed to the specific difficulties in Dunmurry include the following:

- Initial recruitment to the Home was difficult. A significant number of the original posts were filled by overseas applicants. Many of these overseas applicants ultimately opted not to stay at Dunmurry Manor. Unfortunately, some of the employed foreign national staff indicated that they had encountered significant animosity from some members of the local community, which was reported to be racially motivated. It is considered that the staff's perception of a hostile local environment was a factor in a large number of employed overseas staff leaving within a short period of time. This meant that from an early stage within Dunmurry Manor there was a higher ratio of new staff, making establishing continuity of staff and developing a collegiate working environment challenging.
- As detailed in the Chronology/Timeline set out in the Investigation Report, concerns were raised by the RQIA from a relatively early stage of the Home's operation. Being under close scrutiny from RQIA, coupled with a requirement to implement Quality Improvement Plans, alongside the day-to-day running of a Home is challenging. Whilst additional staffing resource was made available to Dunmurry Manor at various stages, it is evident that some staff did not consider that they had sufficient support in addressing these issues.
- It is evident that a number of staff members considered the managerial style and approach of one particular senior former member of staff to be unsupportive and stifling.

A number of practical measures have been taken, since the events in Dunmurry Manor, to address the above issues to encourage retention of staff at all levels. This has been done in

conjunction with steps already being taken across the Runwood Group to improve staff retention at a time where this is extremely challenging across the whole social care sector.

- Increased opportunities have been provided for open communication between staff and senior management. Mini-surveys have been issued to Home Managers seeking feedback on various issues, such as the adequacy of communication. When the results are received, they are considered, any appropriate policy changes made and then fed back to Home Managers;
- It is hoped to implement an Intranet for the company, which will provide an easy central access point to policies and procedures, company news and will also include a suggestions page to allow staff to feedback recommendations;
- All Runwood Homes are required to have regular staff meetings. It was, however, identified that there was significant variation in what issues were being discussed at such meetings and a Template Agenda has now been put in place so that there is a structure to such meetings (Bundle; pages 91 to 93). The Minutes of such meetings are considered during Regulation 29 visits.
- A Human Resources representative from Head office takes part in a weekly Operation Phone Meeting together with all Regional Operational Directors. One of the issues discussed during this Phone Meeting is whether any specific Home is having particular difficulties in recruitment. This enables Runwood Head Office to provide individual Homes with additional recruitment support as required, this can include engaging a specialist agency to undertake targeted recruitment or localised Facebook campaigns.
- All Homes have an individual business plan objective to reduce staff turnover to encourage focus at a local level on this issue.
- When Runwood engage with agencies to recruit staff from overseas, they utilise agencies who provide practical and emotional support for new staff to ensure their smooth relocation.
- Employees leaving Runwood's employment will be spoken to prior to leaving by their Line Manager who will ask the employee's reasons for leaving. It is, however, recognised that staff may have issues they would prefer not to raise with their immediate line manager. All employees leaving Runwood's employment are, therefore, now sent an Exit Interview by post to their home address and given the option of:
 - Completing the Exit Interview Form in a one-to-one meeting with a Runwood representative other than their former Line Manger;
 - Completing the form and either:
 - Returning it in a sealed envelope to the relevant Home for the attention of Human Resources; or
 - Directly posting it to the Human Resources Department.

A copy of the Exit Interview Process and Exit Interview Forms are attached (Bundle; pages 94 to 97).

Issues addressed in the Exit Interview Form include:

- Seeking confirmation of what has prompted an individual to move posts;
- Inviting staff to comment on any changes or improvements that could be made within Runwood and inviting staff to comment on what improvements could have been made within Runwood; and
- Staff are also asked to comment and score Runwood on a range of retention factors that may have influenced the individual's decision to move to a new post.

Responses are gathered and are subject to ongoing analysis by the Human Resources Team at Head Office. This allows for identification of any themes arising within particular homes as to reasons for staff leaving so that any issues arising can be addressed.

- New regional support roles have also been established. This resource means that there is additional support to assist new Home Managers taking up post, as well as to provide support to any Home which may require additional support for any reason. These roles include:
 - A regional Safeguarding Champion, who can be contacted for support with any safeguarding queries;
 - An Internal Compliance Inspector – Offering an independent, yet continuous review of services focusing on quality performance indicators.
 - Peripatetic Managers – one per region to ensure senior level cover of services in the absence of a registered manager.

These regional support roles mean that there is support, coaching and supervision for new Home Managers, as well as being a resource to provide additional support to any Home which may require this for any reason.

As recognised within the Report, the presence of a good manager in a Care Home is important. Runwood are very pleased that the current manager of Dunmurry Manor has been in post for 17 months

The intense press coverage that has followed the publication of the Investigation Report coupled with the issue of subsequent threats of violence and incidents of abuse towards staff members not only in Dunmurry Manor, but across the Runwood Group in Northern Ireland, has increased the challenges of maintaining staff retention over recent months. Runwood have, however, sought to support staff through this difficult time by securing personal safety advice from the Police Service of Northern Ireland where appropriate, as well as providing pastoral support for staff through the Inspire Service.

- R45** The RQIA should require managers leaving employment with a home to provide them with an exit statement, within a defined timeframe, to enable them to identify patterns or issues which should trigger an inspection. Exit statements would be treated in confidence (and not available to the employer).
- R46** 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.
- R47** An independent body should be established to encourage and support whistleblowers throughout the process and whistleblowers need to be protected by the law to make genuine disclosures.
- R48** 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).

Recommendations 45, 46 and 48 would require implementation by the RQIA or commissioning HSC Trusts.

Consideration would need to be given as to who ought to be responsible for any independent body to be established to support whistleblowers. Any extension of the current legislative protections for whistleblowers under the Public Interest Disclosure (Northern Ireland) Order 1998 would require legislative intervention.

As referred to above, Runwood have placed posters in each of their Homes in Northern Ireland which include numbers for the Whistleblowing Helpline for NHS and Social Care, the Protect Advice Line for the independent whistleblowing charity 'Public Concern at Work' (now rebranded as Protect) and a direct contact within RQIA, so that there is ready access to bodies whom staff can contact outside the Runwood organisation for advice should they require this.

R49 Dunmurry Manor / Runwood must introduce an open and transparent complaints management system and welcome the early involvement of families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process

Runwood's Complaints and Comments Policy and Procedure sets out that, if individuals have concerns or complaints about the service that they are receiving, these should be raised. Contact details are provided for the Home Manager, the Chief Operating Officer for Northern Ireland and the Human Resources Department at Runwood's Head Office. Whilst resolution of complaints at Home level is encouraged, all residents/resident's family members have ready access to contact information to allow them to escalate matters to a more senior level within the Runwood Group if, for any reason, matters are not being dealt with satisfactorily at local level.

The Policy clearly sets out the procedure that is followed for dealing with complaints, including the expected time-frame within which each step will be taken. If there is a change to the expected time-frames the complainant will be notified of this and the reason for any delay.

One of the issues that became apparent during the course of the Investigation was that there had been a lack of adequate communication with residents and relatives when complaints investigations at local level needed to be placed on hold due to police or safeguarding investigations. Runwood have now introduced template letters which are used as a basis for ongoing communication with families as to the progress of complaints. These include templates for use when there is a police or safeguarding issue, or for offering families meetings.

A copy of the Residents' Complaints Procedure is made available to each resident in the Service User Guide and copies are displayed for visitors in the reception area.

A complaints tracker has been introduced, this requires all Homes within the Runwood Group to submit a monthly report to Head Office of all complaints received by them. If no complaints have been received during a month there is a requirement for a 'Nil Return' to be completed. The Directorate of Clinical Services conducts an analysis of complaints received to identify any trends in complaints within individual Homes. The information included in the monthly report is then analysed, to include the number of days taken for a specific complaint to be resolved, details of the outcome of a root cause analysis of a complaint and any identified primary and/or secondary causes of a complaint. Runwood have found this to a very useful tool in 'taking the pulse' of a Home.

A graphical representation of the information obtained from the Complaints Tracker is produced for presentation to the Board of Directors on a monthly basis. A redacted example of a report is attached (Bundle; page 98). The Complaints Tracker includes a breakdown of

the number of complaint by Home, by Regional Director (that is the number of complaints arising within the area covered by a specific Regional Director), the primary and second recorded reason for the complaint. This information can then be used to drive continuous improvement.

In addition to the Complaints Tracker, any complaints which cannot be satisfactorily resolved at Home level must be reported to the Board of Directors.

R50 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.

It is understood that R50 is a proposal for centrally collating complaints between all relevant bodies. Runwood would not, therefore, be in a position to implement this Recommendation unilaterally. As referred to above, however, Runwood have applied the principle of central collation of complaints internally.

R51 Given the poor information sharing over 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.

RQIA are afforded access to the complaints tracker information relevant to any Home during an inspection visit.

R52 Complaints statistics relating care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.

Recommendation 52 is not one that Runwood would be in a position to unilaterally implement

R53 A Duty of Candour must be introduced to provide a transparent and meaningful learning process from complaints.

R54 In the event of a complex and serious complaint not being resolved locally, an independent complaints process should be engaged that allows access to alternative dispute resolution, providing appropriate support for whistleblowers and families

R55 The sharing and analysis of communication regarding concerns about low standards of care must be improved within and between the HSC Trusts, the RQIA, including its Board and the Department of Health to enable a more efficient and effective information flow, action and follow-up in all matters pertaining to failures of care.

R56 Those who commission care should assure themselves that they contract with organisations which have strong governance and accountability frameworks in place. Record keeping should be subject to rigorous and regular audit.

R57 An individual Duty of Candour should be introduced in Northern Ireland for all personnel and organisations working across an in the system which governs and delivers care to older people to encourage openness and transparency.

R58 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.

Recommendations 53 to 58 are not Recommendations that Runwood would be in a position to implement.

R59 All Relevant Authorities should develop and implement Escalation Policies that ensure senior officials are sighted in operational matters that are serious, protracted or otherwise significant in their business area.

A number of processes have been put in place to ensure that any serious, protracted or otherwise significant matters are promptly brought to the attention of senior officials, such as the requirement for all Regulation 29 Reports to be copied to the Board of Directors. The requirement to provide monthly reports of all complaints to Head Office facilitates ongoing assessment of matters from Head Office. Should any serious, protracted or significant issues be identified from an analysis of the documentation, this will be reported to the Board of Directors and addressed with the relevant Regional Director of Operations. This means that the escalation of matters to Head Office is not solely reliant on locally based staff to identify and/or correctly escalate any serious, protracted or otherwise significant issues in any Home.

An additional procedural safeguard has been put in place, which requires that staff in each Home complete an online Incident Report Form (Bundle; pages 99 to 112) if any adverse incident occurs in a Home. This includes issues such as:

- Falls;
- Fractures;
- Pressure sores;
- Infections;
- Behavioural issues;
- Medication errors;
- Weight loss;
- Choking; or
- Staff issues.

This information feeds into a live database, which can be analysed to identify any trends or serious issues. A report on any issues arising from an analysis of the database is presented at each Monthly Operations Meeting which is attended by the Board of Directors, Department Heads, Regional Operations Directors and Quality Team. A monthly analysis is undertaken of any reported incidents. A graphical representation is produced of the data so that any 'outliers can be rapidly identified'. A sample graphical report is attached (Bundle; pages 113 to 114).

It is anticipated that, once the electronic records software has been fully rolled out, this will integrate the incident report function.

In addition to the above steps a further Escalation Policy has been developed to ensure that if there is disagreement between involved agencies about how any specific matter should be

addressed at local level that this is appropriately escalated to Senior Management in a timely manner. A copy of this Escalation Policy is attached (Bundle; pages 115 to 118).

Conclusion

One of the key elements that has arisen from a consideration of the Investigation and the Recommendations is the vital necessity of ensuring that key information about different aspects of each Home is consistently made available to Head Office. There is then a need to 'join up' the data/intelligence received about each Home, so that this can be analysed, presented and considered in a meaningful way. The fact that all Regulation 29 Reports and monthly details of all complaints are now made available to Head Office, means that there is additional information available to allow for an informed and detailed analysis of performance of each Home. For example, a spike in the number of complaints for a specific Home, leads to a closer analysis of Regulation 29 Reports and training records for a particular Home to identify if there is a reason for that spike and to allow early identification of any corrective measures that may be required. Runwood considers that the steps that have been taken to date have provided all senior management staff with much clearer oversight of the position with individual Homes. This does not preclude issues arising that need to be addressed, however, it does ensure that senior management are promptly made aware of such issues, so that appropriate action can be taken to address issues at the time when they arise.

Runwood are committed not only to the ongoing implementation of the Recommendations as set out above but also to embedding high quality, personalised care as the cornerstone of the organisation. Runwood recognise that to achieve this, there is a need to ensure that all staff within Runwood engage fully with the necessity for putting resident's rights at the centre of everything they do and instilling a culture of openness and learning. Runwood are confident that the lessons learned from this matter will lead to an improvement in the standard of care and experiences of all residents, not only within the Runwood Group but across the social care sector.