

MAHI Muckamore Abbey Hospital Inquiry

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09 December 2022

By Email Only

Ms Jane McManus
Solicitor Consultant
Directorate of Legal Services
2 Franklin Street
Belfast
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Dear Ms McManus

Evidence Modules 2023

You will be aware from the Chair's statement of 20 October 2022 that, in the next phase of evidence, the Inquiry intends to hear evidence relating to the legal and regulatory framework, organisational structures, policies, methods and governance.

The purpose of this correspondence is to issue a request to the Belfast Health and Social Care Trust in the first instance for a statement or, if appropriate, statements that will assist the Inquiry in that phase of evidence. It should be regarded as a request for the purposes of Rule 9 of the Inquiry Rules 2006. It is anticipated that the maker(s) of the statement(s) will be called to give oral evidence in March – April 2023.

Please find enclosed the document "Evidence Modules March - April 2023", which provides an outline of the topics to be addressed. The Belfast Health and Social Care Trust is asked to provide a statement or statements for the purpose of addressing the topics highlighted in red text in the document.

Please note that the primary objective of this phase of the evidence is to ensure that the Panel is fully informed of the legal and regulatory framework, the organisational structures that are relevant to the Terms of Reference and the relevant policies, procedures and practices that were applicable during the timeframe with which the Inquiry is concerned. It is anticipated that the Inquiry will wish to hear further evidence at a later juncture to address the adequacy and effectiveness of the systems and processes in place at the relevant time.

The content of the modules is set out in some detail in the enclosed document, but the following may also assist with an understanding of some of the matters on which the Inquiry wishes to hear evidence:

Module 2: Health Care Structures and Governance

- 2e. The historical overview should include the history of placement of patients at MAH and the provision of alternative inpatient beds.
- 2f. The account of the management and governance structure should include an explanation of directorate, divisional and corporate structures and the flow of information between them.
- 2g. The account of the interrelationship between Trusts relating to patients admitted to Muckamore should include detail of contracting arrangements and accountability agreements that were in place at the relevant time.
- 2h. There may be some overlap between this and the preceding topics, as well as Modules 3 and 4. The Trust is asked to identify and explain the key mechanisms in place to promote quality of care at MAH.
- 2i. The account of provision for community based services should include information on the use of learning disability teams and their staffing and on any differences between community based support for children and for adults with learning disability.

Module 3: Policy and Procedure

The Trust may wish, if appropriate, to include reference to other policies and procedures that touch on the Terms of Reference.

Module 4: Staffing

Evidence relating to the issue of training should include the training of all staff in areas such as safeguarding, use of restraint, use of seclusion, use of medication and side effects of medication, choking risks, communication strategies for persons with learning disabilities, positive behavioural support in respect of learning disability, autism and challenging behaviour.

Module 6: MAH Reports and Responses

The Inquiry wishes to receive evidence at this stage detailing the formal responses by the Trust to the reports referenced in this module. It is anticipated that the Inquiry will wish to examine further in evidence at a later stage the adequacy and effectiveness of such responses.

The Inquiry also wishes to ensure that all higher level reports in relation to the hospital and of relevance to the Terms of Reference are identified at this stage (for example, the Report of the Independent Assurance Team 2018 and the Independent Review of the Learning Disability Resettlement Programme 2022). The Inquiry would welcome input from the Trust in respect of that exercise.

Please see enclosed Statement Format Guide. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

For planning purposes, you are asked to inform the Inquiry of the identity and role of the person(s) who will be making the necessary statement(s) and a brief summary of their qualifications and experience by Friday 16 December 2022.

You are requested to furnish the Inquiry with the completed statement(s) by Friday 10 February 2023; if any statement is completed prior to that date, please do furnish it to the Inquiry as soon as possible following completion in order to assist with scheduling.

If you have any queries about this correspondence please contact the Solicitor to the Inquiry at solicitor@mahinquiry.org.uk.

Yours faithfully,



Lorraine Keown
Solicitor to the Inquiry

Enclosure:

1. Evidence Modules March – April 2023.
2. Statement Format Guide.



EVIDENCE MODULES MARCH - APRIL 2023

The Inquiry intends to hear the following evidence modules in March – April 2023:

- Module 1: Bamford and Mental Health Law in Northern Ireland
- Module 2: Health Care Structures and Governance
- Module 3: Policy and Procedure
- Module 4: Staffing
- Module 5: Regulation and Other Agencies
- Module 6: MAH Reports and Responses

Module 1: Bamford and Mental Health Law in Northern Ireland

- a. Overview of Bamford Review and subsequent developments.
- b. Analysis of different models for learning disability services.
- c. Focused Study of the “Equal Lives Learning Disability” Review (September 2005).
- d. Focused Study of “A Comprehensive Legislative Framework” (August 2007).
- e. Mental Health (Northern Ireland) Order 1986: key provisions.
- f. The new legislative framework: Mental Capacity Act 2016.
- g. Comparative analysis: law in UK (outside NI) and elsewhere.

Module 2: Health Care Structures and Governance

- a. Budget for learning disability and mental health services:
 - Northern Ireland and elsewhere in UK;
 - children and adults;
 - health care and social care;
 - institutional and hospital provision and community support.
- b. Department of Health: oversight of learning disability services.
- c. Public Health Agency: role in organisation and commissioning services at MAH and quality improvement.
- d. Health and Social Care Board/ Strategic Planning and Performance Group.
- e. The Trusts and MAH: historical overview.
- f. BHSC and MAH management and governance structure.
- g. Interrelationship between Trusts re patients admitted to Muckamore.
- h. Explanation of structures in place to promote quality of care at MAH.
- i. Outline of provision for community based services.

Module 3: Policy and Procedure

- a. Policies for delivering health and social care to learning disability patients 1999 – 2021.
- b. Nursing care delivery model.
- c. Policies regarding restraint/ seclusion.
- d. Safeguarding policies.
- e. Policies and procedures re medication/ auditing of medication.
- f. Policies and procedures concerning patients' property and finances.
- g. Policies and procedures re psychological treatment, speech and language therapy, occupational therapy and physiotherapy.
- h. Resettlement policies (and provision for monitoring of resettlement).
- i. Complaints and whistleblowing: policies and procedures.
- j. Overview of mechanisms for identifying and responding to concerns.
- k. Risk assessments and planning regarding changes of policy.
- l. Procedures to provide assurance regarding adherence to policies.
- m. Policies and procedures for further training for staff/ continuing professional development.

Module 4: Staffing

- a. Workforce plans for disability care 1999 – 2021 (Trust and Department of Health).
- b. Training and recruitment of learning disability nurses.
- c. Leadership education for ward managers and senior nurses/ key performance indicators.
- d. Training, recruitment and deployment of learning disability psychiatrists, psychologists, speech and language therapists, occupational therapists and physiotherapists.
- e. Measures relating to staff retention and support.
- f. Induction programme for new unregistered staff and temporary workers.
- g. Practice regarding supervision of unregistered staff.
- h. Programme at MAH for clinical audits/ University placement audits/ NIMDTA placement audits.
- i. Provision for trend analysis of Datix incident reporting and response.
- j. Overview of turnover and vacancy rates on wards.
- k. Exit interviews: management and analysis.
- l. Impact of (and response to) suspensions and increased use of agency staff.

Module 5: Regulation and Other Agencies

- a. Regulation and Quality Improvement Authority (and MHC):
 - history, statutory remit, objectives, inspection procedures and methodology;
 - procedures for ensuring improvement;
 - roles and responsibilities re MAH.
- b. Health and Safety Executive Northern Ireland (HSENI):
 - history, statutory remit, objectives, procedures and methodology;
 - roles and responsibilities re MAH.
- c. Patient and Client Council (PCC):
 - history, statutory remit, objectives and methodology;
 - roles and responsibilities re MAH.

Module 6: MAH Reports and Responses

a. EHSSB/ NWBT Review (December 2005):

- overview;
- analysis of recommendations;
- **examination of response.**

b. Ennis Ward Adult Safeguarding Report (August 2013):

- overview;
- analysis of recommendations;
- **examination of response.**

c. Review of Safeguarding at MAH - A Way to Go (November 2018):

- overview;
- analysis of recommendations;
- **examination of response.**

d. Review of Leadership and Governance at MAH (July 2020):

- overview;
- analysis of recommendations;
- **examination of response.**

e. Identification of other key reports concerning MAH.

09 December 2022

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

MUCKAMORE ABBEY HOSPITAL

MEMORANDUM

From: Mrs M Somerville
Director of Hospital & Community
Learning Disability Services

To: EMB Members

Ref: ES/ba

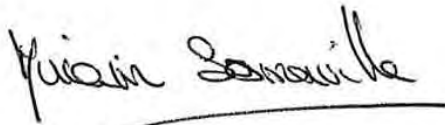
10.1.06

RE: REVIEW OF CHILD PROTECTION PROCEDURES

Please find a copy of the report produced following a joint review by EHSSB and the Trust. This report has now been presented to the Chief Executive of the Eastern Health & Social Services Board.

Mrs Mairead Mitchell will take responsibility for the implementation of the recommendations which relate to the Trust. Mrs Mitchell will produce a report in the Summer of 2006 detailing progress with implementing those measures and any outstanding actions from the 2004 SSI Report.

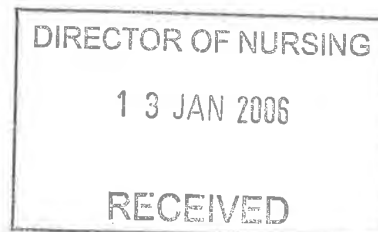
This report will be noted at EMB on 18th January 2006.



MIRIAM SOMERVILLE

c.c. Mr R G Black, Chief Executive

Enc.



**NORTH AND WEST BELFAST
HEALTH AND SOCIAL SERVICES TRUST**

TITLE: Review of Policies and Procedures to Safeguard Children and Vulnerable Adults in Muckamore Abbey Hospital

CONTENT: This report sets out current practice at Muckamore Abbey Hospital which seeks to ensure that Children and Vulnerable Adults are safe during their stay in Hospital

PREPARED BY: Eastern Health & Social Services Board & North & West Belfast H&SS Trust

(See Appendix 10 for membership of review team)

DATE: December 2005

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**Eastern Health and Social Services Board and North
and West Belfast Health and Social Services Trust**

**Review of Policies and Procedures to Safeguard Children and
Vulnerable Adults in Muckamore Abbey Hospital**

1.0 Introduction

The report has been written following a joint review carried out by North and West Belfast Trust and The Eastern Health and Social Services Board. This report sets out current practice at Muckamore Abbey Hospital to ensure that children and vulnerable adults are safe during their stay in hospital. It details policies and procedures used within the hospital, training and support provided for staff and monitoring mechanisms. The report also addressed how these systems work in practice. As part of the process, a number of recommendations have emerged which will further improve practice.

1.1 Terms of Reference

The terms of reference agreed by the group for the review are as follows:-

- To produce a report which assures North & West Belfast H&SS Trust and EHSSB that appropriate child protection measures are in place at Muckamore Abbey Hospital.
- To describe how these measures are monitored and what reporting mechanisms are in place.
- To assure the Trust and EHSSB of the robustness of vulnerable adult procedures.

1.2 Process of the Review

Officers involved in the review, examined the systems and the relevant policies and procedures. They also read the casenotes of a selection of current patients to ascertain the level to which Child Protection and Vulnerable Adults policies and procedures are being implemented.

1.3 It was agreed that the files of all EHSSB children and Young People aged under 19 years who had been treated on an adult ward during 2005 should be reviewed.

There were 7 such children and Young People; 4 female aged 14-17 years and 3 male aged 15 years and 16 years.

Also the files of a 40% sample of all children admitted to Conicar Ward were reviewed.

There were 6 children in the sample. All were boys aged 9-16 years.

The files of all the EHSSB patients who had been involved in Vulnerable Adults Procedures during 2004 and 2005 were also reviewed. The files of 9 people involved in 8 Vulnerable Adults investigations were reviewed. These involved 7 men and 2 women.

Appropriate social work and nursing professionals from outside the hospital reviewed these files.

A Consultant Paediatrician with responsibility for Child Protection within the Trust reviewed five files. Three of these are children in adult wards and two are children in Conicar.

2.0 Context

- 2.1 The review must be set in the context of a hospital for people with learning disabilities which is in a state of transition. Patients in the hospital come from across the province (although the majority of people are from the Eastern and Northern Boards). The hospital is moving from being a traditional long-stay hospital to one, which offers shorter-term assessment and treatment services for people who require a period of in-patient care. Patients will, in future, be admitted because of mental illness or severe challenging behaviour. Phase 1 of the redevelopment programme provides new accommodation for 35 assessment and treatment beds.
- 2.2 The hospital has also historically been the regional centre for people with learning disabilities who require hospital admission because of offending behaviour (forensic services). Phase 1 of the redevelopment programme also provides 23 forensic beds. Until the new unit is opened, such patients are accommodated elsewhere in the hospital and receive supervision as indicated by clinical risk assessments.
- 2.3 A children's ward, Conicar is still on the hospital site. A business case was developed by the Trust in 1995 to relocate this to a more appropriate community location. This business case was not approved at the time and a further business case is in the process of being submitted to the Boards and the Department. Fifteen children remain in Conicar.
- 2.4 The Trust and the EHSSB remain concerned that young people continue to be admitted to adult wards. There is however, no specific provision in Northern Ireland for young people with learning disabilities who require inpatient assessment and treatment services. In the absence of alternative provision and if Conicar is unsuitable, young people are admitted to adult wards. The approved business case for the redeveloped hospital clearly refers to the fact that services for adolescents were not to be included in the redeveloped hospital and this remains an issue yet to be addressed.

2.5 All the patients in the hospital are vulnerable and most exhibit varying degrees of challenging behaviour. The hospital accepts referrals from across Northern Ireland and people may be admitted from the other two learning disability hospitals because of the severity of the condition requiring treatment. A variety of therapeutic approaches are therefore required to manage people appropriately and safely. This also means that complex decisions about managing risk are being taken by all clinical / professional staff on a daily basis.

2.6 Muckamore Abbey Hospital is recognised as a centre of good practice in the field of learning disabilities. The majority of learning disability nurses in Northern Ireland undertake student placements at the hospital. It is also a centre approved by the Royal College of Psychiatrists for the training of doctors in the psychiatry of learning disability. There is close collaboration with the University of Ulster to provide student placements for allied health professionals. The hospital has also been able to attract high calibre staff across all the professional groups including allied health professionals, social work and clinical psychology.

2.7 The review team noted that the hospital has a strong track record of reform and modernisation. Recent achievements include the following:-

- The third successive charter mark for the hospital was awarded in 2005.
- The hospital has been designated as a Good Practice site in 2005 as part of the Public Service Reform Unit.
- A Service Improvement Project undertaken at the Hospital in 2005 has been selected as the N.I. entry in the International Quality Healthcare Forum.
- The Hospital has been selected by the Home Office as a pilot site for a recently devised Adapted Sex Offenders' Treatment Programme. This will be delivered in partnership with the Probation Service.
- The development of a multidisciplinary quality audit tool specifically for learning disability services. This is called Evaluating Quality Care (EQC) and may shortly be copyrighted and shared across the province.

3.0 Monitoring Mechanisms - Child Protection Procedures

3.1 The hospital operates a procedure, which complies with and complements the core policy and procedures set out in Co-operating to Safeguard Children (May 2003) and the Regional Child Protection Policy and Procedures (May 2005). The Regional Policy and Procedures make particular reference to child protection in hospital settings and to the needs of children with disabilities. The hospital procedure has been drafted with these issues in mind.

3.2 Following an Inspection by SSI in 2003, the review team noted that the hospital undertook to strengthen child protection policies, procedures and

training of staff. It was evident that considerable progress has been made in this field, including the following:-

- The development of specific procedures for hospital staff, which provide clear guidance and comply with Trust and regional policies and procedures. These have been developed in association with members of the Trust Child Protection Panel and specific advice from the Trust Child Protection Nurse. **(Appendix 1)**
- Hospital representation on the Trust Child Protection Panel.
- The availability of the Trust Child Protection Nurse and Consultant Paediatrician for specialist advice.
- Hospital staff receive the Trust Child Protection training programme with some adaptations to take account of the hospital environment. Two nurse managers have been trained as trainers and this training programme is now mandatory for all nursing staff. Although considerable progress has been made with the training programme, it must be recognised that it will take some time to train all staff and priority is given to those who have most contact with children. Targets are being set for the numbers and type of staff who should receive training each year and progress will be monitored. **(Appendix 2)**

3.3 Children's and young people's files were specifically reviewed in search of evidence of awareness by staff of child protection issues, policies and procedures and adherence to the Looked After Children(LAC) arrangements.

Good Practice Examples

- In all social work files reviewed of children and young people on adult wards, there was clear evidence of awareness of the additional risks posed by the adult environment.
- Nursing notes indicated a number of instances where ward staff reported child protection concerns to social workers. Both social work and nursing files indicated the outcome.

3.4 **Specific Child Protection Issues raised in the Files.** There were three specific child protection issues raised in the files reviewed.

Issue 1

Ward staff reported to Social Services their concerns about the account of a 17 year old who had been 'sitting on the lap of her Grandmother's partner while driving'.

A referral was made to Social Services in the community, investigation interviews took place with the young person and with the adults involved.

A decision that no further action was to be taken within the child protection procedures was relayed to the Hospital.

The Grandmother and partner were advised of the inappropriateness of this action.

Social work, nursing and medical files all contained reference to this incident and to the outcome.

Issues 2 and 3

A 15 year old in an adult ward also raised issues, which were discussed in terms of child protection.

Firstly, a report that the boy had seen self-harm by another patient is discussed in terms of 'invoking child protection protocols'. After a discussion with Social Services, the Ward Manager and community Social Services, no further child protection action was taken. One to one supervision was in place already.

Secondly, a graze was noticed on the boy's head and brought the following reaction from the consultant to the Senior Social Worker in the hospital, 'Given the importance of Child Protection Procedures I would be grateful if you might investigate the circumstance'.

These examples indicate both awareness of the issues on the part of all professional staff involved and the appropriate use of child protection policies and procedures.

3.5 Although evidence from nursing notes indicated good practice in relation to LAC Reports the Review Team considered that there were three areas in which further improvements could be made to nursing notes..

These are:-

- Ensuring that the nursing care plan is regularly updated in all areas.
- Consistent use of growth charts for children
- Ensuring that the Person Centred Care Plan highlights a child's likes and dislikes.

3.6 The review team considered that one case requires further discussion between the Consultant Paediatrician and the Consultant Psychiatrist in relation to some child behaviour noted in the medical file. This will be actioned.

3.7 The review team considered that although much progress has been made in addressing the child protection recommendations in the SSI report, taking some additional measures could further strengthen child protection work in the hospital. **The Review Team recommend increasing hospital representation on the Trust Child Protection Panel by including a doctor or nurse in the membership. A further suggestion has been made that a Child Protection Committee is established at the hospital. This would meet every six months, would have representation from Family and Childcare Services, Trust Child Protection Nurse and Consultant Paediatrician as well as hospital staff. This Committee would provide advice and monitor progress with training and other aspects of child protection. (Recommendation 6)**

3.8 **LAC Reviews.** All children and young people are reviewed under the Looked After Children (LAC) guidance. Establishing a LAC Review is the responsibility of the "owning" community trust.

3.9 Evidence from the notes indicates that LAC reviews are often late and can be unproductive as it is difficult for staff in community trusts to prioritise the needs of children and young people in the hospital. Across the range of children and young people in the Adult and the Children's wards, there was a 100% involvement with Looked After Children arrangements evident from the files. However, the levels of compliance with the required timescales and recording fell below the acceptable levels in a number of cases. In particular there seemed to be difficulties in adhering to the 6 months timescale for reviews.

In some cases it was obvious that efforts were being made to convene the meetings but gaps of 9 months were not uncommon and in one case a year elapsed.

3.10 There was evidence of comprehensive Looked After Children reports and recording, especially when the process afforded the opportunity for multi-disciplinary assessments and discussions. However, in other examples, unsigned photocopies of the original documentation were all that was present. The review team noted however that each child/young person has their own Community Social Work file where originals are more appropriately kept.

3.11 It should also be noted that generally attendance at Looked After Children reviews was very good in terms of multi-disciplinary attendance, family attendance and professionals from the community.

3.12 Children subject to LAC reviews often spend inappropriate lengths of time in hospital due to a lack of robust community infrastructure. Unfortunately LAC reviews have little impact in resolving this situation. **This review indicated a need for trusts to be reminded of their responsibilities in respect of LAC reviews. (Recommendation 5)**

Examples of Good Practice in LAC Reviews.

- Nursing Reports to LAC Review were of a particularly high quality and were highlighted by the review team.

3.13 **Advocacy Services for Children.** Evidence from the notes indicate the use of independent advocacy services for some children. **The review team considered that it would be helpful if community trusts were able to increase the availability of advocacy for children and adolescents who were already or were in danger of becoming delayed discharges. (Recommendation 9)**

3.14 **Multidisciplinary Meetings.** The wards to which children and young people are admitted are subject to a weekly multidisciplinary ward meeting. This is chaired by the consultant psychiatrist and attended by the ward manager and a variety of professional staff. Care managers and other appropriate community staff are invited to this meeting. The review team noted that this is the main clinical decision-making process for patients. Although the discussion may be guised in different terminology, managing risk is a major feature of this meeting. Examination of the notes indicate that risk assessments and action plans are recorded in a number of different places. **The review indicated however, that it would be helpful to consider the inclusion of a separate sheet that clearly records risk assessments. How best to operationalise this is currently under consideration.**

Example of Good Practice

- Behaviour Nurse Therapy's framework for Risk Assessment was identified by the review team as a useful tool that could be adapted for the multi-disciplinary team.

3.15 A similar challenge applies to the outcome of discussions in relation to child protection. Decisions made and actions taken were found recorded in three or four different places. This indicates that although the practice is good, improvements could be made to recording systems. The procedure indicated in **Appendix 3** addresses this issue and will be implemented.

3.16 The hospital uses an electronic patient record system called EPEX. This system has the potential to provide a simple but effective means of detailing patient movement between wards and any risks that a patient may pose. The system is currently not used consistently by staff. **It is recommended that the trust reviews the use of EPEX to explore how helpful it may be in capturing multidisciplinary working and risk management. (Recommendation 8)**

3.17 Supervision Policies. A regular feature of the ward meetings is how best to supervise patients who may be particularly vulnerable or those who present a particular risk to others. The review team noted that a Constant Supervision Policy is in operation, which details different levels of observation and how staff are deployed at each level. **(Appendix 4)** Individual patients who are subject to constant supervision are reviewed regularly by the multidisciplinary team. The mix of patients in outdated accommodation can make such supervision difficult. Providing the necessary levels of supervision to achieve this is often a difficult balance between safety, availability of staff and affordability and can from time to time create financial challenges for the trust. High levels of supervision and observation can also be anti-therapeutic for the patient. The priority however, is always the safety of patients and staff.

Examples of Good Practice

- Nursing notes highlighted good recording of the levels of supervision, complaints and incidents and the appropriate action taken was well recorded.
- Each file contained references to the young persons status as a child and regularly noted the presence of one to one staffing in place to afford the child and young person additional protection.

E.g. '16 year old female child will require constant supervision as child on adult ward' taken from notes on admission, and ' has a nurse provided on constant supervision to maintain her safety on an adult ward' taken from Looked After Children Review report.

3.18 Admissions of adolescents to adult wards. This is an undesirable position but on occasion, unavoidable. The decision to admit is taken following discussion between the referring consultant, the consultant for Conicar and the Medical or Clinical Director at the hospital. The reasons why an admission to the children's ward is inappropriate is fully explored. Admission only occurs when it is clear that an inpatient assessment is necessary and no alternative is available. The decision to admit to an adult ward is taken by the consultant psychiatrist in consultation with relevant nursing and other professional staff in the hospital. This is recorded in the clinical notes and the care plan. An Incident Report is also completed for all children admitted to adult wards. The Trust Chief Executive is notified as is the Mental Health Commission and the EHSSB. The hospital has a written admission procedure, which covers all patients. **It is recommended that a specific admission protocol be developed for adolescents. This will take account of the fact that this should be an unusual occurrence and immediately raises awareness of vulnerability and issues of protection. This will be implemented and will take account of both new referrals and children transferred from Conicar to adult wards. (Recommendation 1)**

3.19 All adolescents admitted to adults' wards receive at least 1:1 supervision on a 24hour basis on admission. This is reviewed as appropriate and changes will be noted on the risk management sheet. While, for most, they will continue to receive this level of supervision while they are in the hospital, others are provided with safe opportunities to assist in enhancing their level of independence. Constant supervision does not always make for the most therapeutic of environments. Always having a member of staff at your side may not be helpful and may simply provide an unsettled adolescent with further irritation. It is however, the most appropriate strategy to safeguard young people in adult wards and in the absence of a discrete adolescent service, this position will remain unchanged.

3.20 Evidence from the notes demonstrated clearly consideration having been given and being regularly reviewed of the appropriateness or inappropriateness of the child/young person being admitted or re-admitted to the Conicar Children's Ward.

In these situations, risks posed by the young person to other children/young people in Conicar were taken into account in the decision making about admitting an adolescent to an adult ward.

3.21 There was evidence from clinical notes that from time to time, young people require seclusion. The team found that consent for the use of seclusion was not always documented. This is in the process of being addressed by the clinical team at the hospital.

Examples of Good Practice

- A 14 year old admitted to an adult ward from Conicar is planned to return to Conicar soon.
- A 15 year old admitted directly to an adult ward was considered for Conicar at a Looked After Children Review but the decision was that due to risk to others, it was 'not an option'.
- It was also clear from a number of files that when possible, these children and young people were sleeping in single rooms as part of efforts to protect them in an over crowded environment.

The review team considered that it would improve practice to produce a separate admissions policy for children and one for children admitted to adult wards (Recommendation 1).

3.22SSI Inspection. The children's service in the hospital was inspected by the SSI in 2003. Following receipt of the report in 2004, an Action Plan was drawn up jointly with EHSSB. Many of the actions have been completed, some are ongoing and some are longer term. The hospital produced an Action Plan following receipt of the SSI report in 2004. Details of work skill in progress is indicated in **Appendix 5**. The recent SSI report Care At Its Best, made reference to the planned relocation of Conicar into the community. This will not however, take place for some time and does not address the needs of adolescents.

4.0 Monitoring Mechanisms – Protection of Vulnerable Adults

4.1 The hospital complies with the Vulnerable Adults Policies and Procedures developed within the trust during 2004/5. Specific guidance for hospital staff has been written and shared with staff as part of the training process. **(Appendix 6)**

4.2 **When to use Vulnerable Adults Procedures.** The review team noted that the implementation of Vulnerable Adults procedures has meant a change in practice for hospital staff. Before the introduction of Vulnerable Adults procedures, many of the issues were dealt with through the formal complaints process. Patients and carers will still use the complaints system to raise matters as this is a more familiar process for them. The decision about when to use the Vulnerable Adults procedures as opposed to the complaints system or indeed other tools such as Root Cause Analysis, is complex and requires consideration of a number of factors. Obviously, all patients within the hospital are vulnerable. There are also a large number of incidents reported each day as is expected in a learning disability hospital. Not all of these could or should be considered under Vulnerable Adults Procedures. Consideration is therefore given to such factors as the patient's current mental health, whether or not the incident is atypical and what is known about the circumstances surrounding the incident.

4.3 Complaints and incidents are discussed by the appropriate multidisciplinary clinical team who will express a view on how an issue should be handled. A recent additional improvement is that all complaints and potential Vulnerable Adults cases are also discussed by the hospital management team on a weekly basis. A final decision is reached by means of these two processes operating together. This provides for careful consideration of the issues by a number of different people. Decisions are recorded in notes of the management team meetings, and in patients' notes. A complaints file is also kept which records how the complaint has been managed.

4.4 **The review highlighted that recording could be improved by ensuring that one file note is kept that confirms outcomes and actions taken following consideration of a Vulnerable Adults case. The files indicated the need for guidance as to the factors which should suggest entry into Vulnerable Adults. A process for decision-making should be implemented within the hospital, which clarifies the role of the designated officer. The procedure outlined in Appendix 7 explains how this will be implemented. (Recommendation 7)**

4.5 **Responsibilities of "owning" trusts.** The lead in setting up a Vulnerable Adults process rests with the "owning" community trust. As described previously in relation to LAC reviews, staff in community trusts have competing priorities and work with hospital patients can remain low on their agenda. Delays in establishing a Vulnerable Adults process can

defeat the purpose and so it often falls to hospital staff to take the lead. This is not the most satisfactory practice. **It is recommended that community trusts are reminded of their responsibility in relation to this. (Recommendation 5)**

4.6 This was supported by evidence from the files, indicating marked difficulty with engaging 'owning' Trusts in the Vulnerable Adults process – particularly when required to convene and to chair. The review team noted confusion in one Trust's reluctance to become involved in the Vulnerable Adults process because it involved an allegation against a staff member and it was their view therefore that it was a disciplinary issue for the hospital Trust.

4.7 **Supervision Policies for Adults.** The use of the Constant Supervision Policy and Procedure operates for all patients within the hospital as described above in 3.4. It is evident from notes that decisions in relation to changes in levels of supervision or a move from one ward to another need to be made quickly and a bureaucratic process which would slow this down is to be avoided. Nevertheless, it is difficult to track from records how these decisions are made and by whom. **The review team recommend that a set of "guiding principles" are produced which provide a framework within which these decisions are made. This will not hinder the need to take action but will provide reassurance that a number of issues, including the vulnerability of others, have been fully explored as part of the decision making process. (Recommendation 3)**

4.8 **Patients who have the potential to offend.** The review team noted that the hospital will continue to provide a regional service for people with learning disabilities who require hospital assessment and treatment because of offending behaviour. This is part of the core business and the hospital aims to continue the development of a centre of excellence for the assessment and treatment of this group. Much of this work relates to sexual offending and the hospital is a designated Home Office pilot site for the delivery of a new Adapted Sex Offenders Treatment programme. Patients whose sexual offending puts others at risk are assessed and managed using a variety of clinical tools. Full multiagency reviews take place and the care and supervision package is organised as required. Supervision forms an important part of the management of these patients and is reviewed each week at the multidisciplinary team meeting.

5.0 Other Internal Monitoring Mechanisms

There are several other systems in place, which provide additional safety for children and vulnerable adults.

5.1 Complaints Procedure. The Trust operates a comprehensive complaints procedure and complaints received in the hospital are responded to as part of this. All response letters to complainants are signed by the Chief Executive or Deputy Chief Executive. All complaints are recorded and summarised in a report which is presented to the Complaints Committee on a quarterly basis. This Committee is part of the trust's governance arrangements and is chaired by a non executive director. It is good practice for less formal complaints to be dealt with face to face by staff on the wards. Each ward keeps a complaints record book which details all complaints raised on the ward by patients, staff or visitors. All complaints are discussed at the weekly hospital management team meeting and actions agreed and recorded. This means that some of the more complex considerations e.g. about when a complaint should be investigated through the Vulnerable Adults process can be thoroughly explored.

5.2 Incident Reporting. Staff are encouraged to report all incidents no matter how trivial. Ongoing training continues to raise awareness about the importance of incident reporting and ward managers receive reports indicating any trends or issues of particular significance for their area of responsibility. All incident reports are seen by a number of senior staff including the Medical Director and Assistant Director of Service Improvement and Governance. Medical Staff Committee reviews individual incident reports on a regular basis, as does the head of nursing. The Chief Executive receives reports on any patients or staff who have received a significant injury or been admitted to hospital as the result of an incident. The hospital management team receives quarterly reports and an annual report is taken to the trust's Executive Management Board. This provides the safeguard of a comprehensive system enabling a number of different individuals to raise areas of concern at a number of different stages in the process.

5.3 Risk Management and Risk Registers. Risk management is not an exact science and in a hospital such as Muckamore Abbey, decisions about risk are taken by staff several times a day. Notes indicate that recording of decisions can, quite appropriately, be found in several different places e.g. nursing notes indicating a change in supervision levels following a discussion with the ward consultant psychiatrist; actions outlined on an Incident Form following an episode of challenging behaviour etc. Practice therefore, in relation to risk is good. It is recognised however, that the recording of risk assessments and when and how they are updated could be improved. Consideration is therefore being given to the process described in 3.3.

5.4 The Trust maintains a Risk Register, which is examined by the Trust Governance Committee and members of Trust Board. The Learning Disability Governance Group, which is multiprofessional, regularly reviews and reports on the issues which feature in the register. Staff are invited to contribute, through the Governance Group, and submit any matters that they believe should be considered as areas of risk.

This register is a living document that records risks identified and highlights control measures that are in place and further actions planned.

5.5 Reporting to Organisations Outside the Trust. Serious untoward events, including the admission of a child to an adult ward, are reported to EHSSB and to the Mental Health Commission. The Commission has recently revised its guidance on what should be reported and the hospital complies with this.

5.6 Evaluating Quality Care. This is an audit tool which has been devised by the hospital and provides a comprehensive evaluation against standards for every department, clinical and non clinical within the hospital. Reports following audits are reported to the management team and appropriate action taken. The tool has been piloted and the Trust is now considering copyrighting this work and sharing it with other organisations. The tool has recently been sent to the Health Improvement Authority for their view on its effectiveness.

5.7 Patient Discussion Groups. Many wards and departments operate patient groups where discussion can take place between patients and staff about a variety of issues. These can be a most useful focus for patients who can communicate well and who wish to contribute to the running of the hospital. Senior managers attend from time to time and patients have an opportunity to raise any concerns with them. Patients who are less able to communicate are more dependent on staff, family or other advocates.

5.8 Independent Advocacy. The EHSSB provides funding for a limited amount of independent advocacy for patients in the hospital. The service has mostly been used to assist people in the resettlement process but the service is available for other patients should they need it.

5.9 Supervision of Staff. Trust policies and procedures are in place within the hospital in relation to the supervision of staff. As part of supervision, staff are made aware of the importance of reporting any concerns that they may have. The reporting mechanism is normally through the line management system. In addition, staff are told that they can address complaints or issues that have not been satisfactorily resolved to any member of the senior management team. The Trust Child Protection Nurse has also made herself available to staff who may wish to raise a relevant concern directly with her. Staff are informed of this during their child protection training.

5.10 Management of Visitors. The hospital has a draft procedure for hospital visiting taking into account children and vulnerable adults (Appendix 8)

6.0 External Monitoring Mechanisms

In addition to the internal monitoring systems described above, there are a number of external mechanisms which provide an additional check on service quality and areas of risk. These include:-

6.1 Mental Health Commission Visits. The Commission makes regular announced and unannounced visits to the hospital. As well as talking to patients who are detained, Commission members visit a variety of wards and talk to patients and staff. The most recent report received from the Commission is attached in **Appendix 9**.

6.2 Visits by Trust Board. The Trust arranges a programme of visits to services by non-executive and executive directors as well as the Chairman and Chief Executive. Staff and patients are encouraged to raise any particular concerns with any member of Trust Board during these visits.

6.3 The Society of Parents and Friends. Although membership of the Society is reducing as the nature of the hospital changes, they still play an active and enthusiastic role in the life of the hospital. Any parents or carers who are unclear about processes or have concerns may ask the Society for assistance. Officers of the Society meet regularly with senior managers to discuss a variety of matters.

7.0 Staff Training

It is recognised that the most effective systems can be in place but are of little value if front-line staff do not understand them or are not trained to use them. Staff training is a major part of the hospital's work. Training relevant to this report is described below.

7.1 Induction Programmes. Nursing staff are the largest group employed at the hospital. A comprehensive training programme, which includes induction, is in place for them and is co-ordinated by a senior nurse manager. As part of the induction process, staff receive training which includes detail about systems and processes within the hospital and philosophy and culture in modern learning disability services. Induction is also in place for other staff groups.

7.2 Training Programmes. A variety of training is offered for all staff, some of which is mandatory. Staff are expected to undertake training in all the areas listed below and to attend regular updates. Records are kept of attendance at these programmes and are monitored by line managers.

- **Child Protection Training.** This is mandatory for all staff working with children and young people. It is also mandatory for all nursing and social work staff.

- Vulnerable Adults Training. As the procedures are still relatively new, this is in the process of being rolled out to all staff. This is mandatory for all nursing and social work staff.
- Training in Personal Relationships. This training was introduced in the 1990s. It has been regularly updated and the Guidance produced by the EHSSB is now used as the basis for training for all staff.
- Incident reporting. Regular updates are provided for staff on how this should be done and how the reports are used to effect improvements in services.
- Management of challenging behaviour and physical intervention. The hospital has its own trainers who are accredited by the British Institute of Learning Disabilities to deliver a programme tailored to meet the needs of the hospital. All staff receive training and regular updates.

8.0 Communication Processes

The review team noted that the hospital has a culture of openness and accessibility. A number of mechanisms assist with this and include: -

- The provision of accessible information leaflets for patients to assist them in understanding their rights and who they can turn to for help.
- The Trust provides clear information on how complaints can be made and this is distributed throughout the hospital.
- Families/carers are informed by ward staff about incidents that involve their relative.
- Wards operate an open door policy for families who wish to visit. (There are occasionally circumstances in which this is not possible because of the needs of an individual patient. This is usually short-term and families are informed.)
- Open days and parties are regular events in the wards and families and other visitors are invited to attend.
- Members of the senior management team make regular visits to the wards. The management team operate an open-door policy providing staff and patients with an opportunity to talk to them at any time.

9.0 Recommendations

A review such as this is welcomed as a means of identifying areas for continuous improvement. Members of the review team have agreed the following recommendations. For the most part, these represent refinement of existing policies and procedures. The hospital management team will work towards implementation.

Recommendation 1. Written admission procedures. That an admission procedure, which captures existing good practice, in relation to the admission of children and adolescents is produced. This should specifically address the issues of adolescents admitted to adult wards and transfers to and from Conicar.

Recommendation 2. Risk Assessment. That a single, multidisciplinary "risk assessment" sheet is produced and copied in all notes. This will improve the current practice of clinical risk assessments, which are evident in a number of different places in the patient's notes.

Recommendation 3. Supervision of Patients. That guiding principles are produced which describe the framework within which decisions are currently made about levels of supervision following a clinical multidisciplinary risk assessment.

Recommendation 4. Patients who abscond. That the current procedures for managing patients who abscond are reviewed, with a particular emphasis on ensuring continuing appropriateness in respect of children who abscond.

Recommendation 5. Responsibilities of Other Trusts. That the EHSSB is asked to ensure that all community trusts understand their responsibilities in relation to children in the hospital who require LAC reviews and adults who require implementation of the Vulnerable Adults Procedures.

Recommendation 6. Child Protection Committee - That the hospital establishes a Child Protection Committee in association with Family and Childcare, the Trust Child Protection Consultant Paediatrician and Child Protection Nurse. This would meet every six months or more often if necessary and review relevant issues for the hospital. In addition it is recommended that representation on the trust Child Protection Panel is strengthened by the addition of a nurse or medical representative.

Recommendation 7. Documentation of Decision making Processes. The hospital should develop a process whereby outcomes of decisions made in relation to child protection and vulnerable adults procedures are documented in one clinical file. This will provide a single point of reference for outcomes of investigations and action plans.

Recommendation 8. Use of the EPEX System. The trust should review the use of the EPEX system within the hospital to examine its further potential to capture multidisciplinary working and risk assessment.

Recommendation 9. Advocacy Service. That Trusts should be contacted to discuss the availability of advocacy for children and adolescents who were in danger of becoming delayed discharge.

- END -

APPENDICES

1. **Muckamore Abbey Hospital Child Protection Procedures**
2. **Training Report**
3. **Child Protection Flow Chart**
4. **Supervision Policy**
5. **SSI Action Plan**
6. **Vulnerable Adults Policy**
7. **Vulnerable Adults Flowchart**
8. **Hospital Visiting Policy**
9. **Mental Health Commission Report**
10. **Review Panel Membership**
11. **Overview of steps taken in management of Child Protection and Vulnerable Adults**

Appendix 1

JULY 2005

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

MUCKAMORE ABBEY HOSPITAL

CHILD PROTECTION PROCEDURES

Rationale

This Muckamore Abbey Hospital Child Protection Procedure has been written in order to inform and guide all staff throughout the hospital about their special responsibilities for the protection of children from abuse and significant harm.

This procedure compliments and complies with the core policy and procedures set out in "Co-operating to Safeguard Children" (May 2003) and the "Regional Child Protection Policy and Procedures" (May 2005).

It should be noted that this hospital procedure deals only with aspects which will be important to staff in their everyday work with children with suspected and/or previously identified abuse and significant harm.

The hospital will ensure that the procedure will be implemented and the hospital will have representation on the Trust Child Protection Panel.

All children have the right to be protected from abuse and significant harm. Staff therefore have a duty to ensure that abuse or significant harm does not occur within any of the services for which they are responsible. There are children receiving assessment and treatment throughout the hospital. All staff will potentially be in contact with these children as part of their employment.

Child Protection in Hospital Settings

The Regional Child Protection Policy and Procedures makes particular reference to Child Protection in Hospital settings.

Each hospital should have an admission and discharge policy, which states:

- ◆ that the doctor or nurse admitting a child for whom there are concerns regarding harm or neglect should obtain all relevant information known about the child, from whatever source, when making decisions about the child's future care and management.
- ◆ that the Consultant in charge of a child's case should review all information known about the child, from whatever source, when making decisions about the child's future care and management.

- ◆ that decisions made and actions taken about a child's welfare are made on the basis of available information.
- ◆ that hospital social work staff are involved in discussions about the needs of the child and their family.
- ◆ the identity of the person(s) responsible for agreed action, a flag which indicates that agreed actions have been completed and who actually completed them.
- ◆ the need for a systematic and rigorous approach to the investigation and management of a case of possible harm/neglect on a par with other potentially fatal diseases.
- ◆ permission to discharge the child should be sought from the Consultant in charge of the child's case.
- ◆ arrangements should be in place to safeguard the child's welfare on return to the community.
- ◆ consultation with medical, nursing staff and social services staff in the community should take place.
- ◆ there must be a documented discharge plan, which has the support of the Consultant responsible for the child's needs, including health needs, will be met in the community.
- ◆ where a child does not have a GP, it is the responsibility of the Consultant/Paediatrician making the decision to discharge to ensure the arrangements are made for the child to be registered with a GP.

Children with Disabilities

The Regional Child Protection Policy and Procedures also makes specific reference to the needs of children with disabilities and their particular vulnerability to abuse.

Disability

Safeguards for children with disability should be the same as those for other children. Special input may be required if the child has severe or multiple disabilities. As in all child protection cases, a multi-disciplinary approach should be used and agreement should be reached with regard to who is responsible for the Child Protection Investigation.

Abuse of Children with Disabilities

Disabled children have the same rights to protection from harm as all other children. This requires the responsibility of parents, carers, the community and voluntary and statutory agencies to ensure the effective prevention of child abuse and neglect. Disabled children have the same needs as other children.

They may also have additional needs associated with their disability, however, which may increase their vulnerability to abuse.

Vulnerability to Abuse

Children with Disabilities

- ◆ children with disabilities are often more dependent on adults, e.g., in their intimate care needs and may be cared for by a number of different adults. Such children often spend a lot of time away from home.
- ◆ children with disabilities may be unable to recognise abusive behaviour because they may have learning difficulties or a lack of awareness, of education or information, and because they may have reduced exposure to the norm of adult/children interactions. For example, a child with disabilities may have difficulty in differentiating between appropriate and inappropriate touching.
- ◆ many children, particularly those with physical disabilities, have a poor and/or incomplete body image and therefore may not recognise inappropriate behaviour.
- ◆ children with a communication disability may be unable to convey their experiences to others or adults may be unable to communicate with them.
- ◆ children with disabilities often have low-self esteem and may not be confident about the outcome of telling of the abuse.
- ◆ a disabled child's behaviour might be modified through medication.

Societal/Procedural

- ◆ opportunities created for disclosure of abuse often do not meet the needs of children with disabilities e.g., telephone helplines.
- ◆ behaviour indicative of abuse is often perceived to be behaviour associated with impairment rather than abuse.
- ◆ "it is not the impairment itself that places these children at risk, but adult responses to that impairment". (Kennedy, 1998)

- ◆ there is still societal and possibly professional reluctance to accept that children with disabilities could be abused.
- ◆ a disabled child spends time in segregated services.
- ◆ the devaluation of children with disabilities in our culture creates fertile ground for abuse and also gives a clear message which creates vulnerability and powerlessness.
- ◆ a disabled child is targeted by an abuser because he/she seems unlikely to be able to tell what has taken place.

Intimate Care

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. Parents have a responsibility to advise on the intimate care needs of their child. Intimate care can include:

- ◆ washing
- ◆ dressing/undressing
- ◆ toileting
- ◆ oral care
- ◆ menstrual care
- ◆ feeding
- ◆ treatments such as enemas, suppositories, enteral feeds.

Staff involved with children's' intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children and have to bear in mind that some care tasks/treatments can be open to misinterpretation.

Only named staff within an agency should undertake the intimate care of children. The nature of the intimate care required should be clearly understood and recorded.

If a child appears inappropriately distressed or uncomfortable when personal care tasks are being carried out, the care tasks should stop immediately. Try to ascertain why the child is distressed, provide reassurance and report this as soon as possible to the designated manager/teacher and parent/carer. It is important to follow the relevant agency's reporting and recording procedures.

Each agency providing services that necessitate or include intimate care services should have an Intimate Care Policy and Guidelines regarding children.

All staff must be trained in the specific types of intimate care that they carry out, and also be familiar with, and fully understand the Intimate Care Policy within the context of their work.

The Children Order defines a child as anyone under eighteen years of age and therefore includes young persons on adult wards.

Objectives

- ◆ to ensure that all staff who have concerns regarding child welfare will act in accordance with Co-operating to Safeguard Children and the Regional Child Protection Policy and Procedures.
- ◆ to ensure that all staff working with children will:
 - a. undergo training and awareness about their responsibility regarding the detection and management of abuse and significant harm.
 - b. be able to detect cases of suspected, alleged and actual abuse/significant harm through the recognition of signs and symptoms.
 - c. know and understand their statutory responsibilities with regard to the reporting to social services - both orally and in writing - of suspected or alleged cases of abuse of significant harm.
 - d. respond appropriately to known cases in a timely manner.

Response to all cases of suspected or alleged abuse or significant harm.

All staff should be responsive regardless of how the suspicion or allegation arises. Staff must remember that the child's welfare is paramount and they must report their concerns according to the procedures. Where appropriate a Strategy Meeting or Case Conference will be convened by the local Community Social Services Child Protection Team. Concerns about "triggering" child protection procedures which will include referral to the police and other agencies should never deter staff from reporting suspicions of child abuse.

Definitions - Abuse and Significant Harm

Abuse - Abuse falls into four categories - physical abuse, emotional abuse, sexual abuse and neglect.

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly.

Physical Abuse

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

Significant Harm

Harm is defined in the Children Order as "ill treatment or the impairment of health or development". This includes -

- ◆ sexual abuse and forms of ill treatment which are not physical.
- ◆ health means physical or mental health.
- ◆ development means physical, intellectual, emotional, social or behaviour development.

Whether harm is significant is determined by the health and development of the child as compared with that which could reasonably be expected of a similar child.

Confidentiality

Where child abuse or significant harm is alleged or suspected, promises of secrecy must not be given and it should always be made clear to all parties involved that information will be shared in the interests of the child. The welfare of the child always remains paramount.

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

MUCKAMORE ABBEY HOSPITAL

CHILD PROTECTION PROCEDURES

Procedure for any member of staff who suspects that a child may be subject to abuse or significant harm.

Any member of staff may suspect abuse of significant harm from comments made by the child or carer, the physical condition of the child, the behaviour of the child or carer, the presenting medical condition or the behaviour of a colleague.

The following procedure directs staff in the reporting and investigation of suspected or alleged abuse or significant harm of a child. All staff are reminded of their responsibility in not further adding to the suffering of a child by omitting to take appropriate action at the earliest opportunity.

This procedure does not operate independently of other procedures such as complaints or disciplinary procedures but will always have precedence over these procedures given that the welfare of the child is paramount.

1. Any member of staff who has concerns must immediately protect the safety of the child whilst alerting others.
2. Once any member of staff has concerns he/she should report the case but should not proceed with any further direct interviewing of the child.
3. The staff member should discuss the case orally with their line manager. If concerns remain these should be documented and a referral should be made immediately to the hospital social work team who will refer the matter on immediately to Child Protection Team in the Trust area where the child usually lives. In the evenings, weekends or on public holidays the local Out of Hours Social Work Team should be contacted - numbers are shown in **Appendix 2** to this procedure for the out of hours arrangements for the particular Trust where the child usually resides. A written referral to the hospital social work team should follow on immediately and this will be forwarded immediately to the local Child Protection Social Workers.

The referral will include the reasons for concern about the suspicion of child abuse or significant harm. This must include details of any observations made with regard to the child's physical, behavioural and emotional state and his/her interactions with parents/carers. Relevant information given by the child, parent/carer or any other person must be clearly noted and attributed. Particular reference should be made to any

explanatory statements about the aspects of the child's state which have given cause for concern.

4. All actions should be recorded in writing in the child's notes and copies of referral letters should be filed appropriately.
5. Where concerns are shown to be unfounded at any stage in the process a record should be made in the child's clinical and social work notes. Parents and all professionals previously contacted should be notified of this and parents should be made aware that no further child protection measures will be taken.

Medical and nursing notes should contain medical/nursing information in respect of the child and should reference the social services investigation. The outcome of any case conference or investigation should be noted.

Other professional reports should not be filed in the clinical/care plan notes but retained within the social services records.

If parents wish to remove the child or obstruct investigation and this is deemed to put the child at risk of significant harm, legal advice may be sought by social services about the need to obtain an Emergency Protection Order. If time scales do not permit social services to be contacted, hospital staff should contact the police directly.

6. Discharge procedures - any child who has been investigated in relation to possible child abuse should not be discharged without appropriate consultation with the community services.

NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST

MUCKAMORE ABBEY HOSPITAL

CHILD PROTECTION PROCEDURES

Guidelines for Medical staff on the Management of Suspected Cases of Abuse or Significant Harm.

These guidelines are to be considered in context with the core policy and procedure set out in "Co-operating to safeguard Children" (May 2003) and the "Regional Child Protection Policy and Procedures" (May 2005).

1. Any member of medical staff who has concerns must immediately protect the safety of the child who is in hospital, whilst alerting others.
2. Medical staff should not, either before or after reporting the case, proceed with further direct child or family investigations on their own.
3. (a) Where there are concerns about an injury and/or the physical or emotional welfare of the child medical staff should examine the child and if there are significant cause should:
 - ◆ discuss the concerns with the child's parents/carer.
 - ◆ ensure that the child's immediate medical needs are met.
 - ◆ report to the Consultant in charge who will in turn liaise with the Trust's designated medical officer.
 - ◆ hospital medical staff will continue to assist at the request of the designated medical officer.
 - ◆ document the investigation with appropriate photographic evidence.
- (b) Where there are concerns about sexual abuse the Consultant Psychiatrist will discuss with an appropriately trained and experienced colleague. Any subsequent investigation will follow the Joint Protocol for the Joint Investigation of Sexual Abuse.

Hospital medical staff should advise the strategy discussion on the mental welfare of the child and his/her capacity to give consent.

Child Protection Process

All medical notes to be retained/discarded in line with Regional Child Protection Policy and Procedures (May 2005).

Hospital medical staff should attend any case conference or strategy meeting to which they are invited. If unable to attend or send a representative a written report should be sent to the chairperson, ideally at least two working days prior to the meeting.

Hospital medical staff should advise on the nature of the abuse, its likely cause and compatibility or otherwise with any history given.

Record Keeping

Good contemporaneous notes should be kept:-

- ◆ Date and time of attendance.
- ◆ Who accompanied the child.
- ◆ What was the history of the presenting complaint. If patients or carers are quoted make sure this is clearly denoted.
- ◆ What was the child's physical, behavioural and emotional state and his/her interactions with adults and carers.
- ◆ Make drawings to identify sites and types of injury.
- ◆ Relevant information given by the patient or carers should be noted and particular attention should be given to the patient or carer's explanation about the aspects of the child's state which has given cause for concern.

**NORTH AND WEST BELFAST HEALTH AND SOCIAL
SERVICES TRUST**

MUCKAMORE ABBEY HOSPITAL

CHILD PROTECTION PROCEDURES

Guidelines for Nurses on the Management of Suspected Cases of Child Abuse and Significant Harm

Nurses have a major contribution to make where they suspect that a child has been, is being or is at risk of being abused or subjected to significant harm. It is essential that they discuss their concerns with the nurse in charge. The nurse must also immediately inform the Senior Nurse Manager on call and Consultant in charge of the ward.- who will agree who is best placed to inform the appropriate Social Services Team or Out of Hours Service.

- ◆ the nurse must record their cause/reason/suspicion of the child abuse in the patients care plan in black, dated and signed.
- ◆ it is important that only clear, concise, factual details are recorded on the child's physical, emotional and/or behavioural state.
- ◆ the nurse should also record the patients/guardians answers to questions, attitudes and reactions.
- ◆ record explanations from the child (if possible) and/or siblings and other adults about any significant change/deterioration.

Once the nurse has reported their concerns to the nurse in charge, staff must not undertake any further detailed investigations/examinations on their own behalf. They must await instructions from the Senior Nurse Manager.

The line manager will inform the Senior Social Worker or Duty Social Worker. However the nurse who suspects the abuse is accountable to communicate continuing concerns to Social Services and the Consultant.

If the concerns about the abuse are confirmed/founded a strategy meeting or case conference will be arranged by Social Services to determine a plan of action. Nursing staff will be invited to attend this and subsequent case conferences and may be asked to provide a report.

Written reports will normally be requested for case conferences. The nurse's report should be clear, concise, factual and legible (preferably typed). The nurse can discuss the report with his/her line manager or Child Protection Nurse prior to the case conference. Junior Staff Nurses must always be supported by their line manager at case conferences. Nurses can seek advice about their roles and responsibilities in

child protection procedures from the Child Protection Nurse or Social Work Team.

If parents/guardians should attempt to remove the child from the ward/hospital and there is reason to believe that the child is at risk the nurse in charge should immediately contact the Senior Social Worker or the Duty Social Worker on call as legal procedures may need to be invoked.

Nurses must adhere to the NMC's guidelines about documentation. The nurse is responsible for documenting in the child's care plan:-

1. date and time
2. concerns/suspicions
3. whom they have consulted - giving full name, dates and time
4. planned actions/outcomes
5. sign and date same

The nurse's notes must be clear, concise and factual as these can be used in legal proceedings.

**NORTH AND WEST BELFAST HEALTH AND SOCIAL
SERVICES TRUST**

MUCKAMORE ABBEY HOSPITAL

CHILD PROTECTION

**Procedures for known cases of child abuse or children already known to
be on the Child Protection Register**

There may be situations when children already known to be on the Child Protection Register are either being transferred from another hospital or admitted from the community.

Careful attention is required at admission to ensure that detailed written admission procedures, as under noted, are adhered to.

- ◆ Professionals from the referring hospital or social services should be asked by the Consultant Psychiatrist to ensure that all relevant information is forwarded in writing and that this information is transferred with the child. This task is usually designated to the ward social worker.
- ◆ Written information should include a record of the category of abuse or significant harm, identify the social work team carrying the case and identify who has legal responsibility if consent for medical procedures is required.
- ◆ Any limits which carers have to access must be clearly recorded in nursing and medical notes.
- ◆ Particularly in the case of suspected abuse, the child and carer should be asked during interview about other previous contacts/admissions to any other hospital and any fresh concerns should be referred to Social Services.

Appendix 2

Training details on Child Protection, Vulnerable Adult and Management of Aggression within Muckamore Abbey Hospital

It is anticipated that all these will be mandatory i.e. within first six months of employment.

Child Protection

Since April 2005, Child Protection Training has been delivered locally at Muckamore and staff have attended Training at the Millennium Outreach Centre (provided by the Social Services Training unit). Two members of the Senior Nursing Team have been trained to deliver the training locally in partnership with the North & West Belfast Social Services Training Unit.

The training consists of:

1 day – Level 1 for:

- All qualified nursing staff
- Senior Day Care Workers
- Heads of Departments
- Medical Staff
- Senior Management

To date 78 staff have attended this course within the hospital.

In addition 16 staff from Conicar, Movilla B and Fintona South have attended this course at the Millennium Centre.

It is anticipated that the majority of the relevant staff will have had this training by the end of March 2006. After this the training will be provided at the Millennium Centre.

The trainers from Muckamore Abbey will only be called upon if required. The Inservice coordinator at Muckamore Abbey will be kept advised of any developments or issues regarding training.

Awareness Training

Two hour awareness sessions will commence in February 2006 for:

- All unqualified Nursing Staff
- Daycare staff
- Support Service Staff

This will be delivered at Muckamore Abbey and will be ongoing until all staff have been trained – estimated time, one year.

Newly appointed staff to Muckamore Abbey will receive this training as soon as possible, (qualified staff at Millennium Centre. Unqualified staff will receive as part of local induction programme at Muckamore.

Vulnerable Adult Training

For nursing and day care staff, vulnerable adult training is accessed through the Beeches In-service Consortium. This is a two hour session held on a monthly basis.

All nursing and day care staff are expected to attend this to date 107 nursing staff and 50 day care staff have attended.

In addition to this 120 staff from various disciplines at Muckamore Abbey have attended Vulnerable Adult training with the Social Services Training Unit, since 1998. This includes awareness and Specialist/Designated Officers training 6 Senior Nurse Managers are due to have Designated Officer refresher training early in 2006.

It is estimated that all Nursing Staff will have appropriate Vulnerable Adult Training by December 2006.

Vulnerable Adult Training will also be a first for newly appointed staff within six months of taking up post.

Management of Aggression Training

Management of Aggression Training at Muckamore Abbey is delivered by Hospital based Trainers who have received specialist training.

The training is provided by an organisation called Positive Options – based in England.

This organisation has been accredited by BILD (British Institute of Learning Disabilities). Currently there are six trainers with full accreditation, with an additional one being processed.

The training consists of:

Five day course

Which is 50% theory, 50% practical. It is expected that all nursing staff/daycare should avail of this although priority has been given to the wards with the highest risk of challenging behaviour.

Two day refresher

Each member of staff who attends a five day course must attend a refresher within 18 months (failure to do so results in the person having to repeat the five day course).

One day breakaway

This is designed to staff who may come into contact with patients who display challenging behaviour and may need to react quickly to keep themselves safe and to be aware of the triggers of aggression.

Two day course for bank staff

This course has been designed to manage the awareness of bank staff who do not work permanently in the hospital but by the nature of their employment may frequently be faced with challenging behaviour.

Since 1997, staff who have had full training.

Senior Nurse Manager/Asst Director	6	100%
Night Supervisory Staff	5	100%
Ward Based Nursing Staff	321	

Since training began these are the staff who have had a five day training course.

With staff turn over approximately 40 new staff per year require training. This pattern is likely to continue for the next few years. It is anticipated that the current staff should have received a five day course within the next 18 months – with priority given to the high-risk area.

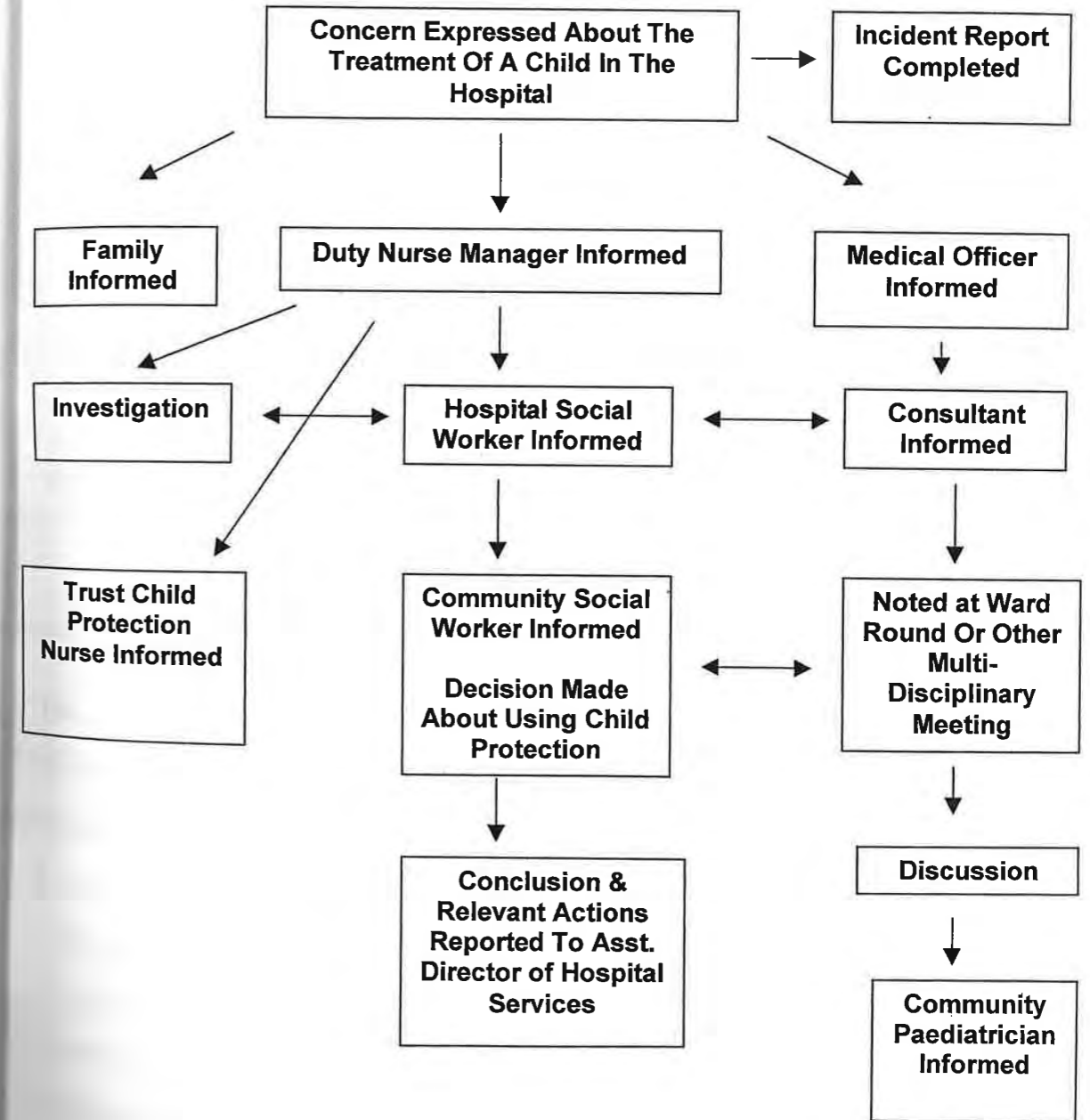
Day Care – All staff have received the training.

Bank Staff – 63 have either attended full course (i.e. permanent employees or attended the back staff course.

Frequency of training

- Five day course – minimum 9 per year
- Two day refresher – minimum 15 per year
- Bank staff – as required usually 2 per year
- Breakaway – as require usually 2 per year

CHILD PROTECTION REPORTING FLOWCHART



Contact Details
Child Protection Nurse, Ms Helen Tomb, Tel No. 02890 320840
Consultant Paediatrician, Dr Joanne Nelson, Tel No. 02890 327613

North & West Belfast Health
& Social Services Trust
MUCKAMORE ABBEY HOSPITAL

O.P. REF NO. 70
Date of Issue: December 2001
Reissued: September 2003

NURSING OPERATIONAL POLICY

TITLE: LEVELS OF SUPERVISION/OBSERVATION

AIM

To ensure a consistent approach in defining appropriate levels of observation and supervision of patients to: -

- (a) Reduce The Risk Of:-
- Accidental or deliberate self harm
 - Harm to others
 - Absconding from hospital.
 - Vulnerability from other patients
- (b) Allow for the development of a positive therapeutic relationship between the member of staff and the patient by sensitive monitoring of the patient's behaviour or mental state and allow for a rapid response to any change.

Principles:

1. All Staff will have received induction training on the policy on level of observation 1 – 4.
2. When allocating staff to levels 2 – 4 it is important that the Nurse In Charge ensures that the designated staff are fully conversant with the requirements of the policy and be familiar with the patient, their history and current needs in particular the reason for their enhanced level of observation.

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3. The patient is entitled to information why they are under observation, how long it will be maintained and what may happen.
Information should be provided in a form accessible to the patient.
4. Aims and the level of observation should be communicated, with the patient's approval, to the nearest relative, friend or carer.

Four Levels of Observation

Level 1 – General Observation

- Staff must always be aware of the general whereabouts of all patients in their care.
- Particular attention must be paid to patients with known behavioural problems or in specific situations. These should be documented in the Nursing Care Plan and reviewed appropriately.
- Some patients will require a daily assessment of their mental state by nursing staff as agreed by the multi disciplinary team. This should be recorded in the Care Plan. The patient should be referred to the Medical Officer if a deterioration of their mood or mental state is suspected.

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- Staff are responsible for ensuring that unescorted patients in their care arrive at their destination and should initiate early action when a patient does not arrive where he/she should be.

Level 2 – Intermittent Observation

The patient must be directly observed at specific intervals (e.g. 30 minutes) by a designated member of staff who may have other duties. The time interval will be determined by the Multi Disciplinary team and documented in their clinical notes and care plan.

The designated staff member will make a written record of each observation. Reasons for the use of this level of observation should be well defined in the clinical notes and care plan.

Level 3 – Within Eyesight 1:1

The patient should be kept within sight by a designated member of staff at all times. The staff member will not have any other duties. The distance the supervising member of staff is from the patient will vary depending upon individual circumstance. This should be documented in clinical notes and care plan. Practical steps should be taken to ensure the patient and others are kept safe.

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Level 4 – Within Arms Length

A designated member of staff shall keep the patient under constant supervision and within arms length at all times.

On rare occasions more than one member of staff may be necessary.

The Multi Disciplinary team should consider issues of privacy, dignity, environmental dangers and the gender of staff to be allocated. These issues must be incorporated into the nursing care plan.

Guidelines

- In order to maintain a therapeutic approach, patients on all levels of observation including 3 and 4 should have the opportunity to participate in structured therapeutic activities and training programmes including daycare.
- The Medical Officer, in consultation with nursing staff, is responsible for deciding the appropriate level of observation. The overall responsibility for levels of supervision lies with the Consultant.

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- The Nurse in Charge may if he/she feels it appropriate increase the level of supervision on a daily basis in consultation with the Medical Officer and inform the Nurse Duty Officer of this decision as soon as possible.
The Medical Officer should attend and assess the patient as soon as possible thereafter.
- The Nurse In Charge will ensure that the staff members engaged in supported observations of patients on levels 3 and 4 are given a break at appropriate times.
These times may vary depending upon the circumstances but no individual staff should not be engaged in this level of observation for more than 4 hours except in exceptional and agreed circumstances. On occasions staff may require a break more frequently depending upon individual circumstances which should be discussed and agreed by the Multi Disciplinary team.
- A Medical/Nursing Review of patients on Level 2, 3 and 4 should occur on a daily basis and be reviewed by the full Multi Disciplinary Team regularly.

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- This policy relates to Trust Policies regarding Clinical and Social Care Governance.

* This policy was agreed by the Core Hospital Management Team on 9th September 2003.



Appendix 5

**MUCKAMORE ABBEY HOSPITAL RESPONSES TO THE
DRAFT STANDARDS FOR THE INSPECTION OF CHILD
PROTECTION SERVICES**

Nov 05

Values and Principles

A number of important themes have emerged from **policy and legislation, the literature reviews and research** and the consultation process which are reflected in the following **values and principles** statements.

1. Safeguarding and promoting the welfare of children at risk of abuse or neglect is a priority when decisions are made about access to and eligibility for services.
2. Listening to and engaging children and their families is crucial to ensure their full participation in decision-making which affects them.
4. Some children are particularly vulnerable due to their circumstances and the design and delivery of services promotes and safeguards their well-being.

STANDARD1
The Board/Trust has arrangements in place for the planning, commissioning, monitoring and management, and provision of child protection services which meet the assessed needs of children and families.

Criteria	Indicators/Evidence	Hospital Action/Progress
<p>1.1 The Board/Trust has established arrangements across the range of appropriate disciplines and agencies for resourcing and planning its child protection services.</p>	<p>Children's Services Plan (CSP); Departmental guidance cooperating to safeguard children. The lead role for child protection is fulfilled and statutory obligations are met. Written statements/guidance/minutes Check out in interviews with Managers/Board Members</p>	<p>Trust Child Protection Panel has representation from social work and now to include nursing from the hospital and the panel will consider hospital issues. Hospital to establish a subgroup that will include child protection nurse and community consultant paediatrician.</p>
<p>1.3 The Trust has agreed protocols, guidance and procedures for delivering and monitoring child protection services in its area.</p>	<p>Policies, procedures and guidance, which address all aspects and stages of the child protection process. Systems, which make explicit the role, responsibility, functions and accountability of those involved in case management and decision making.</p>	<p>The hospital has developed a protocol to meet the regional child protection guidelines and is keeping with the Trust protocol and cooperating to protect children.</p>
<p>1.8 The Board/Trust has a clear workforce strategy in place, which demonstrates that it has signed up to and conforms to codes of contact and</p>	<p>Workforce Strategy defines recruitment processes, skills, knowledge and experience required by staff working with children who need to</p>	<p>The Trust has a workforce strategy that outlines recruitment process, knowledge and skills of workforce, e.g.</p>

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practice for employers and employees.

be safeguarded. Induction Programmes and Interviews Organisational Chart.
 Role and function of staff, level of responsibilities and accountability delegated to each level within the organization. (Presentation and Interviews)
 Supervision Guidance, Records and Interviews.
 Arrangements for staff development and post qualifying training. (Training Profiles and Training Needs Analysis, Interviews)
 How the effectiveness of training is evaluated (Evaluations)
 Appraisal and performance, (Documentation and Guidance)
 Guidance in regard to Caseload management and monitoring systems, quality and standard of recording practices.
 The requirements of the Protection of Children and Vulnerable Adults (NI) Order 2003 when selecting, recruiting, managing and retaining staff and volunteers who have access to children and reviews how it complies with social care governance, including codes of conduct for employers as part of their corporate responsibility.

Telford survey has been completed for nursing.
 Induction programmes are mandatory for all staff.
 Organisational chart is circulated to all wards/departments.
 Lines of accountability are clearly defined.
 Social work supervision guidelines have been issued.
 The Trust has a working group looking at supervision guidelines for all staff. KSF outlines have now been completed for staff.
 See 1.9 for training
 S.D.P.R is completed yearly for all nurses. This is currently being reviewed by a Trust working group.
 P.E.C.S and POCVA checks are carried out for all staff prior to employment and also for volunteers.

<p>1.9 All managers and staff within Boards and Trusts and relevant professionals in partner organisations have knowledge of child protection policy and procedures and of services available for the protection and support of children and families and can demonstrate that they have received training in child protection.</p>	<p>Training Plans Courses attended. Interviews demonstrate that individuals know the procedures and use of them. Case records</p>	<p>The hospital has a training record report that is regularly monitored by Senior Nurse Managers. This details information on training type, who and level required. EQC audits mandatory training for all disciplines social workers/day care are registered with NISCC and have a requirement for continuous professional development nursing meet the PREP requirements for N.M.C.</p>
<p>1.10 Child protection provision is located within a continuum of services to children in need and their families and include a range of interventions for the prevention and treatment of significant harm.</p> <p>1.13 The Board/Trust regularly monitor and review complaints, representations, case management reviews and audits of practise.</p>	<p>Range of services. Programmes within these. Indications in Care plans</p> <p>These are used to:</p> <ul style="list-style-type: none"> • Ensure satisfactory outcomes, • Learn from both positive and negative experiences, • Share and disseminate knowledge gained across disciplines and agencies and as appropriate throughout the region. Identify and take 	<p>Care plans are regularly reviewed for all children, multidisciplinary ward meetings occur weekly. LAC review on all under 18 years olds. Trust Complaints Review Committee monitors outcomes of complaints. Lessons learnt and the sharing of this and good practice is circulated quarterly by email to all staff. Multidisciplinary input to LAC reviews. Hospital procedure outlines</p>

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	<p>account of unmet need,</p> <ul style="list-style-type: none">• Inform the planning of services and allocation of resources,• Workforce planning, improve joint working arrangements and provide better focus on work with children and families,• Consider the input of different professionals to CPCC and review processes,• Consider the attendance of children and parents at CPCC and reviews; and• Consider the qualities of communication across staff/teams/offices/professionals.• Check out in interviews and in planning and service delivery arrangements	<p>referral process to CPCC and preparation of reports and attendance.</p>
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STANDARD 2 The Board/Trust has a written statement of purpose about its child protection services, including its statutory basis, availability, user entitlement and expected standards informed by the DHSSPS guidance 'Co-operating to Safeguard Children'. (May 2003)		
Criteria	Indicators/Evidence	Hospital Action
2.1 The Board/Trust has written statements about the range of child protection services in its area. These set out the nature and purpose of the services provided based on statutory functions and responsibilities and informed by the guidance contained in "Co-operating to Safeguard Children".	Written information leaflets. Annual Reports.	The hospital is currently updating its information for parents/children in relation to child protection.
2.2 The Board/Trust has established clear priorities for its child protection services and the standards of services expected of staff.	Process/decision making.	The hospital child protection procedure outlines process and decision making. Policies and procedure have been developed on <ul style="list-style-type: none"> • Anti Bullying • Management of Aggression • Intimate Care
2.3 The Board/Trust staff are clear about their roles and responsibilities and are aware of statutory functions, DHSSPS guidance "Co-operating to Safeguard Children" and related policies and procedures.	Written guidance. Access to guidance/policy and procedures.	Staff are aware of policy and availability through the training and induction process. Copies are in all wards/departments.
2.4 The Board/Trust can demonstrate that they have been pro-active in making children and	Activities/Information	Advocacy for children with communication difficulties. This is to be discussed with other Trusts

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<p><i>parents aware of how they can express their views about services.</i></p> <p>2.5 Children and parents are aware of how they can express satisfaction with, or complain about, the response made to their needs and the reliability and quality of the services they receive.</p>	<p>Activities/Information</p>	<p>re:VOYPEC etc.</p> <p>The hospital has a robust complaints procedure and processes are in place. Children and parents are encouraged to inform staff of any concerns or their satisfaction at ward level. This is documented in ward communication book, patient's notes and Senior Nurse Manager is informed. If a formal complaint is made this is directed to the Chief Executive's Office for a response.</p> <p>This is monitored through the EQC Audit.</p>
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STANDARD 3 The Board/Trust promotes access to services by children and families and concerned members of the public where there are child protection concerns.		
Criteria	Indicators/Evidence	Hospital Action
3.4 The Trust responds quickly and avoids undue delay in finding alternative placements where necessary for children in need of protection and provides choice to ensure individual needs can be met.	Range of provisions. Access to resources. Check in interviews and focus groups.	Adolescents in Adult Wards are risk assessed and supervision levels are agreed. Owing Trust notified.
3.6 Those who make referrals and enquiries about safeguarding children are responded to in a way, which ensures an appropriate response to the concerns raised.	Strategy-activity/process. Check in interviews and focus groups.	This would be investigated under child protection procedures. Community would be informed.
3.8 Public access, reception and duty arrangements, including out of hours or emergency arrangements, enable appropriate access to services and support.	Observations, interviews and focus groups Written Guidance	The child protection procedure lists names and contact details for all Trusts and Boards. The out of hours arrangements for social work contacts at Boards is available at reception and it is the role of Duty Nurse Manager to coordinate.

<p>Standard 4 The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.</p>		
<p>Criteria</p> <p>4.1 The Trust gives clear guidance to its staff in the form of written policies and procedures and has established agreed multi-agency guidelines.</p>	<p>Indicators/Evidence</p> <p>Policies and procedures are based on DHSSPS guidance and evidence available from research and best practice and identify timescales and systems for:</p> <ul style="list-style-type: none"> - the response to an initial referral/known case expressing concern about significant harm/welfare of a child which is prompt, thorough and proportionate; - responding to referrals on the basis of the urgency and complexity of the case; - the matching/allocation of referrals and work to the competence of staff and their current workload; - the tracking and reviewing of actions taken in response to the referral; 	<p>Hospital Action</p> <p>The hospital procedure reflects cooperating to safeguard children and the regional policy and procedures.</p>

<p>4.2 Staff have available to them referral, assessment and case planning guidance and criteria to assist them reach professional judgements about recourse to the child protection process which is demonstrable in their practice.</p>	<p>Written guidance on assessment, interviews, case records.</p>	<p>The hospital procedure outlines the referral process and when to refer any concerns.</p>
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STANDARD 5
The Board/Trust, in co-operation with other providers and services, has effective arrangements in place for the protection of children in groups known to be vulnerable and in specific circumstances.

Criteria	Indicators/Evidence	
<p>5.1 The ACPC policies state that child protection procedures apply to all settings where children live or meet.</p>	<p>ACPC Procedures.</p>	<p>The hospital complies with this</p>
<p>5.3 Child protection guidance takes account of specific conditions or circumstances: children living away from home; disabled children; risks to the unborn child; children where a parent/carer is misusing drugs/alcohol; child prostitution;</p>	<p>ACPC Procedures</p>	<ul style="list-style-type: none"> • Disabled children; • Living away from home; • Specific risks posed by other children, young people or adults – the hospital procedure complies with this • The hospital is developing guidelines for staff re: children living in adult environment
<p>5.4 Staff from all disciplines/programmes of care within the Trust and related agencies demonstrate an</p>	<p>Interviews Referrals Case Records Reports</p>	<p>All staff are covered by the hospital procedure and training is given to all.</p>

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<p><i>Understanding and awareness of child protection guidance in their practice.</i></p>		
<p>5.5 Where there is concern about child abuse actions required are clearly defined.</p>	<p>ACPC Procedures Processes are applied consistently, irrespective of setting; (Judgement) and there are mechanisms in place for providing feedback to the relevant disciplines involved.</p>	<p>Knowledge of procedure is taught at induction supervision and awareness training. Case examples are discussed at ward rounds.</p>
<p>5.6 The Trust treats seriously any complaints or allegations of abuse to a child by a professional, staff member, carer or volunteer/or child and adheres to DHSSPS guidance</p>	<p>Records of Process. Procedures.</p>	<p>The hospital adheres to DHSSPS guidance terms and conditions of services and duty of care and professional standards are all linked to the disciplinary process. Professional bodies code of practice are adhered to.</p>
<p>5.8 There are systems in place for centralising information and collating concerns about children and families arising at different times and in different places.</p>	<p>Records</p>	<p>Incident reports are processed through the hospital management and trust management. Reports on actions are prepared for Governance groups. Individual professions review incident reports at least monthly.</p>

<p>STANDARD 6 Child protection services respond to the needs of children and their families, operate to high standards, conform to regulations, guidance, policies and procedures and are mentioned and audited by the Board/Trust, ACPC and CPP.</p>		
<p>Criteria</p> <p>6.7 The Board/Trust ensures that staff and carers working to safeguard children are supported appropriately through proper induction training and ongoing supervision, and have available to them adequate support services and resources.</p>	<p>Indicators/Evidence</p> <p>Induction programme. Training and Development plans. Service information Supervision records Interviews and focus groups</p>	<p>Hospital Action</p> <p>Children's ward has focus groups, away days. Ward staff have regular meetings. The hospital procedure outlines how to contact the child protection specialist and is available for advice/support as required.</p>

STANDARD 7 The Boards/Trusts exercise their respective lead responsibilities for the establishment and effective working of ACPCs and CPPs as detailed in Co-operating to Safeguard Children.		
Criteria	Indicators/Evidence	Hospital Action
7.1 The ACPC is constituted as required by "Co-operating to Safeguard Children" and has appropriate representation from relevant agencies, at an appropriate level of authority.	Membership/operation	The Trust Child Protection Panel has a nurse and social work representation. A committee is to be set up in the hospital to include the consultant paediatrician and the Child Protection Nurse Specialist.
Trust Child Protection Panel (CPP) 7.13 The Trust CPP membership reflects the range of professionals and agencies involved in safeguarding children in its area.	Term of reference Membership	The hospital issues are an agenda item as required. A recommendation has been made to make hospital issues a standing agenda item. Also see 7.1

Operational Policy

Title Policy on the Protection of Vulnerable Adults

General Policy

This policy is intended as a guide to good practice for Trust staff involved in the care of Vulnerable Adults and replaces the previous policy (July 1997). Reference should be made to previously issued policies/guidance notes prepared by the Department of Health and Social Services and Public Safety and The Eastern Health and Social Services Board. Particular reference should be made to the following:

- Policy and Procedures for the Protection of vulnerable Adults – EHSSB May 1997
- No secrets – Home Office/Department of Health – 2000
- Achieving Best Evidence in Criminal Proceedings (NI) Home Office 2002
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults – December 2003

Policy

1. Referrals

- 1.1 All referrals received by staff should immediately be discussed with Line Managers.
- 1.2 Cases concerning alleged suspected or confirmed abuse should be referred to the Designated Officer.
- 1.3 The Designated Officer will consider the case against the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults and initiate discussions with the relevant Police Liaison Officer, if appropriate. Reports of alleged or suspected abuse, which may be a criminal offence, will be categorised as:
 - (a) Sexual (eg rape, indecent assault)
 - (b) Non-sexual (eg physical assault, theft)

- Alleged or suspected sexual abuse should be reported to the Detective Inspector (CARE).
- Alleged or suspected non-sexual abuse should be reported to the Police District Command Unit (Crime Unit).

1.4 Referrals regarding abuse in residential or nursing homes should also be referred to the Registration and Inspection Unit. Reference should be made to the separate protocol issued by Registration and inspection Unit EHSSB (2003) "Joint Protocol for the Investigation of Allegations of Abuse or Exploitation of Vulnerable Adults in Residential and Nursing Homes and in Hostels".

1.5 The designated officer will be responsible for ensuring that the Mental Health Commission is notified of appropriate cases.

1.6 Referrals of a more life threatening nature will require a rapid response and staff will take whatever action is required to ensure the protection of the vulnerable adult.

1.7 Action may include discussion with Senior Management regarding the precautionary supervision/relocation of staff

1.8 Referrals out-of-hours should be made to the Trust's Emergency Out-of-Hours team (028 90565444).

1.9 The Designated Officer, in making a decision to initiate discussion with the Police, must take into account the competence of the person making the allegation and their willingness to make a complaint. Reference should be made to section 5 of the Protocol "Rights and Responsibilities".

2. Joint Agency Consultation

2.1 The Designated Officer will receive all referrals and take responsibility for instigation a Joint Agency Consultation.

2.2 Communication with other agencies may be done by telephone of direct contact and should occur within 24 hours.

- 2.3 The outcome of the consultation may be:
- No further action
 - A Trust/R&I Unit single agency investigation
 - A criminal investigation by Police

- A joint investigation involving Trust/R&I Unit and Police

2.4 Results of this consultation must be clearly recorded and shared between agencies. The form **Appendix B** (See attached) must be completed by the Designated Officer and the original forwarded to the Police.

2.5 When it has been established that there are concerns but no real grounds to suspect an offence may have been committed there is duty on Trust staff to investigate and report any criminal offences or grounds that may emerge.

3. Strategy Planning Meeting

3.1 Following the decision of the Joint Agency Consultation to initiate a joint investigation the Designated Officer will arrange a strategy planning meeting.

3.2 The strategy planning meeting will be convened as soon as it is practical and will involve key representation from the relevant agencies. This meeting will always include representatives from Trust and the Police (and the Registration and Inspection Unit, where appropriate).

3.3 Where the strategy planning meeting concludes that a vulnerable adult has been the victim of criminal abuse or may be at risk of serious criminal abuse and that issues arise about the protection of the individual, the following points should be addressed:

- Whether action is needed to protect the vulnerable adult and who will be responsible for such action;
- The need to consider the issue of capacity to consent and the most appropriate person to deal with it;
- The requirement for a medical examination to be undertaken and if so by whom;
- What issues of special needs, race, culture, gender, or religion are raised in the case, how and by whom they are to be addressed and what advice needs to be sought;
- What specialist support or advice might be needed and who will obtain it;

- What other information is needed to complete the investigation and who will seek it;
- The order in which the interviews will take place and who will carry out the interview; and
- Practical arrangements for reporting back to those involved in the investigation.

3.4 The Designated Officer should ensure that a record of the strategy planning meeting is made and shared between agencies **Appendix C** – (See attached).

3.5 Although strategy planning will generally take place in a formally constituted meeting there may be occasions where this may need to be conducted by telephone. These instances should be the exception rather than the rule.

4. Joint Investigation Interview

4.1 Interviews with vulnerable adults will be conducted in accordance with the guidelines contained in "Achieving Best Evidence in Criminal Proceedings".

4.2 Only Trust and Police personnel who have received specialist training will conduct joint interviews.

4.3 Trust staff who are conducting joint interviews should receive appropriate levels of support and supervision from managers who have been trained in the procedures.

4.4 Before proceeding with the joint interviewing it will be necessary to have a Clarification Discussion with counterparts in the Police. The purpose of the Clarification Discussion is:

- To establish whether or not the vulnerable adult has been an allegation or raised suspicions which have led to the referral. The substance and detail of the allegation or disclosure should not be part of the Clarification Discussion.
- To assess the vulnerable adult's willingness and ability to pursue the matter to court.

- To inform the Police decision about which format should be used for the interview, eg; videotape, statement or question and answer. Videotaping is the preferred method of interviewing vulnerable adults, statements are the alternative and questions and answers should only be used when neither videotaping or statement are possible.
- Whether the use of video in the interview is likely to maximise the quality of that particular vulnerable adult's evidence.

It is the responsibility of the specialist investigative interviewer to record this discussion on **Appendix D** (see attached) and copy original to the Police.

5. Joint Interview

- 5.1 Trust staff will prepare and conduct the joint interview in line with guidance issued.
- 5.2 A written statement, recorded as a Joint Interview, will be retained by Police and a copy provided to Trust/Registration and Inspection Unit with the agreement of the vulnerable adult.
- 5.3 Where a Joint Investigation interview has been video recorded the original will be labelled and secured for court purposes by the Police. A working copy will be available for viewing by Trust/Registration and Inspection Unit staff by arrangement with the officer in charge of the case.

6. Review of ongoing management of the case

- 6.1 Further inter-agency discussion may be arranged, outside of the judicial process, to address practical and emotional implications for the vulnerable adult, his/her carer or staff involved in the case.
- 6.2 The Designated Officer will arrange a case conference to address these issues with colleagues in the Police and other relevant agencies.
- 6.3 Consultation should also be considered on the inter-agency basis to identify the need for staff debriefing/counselling which may be required as a result of the work undertaken.

7. Accident and Emergency and Hospital In-Patients

- 7.1 All referrals of alleged, suspected or confirmed abuse made in respect of patients in hospital should immediately be referred to the Hospital Designated Officer.
- 7.2 Hospital Designated Officers will immediately liaise with Community Designated Officers and agree the appointment of the Investigation Officer.
- 7.3 The Designated Officer (Community) will be responsible for management of the case and will consider instigating a Joint Agency Consultation in line with the Protocol
- 7.4 If it has been agreed to carry out a joint investigation the Designated Officer (Community) will ensure that the case is transferred to an appropriately trained social worker.
- 7.5 The Designated Officer (Community) will liaise with the Designated Officer (Hospital) at each stage of the process and ensure that appropriate arrangements are in place for the discharge of the patient to the community.

8.0 Muckamore Abbey Hospital

- 8.1 Muckamore Abbey Hospital will operate the above policy on Referrals, Joint Agency Consultation, Strategy Planning, Joint Investigation, Interviewing and Review of Ongoing Management in each case.
- 8.2 There is a Designated Officer within the hospital. Arrangements are in place to provide 24 hour cover (see below)
- 8.3 All referrals of alleged, suspected or confirmed abuse, made in respect of patients in hospital should immediately be referred to Hospital Designated Officer.

*See appendix E
for reporting mechanisms.*

- 8.4 The alleged suspected or confirmed abuse may have taken place either within the community or within the hospital setting.

The Hospital Designated Officer will liaise within twenty four hours, with the Designated personnel within the patient's Community Trust eg, Adult Protection Co-ordinator (Homefirst).

A decision should be reached as to who takes the lead Designated Role in each case and this decision should be clearly recorded.

Some incidents may involve more than one patient and will require close liaison across Trust and Boards.

- 8.5 The Hospital Designated Officer will be the Senior Social Worker during office hours.

- 8.6 Between 5.00pm and 8.30pm on Monday – Friday and between 7.30am and 8.30pm on weekends/Bank Holidays, this role will be taken by the Duty Nurse Manager, who will liaise with the Duty Consultant Psychiatrist as per hospital procedure.

During night duty hours i.e between 8.30pm and 7.30 am, the night supervisory staff will inform the Duty Nurse Manager on call, who will take on the role of Designated Officer and will liaise with the Duty Consultant Psychiatrist.

- 8.7 The Hospital Designated Officer role will revert to the Senior Social Worker on the next working day.

- 8.8 In the absence of the Senior Social Worker, the role will be assumed by Social Work Senior Line Management.

- 8.9 In conjunction with Hospital staff, Community staff, the patient and carers, the Hospital Designated Officer or out of hours officer will co-ordinate immediate protection and liaison with police.

8.10 Action may include discussion with Senior Management within the Hospital and Trust re precautionary suspension/relocation of staff.

8.11 In the early stages of the investigation, whenever possible, relevant staff should make themselves available to be briefed by the Hospital Designated Officer at regular identified daily intervals.

8.12 A Training Strategy for Hospital staff is in place.

8.13 Investigations under Vulnerable Adults Policy should be notified to the Mental Health Commission.

ADULT PROTECTION - RECORD OF JOINT AGENCY CONSULTATION

Referral by telephone on ____/____/____
 To: _____ Designation: _____
 Person referring: _____ Designation: _____
 Address: _____
 Contact Tel No: _____

Name of Vulnerable Adult: _____
 Home Address: _____ DOB: __/__/__

Present Location: _____
 Gender*: M F

Nature of Vulnerability*: Frail Older Person Dementia
 Learning Disability Physical/Sensory Disability Mental Illness
 Other (please specify) _____

Is the Vulnerable Adult subject to any legal/statutory status?*(
 eg: Guardianship, Non Molestation Order) Yes No
 If yes please provide details: _____

Details of any current or past involvement with Social Services, Police and/or
 Registration and Inspection Unit: _____

Name of Carer/Next of Kin: _____
 Address: _____
 Contact Tel No: _____

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?*

Physical Sexual Psychological/Emotional
 Financial Neglect Institutional Abuse
 Other (please specify) _____

HAS THERE BEEN PREVIOUS CONCERN OR EVIDENCE OF ABUSE?*

Yes No Don't know
 If yes, what was the nature of the concern and the outcome: _____

Please tick appropriate box/es.

ORIGINAL FOR POLICE FILE
AND COPY TO SOCIAL SERVICES

Outcome of Joint Agency Consultation*

Single Agency Investigation by:

Social Services Police Registration & Inspection

Joint Investigation by:

Social Services Police Registration & Inspection

OR

Protocol for joint investigation of alleged and suspected cases of abuse of vulnerable adults

Please specify if any other follow up will take place.

Signature of person completing form: _____

Designation: _____

Date: _____

* Please tick appropriate box/es.

ORIGINAL FOR POLICE FILE
AND COPY TO SOCIAL SERVICES

ADULT PROTECTION - STRATEGY FOR INVESTIGATION

Name of Vulnerable Adult _____ DOB: ___/___/___

(A) PEOPLE IN ATTENDANCE/INVOLVED (NAME & AGENCY):

OTHERS CONSULTED:

(B) INITIAL STRATEGY: Date: ___/___/___

Next of Kin/Carer to be informed: YES/NO By Whom: _____

(i) Amendments to strategy Date: _____

Telephone/Meeting*
Persons Involved/Designation:

(ii) Amendments to strategy Date: _____

Telephone/Meeting*
Persons Involved/Designation:

(C) PERSONS TO BE INTERVIEWED

Person making the allegation to clarify all facts about referral

Name: _____

Address: _____

Please delete as appropriate

ORIGINAL FOR POLICE FILE
AND COPY TO SOCIAL SERVICES

2 Next of kin or other carers:
Name: _____ Relationship to Vulnerable Adult: _____
Address: _____

3 Significant others
(attach separate sheet if necessary)
Name: _____
Relationship: _____
Address: _____
Date & Time: _____
Venue: _____
Who will conduct:
SW: _____
PSNI: _____
Other: _____

4 The Vulnerable Adult
Name: _____
Address: _____
Date & Time: _____
Venue: _____
Who will conduct:
SW: _____
PSNI: _____
Other: _____

5 The Alleged Perpetrator
Name: _____
DOB: _____
Address: _____
Date & Time: _____
Venue: _____
Who will conduct:
SW: _____
PSNI: _____
Other: _____

Relationship to Vulnerable Adult: _____

(D) Has a statement of complaint been made? YES/NO*
By whom: _____
Does the vulnerable adult have the capacity to:
(a) Consent to interview? YES/NO*
(b) Consent to medical examination? YES/NO*
Has the vulnerable adult consented to:
Interview? YES/NO*
Medical? YES/NO*
On what basis were these decisions made? _____

Signature of person completing form: _____
Designation: _____ Date: _____

ADULT PROTECTION - CLARIFICATION DISCUSSION

Name: _____ DOB: ____/____/____
Address: _____
Date: _____ Time: _____
Venue: _____
Persons Present: _____

CONSIDERATIONS:

- 1 Has the adult previously made a clear disclosure of abuse or are there substantive grounds for suspecting abuse has occurred?
Comment: _____
- 2 Is the adult willing to engage in an interview?
Comment: _____
- 3 Is the adult able to engage in an interview?
Comment: _____
- 4 Has the purpose of the interview been explained to the adult?
Comment: _____
- 5 Which format is the most suitable for the interview? If a video interview appears to be the most appropriate option assess the adult's willingness to be interviewed on videotape.
Comment: _____
- 6 Decision: VIDEO STATEMENT QUESTION AND ANSWER
(Circle format to be used)

NATURE OF DISCUSSION:

CONTEMPORANEOUS, VERBATIM RECORD OF DISCLOSURE:

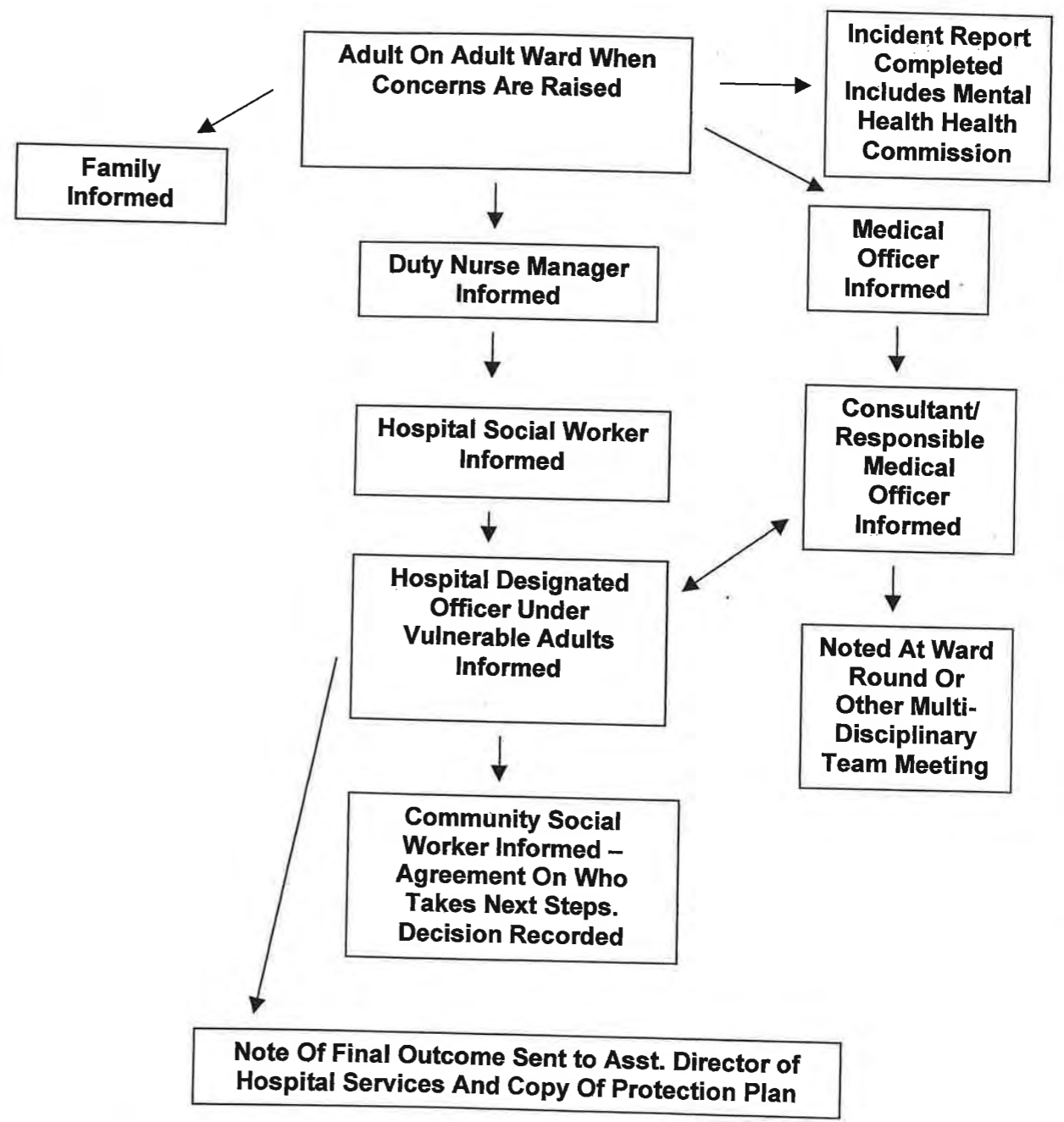
(Please close with diagonal line)

PERSON MAKING NOTES: _____

*Responsibility for completion rests with either:
 Police or Social Services*

Appendix 7

VULNERABLE ADULT REPORTING FLOWCHART



NORTH & WEST BELFAST HEALTH
& SOCIAL SERVICES TRUST
MUCKAMORE ABBEY HOSPITAL

O.P. Ref No.
Date of Issue:

OPERATIONAL POLICY

TITLE: POLICY ON VISITING

The aims of this of this policy are as follows:

- To ensure that the needs of the patient are paramount in considering any request for a visit.
- To provide the best possible environment for visits to take place.
- To ensure the safety of all patients and visitors during visiting

1. Policy Statement:

- 1.1 The safety of patients and visitors is paramount when considering and deciding upon visiting arrangements.
- 1.2 The Clinical Team recognizes the importance and therapeutic value in sustaining and supporting contact between the patient and those people of significance to them. It is clearly important that the patient and their wishes are central in planning appropriate visit.
- 1.3 The Clinical Team has lead responsibility in deciding if constraints e.g. (Environment, People, Duration) need to be placed upon visits. These judgments will take into account the needs and wishes of patients, and their visitors including children and vulnerable adults.
- 1.4 Patients may only leave the Unit with their visitors with prior consent of the Nurse In Charge in liaison with the Clinical Team.

2. Definitions:

2.1. Visitors:

This term is used to refer to Family, Children, Friends and Non-Hospital staff.

2.2. Family:

This term is used to refer to extended family, carers and partners.

2.3. Children and Vulnerable Adults:

2.3.1. **Children:** This term is used to refer to any person under the age of 18 years.

2.3.2. **Vulnerable Adult:** Applies to Adults who are:

(a) 18 years old and over

(b) and, or may be, in need of community care services by reason of mental or other disability, age or illness and who are, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

2.4. Other Visitors:

This term is used to refer to friends, neighbours and other patients on the Muckamore Site.

2.5. Non-Hospital Staff:

This term is used to refer to non-hospital based i.e. Community Staff and other Associated Professional staff who may wish to visit patients

2.6. Legal Representatives:

This term is used to refer to Police Service, Northern Ireland (PSNI), Court Representatives and Solicitors. The hospital has an open policy regarding visiting but should liaise with wards re suitable times.

3. Children Visitng

3.1. The needs of all children (0-16 Years) and Young Persons (16-18) visiting the hospital must be assessed prior to the visit taking place

3.2. Children under the age of 16 years must be accompanied by a responsible adult who will be responsible for their direct supervision at all times while on the hospital site.



Mental Health Commission
for NORTHERN IRELAND

IN CONFIDENCE

**REPORT OF THE MENTAL HEALTH COMMISSION VISIT TO
MUCKAMORE ABBEY HOSPITAL ON 21ST OCTOBER 2004**

On the 21st October 2004 five Mental Health Commissioners visited Muckamore Abbey Hospital for an unannounced visit. The Commissioners were Mr Noel McKenna (Team Leader), Dr C Kelly (Reporter), Ms H Lendrum, Mr Max O'Brien and Mr P Convery.

At an Initial Meeting the Commissioners were joined by Dr C Millikin, Clinical Director, and Miss N Summerville, Director Hospital and Community Learning Disability Services. They explained that there were two parts of the hospital, (1) Treatment Wards, and (2) Resettlement Wards. The aim is to reduce Muckamore Abbey Hospital to 115 beds via a resettlement process. Currently there are 320 beds in Muckamore Abbey Hospital. Phase one of the development plans have started and the foundations for new buildings have been laid. Phase two and phase three are to follow and the Commissioners were provided with documentation in relation to the planning process and the new developments. The new plans would also take the current Children's Ward in Muckamore Abbey Hospital off site. Several problems are ongoing. A recurrent problem has been difficulty with patients being asked to sleep out from their own ward into other wards because of overcrowding. One example of this would be in the Male Ward where, on occasions, forty-eight patients have been present with only thirty-six beds available in the ward. The Commissioners were pleased to hear that this situation will be resolved imminently with the opening of twenty new beds to deal with this overspill principally from patients with delayed discharged.

Currently day care is divided into activity based day care such as contract work and skills based training such as horticulture, woodwork and work skills. Activity based work has now been transferred to the Moyola Ward, however, the large number of clients in the hospital can make day care crowded. Concern was also expressed that the Health Boards do not commission rehabilitation from Muckamore Abbey Hospital but expect this to be provided by Trusts into which the clients are placed. The impression was of a rather cumbersome arrangement which is gate kept through Care Managers in the community. Again the impression was that this contributed to delayed discharge in patients and partly to the difficulties in sleeping out arrangements noted earlier.

There is also a problem with adolescents being admitted to the Acute Admission Wards. The adolescents are mostly over sixteen years of age but some less than sixteen need to be admitted. Staff admit such patients to Muckamore Abbey Hospital Admission Wards because on the balance of



Mental Health Commission
for NORTHERN IRELAND

risk, not admitting the clients would potentially put them at greater danger. At the time of the Mental Health Commission visit there were six adolescents in the Acute Admission Wards younger than eighteen. All such adolescents are placed on level four observation with a nurse present at all times principally for their safety given the patient mix in the Acute Wards. The above contributes to a secondary problem of high level of one to one observations in the Acute Admission Wards with a resultant drain on staff numbers, which can have a knock on effect on other activities throughout the hospital. There appears to be a paucity of planning to resolve this difficulty.

Staff issues were briefly reviewed. It is planned to move toward twelve Consultant Psychiatrists on the staff of Muckamore Abbey Hospital. With regard to nursing staff the main concern is to move toward a higher skill mix for therapeutic purposes in the new unit. The Mental Health Commissioners were pleased to note that three new posts in Psychology had been appointed but were saddened to see the deficiencies in Occupational Therapy and Speech and Language remain.

Three Commissioners visited Moylenna Ward, a continuing care ward, where a settlement is ongoing, specifically for individuals with challenging behaviour. They met and were escorted through the ward by Sister McCartney. Approximately half of the clients in Moylenna Ward have been present in Muckamore Abbey for over thirty years. It is a twenty-two bedded unit with ongoing resettlement, the building was refurbished seven years' ago.

The entrance to the ward was homely and warm, with a fish tank and pot pourrie present, it was warm with a welcoming smell. The clients in the ward were all male mostly with moderate to severe difficulties but encompassing a full range of challenging behaviour including one patient who was currently on one to one nurse observation.

There are two day rooms which were bright and clean. The clients would have considerable behavioural difficulties, such as physical aggression and ripping of clothes. The toilet areas were neat, clean and tidy, there are three toilets and one shower. Patients are escorted to the toilet area. The ward was seasonally decorated for the Halloween period.

In the second day room clients with more aggressive difficulties are dealt with. The room was clean, tidy but sparse. The chair covers were plastic because of clients' tendency to rip cloth, this appeared to be somewhat more crowded. Staff conceded that the day rooms were not ideal but provided an element of containment for the difficult behaviours they encountered.



Mental Health Commission
for NORTHERN IRELAND

- (b) The day care centre in Moyola where they met Senior Day Care Worker Linda Clark and were joined by Lesley Magee the Deputy Officer-in-Charge. The Commissioners arrived as the clients were leaving for lunch. Three work rooms were visited including those for activities of daily living, cookery and art therapy. There were work displays on the wall and overall the units were homely, warm and well decorated. One hundred and seven clients are accommodated in five to six locations, there is ongoing education with a lecturer attending from BIFHE. Supervision level is one staff member to eight clients. There are ten day care sessions per week, most clients attend five sessions per week but higher attendances are possible for specific individuals. Day care sessions are cancelled if staff shortages prevent them occurring.
- (c) Two Commissioners also visited Mallow Ward and were able to interview a group of residents. One resident was interviewed in detail, Mr P223 was complimentary about the facilities, training and rehabilitation. His long-term plan is to be resettled in the community. He has a wide and varied day care programme, his only complaint was in relation to his detention and that the Mental Health Review Tribunal automatically will review him only every two years.

The Mental Health Commissioners on their visit to Muckamore Abbey on the 21st October 2004 were impressed by the overall planning for the development of the Muckamore Abbey Hospital site. They were also impressed by the active rehabilitation and were particularly struck by the wide variety of therapeutic activity and day care available both outside and within the wards that they visited. The Commissioners were particularly impressed by the involvement of patients and clients in the development and planning of the new hospital. With particular reference to Moylenna Ward which was visited in depth, the Commissioners were impressed overall by the quality of life and therapeutic and social activity. The patients have accessibility to a wide range of professional input and are treated with considerable understanding and respect. Relatives are encouraged to attend and their views are systematically noted. The only concerns the Commissioners noted were the sparsity and crowding of at least one of the day rooms in Moylenna Ward. The Commissioners felt that further thought should be given to improving this. In addition it is noted that several wards are not aware of the availability of Advocacy Services, this should be disseminated throughout the hospital more clearly.



Mental Health Commission
for NORTHERN IRELAND

Recommendations

1. The Commissioners were pleased to see that the most noteworthy previous difficulty recorded, that of sleeping out, is about to be resolved. Currently the Commissioners recommend that the management of Muckamore Abbey in conjunction with the Health Boards should produce clear plans to resolve the difficulties of adolescents being admitted to adult wards within the hospital. The Commission would be grateful of receiving such plans.
2. The availability of Advocacy Services should be clearly disseminated throughout the hospital environment.
3. Attention should be paid to try and aid ward staff in reducing the cramped and bland atmosphere in the day rooms in Moylenna Ward which is the only blot in an otherwise excellent facility.
4. Consideration should be given to protect the excellent day care facilities from the effects of staff shortages.

Documents enclosed with the report include the Moyola Day Care Report, plans for the development of the new hospital, the Complaints Report, summaries of each ward and the levels of supervision or observation policy.

Reports/Hospital/MuckamoreOct04

Appendix 10

REVIEW PANEL

Mrs Miriam Somerville	Director of Hospital & Community Learning Disability Services (Chair)
Mrs Eilish Steele	Asst. Director of Hospital Services
Mrs Mairead Mitchell	Asst. Director of Service Improvement & Governance
Mrs Pauline McDonald	Operations Manager
Mr Aidan Murray	Asst. Director – Learning Disability, EHSSB
Mrs Deirdre Webb	Asst. Director of Nursing, EHSSB
Miss Anne McGarry	Senior Social Worker
Mr Tommy Boyle	Principal Social worker, Community N&WBHSST

Dr Joanne Nelson, Consultant Paediatrician was co-opted to the group for the review of Medical Notes.

Appendix 11

OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A CHILD

Policies & Procedures	Co-operating To Safeguard Children	Regional Child Protection Policy & Procedures	Representation on Trust Child Protection Panel	Hospital Child Protection Committee to be established	Clinical & Professional Recording Procedures
Reporting Mechanisms – Professional & Managerial Reporting Systems	Incident Reporting system	Reporting to EHSSB	Reporting to Mental Health Commission	Child Protection Specialist Nurse & Consultant Paediatrician	Complaints Procedure
Risk Management	Constant Supervision Policy & Procedures	Incident Reporting – Internal and External. Reviews by Clinicians and Managers	Multidisciplinary Team Meeting	Governance Arrangements	Risk Registers
Staff Training	Child Protection Training	Management of Aggression	Specialist Children's Nursing Training	Training in Reporting Mechanisms	
Multidisciplinary Meetings	Multidisciplinary Weekly Ward Meetings	Looked After Children Reviews	Hospital Management Team Meetings		

OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A POTENTIAL OFFENDER

Policies & Procedures	Constant Supervision	Vulnerable Adults Policy & Procedures	Child Protection Policy & Procedures	Complaint Procedure	
Reporting Mechanisms For Staff	Multidisciplinary Team Meeting	Professional & Managerial Reporting Systems	Incident Reporting System		
Risk Management Systems	Constant Supervision Policy & Procedures	Clinical Risk Assessment & Management Tools including ASOTP	Incident Reporting	Multidisciplinary Root Cause Analysis	Risk Registers
Staff Training	Appropriate Clinical Training in Offending Behaviour	Vulnerable Adults	Child Protection	Training In Reporting Mechanisms	
Multidisciplinary Meetings	Weekly Multidisciplinary Team Meeting	Hospital Management Team Meeting			

OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A VULNERABLE ADULT

Policies & Procedures	Vulnerable Adults Policy & Procedures	Constant Supervision Policy & Procedures	Complaints Procedure	Information To Family	Report To Mental Health Commission	Complaints Procedure	
Reporting Mechanisms For Staff	Multidisciplinary Weekly Team Meeting	Professional & Managerial Reporting Systems	Incident Reporting System	Report to EHSSB	Report To Mental Health Commission	Complaints Procedure	
Risk Management Systems	Constant Supervision Policy & Procedures	Clinical Risk Assessment System	Incident Reporting	Multidisciplinary Root Cause analysis	Governance Arrangements	Risk Registers	Vulnerable Adults Policy & Procedures
Staff Training	Vulnerable Adults	Management of Aggression	Appropriate Clinical/ Professional Training	Training in Reporting Mechanisms			
Multidisciplinary Meetings	Weekly Multidisciplinary Team Meeting	Hospital Management Team Meeting					

OVERVIEW OF MECHANISMS IN PLACE TO SAFEGUARD AN ADOLESCENT IN AN ADULT WARD

Policies & Procedures	Separate Admission Procedure (To Be Developed)	Constant Supervision Policy & Procedures	Child Protection Policy & Procedures	Looked After Children Procedures	
Reporting Mechanisms	Incident Report On Admission	Report to EHSSB On Admission	Report to Mental Health Commission Admission		
Risk Management Systems	Constant 1:1 Supervision 24 Hours On Admission	Constant Supervision Reviews	Incident Reporting System	Multidisciplinary Root Cause Analysis	Risk Registers
Staff Training	Child Protection Policies & Procedures	Management of Aggression	Appropriate Clinical/Professional Training	Training in Reporting Mechanisms	
Multidisciplinary Meetings	Weekly Multidisciplinary Team Meeting	Looked After Children Reviews	Hospital Management Team		

MS/ba

11.1.06

Mrs M Mitchell
 Asst. Director of Service Improvement & Governance
 Muckamore Abbey Hospital

Dear Mairead

**RE: REVIEW OF CHILD PROTECTION & VULNERABLE ADULTS PROTOCOLS AT
 MUCKAMORE ABBEY HOSPITAL**

Please find enclosed your copy of the finished report in relation to this review. The report has now been presented to the Chief Executive's of the Trust and of EHSSB.

Mrs Mairead Mitchell will take responsibility for the implementation of the recommendations which relate to the Trust. Mrs Mitchell will produce a report in the summer of 2006 detailing progress with implementing those measures and any outstanding actions from the 2004 SSI Report.

I would like to take this opportunity to thank you for your help with this review. Your contribution in giving both time and constructive advice is much appreciated.

Yours sincerely



MIRIAM SOMERVILLE
 Director of Hospital & Community
 Learning Disability Services

Enc.

Caring in Partnership

Trust Headquarters • Glendinning House • 6 Murray Street • B
 Tel: (028) 9032 7156 • Fax: (028) 9024 9109

MAH - Protection of Vulnerable Adults/Children (1)



63493

FileNo: 63493

SplitNo: 63493

RecordNo: 63493


 Awarded for Excellence
 Community Dental Services
 Residential & Supported Living Services
 Muckamore Abbey Hospital

RG Black: Chief Executive

16-01



06 DEC 2006
MOC

MAH - Protection of
Vulnerable adults
file



RGB/ms

31st October 2006

Dr A McCormick
Permanent Secretary
DHSSPS
Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Dear Dr McCormick

Safeguarding Children and Vulnerable Adults in Learning Disability Hospitals and Mental Health Hospitals

I write in response to your letter of 22 September. The points I outline below relate to services at Muckamore Abbey Hospital.

Staff in North and West community mental health services are involved as appropriate in risk assessment and Vulnerable Adults procedures for North and West patients admitted to mental health hospitals. Likewise, staff from our Family and Childcare programme are involved in risk management and Child Protection issues for children admitted to other hospitals. I understand however that the Chief Executive with responsibility for the hospitals concerned will address these matters.

You may be aware that North and West Trust, in association with the Eastern Board produced a report earlier in the year which addresses the issues raised in your letter. This report was sent to Mr Andrew Hamilton and I attach a further copy for your convenience. This report served to reassure members of Trust Board and Eastern Board about current practice in relation to Vulnerable Adults and Child Protection.

~~The report contained a number of recommendations to further improve practice. These have now been actioned and I also enclose a copy of the updated Action Plan to evidence this.~~

contd...

Caring in Partnership

Trust Headquarters ● Glendinning House ● 6 Murray Street ● Belfast BT1 6DP
Tel: (028) 9032 7156 ● Fax: (028) 9082 1285

RG Black OBE : Chief Executive



Awarded for Excellence
Community Dental Services
Residential & Supported Living Services
Muckamore Abbey Hospital
Assisted Living Scheme

Turning to the specific points that you seek reassurance on, I outline the position of the Trust in relation to Muckamore Abbey Hospital.

- Comprehensive risk assessment processes are in place. The report addresses this issue and highlights some of the complexities in appropriately recording risks. A recommendation contained in the Report was that a risk assessment proforma should be developed which is reviewed and updated at multidisciplinary meetings. The Hospital is currently piloting this and I attach for your information the latest draft, which is being used in a number of wards. As you will note, this covers the full range of challenging behaviours and details the likely impact on others and how the behaviour should best be managed.
- I confirm that appropriate Child Protection and Vulnerable Adult procedures are in place at the Hospital. Training is delivered through a rolling programme and all new staff are subject to POCVA checks. Details on how these procedures are operated and monitored can be found in the attached Report. The Hospital operates a Child Protection Committee which is attended by a community social worker, child protection nurse and a community paediatrician. The Committee reports to the Trust Child Protection Panel.
- Recording and reporting mechanisms, both internal and external are in place and are understood and adhered to by staff. This can be further evidenced in the Trust's response to the recent Laming self-assessment audit, which covered recording and reporting mechanisms in children's services. The Trust also has policies and procedures for dealing with Complaints and for Incident Reporting. Together with Child Protection Procedures and Vulnerable Adults procedures, these provide a range of checking mechanisms undertaken by a wide range of clinical and managerial staff.
- Appropriate policies and procedures to prevent, detect and manage allegations or incidents of abuse are in place. Within the Learning Disability service reports on complaints and incidents are tabled at the monthly Governance Group meeting. Reports are also taken to the Trust Governance Committee. All hospital based incident reports are examined by medical staff, the head of nursing and two senior managers. All incidents requiring investigation under Child Protection or Vulnerable Adults procedures are noted at the weekly hospital management team meeting as are all complaints. A monitoring form is completed to ensure that progress with an incident or allegation is appropriately tracked. The Trust's policies are in line with the measures outlined in Supporting Safer Services.

As you are aware, a retrospective review of notes has been undertaken at the Hospital and information has been shared with the PSNI who are working with the Trust and EHSSB on the next steps.

As part of this response, it is important to highlight an area of high risk for the Trust. Adolescents with learning disabilities continue to be admitted to adult wards at Muckamore Abbey Hospital.

This is due to the lack of suitable alternatives for those requiring assessment and treatment. As you will see from the Report, they are provided with one to one supervision from staff but this is not always therapeutic for them, and is costly for the hospital. There is no indication that this position is likely to change in the near future and will continue to require careful management.

You will also be aware of the Business Case, which is currently being finalised to relocate Conicar, the children's ward, away from the hospital site. The safe management of both children and men with offending behaviours on one site continues to be a high priority for hospital staff.

I trust that the information provided reassures you about current practice. I, and staff working in the service, am aware that we cannot be complacent and must continue to monitor and review policies, procedures and practice. I am also aware that it is not possible to give an absolute guarantee of safety. It is however, important to ensure that the best possible practices are in place to assess risks, detect potential abuse and manage the risks appropriately. This will continue to be a high priority in North and West Trust.

Yours sincerely



R G Black
Chief Executive

Encs: Review of Policies and Procedures to Safeguard Children and Vulnerable Adults in Muckamore Abbey Hospital

Updated Action Plan

Draft Risk Management Tool

ooOOOoo

**Update on Review
Of Child Protection**

&

Vulnerable Adults Protocols

At

Muckamore Abbey Hospital

ooOOOoo

August 2006

Recommendation	Description of Action	Timescale	To Be Completed By	Update on Progress
1. <i>Written Admission Procedures.</i>	Produce an admission procedure which captures existing good practice, in relation to the admission of children and adolescents. This should specifically address the issues of adolescents admitted to adult wards and transfers to and from Conicar.	July 2006	Hospital Management Team	<p><u>Completed</u> Procedure developed and implemented. Admission criteria for Cranfield has also been produced which addresses the admission of adolescents to hospital post October 2006.</p>
2. <i>Risk Assessment.</i>	Develop a single Multidisciplinary Risk Assessment sheet and should be copied in all notes.	September 2006	Hospital Management Team	<p><u>Ongoing</u> A Risk Assessment has been developed and has been piloted in Conicar and in Movilla B. The revised Risk Assessment is currently out for consultation with the Multidisciplinary Team. Guidance notes and training have been developed for the implementation process.</p>

Recommendation	Description of Action	Timescale	To Be Completed By	Update on Progress
3. <i>Supervision Of Patients.</i>	Produce guiding principles which describe the framework within which decisions are currently made about levels of supervision following a clinical Multidisciplinary Risk Assessment.	September 2006	Hospital Management Team	<p><u>Ongoing</u> The Multidisciplinary Risk Assessment is currently in draft form and the guiding principles for decision making on changes in levels of supervision are part of the Risk Assessment Guidelines. The Risk Assessment form will be used when levels of supervision change and this will allow for tracking of changes in decision making.</p>
4. <i>Patients Who Abscond.</i>	Review of current procedures for managing patients who abscond with a particular emphasis on ensuring continuing appropriateness in respect of children who abscond.	July 2006	Hospital Management Team	<p><u>Completed</u> The review has been completed on the Policy and Procedure for patients who abscond. Amended procedures have been issued to all wards and departments.</p>

Recommendation	Description of Action	Timescale	To Be Completed By	Update on Progress
5. Responsibilities Of Other Trusts.	EHSSB to ensure that all Community Trusts understand their responsibilities in relation to children in the hospital who require LAC Reviews and adults who require implementation of Vulnerable Adults Procedures.	July 2006	EHSSB	<u>Completed</u> EHSSB has written to all Trusts.
6. Child Protection Committee.	The hospital establishes a Child Protection Committee in association with family and childcare, Trust Child Protection Consultant Paediatrician and child protection nurse. Meet six monthly and review relevant issues for the hospital. In addition a nurse or medical representative is to join the Trust Child Protection Panel.	July 2006	Hospital Management Team	<u>Completed</u> This has now been established and is chaired by the Assistant Director of Hospital Services. Meet twice yearly (June & December). Assistant Director of Hospital Services has a remit for nursing has joined the Trust Child Protection Panel.

Recommendation	Description of Action	Timescale	To Be Completed By	Update on Progress
<p>7. <i>Documentation of Decision Making Processes.</i></p>	<p>The Hospital to develop a process whereby outcomes of decisions made in relation to child protection and vulnerable adults procedures are documented in one clinical file. This will provide a single point of reference for outcome of investigations and action plans</p>	<p>July 2006</p>	<p>Hospital Management Team</p>	<p><u>Completed</u> Child Protection & Vulnerable adults are an agenda item at weekly Hospital Management Meetings. A proforma has been developed where the outcomes of the decisions made in relation to Child Protection & Vulnerable Adults is documented. A copy of this completed proforma is kept in the office of the Assistant Director of Hospital Services.</p>
<p>8. <i>Use of EPEX System.</i></p>	<p>To review the use of EPEX system within the hospital to examine its further potential to capture multidisciplinary working and risk assessment.</p>	<p>June 2007</p>	<p>Hospital Management Team</p>	<p><u>Ongoing</u> A staff user group has been set up to explore the development of EPEX to address the Multidisciplinary record and risk assessment. We are working with the software company to instigate changes to the primary software which may take considerable time. The current modules of EPEX are being rolled out and a programme of staff training is ongoing.</p>

<p>9.</p>	<p>Advocacy Service.</p>	<p>Trusts to be contacted to discuss the availability of advocacy for children and adolescents who were in danger of becoming delayed discharge.</p>	<p>July 2006</p>	<ol style="list-style-type: none"> 1. EHSSB 2. Hospital Management Team 	<p>Ongoing The Hospital Management Team has had discussions with Mencap and Bryson House re: the advocacy service currently provided for Learning Disability Services. An Agenda item of these regular meetings is the advocacy provision for children and adolescents. For further discussion at meeting on 18th September</p>
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Postscript:

1. The child protection training programme for staff at Muckamore Abbey Hospital provided by Nurse Managers in collaboration with The Training Team at the Millennium Outreach Centre has been verified by the Eastern Area Child Protection Committee. This is valid for three years from May 2006 and is for the Multidisciplinary Child Protection Training Level 1.
2. The Mental Health Commission did an unannounced visit to Muckamore Abbey on 2nd June 2006. No recommendations were made from the visit. The Commissioners commended Muckamore Abbey Hospital for the high standard of care they found on the visit.
3. A Multidisciplinary Working Group has been set up to action the recommendations of the Regional S.S.I for Disabled Children in Hospital (2004) and Care at its Best (2005).

BELFAST HEALTH & SOCIAL CARE TRUST

ENNIS WARD ADULT SAFEGUARDING INVESTIGATION

Aine Morrison/Colette Ireland/Carmel Drysdale

10/23/2013

(1) Introduction

Allegations of abuse in Ennis Ward, MAH first came to light on 08/11/12. A care assistant from the Priory Group, Bohill Care Home had been working on the ward as part of an introduction programme for patients who were moving to the Bohill. She alleged that whilst working on the ward on 07/11/12, she witnessed named staff being verbally and physically abusive to four named patients. Only one patient's surname was provided but the Christian names provided for the other three allowed the hospital to identify these individuals.

Bohill staff report some difficulty in accessing a Designated Officer at MAH to report the concerns to. They report first contacting MAH at 9.40am on the 8.10.13 and asking the receptionist for the Designated Officer. The receptionist did not know who this was but did put the call through to the service manager's office. However they were redirected a number of times before being put through to the social work office where they were told that **H92** DO was on a call and would phone back. **H92** did phone back but got no response. At 9.50am, Bohill staff contacted the Trust's adult safeguarding team and were referred to Colette Ireland, Team leader for Learning Disability. Colette was not available. Bohill reported the allegation to RQIA at 10.10am who reported it to MAH. Receptionist staff in MAH have now been informed about the meaning of the term "Designated Officer" and who they should contact if asked for one. The adult safeguarding team in the Trust have also been informed of the correct contact details for MAH safeguarding issues.

The details of the allegations were as follows:-

- 1 She witnessed **H159** (staff member) pull **P39** (patient) from the sofa **P39** was sitting on by the hem of her trousers on to the floor and to be verbally condescending.
- 2 She witnessed **H159** (staff member) speak in an inappropriate manner, such as, get out of my way/your doing my head in. This was shouted at patients in general.
- 3 She witnessed **P40** (subsequently identified as **P40**, patient) coming from the bathroom naked, screaming and shouting "I hate her/I hate **H159** **H159**, she hit me." **P40** was very distressed and blood was coming from her mouth.
- 4 She witnessed **P40** sitting naked for a period of time and that **H196** (student nurse) told **P40** that she wouldn't get her sweets and lemonade if she didn't put her nightdress on.
- 5 She witnessed **H197** (staff member) push **P41** (subsequently identified as **P41** patient) so hard into her chair that she hit her head off the back of the chair.

- 6 She witnessed **H197** saying to **P22** (subsequently identified as **P22** **P22** patient) when **P41** (patient) had attacked her, not to be “a big softie and hit her back”.
- 7 She witnessed patients hitting out at staff and each other with no intervention.

An investigation started immediately during which the following actions were taken.

2a) Interviews with Bohill Staff by PSNI or Belfast Trust Staff

2a) Interviews with Bohill staff by PSNI or Belfast Trust staff.

A summary list of all the concerns emerging from both PSNI and social services' interviews is given at Appendix A.

The details of the Trust's interviews are as follows:

Initial social services interviews with Bohill staff took place on 15/11/12 and 22/11/12 using an agreed format and set of questions. A total of nine staff were interviewed. All of the staff interviewed had spent shifts working on Ennis Ward although the number of shifts staff worked varied from one shift to up to ten shifts over the period from 4/10/12 until 10/11/12.

Some Bohill staff were interviewed by PSNI and were not part of the group we interviewed by social services. The following is an account of the interviews completed by Carmel Drysdale and Colette Ireland. Both Carmel Drysdale and Colette Ireland are employed as Community Team Leaders within learning disability service and are trained Designated Officers and ABE Interviewers.

Six out of the nine staff originally interviewed were asked to attend a further interview. The aim of the second interview was to clarify issues raised in the initial interview in particular to assist staff to identify which staff members against whom the allegations were made. Only three attended for interview. One staff member did not attend due to illness, a second had left the employment of Bohill and the third declined.

A number of themes emerged from the interviews of Bohill staff (this includes information obtained from interviews carried out by social work staff and from police interviews) The full details of concerns noted can be found in Appendix A.(numbers 1-63). The numbers in the following text refer to Appendix A.

This summary of the concerns makes no comment or judgement on the validity of the issues raised.

Concerns raised about the physical treatment of patients:

There were a total of 22 incidents identified.

Two incidents related to **P41** and the staff member involved was named as Margaret Hill (5&7). Bohill staff reported that the staff member had pushed **P41** so hard into her chair that she hit her head of the back of her chair. The same staff member pulled **P41** in to a standing position and shoved, nudged and pushed her towards her chair.

Fifteen concerns were raised in relation to **P39** which were made by eight members of Bohill staff. Ward staff members were identified for some of these incidents as **H197** (8, 16) and **H159** (1, 34, and 49) One reported

incident (48) involved another staff member named **H205** assisted by another care assistant. In the remaining incidents (22, 25, 26, 29, 34, 52, 57, 58, and 60) Bohill staff were not able to identify the staff member. Many of these reports were similar in nature describing **P39** being pushed, pulled backwards or grabbed by her clothing or wrists.

There was one incident when **P40** alleged that **H159** had hit her (3) and was observed to have blood coming from her mouth. One incident (40) involved a disclosure made by a patient **P42** against a staff member **H198**. In the remaining three incidents (23, 30, 32), the patients or ward staff members were not identified.

Concerns raised about the verbal treatment of patients.

There are ten reported incidents of concern about how patients were spoken to, some directed at one specific patient **P39** (1,16,19, 38,49,62) while others were directed to the wider group (2, 11,14, 31) Staff members were identified as **H159** (1,2,11) **H198** (14) and **H197** (16). One member of Bohill Staff talked about everyone shouting at **P39** to go away or stop it in response to her stripping behaviour (19, 62). The nature of the concerns ranged from staff being described as verbally condescending (1) to incidents where the staff member was reported to have shouted in **P39**'s face (16, 38).

Concerns raised about the management of behaviour of patients.

There were 16 concerns raised about the management of patients' behaviour. There was a range of issues raised. Some related to staff advising patients that they wouldn't get their meal or a treat in order to manage behaviour (4, 9) On another occasion (6) it was reported that a member of staff named as **H197** advised a patient to hit back at another patient who had assaulted her. Other concerns related to advice given to Bohill staff about the management of behaviour for specific patients. It was reported that **H197** (10) advised the staff member not to give **P39** face contact, to turn her away by the band of her trousers and not to keep redressing her as this would go on all day. Another staff member was advised not to give the patients too much attention as they will want it all the time (28) and a member of Bohill staff reported that she was advised by a member of night staff not to give **P39** attention as she was rewarding bad behaviour (58). There were two occasions when a staff member reported that ward staff pushed Tracy away when she was holding the Bohill staff member's hand (29, 57)

There are a number of specific concerns raised about the management of **P39**. Two Bohill staff reported (20, 47, and 61) that **P39**'s shoes were removed and thrown across the floor and she would go after them. Another staff member reported (24) that **P39** was put on a chair with her legs up. The staff member sat in front of **P39** who usually kicked staff away in order to get out of the chair. Other incidents reported (35) **P39**'s tee shirt being stretched and tied between her legs. Also it was

reported that a belt was being used and tightened (36, 45, 48, 49). The staff member also reported (49) that **P39** was removed from the room and placed outside in the rain.

Concerns raised regarding the lack of supervision of patients:

One Bohill staff member reported (13) being left on her own in the day room for approximately 20 minutes unable to summon assistance, (43) Also referred to a lack of adequate staffing and patients being left unsupervised. Another report relates to **P43** (17, 50-may be the same incident, 53) who was reported to be sitting outside on the grass and it was raining and she was described as soaking. **H159** and **H197** were reported to have stated that she did not need to come into the ward and that she had a wet suit.

Concerns regarding the lack of induction for Bohill staff coming on to the ward:

This was raised by some staff (13/15, 41) However five of the Bohill staff reported that they did receive induction during their first shift. One staff member reported (12) that staff ignored her requests for help with a patient. Another, (46) that the care plan did not tell staff how to manage **P39**'s stripping behaviour and there was no instruction from staff on how to manage this.

Other issues of concern raised:

Reports made about negative comments being made by staff (18, 37, 51, 59) about patients, two of these reports related specifically to **P39**.

A report (21) that when the staff member would arrive at 8 am, **P39** was standing naked in the hallway.

Issues raised around the management of patients waiting to get their meals and the management of meal times. (25, 30, 54, 55) There was a specific incident involving **P44** (33) when it was reported that the patient didn't get up for tea as she said she had a sore head-staff member said if your head is sore you won't want your dinner and scraped it into the bin. **P44** asked for a tablet for her headache, staff said she wasn't allowed one as she hadn't eaten her dinner.

A report of unnamed staff putting two pads on unidentified patients and the reason provided was that patients were wetting too much (27)

Concerns were raised about the atmosphere on the ward (44, 63) lacking stimulation and warmth. Very set routines (39, 56), also a lack of staff engagement and interaction with patients (42)

2b) Patient Interviews

2b) Patient Interviews

Patients directly involved in specific allegations were interviewed under joint protocol procedures where possible. Capacity to participate in interviews was discussed by the multi-disciplinary team including consultant psychiatry, speech and language therapy, nursing and social work staff. The PSNI were also involved. Of those named in allegations, it was deemed possible to interview **P42** **P44** and **P40**. It was not deemed possible to interview **P39** **P41** **P41** **P22** or **P43**.

Consideration was then given to interviewing other patients who were not specifically named to ask them generally about their experience on the ward. **P45** **P46** and **P47** were identified as potentially having the capacity to participate in an interview. Relatives for **P45** and **P46** objected strenuously to these interviews going ahead on the basis of potential upset to Ita and **P46**. Following consultation with Dr **P50**, Consultant Psychiatrist, it was agreed that these concerns were valid and that on balance it was not in these ladies' best interest to proceed to interview.

Interview with patient **P42** (held on 23/1/13)

P42 was interviewed in relation to an allegation she made to her brother that staff member **H198** grabbed her by the scruff of her neck and took her to her bedroom (Appendix A No. 40)

P42 raised no concerns and said that she is very happy on the ward. She later told her brother that **H198** had been joking when she made the comment.

When interviewed, **H198** said that she would make such comments in a jokey manner.

Staff who know **P42** well feel that she would share any concerns she would have. The investigating team feel that this comment was a likely to be a joke.

Interview with patient **P40** (held on 23/1/13)

P40 was interviewed in relation to an allegation made that staff member **H159** hit **P40** (Appendix A No.3)

It was not possible to engage **P40** in the interview. The interview did not provide any further information relating to the allegation. Following referral to the dentist, it was noted that **P40** had an abscess in her mouth at the time.

Interview with P44 (held on 11/1/13)

P44 was interviewed in relation to allegations made that a member of staff said to her "If your head is sore you won't want your dinner "and scraped it into the bin. P44 asked for a headache tablet, staff said she wasn't allowed one as she hadn't eaten her dinner (Appendix A – No.33)

The use of direct and closed questions was required during the interview as per the advice of Rosalind Kyle (Speech and Language Therapist) who advised on P44's communication needs.

P44 did relate an incident when her dinner was scraped into a bin by a staff member. P44 said this was because she didn't like the dinner and refused to eat it. P44 reported that she was refused a sandwich as an alternative.

It is believed that her dinner was scraped into the bin. However it is unclear what the context was or whether this was an appropriate response from staff.

At no point during interview did P44 report that she had a headache at this time. She was unable to identify any staff member.

Interview with P47 (held on 19/8/13)

This interview focused on asking P47 for her views of life on the ward. P47 was extremely positive about all aspects of ward life and reported no concerns.

2c) Contact With Relatives

2c) **Contact with relatives**

Family Contact

- 1 Contact was made with family members for **P39** **P40** **P41** and **P43** on 02/11/12 by a Senior Nurse Manager from Muckamore Abbey Hospital to inform them of the allegations. No family member raised any concerns about care on Ennis at that point.

- 2 At a strategy meeting on the 09/11/12, it was agreed that family members for all patients on the ward should be informed in general terms about the allegations. A Senior Nurse Manager from MAH made these calls and again no concerns were raised and many family members spoke very positively about the care on Ennis.

- 3 At a strategy meeting on 12/12/12, it was agreed that family members should be further updated by telephone call to be followed up by a letter, again family members were largely positive about the care on Ennis. However a number of issues were raised.
 - A) 17/12/12 **Brother of P42**'s brother said that **P42** had told him that the nurse in charge **H198** (couldn't remember surname) had got her by the scruff of the neck and took her to her bedroom. **Brother of P42** felt that **P42** wouldn't tell lies and may not want to say anything that would get her into trouble. This was subsequently investigated (see patient interviews section). The evidence suggested that this had been a jokey comment made by **H198** and there wasn't evidence of abuse.

 - B) 08/01/13 – While **Sister of P44** had previously indicated that she had no concerns, she raised some issues when contacted about an allegation concerning **P44** that Bohill staff had made. The issues she raised were;
 - i) Felt staff levels often appeared too low, staff were rushed and she felt that staff should be in dayrooms on all occasions.

 - ii) Concerns about supervision – reports of **P44** falling off cupboards or lifting furniture – would query where staff were.

- iii) An incident where three staff were sitting at dining table in kitchen chatting. When she and her husband entered the dayroom to return **P44**, another patient had removed all clothing on her bottom half. She said it took quite some time to attract staff attention. She said this had happened sometime within the past year.
- iv) When Dr **H50** reduced **P44**'s sedation at **Sister of P44**'s request, named nurse called **H199** said to her 'for goodness sake – I wish they wouldn't do that, it makes things harder for us'. On another occasion ward manager **H491** on being told of sedation reduction by Dr **H50** in **Sister of P44**'s presence, sighed and tutted.
- v) Concerned **P44**'s money wasn't being spent on her. **P44** was wearing a cardigan full of holes on one occasion. She was told **P44** has chosen this. Felt clothes were shabby although this had improved in the last year.
- vi) Within the past year, **P44** not allowed to go to mass for a few months, told priest had said she couldn't because of her behaviour. **Sister of P44** offered to take her herself but was told this wouldn't be safe despite being allowed to take her out for the day – now attends in a wheelchair. **P44** is over sedated again – that she sleeps all afternoon.

Sister of P44 also said that overall the good outweighed the bad.

It was agreed with **Sister of P44** that these issues would be investigated separately as a complaint by a senior nurse manager in MAH. **Sister of P44** subsequently declined to meet with Senior Nurse Manager in MAH to discuss the concerns.

Senior nurse management are to proceed with an investigation in any case.

- C) 17/01/13 - **Mother of P47**'s mother said she was concerned about the number of recent incidents where **P47** had been assaulted by other patients. Aine Morrison agreed to check if the responses had been appropriate. This was subsequently

checked with the hospital Designated Officer (Michael Ceaney) and the actions taken were reviewed. **P47** had been assaulted by other patients three times in one week. Aine Morrison felt that the protection plan put in place was appropriate.

Further updates to families during the course of the investigation did not result in any new concerns.

2d) Interviews either by PSNI or social services with staff named in allegations

2d Interviews either by PSNI or social services with staff named in allegations

H159

The allegations against **H159** are listed in Appendix A – summary of concerns raised by Bohill staff.

The PSNI interviewed **H159** on 20/02/13. She denied all the allegations stating that she was very fond of all the patients. The PSNI have referred this matter to the Public Prosecution Service with a recommendation of prosecution in relation to the following offences.

1. Common assault and ill-treatment of a patient with a mental disorder on 09/10/12: **P39** belt fastened tightly, walked to the door and put outside the fire door.
2. Ill-treatment of a patient with mental disorder on 09/10/12; **P43** left to sit outside without appropriate protective clothing on.
3. Common assault and ill-treatment of a patient with mental disorder on 07/11/12; **P39** pulled from the sofa and onto the floor.
4. Assault occasioning actual bodily harm and ill treatment of a patient with mental disorder on 7/11/12. **P40** alleged that she had been hit by **H159** and was seen to have blood coming from her mouth.

P197

The allegations against **P197** are listed in Appendix A- summary of concerns raised by Bohill staff.

The PSNI interviewed **P197** on 28/02/13. She denied all of the allegations stating that staff would not do those things. For some of the alleged offences, she denied that she was the staff involved, despite being given the descriptions matching hers and the staff rota confirming she was on duty. The PSNI have referred this matter to the Public Prosecution Service in relation to the following offences.

1. Common assault and ill-treatment of a patient with a mental disorder on 09/10/12- **P39** - belt fastened tightly, walked to the door and put outside the fire door.

2. Common assault and ill-treatment of a patient with a mental disorder on 09/10/12- **P39** - grabbed by the jumper at the chest and told " get the fuck out of my face" and / or either " this is doing my head in" or "she's fucking doing my head in". **P39** then pulled across the room and pushed onto a sofa.
3. Ill-treatment of a patient with mental disorder on 09/10/12: **P43** left to sit outside without appropriate protective clothing on.
- * 4. Common assault and ill-treatment of a patient with a mental disorder on 05/11/12- unknown patient pushed onto a chair.
5. Common assault and ill-treatment of a patient with a mental disorder on 07/11/12- **P40** blood wiped roughly from her mouth using a personal hygiene mitt.
6. Ill-treatment of a patient with a mental disorder on 07/11/12- **P22** failed to intervene when **P22** was being assaulted by fellow patient **P41** **P41** and encouraged her to hit back.
7. Common assault and ill-treatment of a patient with a mental disorder on 07/11/12- **P41** - pushed into a chair, causing her to hit her head off the back of the chair.

H203

B5, Bohill staff alleged that a MAH member of staff described as being a care assistant **Description of H203**
Description of H203 was involved in an incident with **P39**
P39 she described the incident as follows.

P39 was making crying noises and the care assistant stood up from her chair and put her hands on **P39**'s mid back and pushed her away. **P39** came back, happened quite a few times, and then **P39** started to take her trousers down. Care assistant was getting agitated - could tell by the tone of her voice. She said "that's enough" went towards **P39** and was trying to get her belt tightened but **P39** was moving about. Another member of staff (Liz) came over and held **P39** **P39** had her hands on the arm of the chair and was bent over. **H205** held **P39** by her hips or top half of her body while the care assistant yanked at her belt forcefully pulling it and fastening it. Her belly was all pushed up and hanging over the belt, she looked really uncomfortable.

MAH management staff subsequently identified the care assistant as likely to be **H203**

On 21/12/12 Aine Morrison, Operations Manager and Orla McCreary, Social Worker interviewed **H203** in relation to this allegation. Leonard Johnston, a UNISON rep was also present.

H203 agreed that she matched the description given of the care assistant.

She denied the allegation. She said that everyone tightens the belt but that she had never seen it too tight or higher than her waist. She said that **P39** never takes the belt off - she wriggles out of her trousers. She said that she sometimes put **P39**'s belt on with her buckle at the back as she found this easier due to **P39**'s weight.

Other more general comments are included in the general staff interviews section of this report.

B5's report is convincing in its detail and the concerns about belt tightening are echoed in other Bohill staff interviews. However, **H203** **H203** denies the allegations. There are no other witnesses and MAH staff deny any practice of belt-tightening.

The investigating team concluded that the allegations about **H203** **H203** could not be confirmed.

H205 Care Assistant

B5 Bohill staff alleged that a MAH member of staff, **H205** described as being in her **Description of H205** and a 2nd staff member were involved in an incident with **P39**. She described the incident as follows;

P39 was making crying noises and a care assistant stood up from her chair and put both her hands on **P39**'s mid back and pushed her away. **P39** came back, happened quite a few times, then **P39** started to take her trousers down. Care assistant was getting agitated – could tell by the tone of her voice. She said ‘that’s enough’ – went towards **P39** and was trying to get her belt tightened but **P39** was moving about. **H205** came over and held **P39**. **P39** had her hands on the arm of the chair and was bent over. **H205** held **P39** by her hips or top half of the body while the care assistant yanked at her belt forcefully pulling it and fastening it. Her belly was all pushed up and hanging over the belt. She looked really uncomfortable.

MAH management staff subsequently identified this person as likely to be

H205

Aine Morrison, Operations Manager and Orla McCreary, SW interviewed **H205** **H205** in relation to this allegation on 21/12/12. **Daughter of H205** **Daughter of H205** was also present.

H205 denied the allegation. She said that it only takes one member of staff to put **P39**'s belt on, that it was put on the loops of her trousers and that **P39** can take the belt off herself.

Other more general comments are included in the general staff interviews section of this report.

B5's report is convincing in its detail and the concern about belt-tightening is echoed in other Bohill staff interviews. However **H205** denies the allegation. There are no other witnesses and MAH staff deny any practice of belt tightening. The investigating team concluded that the allegations about **H205** could not be confirmed.

H206

B6 Bohill staff member identified someone called **H206** as witnessing another MAH staff member pushing a patient into a chair without much care, causing her to flop on the couch. She said 'sit back down'.

H206 was identified by MAH staff as likely to be **H206**. The other member of staff was identified as likely to be **H197**.

H206 was interviewed by Aine Morrison on 8/4/13. Joe McCambridge, RCN rep was also present. **H206** said she had no recollection of any such incident and said that if this had occurred, she would have reported it. When asked if she recognised the description of the other staff member, **H206** said that because she knew **H197** was suspended, she knew that it was likely to be her. She said that **H197** was a brilliant nurse and that she had no concerns about her practice.

H198

H198 was interviewed by Carmel Drysdale and Colette Ireland. Joe McCambridge was also present. The allegations made against her during the course of the investigation were put to her.

Allegation made by Brother of P42 that **P42** had told him that staff member **H198** had said to her that she would grab her by the scruff of the neck and bring her to her room. (Appendix A No 40)

H198 denied the allegation but did say that **P42** enjoyed banter and she thought that it was possible that she would have said something like this in a jokey fashion.

Allegation made by [B2] a staff member from Bohill, that she was left on her own with patients while [H198] was in charge of the ward and was assaulted. (Appendix 20 No13)

[H198] denied any knowledge of such an incident saying it had never been reported to her. However she did comment on staffing on the day.

Extract from interview:

[H198] We were working short staffed on that day (7/11/12). It was a stressful day because of staffing. In the a.m. there should have been seven staff instead there were four. Many of the staff were not in on their normal shift but were covering extra. I was in on extra time. From 7.30 to 9 am two of the staff were bankers, one trained and one new from another ward. At 9 am another assistant came who did not know the ward. In the afternoon there was five staff instead of six. One staff in the upper room, one on enhanced supervision, leaving two staff in the day room. I was left very vulnerable. I had to manage it in the best interests for the care and safety of the girls.

Carmel: What did you do when you were concerned about staffing?

[H198] On that day I did ring through and spoke to the girl on the switch board to highlight that I wouldn't be able to attend vulnerable adult training that day due to staff shortages. I did speak to the duty manager but I don't remember who that was. They said that they were aware that we were short staffed and only had five on duty but there was no further staff available. That day I had to spend a lot of time in the office recording and speaking to families about the behaviour of patients.

Allegation made by [B2] Bohill staff that [H198] had come out of the office in response to increased noise levels and shouted into the day room 'I'm fed up with the lot of you, you're doing my head in' (Appendix A No 14)

[H198] said she couldn't recall this and said that she wouldn't use language like this.

In relation to the allegation of grabbing **[P42]** by the scruff of the neck, **[P42]** disclosed nothing of concern in a pre-interview assessment conducted on 23/1/13. **[Brother of P42]** who had made the allegation subsequently told Aine Morrison that **[P42]** had later said it was only a joke. Given **[H198]**'s report of frequent banter between the two of them, it seems likely that this was a jokey comment.

In relation to the allegation made by **[B2]**, Bohill staff member, that she was left on her own with patients and assaulted, the staffing situation on the day as reported by **[H198]** could suggest that there was an increased likelihood of her being left on her own. **[B2]** acknowledged that she did not report the assault during her shift.

In relation to the allegation made by [REDACTED] B2 of [REDACTED] H198 shouting, we have two differing accounts and no other witnesses, and are therefore unable to draw any further conclusions. The investigating team concluded that the allegation about shouting could not be confirmed.

2e) Interviews with Ward Staff

2e) Interviews with ward staff

These summaries report what staff said but make no comment on the validity of the statements made. Individual records of each interview are available. Conclusions are drawn in the Conclusions and Recommendations section of this report.

Staff were interviewed by Carmel Drysdale and Colette Ireland DOs
Summaries of emerging themes were as follows organised under the question headings.

Interviews with registered nursing staff

1) Profile of staff interviewed:

Band 8A, has responsibility for four resettlement wards including Ennis (as well as other duties) works eighteen and half hours. Has not always had responsibility for Ennis Ward but current period has been for the last 4 to 5 years. Would have a presence on Ennis Ward approximately twice per month but this could vary from month to month.

Band 8A, job shares with the above Band 8A, has responsibility for a resettlement ward (as well as other duties) works eighteen and three quarter hours. Covers Ennis Ward as and when required. Also is copied into e mails, correspondence with regard to the ward. Within the last year may have been on the ward a handful of times for planned meetings or in response to something which may have happened on the ward

Band 7; ward manager, four years working on Ennis ward, longer working in the hospital. Works full time. On sick leave since January 13.

Band 6 (temp), five years until September 12. Returned to work on the ward in December 12. Works full time.

Band 5, 3.5 years working on the ward, full time, nights only.

Band 5, 8-9 years on the ward, full time.

Band 5, did bank shifts on Ennis prior to nurse training about four years ago. Has worked two shifts post November 12 as relief from another ward as qualified staff nurse.

Band 5, part time worker, working on Ennis for the past four years.

Band 5, full time working on Ennis for the past four years.

Band 5, has worked in hospital 33 years. Moved to Ennis at the same time as the patients from F4, full time.

Band 5, part time bank staff, has worked in hospital since 1974, does two evenings per week in Ennis.

Band 5 has worked on Ennis for 16 years, now banks and works a mixture of shifts.

Band 5, has worked in the hospital for 40+ years, 5-6 years in Ennis works day time shift three days a week.

Band 5, works full time and has been working in Ennis since July 12.

Question asked and summary of responses

Have you ever had any concerns about the physical treatment of patients on the ward?

No concerns.

Have you ever had any concerns about staff attitudes towards patients?

No concerns. One staff member commented that she had concerns in the past about an incident some years ago, she raised it with the line manager and it was investigated. While the situation was described as stressful, the staff member stated that she would do this again if she had concerns.

A Band 8A reported that last year she was asked to investigate a concern raised about a staff member from Ennis Ward who had accompanied a patient to day care who was on an increased supervision level. The concerns related to how she spoke to the patient and managed her behaviour. The staff member resigned and did not engage in the investigation. Despite the fact that the investigation was incomplete because of the staff member's lack of engagement, the outcome was that there were grounds for concern.

One of the 8A's interviewed said that RQIA inspections of Ennis ward have been very positive and on one occasion Ennis ward was used as an example of good practice by inspectors from RQIA when discussing another ward within the hospital.

Have you ever had any concerns about the level of supervision on the ward?

No incidents of concern were raised. However the majority of staff raised the issue of staff shortages which made it difficult at times. An example given by some staff was that the 1:1 staffing would sometimes also have to supervise 2 or 3 other patients in the day room. This is addressed under the next heading.

The Band 8A advised that the Telford formula is used for calculating staffing (recently introduced prior to November 2012) A key part of this is the requirement for the first enhanced observation i.e. levels 3 and 4 to be carried out by the existing staff team. If there was a requirement for a second enhanced observation then a request would be made for an additional staff member. All decisions to increase the level of observation are clinical decisions either made by the nurse in charge in response to an emergency situation and subsequently agreed by the multi-disciplinary team or as planned intervention agreed at a multi-disciplinary meetings. Since November 2012 there has been a change and any requirement for enhanced observation requires an additional staff member.

Have you ever had any concerns about the levels of staffing on the ward prior to 8/11/12 or since?

All of the registered nursing staff raised issues about the levels of staffing prior to the 8/11/12

A range of issues were raised:

- The change of patients on the ward e.g. patients moving from Fairview with more complex needs, more challenging behaviour requiring de-escalation and physical intervention at times.
- The ward split in half which one staff member described as Ennis being really two wards.
- Some of the patients who were not on 1:1 supervision still required a high level of individual attention, for example, a patient involved in stripping behaviour. It was also difficult to cover appointments for patients. Other tasks such as laundry duties took staff off the floor.
- Staff were managing a period of major change as a result of the new patients.
- Increasing demands placed on staff such as the introduction of e procurement, electronic recording in addition to training meant there was less time available for working with patients. Considerable time also spent trying to find staff to cover shortages. Re-settlement process took up time in preparing information and attending meetings. Number of staff on sick leave and a lot of part time staff. Staff being moved to other wards and not replaced.
- Often only one qualified staff member on duty.
- Sometimes when there was a full compliment of staff, some staff were sent out to relieve other wards.

Night staff did not experience the same level of difficulty as the shift usually was covered. Since November '12, the number of night staff has increased from two to three staff on duty.

Staff reported that they were aware that the ward manager was raising these issues with her line manager. They also reported that they were aware that staff shortages were being experienced in other wards throughout the hospital.

The ward manager provided a file of evidence of measures she had taken to highlight to management the staff shortages.

The Band 8As reported that tough decisions were having to be made by them and the duty officers to try to prioritise providing cover to wards as there was insufficient staff available. There is a proforma kept documenting staffing levels per ward and how or if a deficiency was covered. Discussion would take place with the nurse in charge about how best to cover situations when there was no staff available to cover. Examples given were re-arranging outings or hospitals review appointments (these discussions are not recorded)

After 8/11/12 all staff reported that there was an increase in staffing which presented its own difficulties in terms of new staff not knowing the patients' needs and patients becoming unsettled as they do not cope well with change.

The Band 8As reported that concerns about staff shortages within the hospital go back at least two or three years and had been raised with senior management and had gone as far as the Department. One example given related to the closure of Finglass Ward which it was felt was closed prematurely and staff relocated to other wards. It was felt that this had limited impact in resolving the staff shortages.

A number of factors were identified which contributed to staff shortages:

- Not allowed to use over time, some agency staff used (in a few wards) or banking staff(it was explained that banking staff were often staff with a good knowledge of the patients and ward)
- Enhanced supervision requirements are not budgeted for and currently it is calculated that 109 Whole Time Equivalent (WTE) staff are needed each week to cover enhanced supervision requirements throughout the hospital.
- Level of sick leave as a result of the number of physical assaults, verbal assaults, pressures on staff covering additional shifts, levels of stress which is impacting on staff's mental health. Staff are also concerned about the stability of their jobs; aware of the resettlement time scale.
- Difficulties with recruitment of staff e.g. delays going through scrutiny because of re-banding, the length of time it takes for the recruitment process, attracting applicants because of the posts being temporary and the low numbers of learning disability nurses being trained.

Workforce planning papers have been prepared and were sent to the Board.

What preparation was there for Bohill staff coming to work on the ward?

Advised by ward manager that trained staff were asked to give Bohill staff an induction on to the ward. (This was confirmed by a number of staff members) Also pen pictures and care plans were shared. Ward staff had visited Bohill and Bohill

management staff attended resettlement meetings and were given information about the individual patients. The MAH induction booklet was used for the induction of Bohill staff. One staff member commented that as Bohill staff changed every few days, this had to be repeated.

Not all qualified staff had experience of carrying out this induction e.g. night staff and a staff member who had completed only a few shifts on the ward as relief and some others who would not have been on duty when Bohill staff arrived on the ward for the first time or were not working with the specific patients identified to move. Another hadn't worked on the ward during the period Bohill staff were present.

Some difficulties were identified. A duty list of Bohill staff was forwarded to the ward but it didn't reflect the number of staff attending e.g. one name on the rota but four turned up on one occasion. This was unsettling for patients. One staff member commented that it may have been better if key worker staff had come from Bohill. Staff reported that Bohill staff were not working with the patients transitioning choosing to spend time with other patients. One staff member commented that Bohill staff were 'sitting around' and not taking an interest in the patients.

The Band 8As reported the following measures:

- Ward managers were advised that staff were to have induction and a 'buddy' system to be put in operation
- Bohill staff were to come at different times and not all together
- Ward managers were given rotas for Bohill staff coming to the ward
- The Band 8A responsible for this resettlement process met with the manager of Bohill during this period and the feedback was all positive.

Informed that induction has been revised since November 2012 with regard to anyone coming into the ward to work with patients.

Have you ever had any concerns about the level and quality of how staff engage/listen/interact with patients?

No concerns were raised. One staff member felt that post November 12 with the arrival of new staff it took time for them to get to know the patients and the ward routines. Generally it was felt that the interaction was good. While there is a key pad on the front door of the ward, relatives visit the ward regularly and would go through the ward.

Have you ever had any concerns about the quality and level of care provided for the patients?

No concerns identified. One staff member commented that with staff shortages it limited the opportunities for 1:1 time with individual patients.

A few staff mentioned the benefits to patients getting out in the car when there was one available to the ward. Many felt the patients really missed this opportunity. Staff were unsure why the car was no longer available and one staff member felt it was associated with the allegations made in November 12.

A number of staff commented that they felt the quality of life and standard of care improved for the patients since they moved from F4 to Ennis Ward.

Have you ever had any concerns about the atmosphere on the ward?

No concerns identified. Described as pleasant, warm and homely. It could be noisy and the staff member attributed this to the low ceilings and some patients being loud. However a number of factors identified which had an impact on the atmosphere in the ward:

- Post November 12, a lot of new staff coming on to the ward plus monitors. This was stressful for staff who felt demoralised and upset. They said that they did not having any idea about the nature of the allegations yet nursing care needed to continue in an atmosphere of uncertainty.
- With new staff a lot of time was spent on induction.
- Patients moving in from F4 and the core hospital
- Lay out of the ward, lack of space. Decoration needs upgrading (this has started)
- Staff feeling rushed at times to cover all the tasks.
- Differing needs and abilities of patients on the ward will determine how much interaction

Staff felt that they did the best they could and used the space available. Patients were placed in the most appropriate areas for them to minimise vulnerable adult incidents. One staff member commented that the team worked well together and the care of patients was good.

One member of staff felt that the limits placed on having Christmas decorations on ward was the result of the allegations.

The Band 8A advised that just prior to the allegations being made, the ward manager had raised a concern about difficulties with the staff group gelling. There were no

concerns raised about the care of patients and they had talked about possibly moving a staff member.

It was also raised that the backlog of delayed discharges for example the delay in the move to Bohill resulted in no reduction in patient numbers within the ward. The introduction of new patients affects the dynamics of the ward but it was felt that this was not uncommon. Difficulties with the merging of two staff groups was not felt to be uncommon. Resettlement patients have completed their treatment and compared to the acute side of the hospital do not have access to the range of professional staff e.g. social work, psychology.

Tell us about the activities available to patients?

All staff who worked shifts during the day were able to identify a range of activities including attendance at day care in the mornings. One staff member mentioned that over a period these were modified to meet the needs of patients. The loss of the ward car was raised by a number of staff as it curtailed opportunities for community based outings. The Band 8A reported that the ward would still have access to the hospital car.

Tell us about P39 We understand that she presents with challenging behaviours. Were any restrictive interventions used by staff, if so were they risk assessed and written up as a restrictive practice? Was this information accessible/subject to review?

All staff reported on P39's frequent stripping behaviour and described their approach to managing this which they felt was recorded in the care plan and not viewed or written up as a restrictive practice. There were differing views on the frequency of care plan reviews e.g. 3 monthly, six monthly and updated as situations changed.

All staff described the belt which was used on P39's jeans but did not feel this was a restrictive practice. Doesn't wear a belt at night so night staff had no comments on this matter. P39 came to the ward with the belt and swimsuit in use written up as part of her care plan. Some of the reasons given for using the swim suit was to prevent P39 accessing her pad, protecting her dignity and delaying her stripping which allowed staff a bit more time to respond.

Not felt to be restrictive practice as she is able to remove both.

Staff reported that when P39 stripped, you just put her clothes back on.

To distract P39 from stripping, staff described how they would give her attention and take her out for walks. She doesn't present the same difficulties in day care.

P39 likes to be with staff and enjoys throwing the ball. The belt was worn to keep her trousers up. You had to be careful how tight to put the belt, the staff member described putting her two hands down the back of **P39**'s trousers to ensure the belt was not too tight.

P39 came from F4 wearing the swim suit to protect her dignity when she stripped. **P39** also wore a belt which was placed through the loops on her jeans. She is able to get out of her trousers but the belt was felt to slow up her stripping so that staff could intervene.

P39 will stand at the dining room door a lot and this can be the cause of her being hit by other patients who want her to move.

Any current issues about the management of behaviour are discussed at the handovers during the day at 7.30, 1pm and 8.30pm. Staff are encouraged to record any changes / concerns on the care plan.

Tell us about **P43 We understand that she likes to be outside/sit on the grass. Does she require assistance on to /off the grass? How does she get outside/back inside?**

Staff reported that **P43** is autistic, she likes her own space, her own company and if she can't get out to the garden, she will tend to choose to sit in an area in the hall way or in the multi-sensory room. **P43** will bang or rattle the door if she wants out to the garden. She has a particular area on the garden where she likes to sit and pick at the grass. If there is enough staff and weather permitting, she will be able to go out (protective clothing used). In the summertime this is more likely and the door would be left open. Two staff members mentioned that **P43** has epilepsy and one staff stated that she needs to be supervised at all times as **P43** has drop attacks.

Accounts varied in relation to the level of supervision available to **P43** when she is in the garden. A staff member reported that **P43** needed staff to supervise her in the garden as she would pick things up from the grass. Others stated that **P43** is on general observation when she is outside. (**P43** is not on 1:1 supervision) if more patients than **P43** are outside then staff are able to be outside also.

There were different experiences about how **P43** would get back into the building ranging from the door has to be open if patients are in the garden and the door is left open particularly in the summertime to if the door was closed, **P43** would rattle the door indicating she wanted in or the door can be opened from the outside.

Staff reported that **P43** is able to get off the grass independently.

Staff reported that **P43** is only out for a time limited period. She is in day care in the morning, goes out around 2 pm, comes in for personal care and break at 3/3.30 and can go out again until 4 pm when it is tea time. It was said that **P43** would sit outside all day if you let her. She doesn't tend to be out after 6 pm when the doors are locked. Some exceptions mentioned when there was recent good weather and patients were out in the garden in the evening.

P43 is not out if it is raining, frosty or cold.

Some staff had no experience of this as they worked mornings when **P43** was at day care or covered the night shift.

What is your experience of mealtimes on the ward? Do you have any comments about how individual patient's needs are met during mealtimes?

Staff described how the system has developed in response to the needs of individual patients. In the earlier days larger groups of 5 -7 patients were tried in the dining room together but this didn't work. No more than three patients are in the dining room at any time which reduced the risks and could be supervised better by staff. A range of individual needs were described by staff. Some patients are on specialised diets, thickened drinks and require close supervision and / or assistance to eat. There is also a risk of choking for some patients. Others may grab food and cram it into their mouth so management is important for safety.

Some patients (**P39** and **P43** named) wait at the door wanting to get into the dining room. This was described as not difficult to manage as staff know the patients who like to eat first and will prioritise them. Patients also know the routine. Staff know which patients like to eat together and where they like to sit. There is always staff in the day room to supervise the rest of the patients. Patients can become impatient but staff try to get their meals prepared so that they can get in next. Sometimes patients don't want to leave or don't want to come in for their meals and this can lead to delays.

Patients' needs are well met and alternatives provided if the patient does not want their meal.

Staff described two staff, sometimes three being present in the dining room during meal times. One staff is doing medication.

Staff felt that mealtimes are well organised and needs are well met. Arrangements were discussed at staff meetings re: which patients eat first and reasons why.

Tell us about where you get your support regarding managing any challenging behaviours /concerns on the ward:

- Referrals to behaviour support
- In house discussions, staff described as approachable for informal discussion, opportunities to discuss concerns at the handover. Good support within the team. Informal discussion with ward sister and / or the senior on the ward that shift.
- Group supervision for trained staff
- Training-MAPA, also can consult with trainers.
- Discussion with ward doctor
- Supervision with line manager, clinical supervision annually
- Informal approach with senior management, access to staff in nursing office
- PCP-staff appraisal annually
- KSF-annual review, a chance for all levels of staff to identify their training needs.
- Alarm system –responded to by staff from the next ward Erne
- Awareness of external supports e.g. Staff Care, Occupational Health
- For newly qualified nurses, 4 weekly meetings with preceptor

Comment made by staff member that they felt unsupported in relation to the allegations. However the general feedback was that staff felt supported. This was also raised by one of the Band 8A's who felt unable to provide as much support as she wanted because of the lack of information about the allegations.

Have you any worries / concerns about other work related issues on the ward?

- Previously staff shortages but this has improved.
- New staff are gaining experience and are settling in.
- Qualified staff have an increasing amount of paperwork
- Lack of clerical support

- Lack of house keeping and laundry support services.

Have you any suggestions that might possibly improve practice and/ or improve the quality of care for patients?

- Ward sister should be supernumerary
- Environmental changes, a larger environment –more space for patients especially quiet areas and more storage space. Decorate the ward.
- Clear decision whether the ward is closing or not.
- Experienced staff who have a good working knowledge of the patients.
- More day care opportunities for patients.
- Ensure that the ward is fully staffed at all times.
- Full time day care place for **P39** as she doesn't strip in this environment.
- Split attendance at day care rather than all the patients being out at the same time.
- Bring back the ward transport.
- Staff should not be using their mobile phones while on duty.
- The need to move ahead with resettlement.
- Patients still under treatment in the core hospital should not be moved to the ward due to bed shortage.
- A change to the assumption that patients in the resettlement wards are more settled and do not present the same level of complexity as the core hospital.
- Recognition that the work involved in resettlement is substantial. A proposal has been made to introduce a band 6 staff (deputy ward manager).
- Compatibility of patient's needs further consideration. The number and mix of patients
- Staffing levels and skill mix.

Tell us about what training you have had.

All staff had completed induction training, the mandatory training requirements, MAPA training, protection of vulnerable adults and child protection. Some also had life saving training.

Staff felt they had opportunities for training. Suggested training on dementia as there is a patient on the ward with a diagnosis.

There is a list of training opportunities on the wall and staff can ask to go on courses. One of the qualified nurses takes the lead for booking all training for ward staff. One staff member commented that she didn't feel there were enough training opportunities for unqualified staff.

Do you have any questions?

- Can we see the allegations at some point?
- No questions but hopeful that the investigation would soon be concluded
- Some staff requested a copy of minute of their interview
- One comment-I have found this process strange as we are not aware or have any indication about the allegations made
- Are you investigating a culture of behaviour on the ward, staff member had heard this said.
- I have concerns about patients moving out to the community. It's sad, Muckamore has been their home for years. Could you not build accommodation on site? I don't feel that patients have a say. Example given was **P39**
- Concern raised by the Band 8A s that the processes in place did not work on the day when Bohill staff first contacted the hospital to raise concerns.

Band 3 Staff Interviews

Band 3 Staff Interviewed

Profile of staff interviewed

A total of twelve Band 3 staff and a student nurse (management placement) were interviewed by Colette Ireland and Carmel Drysdale. A further two Band 3 staff were interviewed by Aine Morrison. Their experience of working in M.A.H ranged from two – thirty five years and length of time working on Ennis Ward from 2 months to six years. Two staff members worked night shifts only with the remaining nine staff working a range of shifts. Only three staff worked fulltime hours (i.e. 37.5hrs p/w).

Have you ever had any concerns about the physical treatment of patients on the ward?

No staff reported any concern about the physical treatment of patients on the ward. One staff member noted that they found staff on the ward to be very good to patients.

Have you ever had any concerns about staff attitudes towards patients?

No staff reported any concerns about staff attitudes towards patients.

Have you ever had any concerns about the level of supervision on the ward?

Eight staff reported concerns about the level of supervision of patients on the ward. All eight staff attributed this to staff shortages on the ward due to Ennis staff being taken from the ward to work elsewhere in the hospital. This was reported as a frequent occurrence with one staff member noting that it happened more frequently on Ennis ward than any other ward they had worked on. Staff said that this impacted in a number of ways including:-

- Increased stress levels for staff.
- Difficulties for staff to meet the demands of level three observation especially at night.
- Opportunities for staff to have their full break entitlement.

Some staff were aware of attempts by the nurse in charge/nurse manager's attempts to improve staffing levels on the ward but this was not always available

Have you ever had any concerns about the levels of staffing on the ward prior to 8/11/12 or since?

All staff noted an improvement in staffing levels post November 2012.

Prior to Nov 2012, staff noted that the staffing quota on the ward was not what it should have been due to staff being taken off the ward to cover elsewhere in the hospital.

(similar to question 3)

What preparation was there for Bohill staff coming to work on the ward?

All staff interviewed said that they were aware that Bohill staff were coming to work on the ward and knew which Ennis patients were moving to live in Bohill but due to shift patterns for some M.A.H staff, they had no contact with Bohill staff and were not aware of what preparation there was for Bohill staff coming to work on Ennis ward. One M.A.H staff said they had some informal contact with Bohill staff asking if they wanted to accompany/shadow her on her shift.

Have you ever had any concerns about the level and quality of how staff engage/listen/interact with patients?

No staff noted concerns about the level and quality of how staff engage/listen/interact with patients on the ward.

One staff highlighted that she found staff to be very good at listening to patients but some staff felt vulnerable if they were working on their own with a patient who could make an allegation against them. On staff member highlights that not all patients want interaction although staff still try to do this.

Have you ever had any concerns about the quality and level of care provided for the patients?

There was a general agreement that the level or quality of care provided to patients on the ward was good with two staff describing it as

- "first class"
- "A1"

even during periods when the ward was short staffed. One staff member noted that patients' care needs always came first which could impact on the ability of staff to offer other activities to patients.

One staff member felt that F4 was a better environment for the patients because it had more space and disagreed with patients moving from F4 to the back ward in Ennis.

Have you ever had any concerns about the atmosphere on the ward?

In general, staff considered the atmosphere on the ward to be good. One staff member felt that the day-room was too small for the number of patients on the ward and on occasions day-time staff appeared stressed due to staff shortages.

One staff member commented that the presence of close relatives working together on the ward with one being in a supervisory role led to perceived favouritism.

Tell us about the activities available to patients?

All staff were able to identify a wide range of activities available to patients on the ward including attendance at day-care. There was disappointment noted by staff in the ward no longer having access to their own transport (car) with staff not knowing why this resource was no longer available to them. Losing the car limited options offered to patients who would have previously availed of drives/weekends away/outings for meals off site. Some staff also mentioned having an activities room on the ward but this space was later used for office space. It was also noted that staff shortages impacted on activities offered to patients.

Tell us about P39 We understand that she presents with challenging behaviours. Were any restrictive interventions used by staff, if so were they risk assessed and written up as a restrictive practice? Was this information accessible/subject to review?

All staff were aware that patient P39 wore a swim suit under her clothing and a belt on her trousers due to her regularly stripping off all her clothing. None of the staff interviewed considered these as a 'restrictive practice' but could identify them being used to preserve P39's dignity due to her stripping behaviours. Some staff were unaware of the term 'restrictive practice' but were aware that any necessary information pertaining to patients would be written up in care plans and/or shared verbally at staff handovers.

Tell us about P43 We understand that she likes to be outside/sit on the grass. Does she require assistance on to /off the grass? How does she get outside/back inside?

Ten staff were able to respond to this question however two staff who only worked night shifts were unable to comment on P43 going outside to sit on the grass.

There was a general consensus that P43 liked to be outside and would indicate that she wanted to go outside by standing at the door. Three staff noted that P43 wore waterproofs to go outside and two staff said that she only went outside if the weather was good. There was a difference of opinion regarding the level of supervision P43 received when she was outside. Four staff said that staff observe P43 when she is outside and go in/out to check on her, three staff said that P43 required supervision when she was outside with one adding that this was difficult to provide if the ward was short staffed and two staff said if P43 goes outside with other patients, staff go outside too. Most staff said that P43 could get up off the grass independently, two staff were clear that P43 needed assistance. One staff thought P43 may have epilepsy with another noting that P43 took drop attacks. All staff said that P43 could get back in independently as the door was left open.

What is your experience of mealtimes on the ward? Do you have any comments about how individual patient's needs are met during mealtimes?

All staff noted a maximum of three patients ate in the dining room at any one time supervised by two staff with one staff member supervising the remaining patients in the day room. Staff were aware of which patients required assistance with their meals with two patients requiring a minced diet. It was clear that choices were offered to patients however the food menu was planned one week in advance and on most occasions when a patient changed their mind it would only be possible to provide a sandwich or cold alternative at short notice. Mealtimes were described as busy and could take up to 50 mins. The dining room can accommodate a maximum of nine patients however the staff were clear why a maximum of three patients are in at one time – to reduce patients taking food from each other. Some staff noted that other patients may try and get into the dining room if they knew people were in there eating.

Tell us about where you get your support regarding managing any challenging behaviours /concerns on the ward:

The majority of staff identified the nurse in charge as providing support regarding the management of any challenging behaviours or concerns on the ward. Eight staff members noted that they also had an annual PCP review. Some staff said that they got information on patients' care plans and from colleagues. One staff member said that she felt very unsupported and that the band 3s were left to manage challenging behaviour by themselves without any support. She said that she would often do long periods of time up to five hours without a break in the lower day room and find herself exhausted due to the intensity of the challenging behaviour she was managing. She acknowledged that a break should have been given but staffing levels at the time didn't always allow for this.

Have you any worries / concerns about other work related issues on the ward?

There were no worries or concerns noted by staff in relation to other work related issues.

Seven staff were able to identify a range of suggestions that might possibly improve practice/quality of care on the ward. These include:-

- Maintaining current staffing levels
- Better rotation of staff around all wards
- Use of the car
- More space for patients
- 1:1 support for all patients on the ward
- Activity room
- Better planning before wards are amalgamated
-

Tell us about what training you have had.

Staff were able to identify their mandatory training requirements but some were unsure if they had ever completed any Adult Safeguarding training. Staff did advise that there were opportunities to complete training and that there was an identified staff member on the ward with responsibility for arranging training.

Do you have any questions?

- One staff member asked why the decision was taken to move so many patients into such a small space with nothing in it given their needs.
- Staff should be getting a 30min break during their shift but staff shortages do not allow this to happen.
- Can I hear the outcome of the investigation?
- One staff member asked if a previous interview she gave in relation to Ennis would be recorded and shared with her?
- What happens next? The student nurse expressed how she felt stressed having been interviewed by the police, university and Trust staff without any feedback

Band 2 staff interviews

Band 2 staff interviews

Profile of staff interviewed:

A total of five Band 2 staff (Domiciliary Support) were interviewed.

Their experience of working on Ennis Ward ranged from 1 -8 years.

All staff worked part-time hours ranging from 12hrs per week – 32.5hrs per week.

Two staff worked in the kitchen area of the ward only.

Have you ever had any concerns about the physical treatment of patients on the ward?

None of the staff interviewed had any concerns about the physical treatment of patients on the ward.

Have you ever had any concerns about staff attitudes towards patients?

None of the staff interviewed had any concerns about staff attitudes towards patients on the ward. One staff member described the staff on the ward as very good, friendly, helpful, quick to help patients and very hard working.

Have you ever had any concerns about the level of supervision on the ward?

None of the staff interviewed had any concerns about the levels of supervision on the ward. One staff member noted that staff were good, very helpful, another said that there were usually a lot of nurses around.

Have you ever had any concerns about the levels of staffing on the ward prior to 8/11/12 or since?

None of the staff interviewed noted any concerns about staffing levels on the ward. Two staff interviewed said that they would not be aware of what the staffing levels on the ward should be because they either worked in the kitchen or at the front of the ward.

One staff member said that she was on holiday from 27/10/12 and returned to the ward after events in November and has not noted any concern since her return.

Two staff said that whilst they had no concerns they would have over heard staff say :

“We could do with more staff” or “the ward is short staffed”

Have you ever had any concerns about the level and quality of how staff engage/listen/interact with patients?

None of the staff interviewed noted any concern regarding the level and quality of how staff engage/listen/interact with patients on the ward.

Two staff commented that they thought this was good/very good.

Have you ever had any concerns about the quality and level of care provided for the patients?

None of the staff interviewed had concerns about the quality or level of care provided to the patients on the ward. One staff member described the patients as “well looked after”

Have you ever had any concerns about the atmosphere on the ward?

None of the staff interviewed had any concerns about the atmosphere on the ward. One staff member described the ward as very homely, a pleasure to work on. Another staff member said “ the atmosphere was good, everyone is friendly on the ward”

Have you any worries / concerns about other work related issues on the ward?

None of the staff interviewed had any concerns about other work related issues.

Do you have any suggestions that might possibly improve practice and/or the quality of care for patients?

Only one staff member suggested better staffing levels. No other suggestions were noted.

Do you have any questions?

There were no specific questions however two staff made the following comments:

"I have no idea what happened on the ward, only know there is an ongoing investigation"

H200 was a very good nurse. I was shocked when I came back from holiday and **H200** was gone"

Interview with Speciality Doctor for Ennis Ward

4) Interview with Speciality Doctor for Ennis Ward

The speciality doctor for Ennis ward was interviewed. The doctor has been working in Muckamore Abbey Hospital for a total of 2.5 years with 1.5 years experience on Ennis Ward.

The doctor works full-time hours (Monday – Friday 9am-5pm) and spends one hour in Ennis every day as well as responding to emergencies, attending meetings or ward rounds.

Have you ever had any concerns about the physical treatment of patients on the ward?

No concerns regarding the physical treatment of patients on the ward were reported.

Have you ever had any concerns about staff attitudes towards patients?

No concerns regarding staff attitudes toward patients were reported.

Have you ever had any concerns about the level of supervision on the ward?

No concerns regarding the levels of supervision on the ward were reported.

Have you ever had any concerns about the levels of staffing on the ward prior to 8/11/12 or since?

Since November 2012 there have been occasions where staffing levels were low due to staff suspensions or sick leave.

New staff were assigned to the ward who didn't know the patients.

Patients became more challenging as a result (Nov/Dec – Jan'13)

Prior to November 2012 there wasn't a concern for safety; it would have been nice to have additional staff.

What preparation was there for Bohill staff coming to work on the ward?

I knew they were coming to meet the patients regarding learning their routines as the patients were unable to have a phased discharge to Bohill.

Care-plans were shared with Bohill staff – Bohill manager- who agreed to develop their own.

Manager from Bohill regularly attended the resettlement meetings.

Have you ever had any concerns about the level and quality of how staff engage/listen/interact with patients?

No concerns were noted regarding how staff engage/listen/interact with patients.

Have you ever had any concerns about the quality and level of care provided for the patients?

No concerns were noted about the level or quality of care provided.

Have you ever had any concerns about the atmosphere on the ward?

The atmosphere was tense after the investigation commenced.

Staff were tense and afraid to say something that may be mis-interpreted

The ward became less relaxed/homely.

Tell us about the activities available to patients?

A range of activities were identified including: - day-care, puzzles, T/V, art/craft, relaxation room, and lying about – patients do what they like and staff help facilitate this.

Tell us about **P39**. We understand that she presents with challenging behaviours. Were any restrictive interventions used by staff, if so were they risk assessed and written up as a restrictive practice? Was this information accessible/subject to review?

Staff would redress her – is this restrictive? – she doesn't want to wear clothes.

She wears a bodysuit – used to preserve her dignity

She is not physically restricted from removing her clothes; she is dressed in clothing that would slow-down her stripping that allows staff to intervene.

Information is recorded in the doctor's diary. Behaviour Support Service has been involved – not new behaviours, behaviour is unlikely to improve.

Information is discussed with medical staff. If it is agreed that an intervention is required it would be written up in the medical file. Nursing staff record/keep their own records.

Ward rounds are only attended by the doctor and ward staff. Other professionals attend as/when required.

P39 did have an annual review that included family but this has been replaced by the resettlement meetings that are held on the ward.

Tell us about **P43**. We understand that she likes to be outside/sit on the grass. Does she require assistance on to /off the grass? How does she get outside/back inside?

The doctor was not aware that this patient liked to be outside/sit on the grass and was therefore unable to comment.

What is your experience of mealtimes on the ward? Do you have any comments about how individual patient's needs are met during mealtimes?

I know it is phased x 3 at a time.

The dining room is quite small.

Patients want to be in the dining room when they know it is mealtime or want to eat – patients are not distressed by waiting outside, but may be upset that they are not first.

Some patients need fed/closely supervised as they retch, drink too much and have swallowing difficulties.

Some patients hit out and require space.

Some patients steal each other's food.

It is not possible to have everyone in together – safety concerns e.g. patient **P22** **P22** who has PICA.

Tell us about where you get your support regarding managing any challenging behaviours /concerns on the ward:

The speciality doctor identified that they received support via their line manager (Dr **H50** who was easily available

Formal supervision is received on a weekly basis.

Have you any worries / concerns about other work related issues on the ward?

There were no other work related issues identified.

It was noted that the ward is small and noisy.

Tell us about what training you have had.

Apart from medical training, Child Protection Level 2 has also been completed.

No Adult Safeguarding training has been done.

Do you have any questions?

No questions were asked.

Interview with Consultant Psychiatrist for Ennis Ward

5) Interview with the Consultant Psychiatrist for Ennis Ward

The Consultant Psychiatrist has been the responsible medical consultant for Ennis Ward for five years and works full-time hours (Mon-Fri 9am-5pm) and the "on-call" system.

The consultant has weekly ward rounds (Thursdays) and the focus of this has been on resettlement work.

The assigned doctor for the ward (Speciality Doctor) has daily contact with the ward and with the consultant psychiatrist.

Issues/concerns are discussed on a daily basis.

Have you ever had any concerns about the physical treatment of patients on the ward?

Patients' physical health care is good – There is room for improvement and we continue to make the case for enhanced input from G.P's.

I would not tolerate any physical mistreatment of patients, would report immediately.

Have you ever had any concerns about staff attitudes towards patients?

No concerns were noted.

The needs of patients on the ward and the range of disabilities on the ward, may be difficult for outside (new staff) to understand.

It was a ward that I considered to be homely/warm and would not have thought there would be any abuse on the ward.

Have you ever had any concerns about the level of supervision on the ward?

No concerns were noted but it was added that the ladies on Ennis Ward were sensitive to change.

Have you ever had any concerns about the levels of staffing on the ward prior to 8/11/12 or since?

Post November 2012, there was deterioration for 2-3 months in patients' behaviour after the allegations.

There were lots of unfamiliar people on the ward – RQIA, monitors, and new staff.

Pre November 2012, across the site, there were a number of patients with specific supervision requirements that were a drain on resources throughout the hospital which impacted on staffing levels.

There are not too many patients with high supervision levels – one patient on Ennis ward on Level 1 supervision due to her PICA.

I would be surprised if there wasn't an impact on staffing levels because it was well known that there were staff shortages across the hospital.

Ennis ward is currently settled. Families are concerned regarding the impact of resettlement.

What preparation was there for Bohill staff coming to work on the ward?

The Bohill managers attended resettlement meetings at Muckamore.

Patient information was shared (assessments etc.) to allow Bohill staff to draw-up their care plans.

I didn't meet the staff from Bohill who worked on the ward.

Perhaps there was a need for better planning for less experienced staff coming on to the ward to work with patients with challenging behaviours and provide explanation for why things are done in a certain way – rationale

Have you ever had any concerns about the level and quality of how staff engage/listen/interact with patients?

No concerns were noted. The consultant added that a fair proportion of patients cannot engage at a particular level however they do have relationships with staff.

The ward sister worked hard to develop the quality of life experiences for patients.

Some patients are very intense, constantly looking for staff attention – trying.

I have never seen anything of concern.

Staff work hard with a range of ability levels e.g. autism, **P22** screams and doesn't like to be outside.

Have you ever had any concerns about the quality and level of care provided for the patients?

No concerns were noted however any concerns would have been around staffing levels, resource levels, quality of life opportunities and environmental restrictions.

Have you ever had any concerns about the atmosphere on the ward?

I thought Ennis a pleasant ward to work on with a caring group of staff.

Atmosphere was more notable after the allegations were made. Staff were afraid of suspension and fear of allegations being made against them by patients.

The length of time the investigation has taken has impacted.

Monitoring also impacted on staff.

Tell us about the activities available to patients?

The following activities were identified as available to patients:

A lot of outings, community based.

Car use.

Over nights away.

A lot of effort by staff to create a homely environment.

Limited amount of real integration can be achieved due to the ability levels of patients/limitations.

Staff did the best with what they had.

RQIA regulations regarding infection control impacted on art work or decorations being put up.

Tell us about **P39**. We understand that she presents with challenging behaviours. Were any restrictive interventions used by staff, if so were they risk assessed and written up as a restrictive practice? Was this information accessible/subject to review?

Recording of restrictive practice has improved. **P39** needs restrictive practice to manage her behaviour – she strips, all sorts of efforts were made to preserve her dignity. Advice from Behaviour Support Service has been sought.

I am not aware of any treatment that will stop her stripping.

Information recorded in her care plan – behaviours are not new.

The use of the belt and bodysuit were necessary rather than restrictive.

The ward manager would report concern in patient behaviour quickly to the Speciality Doctor/Consultant Psychiatrist.

Would try medication changes and referrals to Adult Behaviour Support may also have been required.

Restrictive practices maybe not written up as well as it should be as per Philip Moore's audit.

Tell us about **P43**. We understand that she likes to be outside/sit on the grass. Does she require assistance on to /off the grass? How does she get outside/back inside?

I know a fair bit about **P43**'s epilepsy – drop epilepsy- and her physical health which is the main focus of my work.

She is autistic and likes to be on her own.

There was no knowledge of how **P43** got on/off the grass or back inside the ward if she was outside.

What is your experience of mealtimes on the ward? Do you have any comments about how individual patient's needs are met during mealtimes?

I have been on the ward at mealtimes.

The physical environment isn't good.

Meals are staggered – a lot of effort has been put into compatibility of who eats together - patient groups are carefully thought out.

Early morning is a pressure time – tablets to give out, preparing patients for day-care

Some patients need more time/help than others at mealtimes.

Some patients are hungry and eat first.

Some patients require specific crockery.

Tell us about where you get your support regarding managing any challenging behaviours /concerns on the ward:

I have spoken to **H209**, Grainne Healey, and Colette Caldwell.

Second opinions from colleagues regarding medication/treatments.

All staff are MAPA trained – medical staff are “Breakaway” trained in managing challenging behaviours.

Have you any worries / concerns about other work related issues on the ward?

No additional concerns to those previously noted were identified.

The Consultant added that the bulk of work falls to nursing staff and that the job is hard – he also noted the lack of community placements for patients as a concern

Suggestions to improve practice were noted and included:

- Documentation of restrictive practices
- Improve resources of Behaviour Support Teams
- Stable/settled staff team
- Staff not being pulled out to other wards
- Induction of community staff on to the ward
- Reduction of social work input into the ward has impacted
- Staff morale has been affected by the investigation

Any external scrutiny is welcomed but needs to be realistic to the needs of patients.

Tell us about what training you have had.

I have responsibility for medical staff/staff appraisals – training needs are specific.

I have completed Adult Safeguarding, Child Protection, Autism, Epilepsy, CR144 (Challenging behaviour a Unified Approach) and Mental Illness.

We have had staff team training/discussion on patient management (akin to Social

Do you have any questions?

No questions were asked.

2f) Review of Previous Adult Safeguarding Referrals from Ennis Ward

Aine Morrison reviewed a sample of the adult safeguarding referrals received between 01/06/12 and 07/11/12 and found these referrals were appropriately made as were responses.

2g) Review of Incidents/Accidents over the previous six months

Aine Morrison reviewed the incidents and accidents reported from Ennis from 01/06/12 to 07/11/12. The only incidents of potential relevance to this investigation were:

18/09/12 – low staffing levels reported.

23/10/12 – low staffing levels reported.

Bohill staff have reported a perception of lack of staffing and Ennis staff also reported that this was a concern in the period before the allegations were made. The incident reports bear this out.

2h) Review of previous disciplinary records for ward staff.

Sen. Management provided records for the period Nov.'11 – '12. This was to see if there was any evidence of trends or patterns of concern about staff behaviour.

There was just one incident reported in May 2012 when a MAH day-care staff member reported a Band 2 bank nursing assistant who was working on Ennis Ward as handling a patient roughly and threatening them. The incident was investigated by the police who did not take any further action. MAH undertook a full investigation. This concluded that there was a case to answer and some recommendations were sent to H.R. – the member of staff left the employment of the Trust before disciplinary action took place. The matter was referred to ISA.

It is potentially significant that this was another occasion when poor care practice by Ennis staff was reported by non-Ennis staff. However the investigating team do not feel they can draw any further conclusions about this.

2i) Review of care plans

Aine Morrison reviewed the nursing care-plans for **P39**, **P41**, **P41**, **P43** and **P22**. She found that while there were descriptions of the types of behaviour displayed by patients, details in relation to the management of these behaviours was sparse. Moira Mannion (Co-Director of Nursing, Education and Learning) also reviewed care plans and found these to be satisfactory. (see report of 8/3/13) RQIA found the guidance in **P39**'s care plan was not specific enough and that the support plan was not detailed to her specific requirements.

2j) Information from monitoring

Twenty-four hour monitoring was put in place following the allegations and regular reports from these monitors have been received. No concerns about care practice were raised in these reports. Some staffing issues were raised when the monitoring was first introduced but these were resolved reasonably quickly. Environmental issues have also been raised (see point 4 in conclusions section). Recent monitoring reports continue to report concerns about overcrowding and lack of space. They also continue to report the difficulties caused by the level of challenging behaviour on the ward.

Other Issues Raised:- Staff Interviews

There were a number of issues raised in staff interviews that were not thought to be relevant to the adult safeguarding investigation but were passed on to hospital senior management or RQIA for comment/clarification or action as required;

1. The use of the car – It was confirmed by hospital management that changes to the arrangements for the car were not linked to the adult safeguarding investigation.
2. Staff not knowing about the allegations/investigation. The hospital management team have met staff on a number of occasions to share as much information as possible.
3. Relatives in a supervisory role – the hospital senior management team have changed the arrangements in Ennis Ward to ensure this is not happening and have reviewed the policy in relation to this.
4. Changes in arrangements about artwork and ward decorations followed a directive from the Director of Nursing regarding management of infection control and cleaning standards/hygiene.
5. A Band 8 A member of staff said at interview that Ennis had been noted by RQIA as an example of good practice. RQIA have commented that while previous inspection of Ennis highlighted no concerns there was no evidence to suggest that it was cited as an example of good practice.
6. The comments made by **Sister of P44** have been passed to the hospital senior management team for internal investigation.
7. Staffing issues – MAH did experience a significant staffing crisis in the months before the allegations were raised. Hospital senior management report escalating this crisis to the appropriate authorities and agreeing an action plan.

3) Conclusions and Recommendations:

3) Conclusions and Recommendations:

1) Disciplinary Investigation:

The Trust awaits the outcome of the P.P.S considerations and recommendations. When these are concluded, the investigating team believes that there is enough evidence of concern about the behaviour of **H159** and **H197** to warrant a disciplinary investigation.

Recommendation: MAH should pursue a disciplinary investigation in relation to the conduct of **H197 and **H159****

2) Analysis of staff reports:

The investigating team had the difficult task of weighing up the very different evidence provided by two staff teams, the team from Bohill and the team from MAH. The Bohill team had significant concerns about care practice while the MAH team had none. The concerns of the MAH team focused on environmental and staffing issues.

The investigating team gave weight to the amount of concerns raised by twelve members of Bohill staff, the consistency between accounts and the level of detail contained in the Bohill staff interviews. The team noted as potentially particularly concerning the reports that the alleged behaviours happened openly in front of visiting staff.

The investigating team thought it unlikely that Bohill staff would have any motivation to falsely report.

However the team would acknowledge that the Bohill staff were working in a new environment where the context of some actions may not have been clear to them. It is also acknowledged that staff from Bohill were coming from a newly built, bright, spacious, physical environment in contrast to an older style hospital ward.

The investigating team recognises that it can be difficult for a staff team such as the Ennis team to come forward with concerns about their own practice. However the investigating team's experience is that this has happened in

other investigations and therefore gives some weight to the fact that no MAH staff reported any care concerns. The investigating team also noted the apparent genuineness and caring attitude shown by MAH staff in their interviews.

3) Identification of Muckamore Staff

A further difficulty in the investigation lay in the identification of MAH staff by Bohill staff. Many of the Bohill staff had only spent short periods on the ward and did not know staff names. Descriptions were used to try and identify staff where possible and Bohill staff were re-interviewed to try and establish further identification details but this had no success. Staff rotas were also used to try and help with identifications.

The majority of the incidents relating to identified staff involved **H159** and **H197**. However there are a number of Bohill reports from staff who were able to identify **H159** and **H197** but also alleged that other members of staff had been involved in poor practice.

Some allegations refer to a bigger group of staff being involved; in particular it is alleged that many members of staff behaved in an inappropriate fashion towards **P39**

The investigating team believe that of the named staff apart from **H197** and **H159** there is not enough evidence to warrant disciplinary action against any of them.

there is some? / Evil criteria to credibility of allegat. + not substantiated in the 'use'

The team also believe that there is no way of knowing who, if any, of the other staff were involved.

4) Environmental Concerns:

There is general agreement between all groups of staff including monitoring staff that the Ennis Ward environment was unsatisfactory. Concerns ranged from

- i) Maintenance issues such as minor repairs, decorating
- ii). Lack of privacy for patients as there were no curtains
- iii). Lack of space and overcrowding

Hospital management staff have subsequently ensured significant environmental improvement by making minor adjustments. More major structural works are also planned in order to improve the layout of the ward and maximise the use of the available space.

The investigating team recognises the physical limitations of some of the wards on the hospital site. However, it is clear that some positive changes were relatively easily achievable. The team feels that it is possible for people who are accustomed to a particular environment not to notice flaws.

Recommendation: *The team would recommend that all wards in the hospital are reviewed by staff external to the ward to see if any environmental changes are needed.*

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or
R21A.

5) Staffing Concerns

It is clear that there were significant staffing problems on the ward in the months prior to the allegations being made. Apart from the general problems this created in terms of time and attention for patients, there were times when it was not possible to maintain agreed observation levels. The ward manager appropriately reported her concerns about staffing to senior management. This is most obvious in the incident reports completed on 18/9/12 and 23/10/12. When Band 8A were asked about their general responses to reports of inadequate staffing, they said that this was always reported to more senior management and advice given to the ward manager about how best to manage the situation. This was typically not recorded.

Recommendation: *the investigating team recognise that there was an action plan in relation to the overall staffing crisis in MAH at the time which would have included Ennis but recommend that hospital senior management review their response to these two specific incident reports to see if this was appropriate.*

The Telford Formula was used on the ward prior to the allegations to determine staffing levels however further review of appropriate staffing levels following the allegation confirmed that additional staffing was necessary. The team would therefore question the appropriateness of the Telford Model. The team recognises that MAH now have adapted their use of this model.

The investigating team did have concerns about the appropriateness of a daughter being in a position of having to supervise her mother. When this came to light, the investigating team recommended that the management team review this practice. This has now been done and the practice discontinued.

6) Bohill Staff Induction

There is a discrepancy between Bohill staff and MAH staff accounts about the level of induction that was provided to Bohill staff. Band 8A staff report that they were in contact with Bohill management over this period and the feedback was very positive.

Recommendation: The investigation team would recommend that in any future instances where staff from other facilities are spending time in MAH as part of an introductory process, the following should happen.

- i) An induction checklist of necessary information should be agreed between both facilities before visiting staff start in the ward.**
- ii) A formal induction going through the agreed necessary information should be completed before visiting staff start to work with patient.**
- iii) A clear agreement should be made before each shift about the duties and responsibilities of visiting staff and MAH staff respectively and this must be shared with all staff concerned including health care and nursing assistant staff. The agreement must stipulate what supervision the visiting staff should receive.**
- iv) Visiting staff must be informed of who they should report any issues experienced on shift to.**
- v) Visiting staff should have the opportunity to discuss their experience with a nominated member of MAH staff at the end of each shift.**

The team is aware that practices for inducting visiting staff have been revised but would wish to ensure that the revised practice covers all the above areas.

7) P43

The MAH staff interviews reveal a lack of clarity and differing views about P43's support needs when sitting outside on the grass. This related to the levels of supervision required, the level of physical assistance needed, the clothing required and the means of access in and out of the garden.

Recommendations: The investigating team recommends that P43's support needs in relation to going out and sitting outside on the grass are reviewed. Clear guidance should be established and implemented by all staff.

8) P39

The investigating team had very substantial concerns about the frequency with which P39 featured in the allegations. The consistency in Bohill staff reports in relation to belt tightening and a practice of throwing away her shoes carries considerable weight. The team believes that it is significant that P39 clearly presented and continues to present major behavioural challenges particularly in relation to her stripping behaviours. The team believes that it is likely that staff were at times stressed by P39's behaviour. The monitoring reports indicate that staff continue to experience considerable challenge in managing patients' stripping behaviours. The team believes that the guidance contained in P39's care plan was not sufficient and not specific enough. RQIA also found in an inspection following

X the allegations that the guidance.....? The team believes that given the level of challenge P39 presents with, it would have been advisable to involve specialist behaviour support services for detailed assessment, care planning and review.

The investigating team understand that specialist behaviour support services are now involved with P39

Recommendation: The team would recommend that band 3 staff are fully involved in discussions with the behaviour support services about P39. The team would also recommend that specialist behaviour support services review the support needs of staff working with P39 and make any necessary recommendations to hospital management about how such support could be provided.

The investigating team would recommend that the hospital review for appropriateness what criteria ward staff use for considering referral to specialist behaviour support services.

There was some debate about whether or not the use of a swimsuit and a belt with P39 should be considered a restrictive practice. The investigating team feels that as some MAH staff described the use of the swimsuit as a delaying tactic to allow staff time to intervene, this should be considered as a restrictive practice. The belt is largely described by MAH staff as a means of keeping her trousers up which should not be considered restrictive. The team recommends therefore that hospital policy in relation to the approval and recording of restrictive practices should be followed in relation to this issue.

The team further recommends that the hospital review for any other practices on the ward that could be deemed restrictive and that hospital policy should be applied to them also.

The investigating team notes the suggestion made by staff that P39 should be considered for a full time day care placement as she does not strip in this environment. The team would recommend that the hospital considered if this would indeed be helpful and if so, consider if it can be provided.

9) Ennis Staff Team Composition

The investigating team is aware that the staff team working in Ennis has changed substantially since the investigation began with approximately half of the staff being new to the ward. While the investigating team is unable to draw definitive conclusions on many of the allegations, if there had been wider issues about practice on the ward, the team believe that this would now be an important protective factor.

10) Impact of the Investigation

The investigating team recognise the stress to staff caused by the investigation. The inability to share significant details of the allegations and the length of time the investigation has taken have been particular factors.

Recommendation : *The team feels that further information could be shared at this point and that this would help staff morale. The team would recommend that advice is taken from both the P.S.N.I. and H.R. about what information could be shared and that based on that advice, as much information as possible is shared about the allegations, the investigation process, the outcomes and the conclusions and recommendations. Again, if there had been wider issues about practice on the ward, the team believes that sharing the concerns would now serve as an important protective factor.*

The investigating team would recommend that they be involved in facilitating such discussion with staff.

11) Staff Skill and Experience

The investigating team have noted the universally positive comments made by monitoring staff about the care provided by ward staff since the allegations were made. The team have concluded from this that current ward staff have the skills and abilities necessary to provide good quality care.

12) Adult Safeguarding Training

The investigating team noted that not all staff were sure if they had had safeguarding training.

Recommendation: *The team recommends that hospital management ensure that all bands of staff working on the ward have received the appropriate level of safeguarding training. This includes medical staff.*

13) Management of mealtimes:

There are varying accounts about the management of mealtimes. It was clear from Muckamore Abbey staff accounts that considerable thought had been given to mealtime routines. However the reports of staffing difficulties may have meant that it was difficult to manage the patients waiting outside the dining room for their meal. One Muckamore Abbey member of staff did report a patient running up and down outside the room and there was an acknowledgement that patients found it hard to wait on meals. The investigating team felt it was possible that visiting staff may not have known the rationale behind this routine.

20.1.14

14) Access to a full range of services by re-settlement patients.

The investigating team notes that re-settlement patients do not always have access to a full range of professionals.

Recommendation: *The investigating team recommend that this position is reviewed.*

Signed: _____

Aine Morrison

Carmel Drysdale

Colette Ireland

Date:

BELFAST HEALTH & SOCIAL CARE TRUST
PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS
FROM ABUSE AND EXPLOITATION

MINUTES OF STRATEGY MEETING /
CASE DISCUSSION / REVIEW

This provides a template to record who attended the meeting, reports submitted and future review arrangements. The Designated Officer will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME: 1. [REDACTED] P2 2. [REDACTED] P3 3. [REDACTED] P1 4. [REDACTED] P4	ADDRESS: Ennis Ward Muckamore Abbey Hospital	DATE OF BIRTH: 1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED]
COMPUTER NO: 1. EA 2117 2. NA 1720 3. EA 4065 4. SC 9490	IF NOT KNOWN, PLEASE GIVE APPROXIMATE AGE: GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	
VENUE: Small Meeting Room	DATE: Friday 9 th November 2012	
CHAIR PERSON: Ms Aine Morrison		
WAS THE USER INVITED? YES <input type="checkbox"/> NO <input type="checkbox"/> WAS THE USER IN ATTENDANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> DID THE USER COMMUNICATE THEIR VIEWS BY OTHER MEANS EG. LETTER YES <input type="checkbox"/> NO <input type="checkbox"/> IF THE USER DID NOT PARTICIPATE, PLEASE SPECIFY REASON _____		

12.008

<u>OTHERS INVITED IE. ADVOCATE OR CARER</u>			
NAME _____	IN ATTENDANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME _____	IN ATTENDANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON _____			
NAMES OF THOSE PRESENT:		TITLE	
Mr H92		Senior Social Worker	
Mr H194		Specialist Doctor	
Mr Richard Cherry		CT3	
Mr H77		Operations Manager	
Mrs Esther Rafferty		Service Manager	
Ms Elaine McCormill		Sergeant, PPU, PSNI	
Mrs Tracy Hawthorne		Constable, PPU, PSNI	
Ms Audrey Murphy		Inspector, RQIA	
Ms Marbeth McKeown		Senior Practitioner, Northern Trust	
LIST OF APOLOGIES RECEIVED			
1. _____	6. _____		
2. _____	7. _____		
REPORTS SUBMITTED BY:			
1. _____	3. _____		
2. _____	4. _____		

**INVESTIGATIVE OUTCOME/
ARE THERE ANY REASONABLE GROUNDS FOR ONGOING CONCERN: YES**

Aine noted that this was a strategy meeting being held under Joint Protocol procedures to investigate allegations of verbal and physical abuse made against staff members on Ennis Ward.

On the morning of the 8/11/2012, the hospital via Esther Rafferty was informed of the following:

A care assistant working on the ward from the Priory Group, Bohill Care Home, alleged that whilst working on Ennis Ward, Muckamore Abbey Hospital on the 7/11/2012, she witnessed staff being verbally and physically abusive to four named patients. Only one patient's surname was provided but the christian names provided for the other three allowed the hospital to identify these individuals. Three of the patients are from the BHSCT and one from the NHSCT.

This care assistant stated she witnessed ^{P1} [redacted] **H159** a member of Muckamore Abbey Hospital staff pull [redacted] from the sofa ^{P1} **H39** was sitting on by the hem of her trousers on to the floor and be verbally condescending. She also stated that she witnessed this same staff member speak in an inappropriate manner, such as, get out of my way/you're doing my head in. The comment from the informant was that this was shouted at patients in general.

She witnessed another patient, ^{P2} [redacted] coming from the bathroom naked screaming and shouting "I hate her/I hate her/I hate **H159** she hit me." This patient was very distressed and blood was coming from her mouth. The named staff member was the same staff member who allegedly pulled [redacted] from the sofa. The care assistant stated that she then witnessed ^{P2} [redacted] sitting naked for a period of time and a student nurse, ^{P2} [redacted] who she named tell ^{P2} [redacted] that she wouldn't get her sweets and lemonade if she didn't put her nightdress on. ^{P2}

The care assistant stated she witnessed ^{P2} [redacted] **H197** push ^{P3} [redacted] so hard into her chair that she hit her head off the back of the chair. This staff member appears to have then been witnessed saying to another patient ^{P4} [redacted] when ^{P3} [redacted] had attacked her to not be "a big softie and hit her back". The initial statement from the care assistant said she witnessed patients hitting out at staff and each other with no intervention.

Finally this care assistant left without telling any Muckamore Abbey Hospital staff of what she had witnessed as she felt intimidated and that she could not say anything. She reported this information to her team leader after 10pm that evening.

The immediate protection plan was that the three members of staff alleged to have been involved in these incidents were subject to a precautionary suspension from work.

Supplementary staff including an additional Band 7 and a Band 6 staff (for evening/nights) have been moved into Ennis. These are staff who have not had any previous connection with Ennis ward. These staff have been told that there are vulnerable adult concerns and that their role is to monitor for any concerns about practice.

In addition body charts were completed for all patients during the course of their personal care. Following consultation with the police, a forensic medical examination was carried out on the four named patients.

Relatives of the four named patients were informed that allegations had been received and were being investigated.

RQIA and the Northern Trust were informed and agreed with the immediate protection plan.

All present agreed that the allegations were of significant concern, both in relation to the individual reported incidents and a potential culture on the ward which would allow staff to act openly in the manner alleged.

The PPU reported that they had not had any feedback from the FMO as yet but would seek to get this as soon as possible.

Dr **H194** and Dr Cherry then reported on the body charts completed for the four named patients. These had shown a range of bruising and abrasions most of which were not immediately clearly identifiable as non accidental. It was noted that all of the four patients engaged in self injurious behaviour which could account for many of the injuries. Two of the patients did have bruising to the inner legs and arms which may indicate more concern. The hospital will make these body charts available to the police. It was subsequently agreed immediately after the meeting that the PPU would wish to have forensic photography of these bruises. As none of the four patients have capacity to consent to this, a discussion of whether this would be in their best interests was held. It was felt that the photography would not unduly distress any of them and agreed that a thorough investigation was in their interests. Senior hospital staff are to seek the assent of relatives and inform the police of family views.

The body charts of the other patients have not been analysed as yet. Hospital staff will start this process today.

It was agreed that the care records, incident and accident reports and vulnerable adult referrals for all patients for the last month should be examined and cross checked against the body charts to see if explanations could be found for any of the marks.

There was considerable discussion about the whereabouts of other staff on duty on the day and whether or not there was concern about their actions. The police phoned the witness during the meeting and ascertained that she had no specific allegations about other staff. She said that she had seen very little of the nurse in charge; that she had mostly been in the office. She said she had not seen the other staff at all. It was noted that Ennis Ward is very segregated and that it is possible for staff to be stationed in one part of the ward which is separated by a locked door and to be completely unaware of things that were happening in another part of the ward. It was agreed that there were no indicators of concern about the members of staff who had been in the other part of the ward and therefore no protective action was necessary. There was concern expressed about the role of the nurse in charge. While there were no specific allegations made against her, there was concern expressed that she did not appear to have a presence on the ward or be in charge of things. **H77** also expressed his concern about the lack of clarity about staff allocation evident in the duty rota. It was agreed that there weren't sufficient grounds for concern to suspend her but that she should be moved to another ward where she would not be in charge.

It was agreed that hospital staff would examine the duty rota and staff allocation for the ward that day more closely in order to give the investigation a detailed picture of staff movements on the ward that day. Hospital staff will also review records to see what other wards the suspended members of staff may have worked in.

The police are to interview the member of Bohill staff who has made the allegations as soon as possible.

It was agreed that social work staff should interview the other members of Bohill staff who have worked in Ennis Ward to see if they have any concerns. Aine Morrison will arrange this.

There was discussion about the ability of any of the patients in the ward to give any sort of statement about what might have occurred. Hospital staff thought that this would not be possible with any of the patients. However, it was agreed that medical staff, a speech and language therapist, the police and a ABE trained social services interviewer would meet to discuss if it was possible to facilitate in any way communication with the patients. **H77** **H77** will coordinate this.

It was agreed that the relatives of all patients on the ward should be notified of the investigation and a form of words for this was agreed. Hospital staff are to do this.

A press statement in the event of media enquiries was also discussed to be finalised after the meeting and circulated to all concerned.

It was noted that the South Eastern Trust had patients on the ward. Aine Morrison agreed to update them on events and invite to the next strategy meeting.

It was agreed that the EHSSB should be notified. Esther Rafferty undertook to do this.

The protection plan was confirmed as follows;

Three named members of staff to remain on precautionary suspension.

The Nurse in Charge, [REDACTED] is to be moved to another ward where she will have no supervisory responsibility. MS4

An additional Band 7 member of nursing staff is to be on the ward during the day to monitor for any concerns.

An additional Band 6 member of staff is to be on the ward at night, again to monitor for any concerns.

Band 8a staff are to make frequent unannounced visits to the ward to again monitor for concerns..

A further meeting was arranged for Thursday 15th November 2012 at 3.30pm in the small meeting room at Muckamore Abbey Hospital.

Aine Morrison

12 2012



Body Chart



Ward: ENNIS

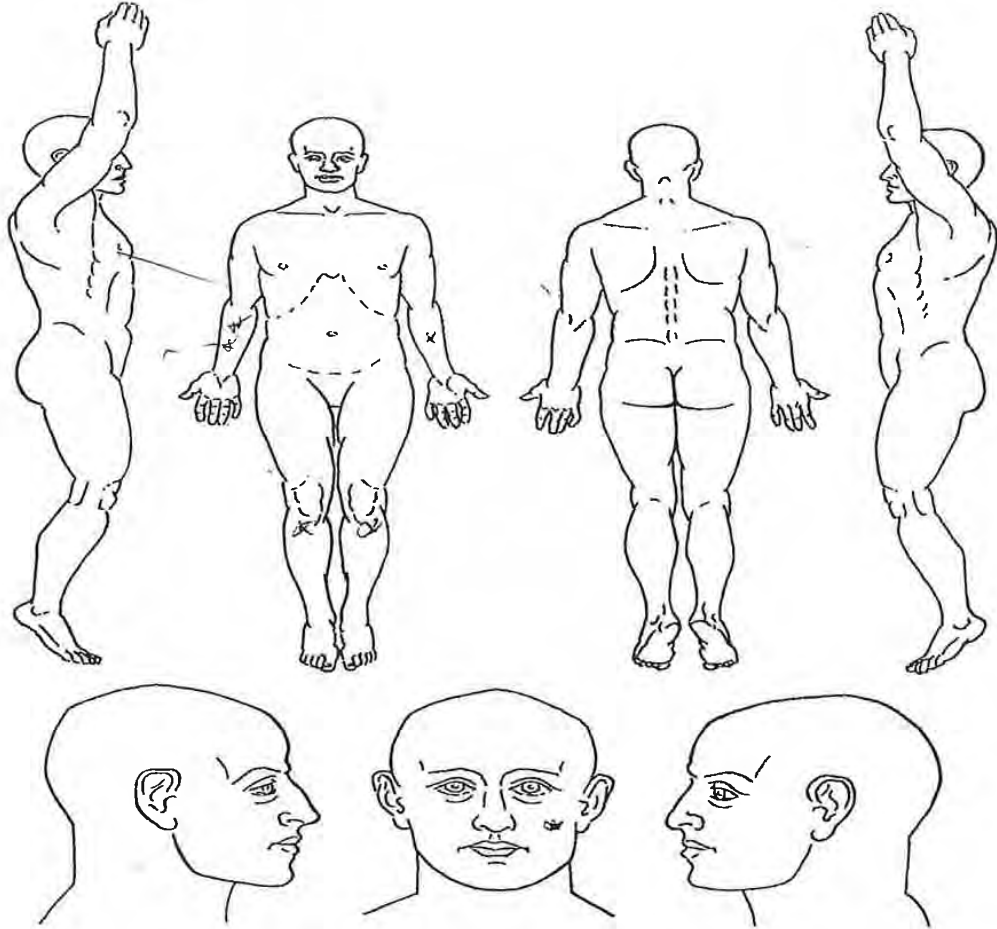
Patient: [REDACTED] P3

Hospital Number: _____

Date: 9/11/12 Time: 1.00 AM

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Bluey Brown	Left arm	4x2
Scrath above bruise	Left arm	1c x 8L
friction mark (scabbed)	Left cheek	

Print Name: [REDACTED] MS11 Signature: [REDACTED] MS11 Band: 3 Date: 9/11/12

Print Name: [REDACTED] MS7 Signature: [REDACTED] MS7 Band: 3 Date: 9/11/12

12 010

Body Chart

Ward: Ennis

Patient: [Redacted]

P11

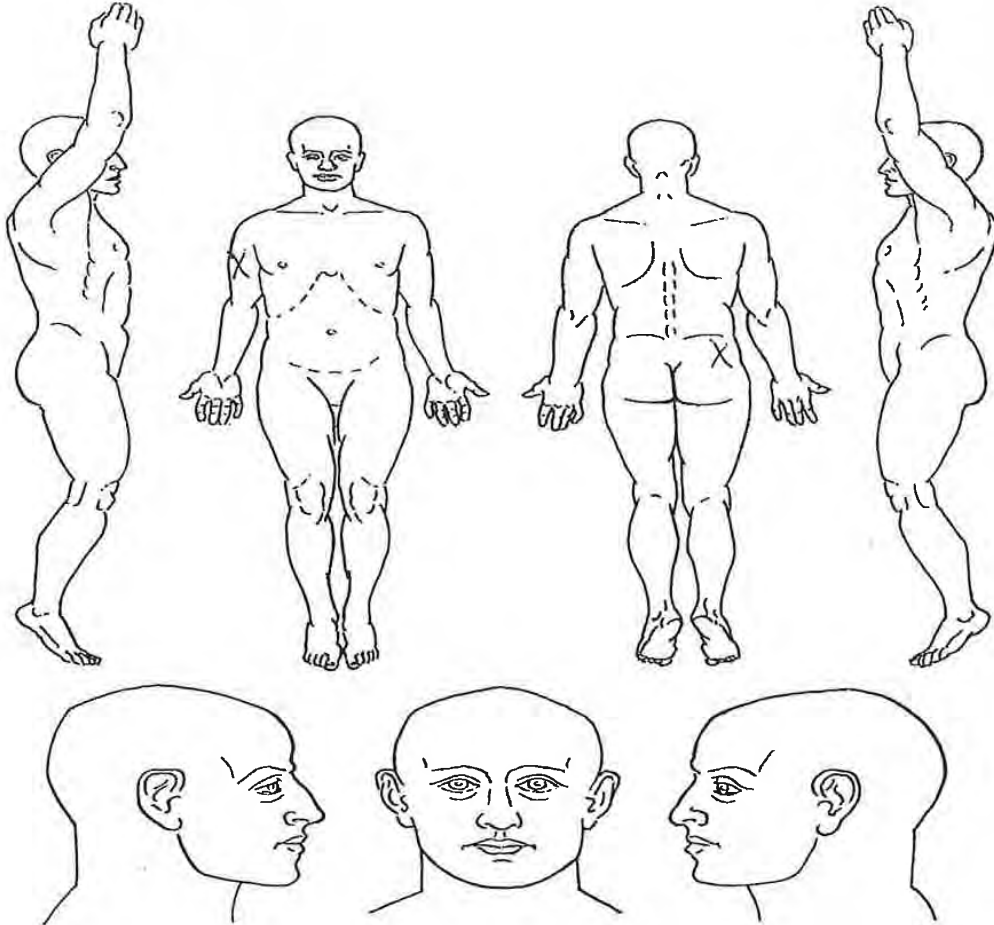
Hospital Number: _____

Date: 9/11/12

Time: 08:00am

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Bruise	Top of right buttocks	5 x 5cm Yellow/blue in colour.
Red marks	Top of right arm	2 x 2cm Red in colour.

Print Name: [Redacted] MS10 Signature: [Redacted] MS10 Band: 3 Date: 9/11/12

Print Name: _____ Signature: _____ Band: _____ Date: _____

Body Chart

Ward: Ennis

Patient: [Redacted]

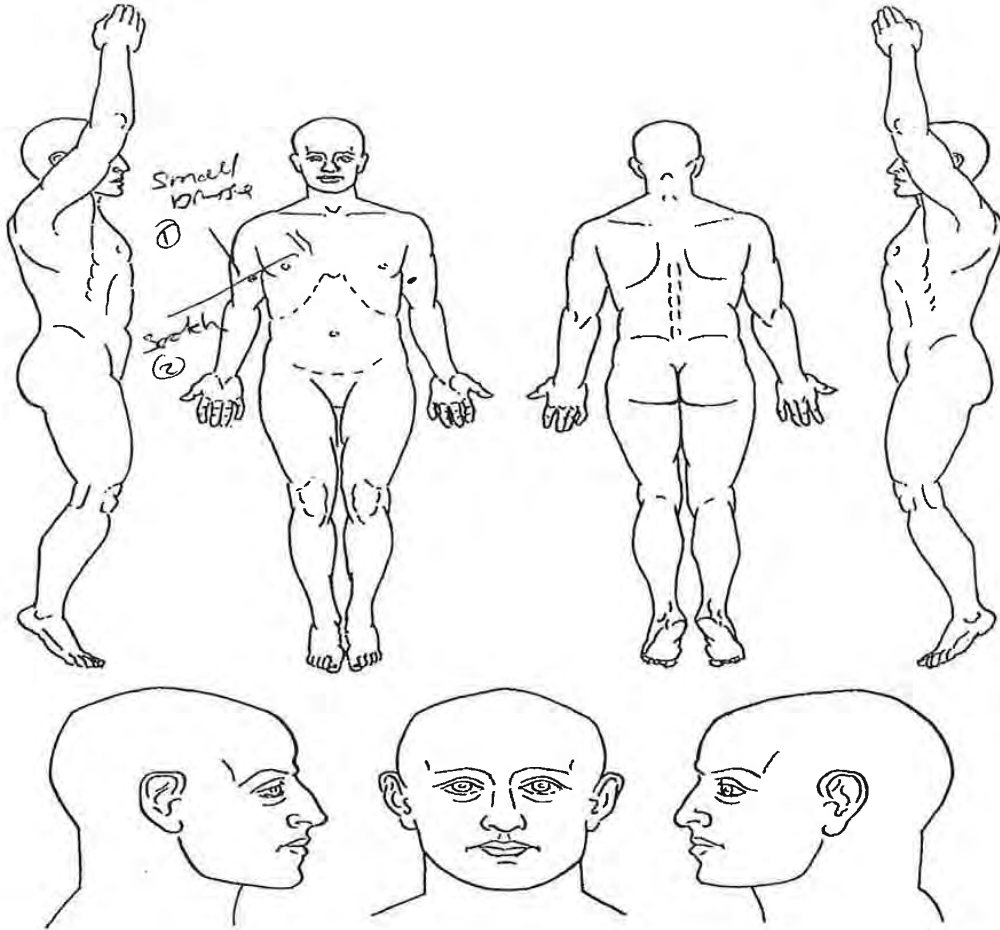
PI

Hospital Number: EA 4065

Date: 8th Nov 12 Time: 2300

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Bruise	Inner/upper Rth Arm	Doh / Faded
② Scratch	Rth chest region	Small Red

MS12
Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 8th Nov 12

MS13
Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

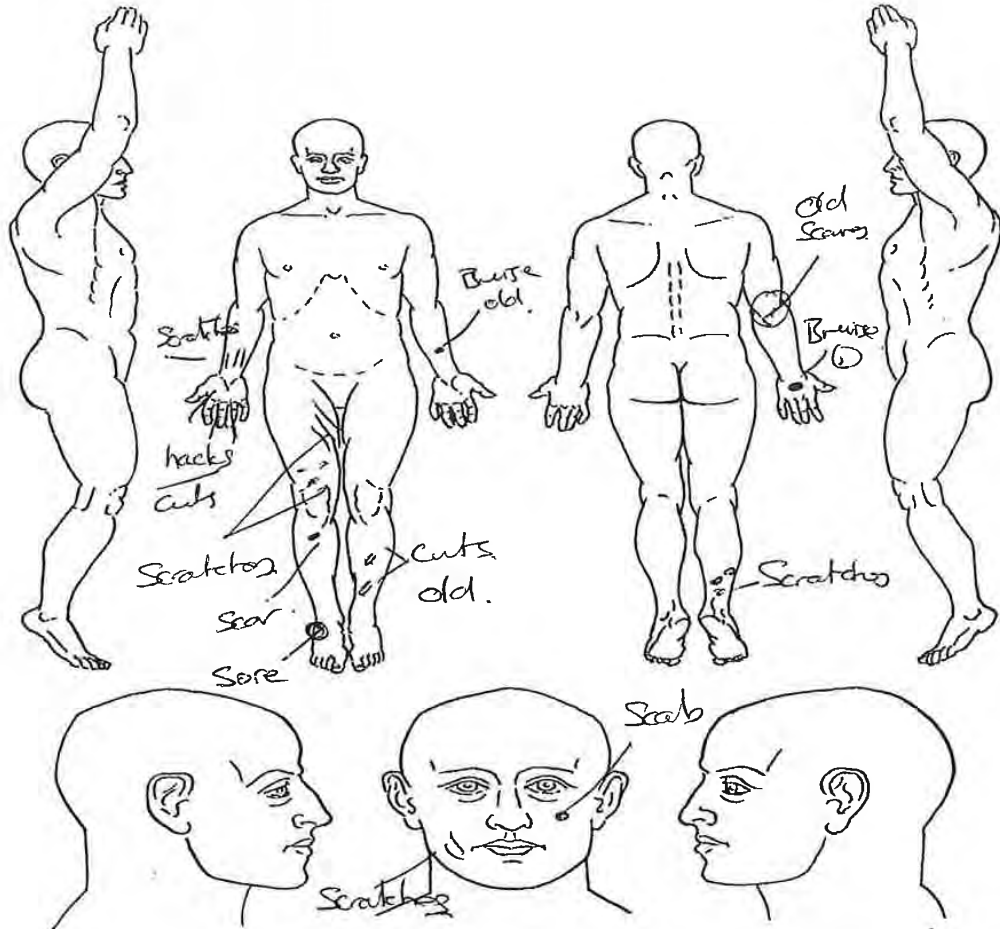
Body Chart

Ward: Ennis Patient: [Redacted] P3 Hospital Number: NA 1720

Date: 8th Nov 12 Time: 2310

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Bruise	Rt/Back of head	Fresh.

Print Name: [Redacted] MS12 Signature: [Redacted] MS12 Band: 6 Date: 8th Nov 12

Print Name: [Redacted] MS13 Signature: [Redacted] MS13 Band: 3 Date: 8/11/12

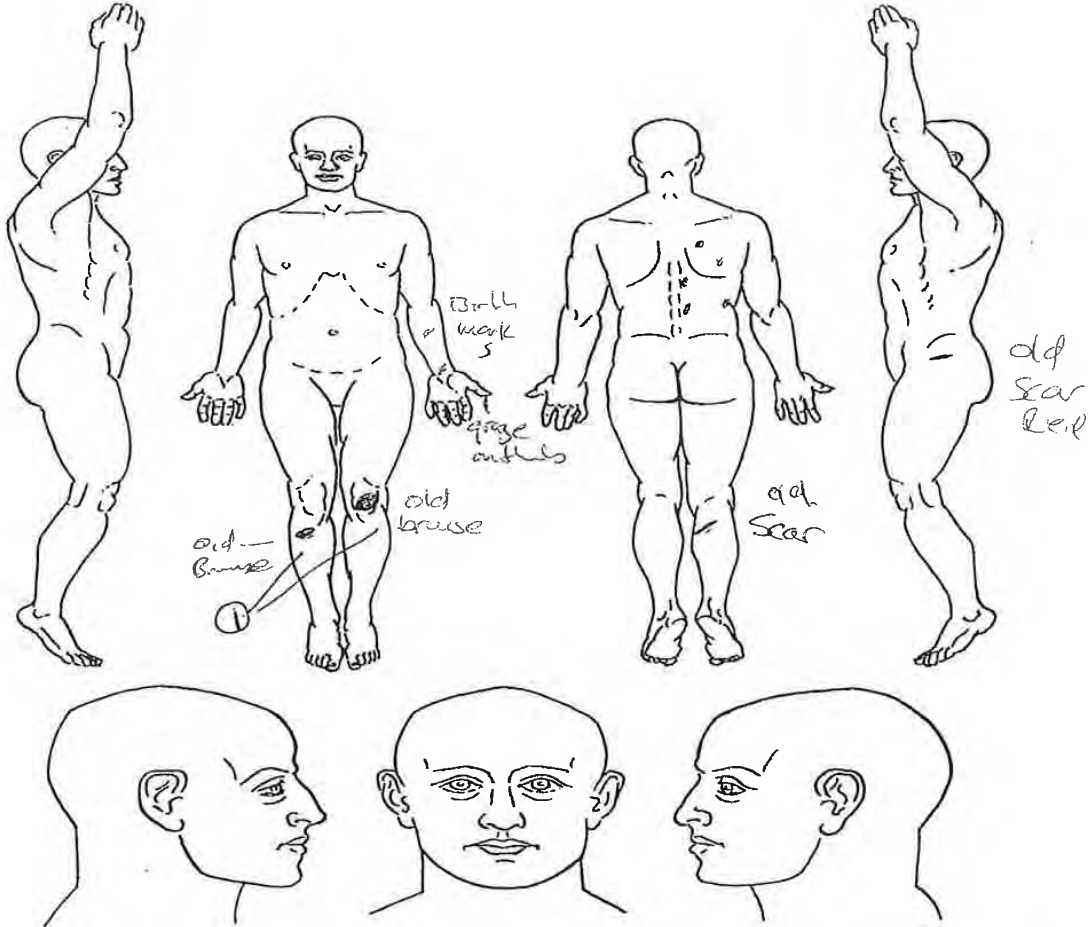
Body Chart

Ward: Ennis Patient: [Redacted] 87 Hospital Number: SC 9197

Date: 8th Nov '12 Time: 2.20

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Bruises	Both knees	

MS12 MS13
 Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 8th Nov 12
 MS14 MS14
 Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

Body Chart

Ward: Ennis

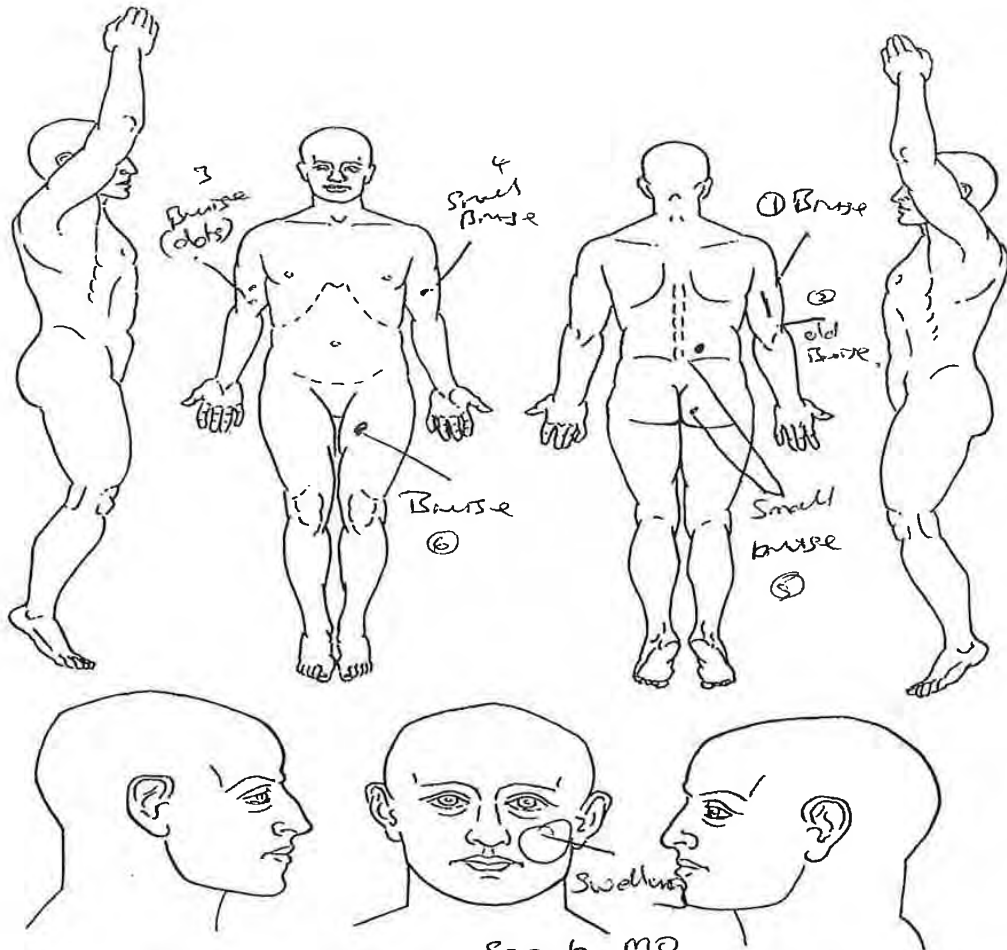
Patient: [Redacted] P2

Hospital Number: EA 2117

Date: 8th Nov 12 Time: 2255

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
1 Bruise	Rt upper back arm	Purple - 2 1/2 inches
2 Bruise	Rt elbow	Faded dot
3 Bruise	Upper front left arm	black small bruise
4 Bruise	upper front inner rt arm	very faded
5 Bruise	rt buttock area	small faded
6 Bruise	Lf inner thigh	MS12 to mark

Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 8th Nov 12

Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

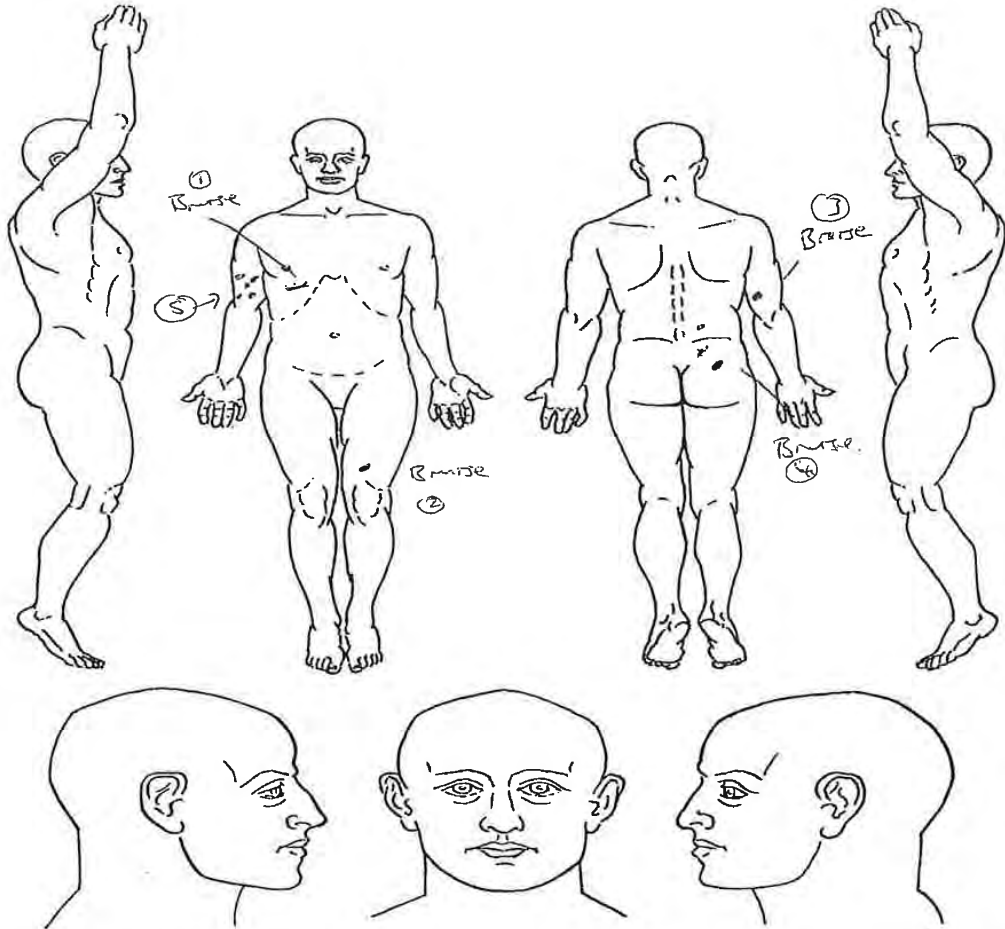
Body Chart

Ward: Ennis Patient: [Redacted] P4 Hospital Number: SC9490

Date: 8th Nov Time: 2205

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Old bruise	Rt breast	faded.
② Old bruise	Above LP knee	faded
③ old bruise	behind Rt arm	faded.
④ old bruise	Rt upper back/neck region	faded.

⑤ Bruising MS12 Rt upper arm MS12 Small collection Red + purple

Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 8 Nov 12
 MS13 MS13 2205

Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

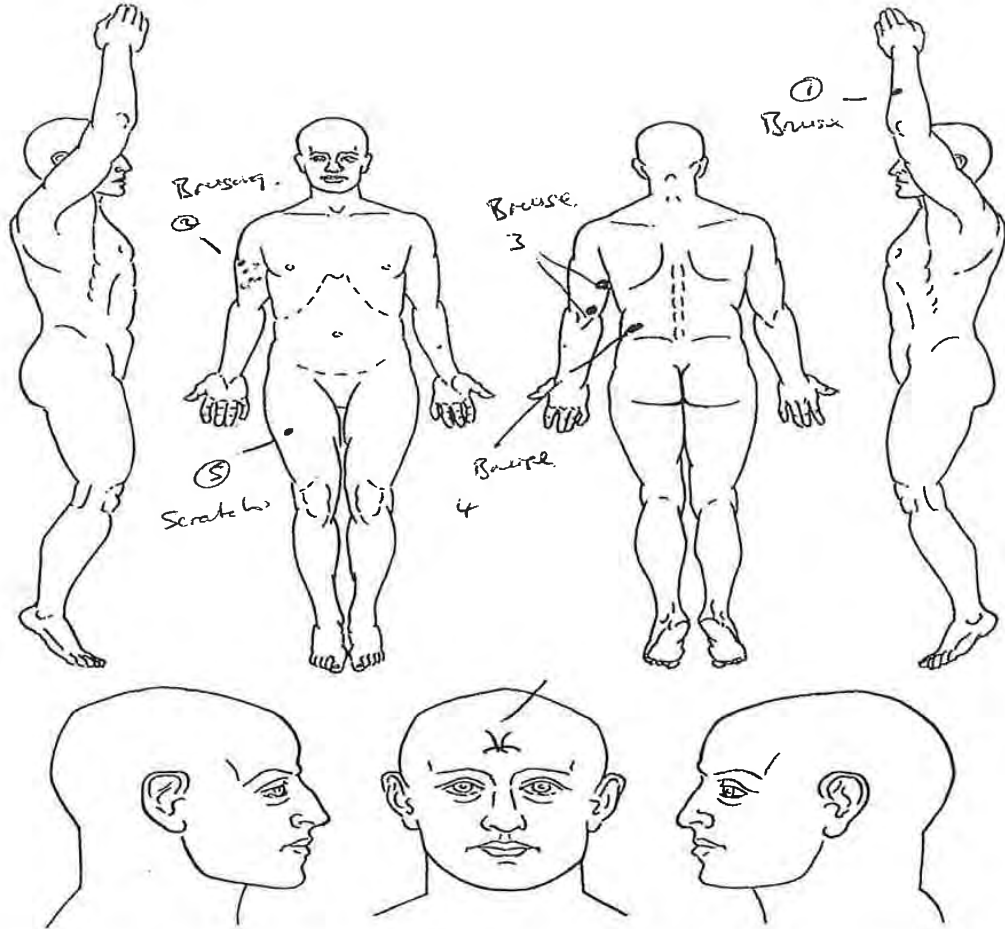
Body Chart

Ward: Enns Patient: [Redacted] P12 Hospital Number: NA 879

Date: 8th Nov 12 Time: 2215

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Bruise	Upper outer Rt arm	Small faded.
② Bruising	Upper Rt arm	Small collection.
③ Bruise x2	Upper inner aspect L arm	Dark Bruising.
④ Bruise	Upper Lf buttock	Purple much larger.
⑤ Scratch	Rt upper thigh	Reddish.

Print Name: [Redacted] MS12 Signature: [Redacted] MS12 Band: 6 Date: 8th Nov 22

Print Name: [Redacted] MS14 Signature: [Redacted] MS14 Band: 3 Date: 8/11/22

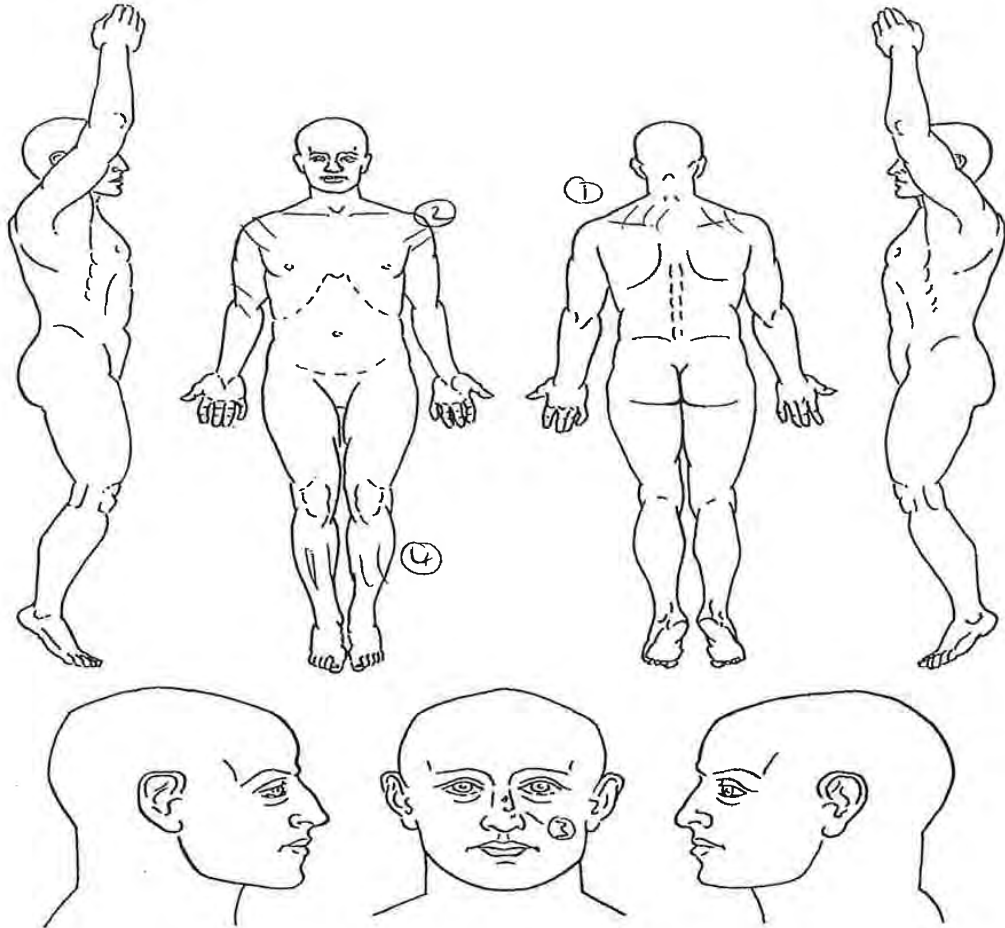
Body Chart

Ward: Ennis Patient: [Redacted] P13 Hospital Number: WA 983

Date: 8th Nov 2012 Time: 2225

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
1 Old Scoring /Scratches	Upper back	Very faded 1/2 inches
2 Old Scoring /Scratches	Upper front	1/2 inch faded
3 fresh pricks	Both legs / front	lengthy with scars
4 Scratches		

MS12 MS12
Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 29/8/12

MS14 MS14
Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

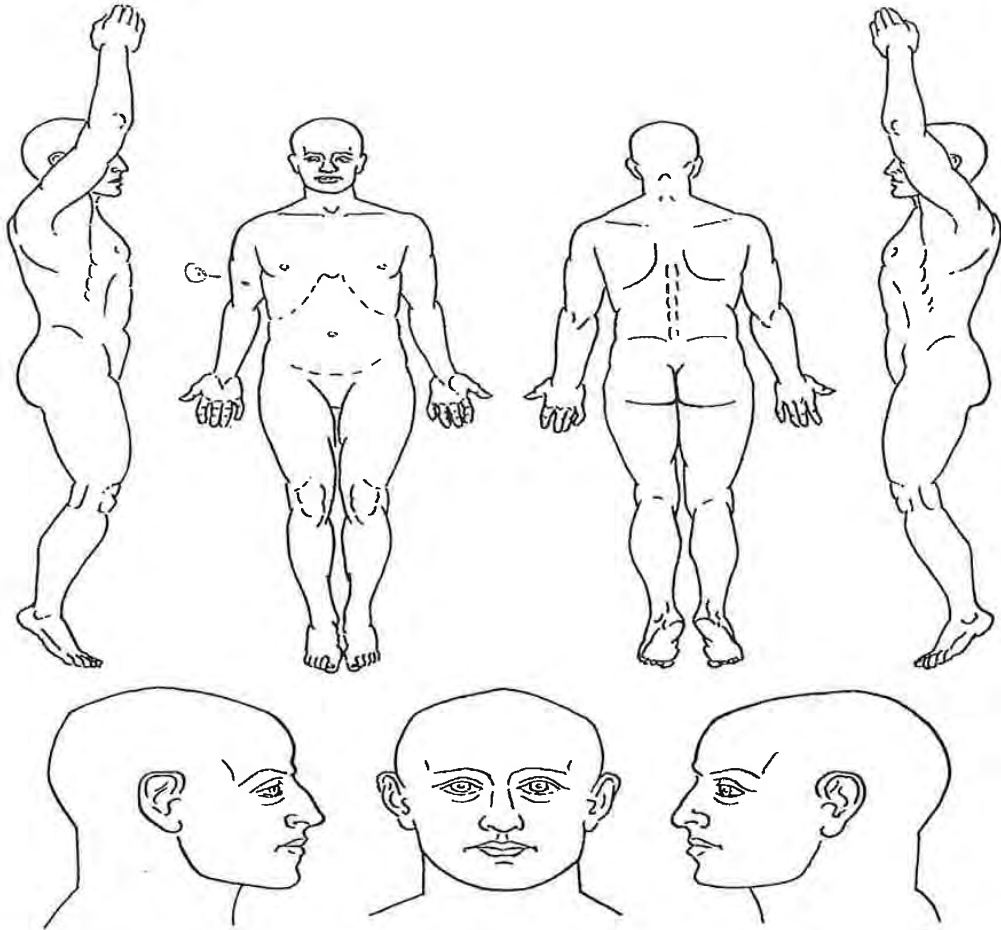
Body Chart

Ward: Eunice Patient: [Redacted] P14 Hospital Number: NA 1025

Date: 8th Nov 12 Time: 22.10.

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Small bruise	Upper Rt Arm	spot very faded.

Print Name: [Redacted] MS12 Signature: [Redacted] MS12 Band: 6 Date: 8 Nov 12

Print Name: [Redacted] MS14 Signature: [Redacted] MS14 Band: 3 Date: 8/11/12

12 019

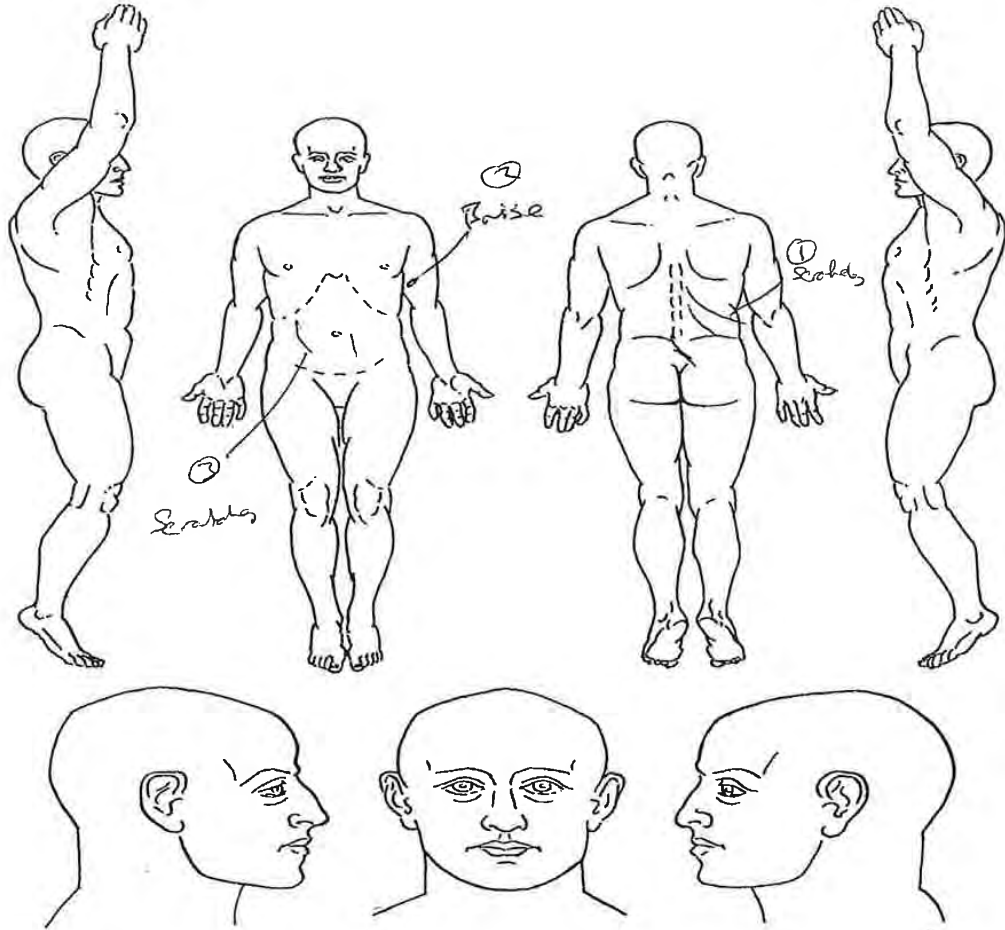
Body Chart

Ward: Erns Patient: [REDACTED] P15 Hospital Number: SC 6989

Date: 8th Nov. Time: 2235

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
(1) Scratles	low/middle R back	each 4/5 cm each.
(2) Bruise	upper R arm	1/2 each block.
(3) Scratles	low abdomen	1/2 each faded.

MS12
 Print Name: [REDACTED] Signature: [REDACTED] Band: 6 Date: 8 Nov '12

MS14
 Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12

12.030

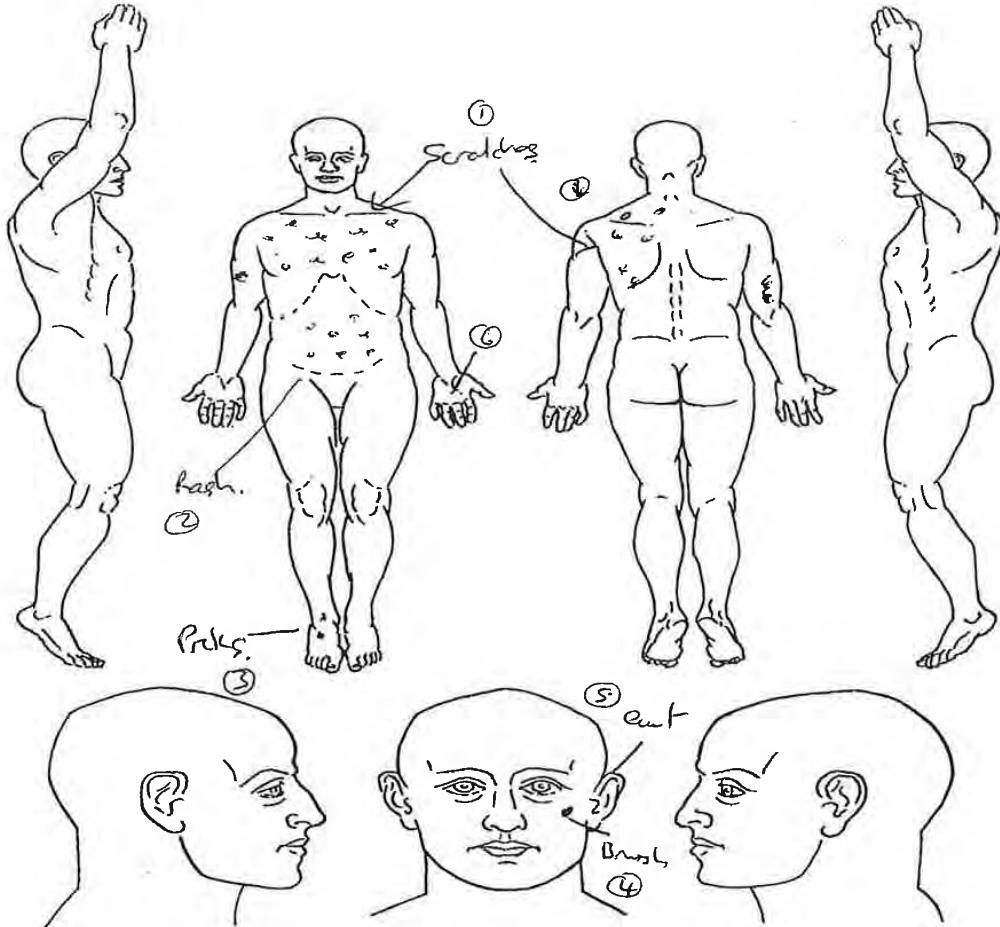
Body Chart

Ward: Enuf Patient: [REDACTED] PS Hospital Number: EA 4220

Date: 8th Nov 12 Time: 2240

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



Seen by MO 8th Nov 12 2100 approx

IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
① Scatchos	over chest & upper back area	Reddish collection
② Rash	lower abdomen	Reddish collection
③ Pricks	Rt lower leg	Red.
④ Bruise	lf cheek bone	fresh.
⑤ Cut	lf ear lobe	1/2 inch fresh.
⑥ Split/cut	lf palm	1/2 inch. fresh.

Print Name: [REDACTED] Signature: [REDACTED] Band: 6 Date: 8 Nov 12

Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12.

12 021

Body Chart

Ward: Ennis

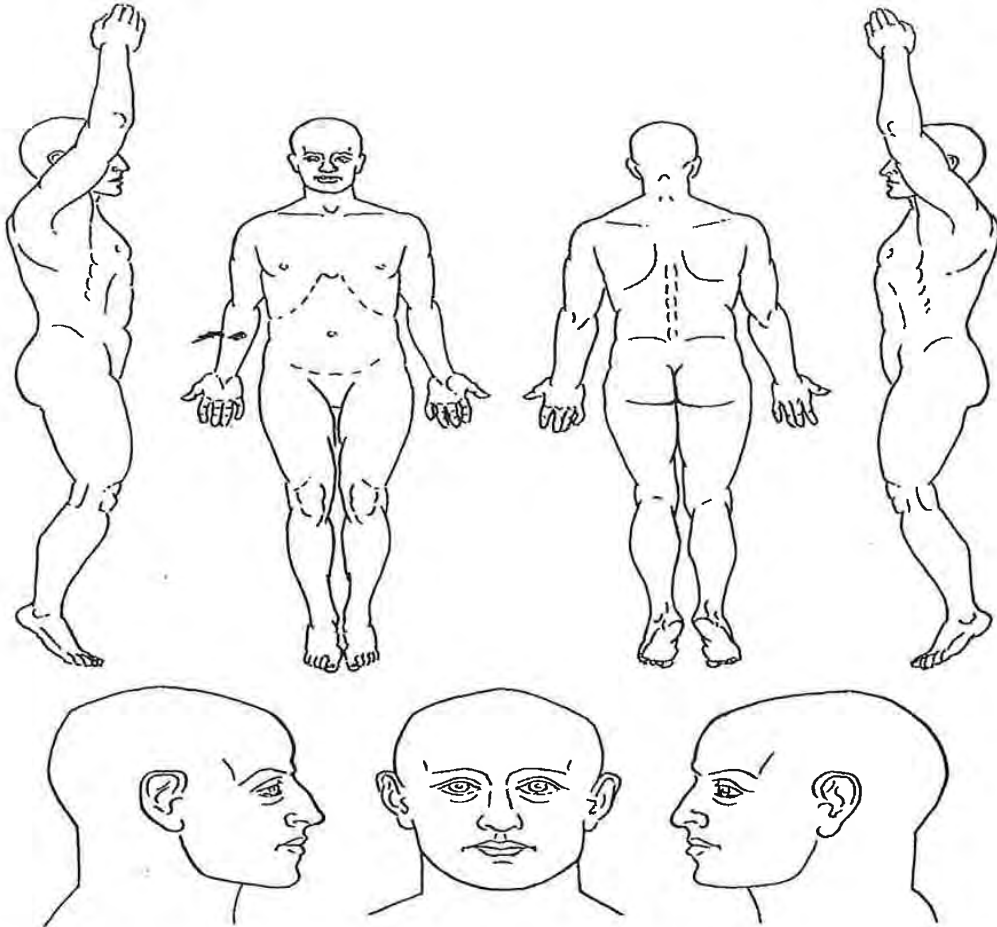
Patient: [Redacted] PB

Hospital Number: EA3561

Date: 8/11/12 Time: 10 35

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Small cut	Right arm	Red

Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

Print Name: [Redacted] Signature: [Redacted] Band: 5 Date: 8/11/12

12.022



Body Chart

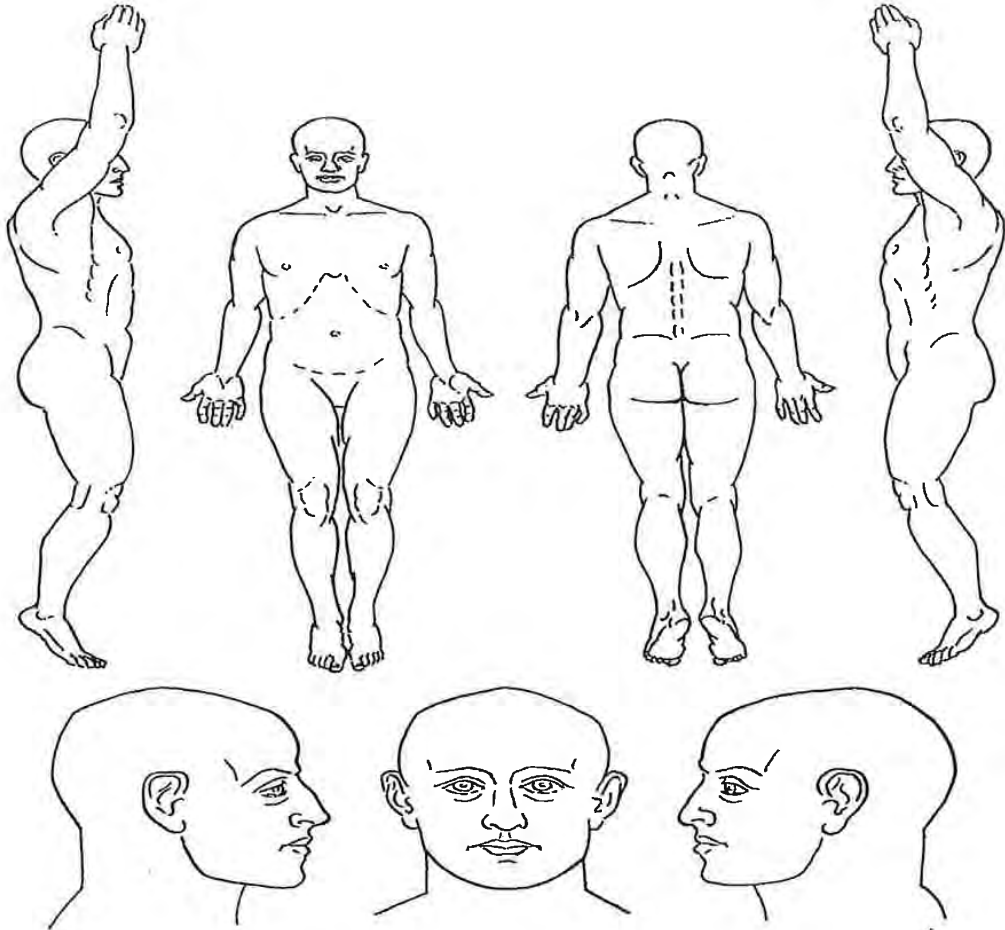


Ward: Enurs Patient: [Redacted] P16 Hospital Number: EA999

Date: 8th Nov '12 Time: 22:55

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED

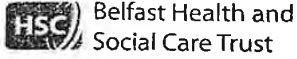


IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour

MS12 MS12
 Print Name: [Redacted] Signature: [Redacted] Band: 6 Date: 8.11.12

MS15 MS15
 Print Name: [Redacted] Signature: [Redacted] Band: 3 Date: 8/11/12

12 023



Body Chart Pt

Ward: ENNIS

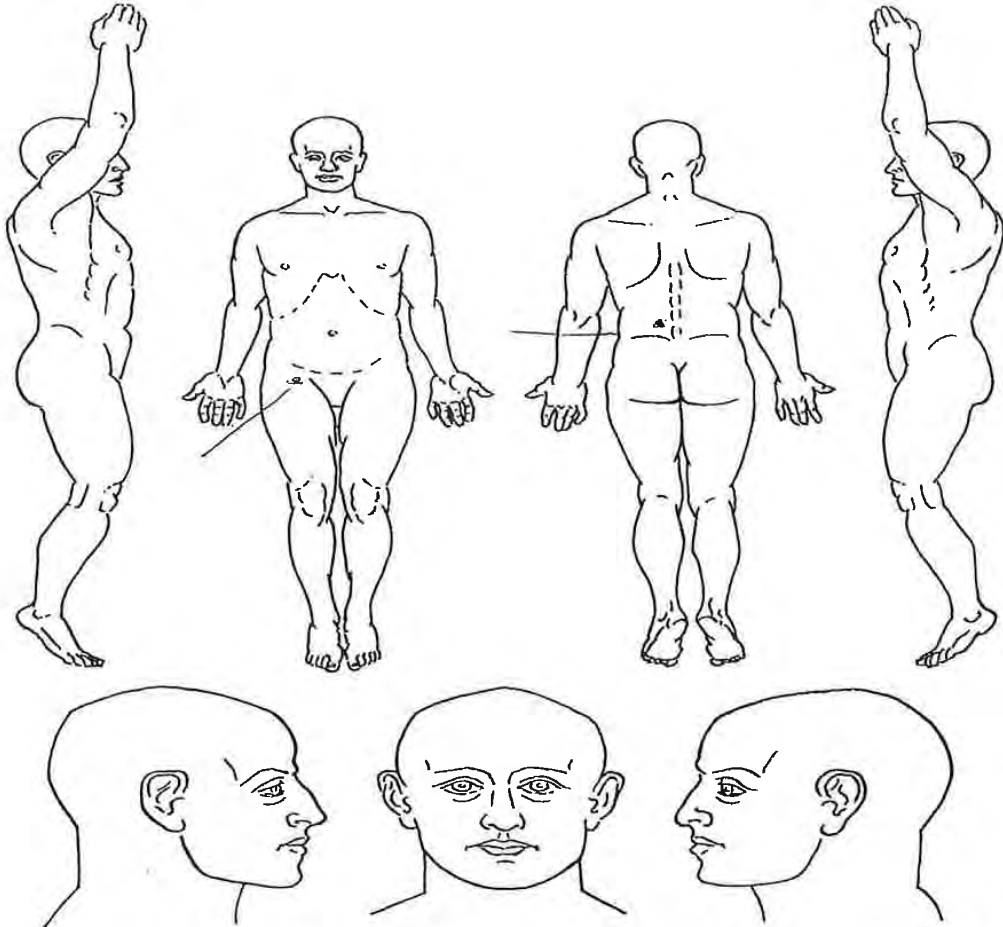
Patient: [REDACTED]

Hospital Number: EA 2980

Date: 8/11/12 Time: 10-10

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



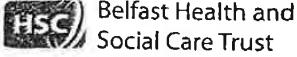
IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Two very small bruise		

MS16
 Print Name: [REDACTED] Signature: [REDACTED] Band: 5 Date: 8/11/12

MS15
 Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12

Reluctant to have body chart done,

12.034



Body Chart

pg

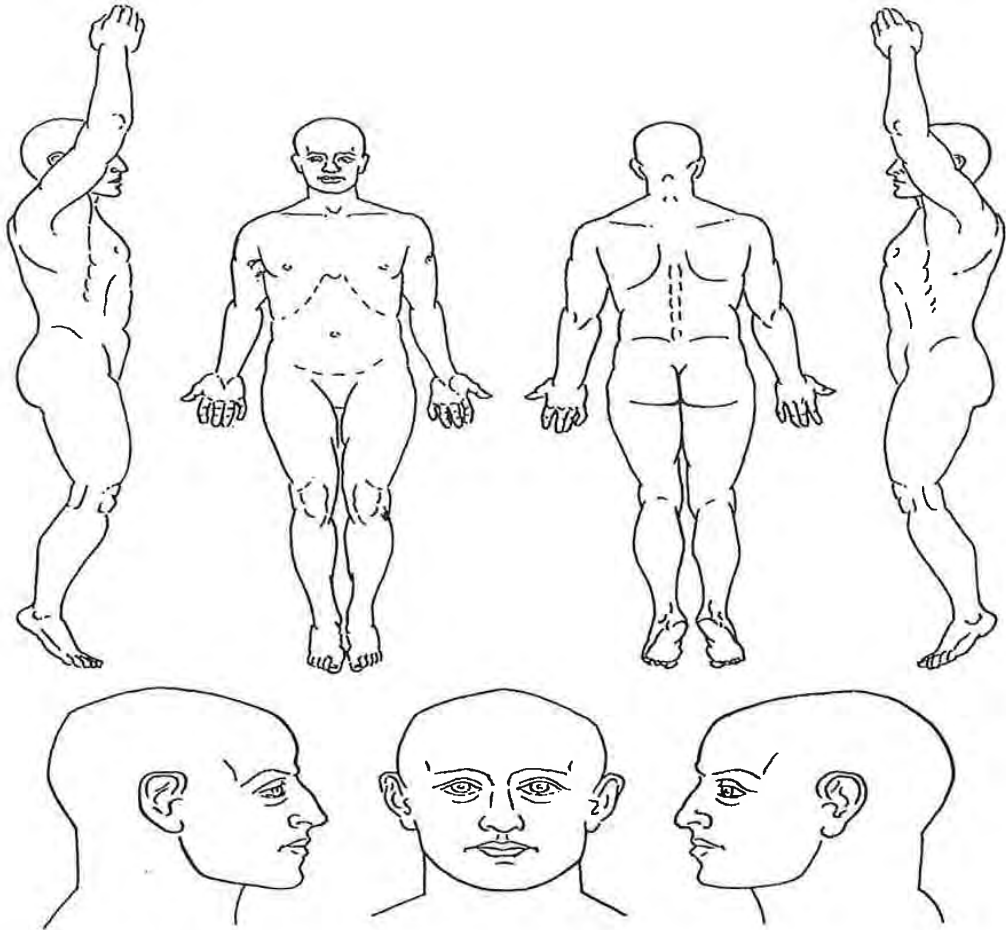


Ward: KW15 Patient: [REDACTED] Hospital Number: E A 5 8 6 6

Date: 8/11/12 Time: 10.15

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED

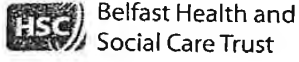


IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Small bruise on arms old.		
Small bruise on left leg		

MS16 MS16
 Print Name: [REDACTED] Signature: [REDACTED] Band: 5 Date: 8/11/12

MS15 MS15
 Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12

18:025



Body Chart

P17



Ward: ENNIS

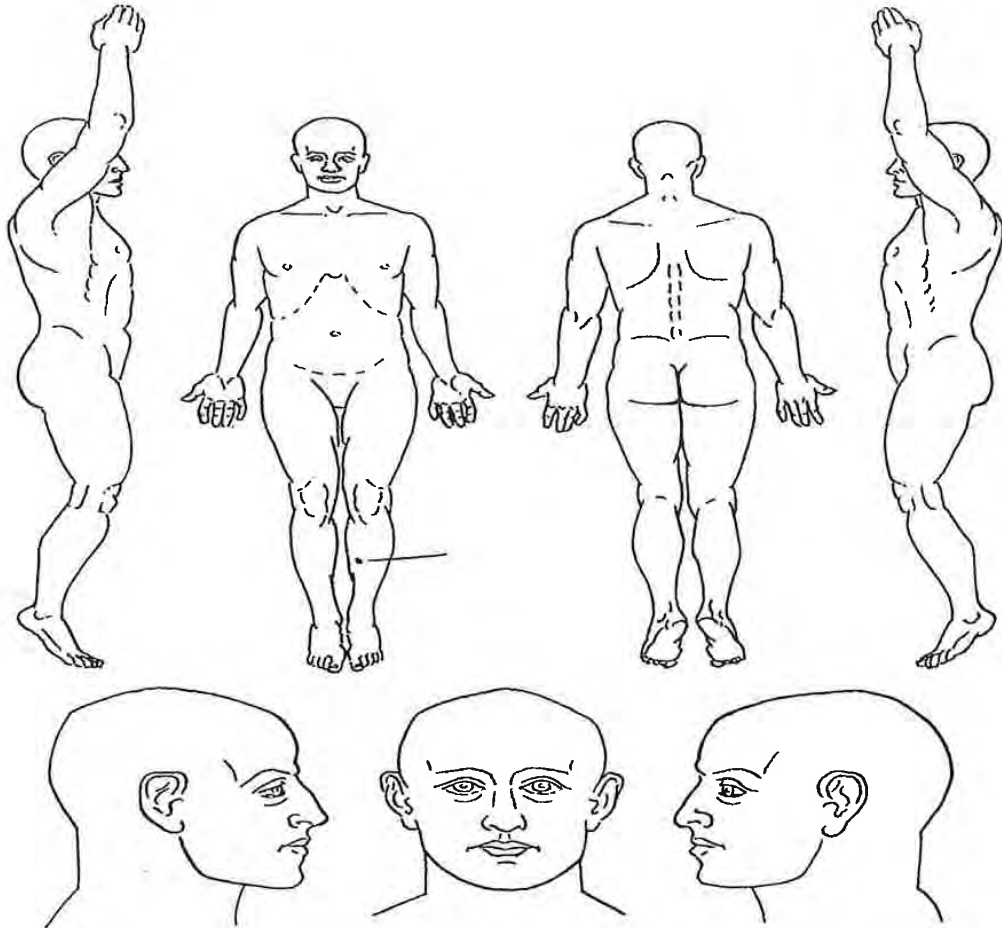
Patient: [REDACTED]

Hospital Number: EA 208

Date: 8/11/12 Time: 10:00

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
Very small bruise on left leg.		

MS16
 Print Name: [REDACTED] Signature: [REDACTED] Band: S Date: 8/11/12

MS15
 Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12

12.028

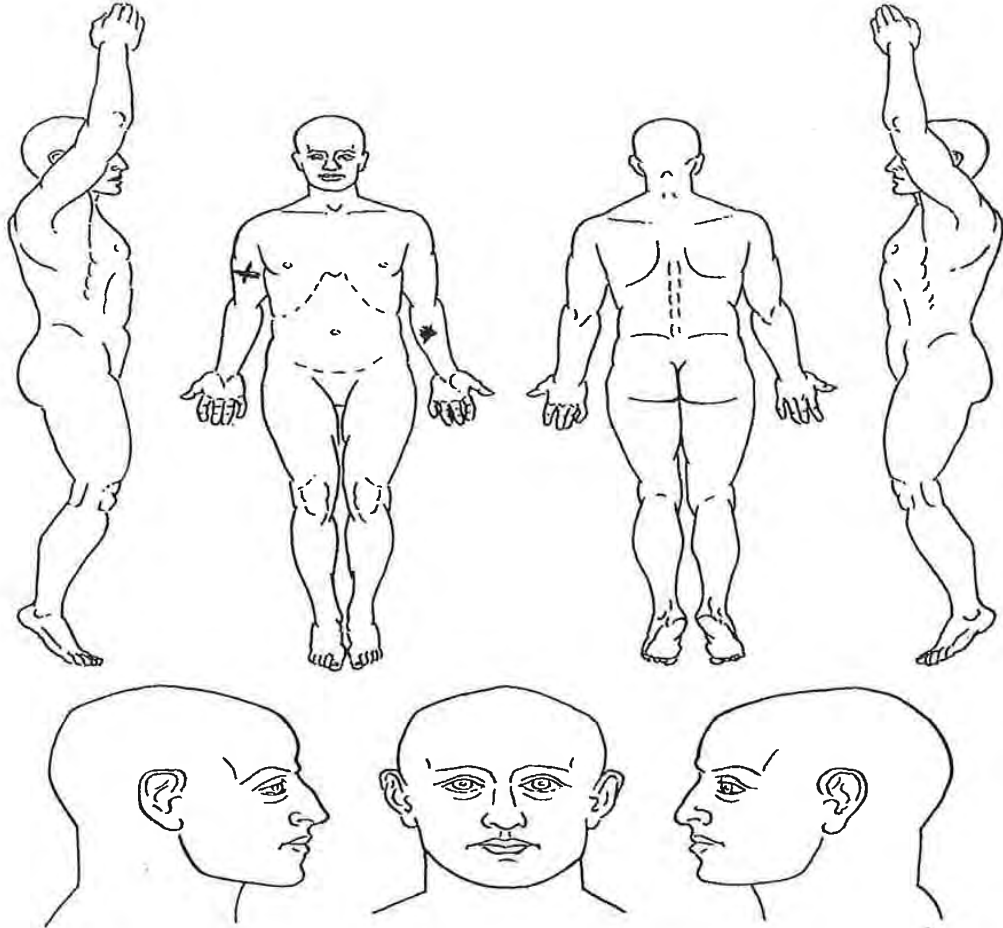
Body Chart

Ward: Ennis Patient: [REDACTED] ^{P10} Hospital Number: EA 6839

Date: 8/11/12 Time: 10 30

REASON(S) FOR COMPLETION: _____

PLEASE MARK ON DIAGRAM AREAS AFFECTED



IDENTIFIED INJURY/BLEMISH	BODY PART AFFECTED	DETAIL
e.g Bruise	Lower left leg	(1) Size (2x4 cm) (2) Yellow in colour
bruise	right arm	black
bruise	left arm	black

MS15 MS15
 Print Name: [REDACTED] Signature: [REDACTED] Band: 3 Date: 8/11/12
 MS16 MS16
 Print Name: [REDACTED] Signature: [REDACTED] Band: 5 Date: 8/11/12

Guidance for Supervising Staff in Ennis Ward.

The additional staff members are supernumerary to the usual complement of staff on the ward.

They should not be allocated any specific duties but should assist with care tasks as appropriate.

They should not be responsible for any management tasks on the ward.

Their primary role is to observe patient care. Therefore the vast majority of their time should be spent in direct patient contact. They should aim to spend approximately 70% of their time at the bottom end of the ward and 30% at the top end.

They should observe for any indicators of concern about poor care practice. This should include any concern about;

- verbal abuse
- physical abuse
- inappropriate physical intervention
- lack of supervision of patients
- poor care

If the staff member observes something they are concerned about, they should immediately raise this with the member of staff concerned and ask them to stop.

Any concerns should also be immediately reported to the nurse in charge of the ward and to the senior nurse manager on call. These staff should follow the usual protocol for reports of concern.

The additional staff members should compile a report at the end of each shift detailing which staff were on and what their duties were, what role did they themselves play in the shift, any aspects of particularly good practice noted and any concerns noted. These reports should be submitted to the nursing office who should copy them to Aine Morrison, Designated Officer.

Guidance for Ward Managers in Ennis Ward.

The additional staff members are supernumerary to the usual complement of staff on the ward.

They should not be allocated any specific duties but should assist with care tasks as appropriate.

They should not be responsible for any management tasks on the ward.

Their primary role is to observe patient care. Therefore the vast majority of their time should be spent in direct patient contact. They should aim to spend approximately 70% of their time at the bottom end of the ward and 30% at the top end.

They should observe for any indicators of concern about poor care practice.

If the staff member observes something they are concerned about, they should immediately raise this with the member of staff concerned and ask them to stop.

Any concerns should also be immediately reported to the nurse in charge of the ward and to the senior nurse manager on call. These staff should follow the usual protocol for reports of concern.

The additional staff members should compile a report at the end of each shift detailing which staff were on and what their duties were, what role did they themselves play in the shift, any aspects of particularly good practice noted and any concerns noted. These reports should be submitted to the nursing office who should copy them to Aine Morrison, Designated Officer.

BELFAST HEALTH AND SOCIAL CARE TRUST

PROCEDURES FOR THE PROTECTION OF VULNERABLE ADULTS FROM ABUSE AND EXPLOITATION

REVIEW OF CARE/PROTECTION PLAN

To be completed by the Designated Officer

NAME: 1. [REDACTED] P40 2. [REDACTED] P41 3. [REDACTED] P39 4. [REDACTED] P22	COMPUTER NO: 1. EA 2117 2. NA 1720 3. EA 4065 4. SC 9390																			
	DATE OF LAST REVIEW: FRIDAY 9 TH NOVEMBER 2012	DATE OF THIS REVIEW THURSDAY 15 TH NOVEMBER 2012																		
<u>WHO HAS BEEN CONTACTED?</u>																				
<table border="0"> <tr> <td>Vulnerable Adult</td> <td><input type="checkbox"/> RQIA</td> <td><input type="checkbox"/> Psycho Geriatrician</td> </tr> <tr> <td><input type="checkbox"/> Domiciliary Provider</td> <td></td> <td></td> </tr> <tr> <td>Carer <input type="checkbox"/> Doctor/Consultant</td> <td><input type="checkbox"/> District Nurse</td> <td><input type="checkbox"/> Care Manager</td> </tr> <tr> <td>Relative <input type="checkbox"/> Psychologist</td> <td><input type="checkbox"/> Hospital Nurse</td> <td><input type="checkbox"/> Res. or Day Care</td> </tr> <tr> <td>Police <input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Community Psy. Nurse</td> <td><input type="checkbox"/> Rehab-Worker</td> </tr> <tr> <td>Social Work Asst. <input type="checkbox"/> Other, please specify <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			Vulnerable Adult	<input type="checkbox"/> RQIA	<input type="checkbox"/> Psycho Geriatrician	<input type="checkbox"/> Domiciliary Provider			Carer <input type="checkbox"/> Doctor/Consultant	<input type="checkbox"/> District Nurse	<input type="checkbox"/> Care Manager	Relative <input type="checkbox"/> Psychologist	<input type="checkbox"/> Hospital Nurse	<input type="checkbox"/> Res. or Day Care	Police <input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Community Psy. Nurse	<input type="checkbox"/> Rehab-Worker	Social Work Asst. <input type="checkbox"/> Other, please specify <input type="checkbox"/>		
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IN ATTENDANCE Ms Aine Morrison (Chair) Ms Siobhan Rogan, RQIA Ms Judith Agnew Ms Margaret Cullen, RQIA Ms Elaine McCormill, Sergeant, PPU, PSNI Mrs Tracey Hawthorne, Constable, PPU, PSNI Ms Edna McConville, SE Trust APOLOGIES																				

REVIEW AND AMEND PREVIOUS ANALYSIS OF RISK.

COMMENTS:

Ms Morrison welcomed the group and introductions were made from those who did not attend the previous meeting. The group read the VA7 dated 09/11/12 and one amendment was requested on Mr [B194]s behalf:

Timeline of events to be included.

It was agreed that the investigation, planning and strategy should not include Muckamore Abbey staff. Ms Morrison to liaise with Trust staff.

ACTIONS UPDATE

Three named members of staff remain on precautionary suspension.

One named member of staff has been moved to another ward with no supervisory responsibilities.

Relatives have been notified and given contact details for both inside and outside of the hospital. As yet no concerns from relatives have been expressed.

As yet there has been no request for a press statement from BH&SC Trust.

Ms Morrison contacted the Managers of Bohill ([B15] & [B1]) and explained the outcome of the strategy meeting. [B1] conducted a further in-depth interview with the Bohill staff [B2]. The staff ([B2]) continued to express her concerns about the abuse she witnessed and was quite distressed during the interview. She explained she was used as a member of staff with no induction, she had felt Muckamore staff did not want her there and had given her no support. She gave further in-depth details of incidents which occurred on the evening she worked in Ennis. She also gave details to [B1] on how the Nurse In Charge that evening stayed in the office and only emerged to shout abuse.

Two other members of Bohill staff expressed their concerns to [B1] although they had felt they had been given an adequate induction to the ward. Three more Bohill staff have yet to be interviewed.

Ms Morrison and a Senior Social Worker visited Ennis Ward on 15th November 2012. They noted patients queuing outside the dining room at mealtimes.

RQAI made an unannounced visit on Tuesday 13th November 2012 and met with the Ward Manager. Staff allocation was scrutinised and clarification was requested. All agreed staffing levels were unacceptable.

REVIEW AND AMEND PROTECTION PLANS.

COMMENTS:

The protection plan remains in place with the following recommendations:

The matching of Incident/Accidents, care plans against body charts is ongoing. Ms Morrison to allocate someone to gather this information.

Reporting template recommended for staff to monitor vulnerable adult concerns.

Ms Morrison to allocate someone to analysis staffing allocations and responsibilities and to tie these in with Bohill staff.

Witness statements requested from Bohill staff as soon as possible.

Communication assessments on Patients. **H77** to arrange.

Patients from top end of Ennis Ward to be interviewed on staff. Ms Morrison to arrange.

It was agreed the Std Nurse previously suspended, be reinstated to work under supervision.

It was agreed the Nurse In Charge, **H198** be suspended.

It was agreed an independent person be appointed for monitoring and investigation.

RQAI recommends staffing levels in Ennis should rise to 7 (5+ 2 level/3obs).

Ms Morrison to discuss with Senior Hospital Management overall staffing of hospital and report findings to RQAI.

Clarification required on night duty role of Band 6.

Clarification to be addressed immediately on role of Band 7.

Date and time of next meeting:

Wednesday 28th November 2012 at 3pm in the Small Meeting Room, Muckamore Abbey Hospital.

ARE THERE ANY UNRESOLVED ISSUES? YES NO
IF YES, SPECIFY HOW THESE MAY BE ADDRESSED.

INVESTIGATION OUTCOME

CONFIRMED ABUSE ALLEGATIONS ARE UNSUBSTANTIATED NO ABUSE

Where allegations are confirmed place x in the box to note the main form of abuse. If there are other types of abuse please tick relevant box.

PHYSICAL FINANCIAL EMOTIONAL SEXUAL NEGLECT
INSTITUTIONAL ABUSE

WILL THIS CASE BE REVIEWED UNDER THE VULNERABLE ADULTS POLICY AND PROCEDURES?

YES NO

VA8

IF YES,

WILL THE REVIEW BE VIA:

SUPERVISION DATE: _____

CASE CONFERENCE DATE: _____

WILL THE DESIGNATED AND INVESTIGATING OFFICER REMAIN THE SAME

YES NO

IF NO, PLEASE SPECIFY, DESIGNATED OFFICER _____

INVESTIGATING OFFICER _____

IF NO,

INVESTIGATING OFFICER WILL CONTINUE WITH A KEY WORKER ROLE

TRANSFER TO OTHER KEY WORKER / SERVICE, PLEASE SPECIFY

CLOSE CASE

OTHER, PLEASE SPECIFY _____

SIGNATURE OF DESIGNATED OFFICER

DATE

CONFIDENTIAL**Muckamore Abbey Hospital****Briefing by M Mannion – 19 December 2012**

As commissioned by Catherine McNicholl, Director of the Adult, Social and Primary Care Directorate and Brenda Creaney, Executive Director of Nursing and User Experience.

Moira Mannion, Co-Director of Nursing was commissioned to complete the following:

- Commit time to engage in and complete ward observation of Staff behaviours, Patient care as professionally independent from the service,
- To complete unannounced leadership visits,
- To lead the team of monitors engaged in the monitoring activity,
- To review all the monitoring forms submitted,
- To provide an executive report of actions completed,
- To provide an improvement plan to the Director of the Adult, Social and Primary Care Directorate and the Executive Director of Nursing and User Experience and the strategy group members for discussion and agreement.

Actions completed

- Two unannounced leadership walk arounds 3hrs x 2 =6hrs,
 - Monitored the ward environment for 10 hrs,
 - Met with the monitors as a group for 2hrs,
- Issues identified:
- Key concern about the impact of monitoring on patients behaviours,
 - Monitors welcomed the meeting as it was their first,
 - Not aware if there was a time frame for the monitoring plan,
 - Poor information about the investigation process.
- A draft improvement plan was submitted to the Executive Director of Nursing, the Director of the Adult, Social and Primary Care Directorate, the Co-Director of the Adult Social and Primary Care Directorate and the lead investigating officer.
 - Meetings completed x 4:
 - Director of the Adult, Social and Primary Care Directorate,
 - Executive Director of Nursing,
 - Associate Director of Nursing,
 - Co-Director of the Adult Social and Primary Care Directorate, Associate Director of Nursing and the Lead Investigation Officer.



CONFIDENTIAL

Muckamore Abbey Hospital

Briefing by M Mannion – 19 December 2012

- Thematically reviewed all monitoring forms submitted using an early indicator of abuse guide and the RCN dignity standards. To date, 85 monitoring forms have been submitted over a 5 week period by 20 independent senior nursing staff, 840 hours observed practice over a 24 hour cycle.

Results from the thematic review were are follows:

- 24 forms out of 85 had noted a concern,
 - The 3 key themes;
 - Staff levels at key times in the day
 - Environmental issues
 - Impact of male monitor on patients who remove clothing
- 61 did not identify any concerns,
- All 85 forms identified many examples of best practice and positive interaction by staff with patients,
- There was no indication of any possibility of a culture that may be accepting of behaviours or communications that could be referred to as abusive.

Moira Mannion

Co-Director of Nursing: Education and Learning

19 December 2012

Ennis Ward Investigation Meeting
Held on 20th December 2012 at 9.30am in Cranfield, Muckamore Abbey Hospital

Present

Aine Morrison, Operations Manager, Belfast HSC Trust Chair
Margaret Cullen, Regulation & Quality Improvement Authority
Elaine Mc Cormill, Sergeant, PSNI, Public Protection Unit, Antrim
Tracey Hawthorne, Constable, PSNI, Public Protection Unit, Antrim
Lesley Jones, Northern HSC Trust Representative
Yvonne McKnight, Adult Safeguarding Specialist, Belfast HSC Trust
Moira Mannion, Co-Director of Nursing: Education & Learning, Belfast HSC Trust
Geraldine Murray, Human Resources, Belfast HSC Trust
Esther Rafferty, Service Manager, Muckamore Abbey Hospital, Belfast HSC Trust

Apologies

Siobhan Rogan, Regulation & Quality Improvement Authority
Greer Wilson, South Eastern HSC Trust Representative

Introduction

Aine welcomed all to the meeting.

Aine circulated copies of:

- amended minutes of the meeting held on 15th November 2012
- the minutes of the meeting held on 12th December 2012
- a summary of the allegations that have been made to date
- positive comments Bohill staff had made about Muckamore staff

Previous Minutes

Moira Mannion requested a copy of minutes of 9th November 2012 to be forwarded to her as she was not involved in this process at that stage.

As the minutes of 12th December 2012 were only circulated just prior to the meeting, it was agreed that they would remain in draft form until everyone had a chance to read them fully.

It was noted in the previous minutes of 12th December 2012 under the heading 'Introduction'; that Aine had circulated copies of anonymised minutes of the two previous meetings by taking out staff and client names and replacing them with initials and had requested previous copies be destroyed. Geraldine Murray and Moira Mannion expressed some concern about the destruction of minutes. Aine explained that the Co-director for Social Work and Social Care Governance for Belfast Trust had requested that this be done saying that he would prefer that names of clients and staff were not circulated outside the Trust. Aine explained she had retained a copy of the original minutes with the full names and that the only changes were that full names had been replaced with initials. It was agreed that the wording would be changed to say that the minutes had been redacted.

Moira Mannion commented that page 2 of the minutes, Update on Monitoring Arrangements, Point 1 said that Aine and Yvonne were to meet with her to ensure she was fully briefed and to agree her role and responsibilities. She wished to point out that she had been jointly commissioned by the Director of Primary and Social Care and the Director of Nursing to carry out her role. Aine stated that she had been asked by the Director of Primary and Social Care to meet with Moira to agree her role.

Aine asked for any further amendments or wording issues on the previous minutes be forwarded to her by email.

Investigation Updates

Staff Interviews

Aine noted that the social services interviews with Bohill staff had now been completed. Three further staff had reported concerns that were potentially criminal in nature and these have been referred to police. Moira said that she had been provided with copies of these by Aine and felt that the introduction had provided too much information to Bohill staff and could be considered leading and could compromise the investigation.

Aine explained the process used within the Trust for vulnerable adult investigations. This includes exploratory interviews designed to see if staff had any further concerns to report as agreed with the PSNI. The questions were based on the issues of concern that had already been reported. Experience has shown that staff need to be told why they were being interviewed, often need to be asked direct questions and that more generalised requests for information often do not result in information being offered.

The police confirmed that they would conduct their own interviews with anyone who has made allegations of a criminal nature and would be following their own procedures in relation to this. They further confirmed that the investigation had been compromised in any way. Moira expressed herself reassured by this.

Moira said that it was important that all procedures were followed correctly as these were very serious allegations and professional reputations were at stake.

Geraldine Murray and Moira also said that if disciplinary or NMC action was to be necessary, then it was important that procedures were sound to ensure the success of any action.

Aine confirmed that all procedures were being adhered to in line with vulnerable adult policy.

Summary of Allegations

Aine asked those present to refer to the summary of allegations document she had circulated and noted which allegations had been referred to the police for investigation. These were highlighted with an asterix.

Esther noted that some of the allegations could refer to acts which could be interpreted as abusive whereas they could actually be agreed and accepted physical intervention techniques. Aine agreed that this possibility needed to be borne in mind and said that it had already been agreed that the use of physical interventions on the ward would need to form part of the investigation

Aine stressed the summary of allegations list was just that and that no judgements had been reached on any of the allegations to date. She said that the document listed the allegations as first received by the Trust and that the intention of listing them was to clarify the remit of the investigation.

Outstanding Actions

Independent Advocates

Aine noted that at the last meeting, it had been discussed whether or not independent advocacy would provide any additional safeguards for the patients in the investigation. It was felt that the patients were generally unsettled at present because of new and extra faces on the ward at present and that further new faces would not be helpful. It was also noted that many of the patients have active family involvement and that family members act as advocates. It was agreed that Aine would speak to the hospital team about which patients lacked active family involvement and might benefit from an advocate. Aine has still to do this.

Esther asked about speech and language therapists acting as advocates for patients. Aine said that while the speech and language role was vital in ensuring that the client voice was heard and that she believed that speech and language could be a useful support for an advocate, she did not feel that a speech and language therapist as an employee of the Trust could act as independent advocate.

Moira Mannion said that she objected to Aine impugning the professionalism of speech and language therapists by saying they could not be independent. Aine said that she did not believe that her words implied this in any way. Aine stated that the discussion about advocacy had been about whether or not patients needed an independent voice in the investigation and as the Trust was responsible for the investigation, she did not believe that a member of Trust staff could also act as independent advocate.

Aine noted that all staff have an advocacy role. She also noted that by separating those responsible for investigation planning from the staff involved in patient care, the Trust felt that it had introduced some independence into the investigatory process.

Section 8 - ABE

Aine noted she has still to speak to Dr [REDACTED] **H50** regarding this. Yvonne will forward her the relevant document.

Contact with Relatives

Aine noted that at the previous meeting, it had been agreed to update relatives by phoning them and then following up by letter. A letter had been agreed by all three Trusts involved.

To date, telephone contact has been made with nine relatives all of whom have spoken positively about the ward. The remaining telephone calls have not been made as yet and letters have not been sent as John Veitch, Co director, Learning Disability Services, Belfast Trust has expressed some concern that the most recent redraft may heighten the anxiety of relatives and could also lead to adverse media attention.

Aine is awaiting feedback on a redraft of the letter and agreed to share any agreed redraft with the Northern and South Eastern Trusts.

Contact has not been made as yet with all of the families of patients about whom there have been criminal allegations. When contact is made, the Trust will ask for permission to share their contact details with the police so that they can also contact them to update them on progress with the investigation.

The brother of [REDACTED] ^{P2} said that his sister had repeated the allegation she made about Staff 1 hitting her. He said that he believed her and wished to make his own statement of complaint.

Moira noted that this patient had made an allegation that she had hit her. This was not the case as Moira was at no time alone with her. Moira felt it was important to note that [REDACTED] could make false allegations.

Aine said that a new allegation had come to light during the telephone calls. A brother of [REDACTED] ^{P2} said that his sister had told him that [REDACTED] ^{M54} had grabbed her by the scruff of the neck and took her to her bedroom. [REDACTED] ^{M54} is currently suspended because of other allegations. He added he did not believe his sister told lies. Aine has been trying to contact her brother to clarify when this allegation was made but without success to date.

Esther Rafferty confirmed that contact details for Aine and Police crimestoppers number had been sent by email to be posted up in the ward. Esther also noted all staff have been asked to report any concerns or allegations.

Elaine McCormill will get Crimestoppers leaflets to be placed on the ward.

Updates on Investigatory Actions

Analysis of Records

The previous minutes noted Aine had received any disciplinary records for ward staff. Geraldine Murray queried this as only records of staff who were under current sanction should have been able to be accessed. She explained disciplinary actions that have expired could not be accessed. Both Aine and Yvonne McKnight felt that it could be important in an investigation to access previous disciplinary information, not for the purposes of revisiting the disciplinary action but to see if there were any relevant factors that would contribute to a current investigation such as evidence of trends.

Yvonne agreed to take this forward as a general issue in discussions with HR.

In this case, Aine noted that she had been provided with information about one disciplinary issue. It was clarified that this issue had the status of a disciplinary investigation. This investigation is now concluded with the staff member no longer working for the Trust as they resigned. However it was noted had the staff member not left the service, the Trust would be seeking to pursue disciplinary action and has subsequently made a referral to the Independent Safeguarding Authority about concerns.

Aine expressed the view that a recent investigation into an allegation of assault by a staff member on a patient was potentially relevant to this investigation in case it provided any information on trends.

Aine said that she believed it had been daycare staff and not ward staff who reported the incident and asked Esther to clarify the circumstances.

Aine had reviewed the vulnerable adult referrals made from the ward for the last year and all appeared appropriate. Aine would like to further analyse the responses made to determine if they were appropriate and will follow this up with **H92** Designated Officer for the hospital. Aine also intends to further analyse the reported incidents to see if any of them can be linked to incidents reported by Bohill staff.

Staff Rotas

Duty rotas have been collated to ascertain what Muckamore staff were on duty with each Bohill staff. As many Bohill staff were on duty for many different shifts, they worked with a wide range of Muckamore staff so it has not been further eliminate from or include in the investigation other MAH staff.

Pre-Interview Assessments (PIA)

It was agreed at the last meeting that there would be a further discussion about how to best engage [REDACTED] in a pre-interview assessment. This discussion was to involve the police, an ABE trained social worker, hospital staff and a speech and language therapist. The meeting is currently being arranged. Aine said she had spoken to [REDACTED] brother who was supportive of [REDACTED] being interviewed. Tracey Hawthorne said that evidence obtained from [REDACTED] even in the absence of her capacity to make a complaint could be used as evidence in the investigation.

At the last meeting also, it had been agreed that there would be a further assessment of whether or not [redacted] would be able to be spoken to about her experience on the ward. Lesley reported that this assessment had occurred with the conclusion being that [redacted] did not have the capacity to do be interviewed in any way.

P3

P3

Elaine McCormill, PPU confirmed that a PPS Prosecutor has been identified o liaise with the police about the progress of the investigation.

New Allegations

It was noted that [redacted] was likely to have the capacity to be interviewed about the allegation that she was grabbed by the scruff of her neck. It was agreed that once the timescale of this allegation is clarified, Aine will arrange for a PIA as appropriate. Moira Mannion noted that [redacted] gets agitated over Christmas and asked staff to have due regard of [redacted] needs.

P6

P6

P7

An allegation was made by a Bohill staff member that when [redacted] didn't get up for tea as she said she had a sore head., an unidentified staff member said if your head is sore, you wont want your dinner and scraped it into the bin. The patient is alleged to have asked for a tablet for her headache and the staff member said she wasn't allowed one as she hadn't eaten her dinner. This staff member was described as having short, dark spikey hair and in her 40s. It was noted that [redacted] would probably be able to be interviewed in relation to this allegation. The police stated that this allegation was not criminal in nature and it was therefore agreed that social services would undertake this interview. Aine is to arrange this.

Report on Police Interviews

The PPU carried out their interviews with Bohill staff on Monday. They summarised the allegations that had been made but stressed that this was an overview and that the exact detail was contained in the police statements.

B3 (Bohill staff) gave an account of possibly criminal acts by Staff 3 and Staff 1. She also noted a very different experience working on Ennis ward as opposed to Rathmullan and Erne wards where she spoke highly of staff. Elaine McCormill noted this as a significant point that the allegations were not about care throughout the hospital but only on Ennis Ward. Aine noted that this was positive. However, it also potentially further heightened the concern about Ennis as there were clear differences being reported between it and other wards.

B3 also noted the lack of induction she received on Ennis ward.

B3 worked on Ennis on 8/10/12 where nothing untoward was noted. However on 9/10/12 when **B3** also worked on Ennis she noted a marked difference in Patient A. **B3** attributed this to a change in staff which made Patient A more agitated.

MS1- **H159**

B3 and **B4** (both Bohill staff) recalled that in the living room were **B5** (MAH staff), and **B6**. When Patient A kept taking her clothes off, staff told her 'you're doing my head in'. N (Bank MAH staff) pulled **B5** by her clothes at the chest. **B5** then lay on the floor and tried to take her trousers off. Staff then pulled a belt tight around **B5** and frog marched her to the fire exit and threw her out in the rain. **B3** (Bohill staff) let **B5** back in from the fire exit.

Another incident was noted when **B5** who likes to sit on the grass was seen sitting on the grass in the rain and her clothes were soaked. When Bohill staff queried this with MAH staff, they said we will change her if she gets any wetter.

B5 was also interviewed. She noted **B5** taking her trousers off and MAH staff tightening a belt around her. She also mentioned MAH staff removing **B5** shoes and throwing them away saying it distracted her. She also said **B5** was sitting on the arm of the chair and an older MAH staff kept pushing her away. The older MAH staff held **B5** by the hips while a younger MAH staff tightened a belt around her. **B5** was making crying noises. There is no confirmed identification of the MAH staff involved in this incident; the older staff is described as **Description of H205** and may be called **H205**. The younger staff member is described as changing her hair colouring regularly. **MS7**

The PPU confirmed that this allegation is subject to further criminal investigation.

B5 however did note that some staff were good with **B5**.

B5 didn't report sooner as she thought this was how the behaviour of patients was managed. **B5** is young and inexperienced, she has only worked in the care sector for three months. **B5** did say however the actions of the staff made her very uncomfortable.

Bohill staff all described Ennis Ward as bleak; with no stimulation and no interaction from staff.

B6 was also interviewed. She had nothing specific to report. **B6** was given an induction to the ward. **B6** noted at break times the dining room was a hub of activity. Staff brought three patients in at a time and fed them quickly, patients were then brought out without their mouths wiped. Staff would push past patients without saying 'excuse me'.

B6 noted that staff said they changed patients for bed at 7pm. **B6** went for her break at 6.30pm and when she returned all patients were changed. She suggests that personal care could not have been carried out for all patients in that space of time.

On 5th November 12 it was noted a MAH staff described as a 'night nurse' pushed a patient into a chair.

B8 (Bohill staff) Senior Staff, has worked for many years within learning disability. She worked six shifts on Erne ward where there were no issues. **B8** had induction for Ennis ward and was told of care plans but no information on individual clients. **B8** noted issues in the dining room with pushing and clients being left alone. **B8** didn't name staff, this was more a general comment. However she did note derogatory comments about [redacted] **B8** described Ennis as not a nice place.

MS1 **H159** P1 MS3- **H197**
It was noted that [redacted] and [redacted] are currently suspended. In relation to the three staff who have been described but not named, it was agreed that the allegations were not clear enough to warrant suspension. It was felt that they needed further enquiry to establish context and possible explanations. Moira expressed a view that further action was not needed in relation to the member of staff who is described as having held [redacted] as she had "only held her". Aine disagreed with this, saying that she would view this with equal seriousness. The police confirmed that they did not intend to investigate these as criminal allegations. It was agreed therefore, that if staff were identified, social services would proceed to interview them in relation to the allegations.

Immediate action

Esther will investigate who the staff are that have been described:

- i) older staff member in **Description of H205** maybe called **H205**
- ii) younger staff member, Care Assistant, who changes her hair colour regularly.
- iii) staff on duty on night of 5.11.12, described as night nurse, with reddish brown spikey hair of stout build.

Aine asked Esther to check if the use of a belt was approved in a care plan or a physical intervention plan for [redacted] as a means of addressing her stripping behaviour.

The next step for the PPU will be to interview [redacted] and [redacted], the outcome of these interviews will then guide the investigation.

Geraldine Murray asked if the Trust could proceed with disciplinary interviews before the police interviews. The police requested that this wouldn't happen. Geraldine stressed the need to move ahead with Trust processes as soon as possible and asked the police for a timescale for their investigation. The police said that they were not in a position to give a timescale.

Elaine McCormill and Tracy Hawthorne, PPU left the meeting at this point as they had other appointments.

Review of Protection Plan

It was agreed the grounds remain for the suspension of the three staff currently suspended.

Trust staff will move to identify and interview the other three staff who have been described.

Monitoring

Presently there is 24 hour monitoring on Ennis ward by staff external to the ward.

Moira Mannion has been participating in the monitoring and is also overseeing it. She presented a report summarising and analysing the monitoring reports which should be read in conjunction with these minutes.

Some of the monitoring concerns have been addressed by painting of the ward, new curtains being put up and curtains around beds being supplied. Support Services staff have attended to a deep clean of the ward. A capital bid has also been made for the ward for further improvements as it is envisaged this ward will be operational for a further year even though it is a resettlement ward.

Moira voiced her concern in relation to the impact the monitoring is having on patients. Patients are thought to be reacting badly to the presence of strange staff on the ward.

Aine noted that this factor was presumably also exacerbated by the need to use bank and agency staff at present to make up staffing numbers.

Moira said that as the monitoring had shown no signs of a culture of abuse on the ward and indeed indicated a lot of good practice, she felt that the monitoring arrangements could change and put forward a proposal in relation to this.

The plan proposed that 24 hour monitoring would cease and be replaced by the implementation of the Fifteen Steps Challenge. This would involve both further monitoring and inspection but also improvements. Moira said that she would lead a team of people charged with carrying this out. If any concerns came to light, 24 hour monitoring would be reinstated immediately.

Aine said that while she welcomed the proposal as a means of moving forward, she felt it was too early to move away from the 24 hour monitoring. She said that the allegations were extremely serious in nature and that if they had occurred as alleged, the fact that they were carried out in an open manner caused grave concern about the culture on the ward. She felt that the fact that there were a number of unidentified staff accused of poor and possible criminal practice also made her concerned about reducing the monitoring until further investigation had been carried out.

Margaret Cullen, Lesley Jones and Yvonne Mc Knight concurred with Aine's opinion. Moira was keen to agree a date when the monitoring could stop but others felt that as this was dependent on factors with unknown timescales, it was not possible to fix a date.

Moira then proposed that the monitoring could be replaced by new staff joining the core team. Esther said she would probably be in a position to do this from 7th January on. Aine said that she believed this could be a satisfactory way forward

although the role of these new staff would need clearly defined and would need to have a very clear monitoring remit.

It was agreed that arrangements would remain as they were and that the issue would be discussed again at the next strategy meeting.

Staffing Levels

Aine noted the concern and discussion at the last meeting about staffing levels. She said that she had clarified this with Esther after the last meeting and had been told that the Telford assessment had indicated 6 and that this was the current staffing level at that point. Aine noted that because of the concerns raised by RQIA and some monitoring staff, she had asked Moira to review the current assessments and carry out her own assessment.

Moira noted assessment under Telford indicated 6 staff and additional staff as extra when needed for level 3 obs. Moira said that there was only one patient on level 3 obs at present although at other times, there were two. Moira said that the current staffing level should therefore be 7, 6 core staff and one extra for the patient on level 3 obs.

Margaret Cullen asked Moira to clarify that the staff for level 3 obs were additional to the core staffing on the ward. Moira agreed that this was the case.

Margaret also asked about the skill mix on the ward. Moira and Esther said that an appropriate skill mix was part of their calculations in staffing the ward.

All agreed that 6 staff and additional staff for 1-to-1 was satisfactory.

Aine recapped on the protection plan that the three staff currently suspended will remain suspended and 24 hour monitoring will continue.

It was noted that Ennis ward staff are feeling vulnerable and anxious about the investigation. Geraldine Murray said there is a need to be careful about what is explained to ward staff as the staff currently suspended do not know full details.

Aine noted that there had been quite a bit of concern expressed about staff not being provided with information and it was an area of concern noted in Moira's report. Aine said that if Esther thought it would be helpful, she would be very happy to meet with staff to explain the process and try to allay anxieties as far as possible. Esther and Moira said that they did not feel this was necessary as staff had been briefed but it was impossible to avoid some anxiety. Moira said she thought Aine had done a good job of keeping people informed.

Interviewing Staff

There was a discussion about who should interview the three staff members who had been described in police interviews, if identified. This could be done as a vulnerable adult investigation interview only or jointly by investigation staff and

hospital management. Doing it jointly could avoid the need for reinterview under disciplinary procedures if this proved to be necessary. It was noted that the interplay between disciplinary procedures and vulnerable adult investigations is complex and still the subject of some debate. Yvonne is in ongoing discussions with HR about this but no agreement has been reached as yet. Geraldine said that until agreement is reached, it would be her preference to keep the two processes separate. This was agreed. Aine will identify staff to carry out these interviews.

Human Resources interviews will be done separately.

Care Plans

It was agreed that the investigation should move on to look at the care plans in place for patients on the ward, with a particular emphasis on behaviour support plans, restrictive practices and physical intervention plans. Moira agreed to undertake this piece of work. It was agreed that she would in the first instance look at the care plans for Patients A, B, C, D and E.

Bohill Staff Reporting

There was concern expressed that some Bohill staff had not come forward with concerns immediately or without prompting. Margaret Cullen is to raise this as an issue with Bohill management.

Actions

- ◆ In relation to the advocacy issue Aine will speak to Esther Rafferty and **H377** **H377** about this to determine which patients have limited family contact and therefore might benefit from independent advocacy.
- ◆ Aine will share the relevant Section 8 ABE document with Dr **H50**
- ◆ Aine will seek agreement to resume the telephone calls to relatives and for the revised letter to be sent to relatives.
- ◆ Aine will speak to **H92** for further analysis of the vulnerable adult referrals reported.
- ◆ Moira Mannion will look at a selection of behaviour approaches for various patients.
- ◆ A pre-interview assessment will be carried out with Patient F when Aine clarifies the timescale for the incident that was raised.
- ◆ A pre-interview assessment will be carried out for Patient B
- ◆ A pre interview assessment will be carried out for Patient G.

- ◆ Police will interview Staff 1 and Staff 3. The Trust will await the outcome of these interviews to decide on further actions.
- ◆ Esther Rafferty will identify the three staff members mentioned in further allegations and inform Aine
- ◆ Aine will identify an Investigating Officer to carry out interviews with these staff members.
- ◆ Any further amendments to the previous minutes to be sent to Aine for action.
- ◆ Moira Mannion will review care plans for the five identified patients.
- ◆ Margaret Cullen to address reporting issue with Bohill management.

The next meeting will be held on Wednesday 9th January 2013 at 2pm in Cranfield Ward, Muckamore Abbey Hospital

**PROPOSAL FOR SERVICE IMPROVEMENT ACTION PLAN IN ENNIS WARD
Muckamore Abbey Hospital**

Key Approach to commencing service improvement

It is proposed that The Productive Ward, 15 steps Challenge would be utilised and implemented. Material attached with the detail.

This would mean the engagement of a number of staff external to the ward ie the members of the monitoring team of the ward environment within a productive ward model.

Action: Moira Mannion as Project Lead

To facilitate a number of staff and identified monitors to visit an existing productive ward environment.

Action: Moira Mannion, Service Manager / Senior Nursing Team

To review the use of the SIAF indicators to assess the ward performance against recognised indicators for improvements

Action: Senior Nurse Manager / Ward Sister

Safeguarding material to be shared with staff and where required staff supported with training to facilitate and sustain improvements in practice.

Action: Nurse Development Lead

Uplift staff knowledge on current policy relevant to the environment as well as information governance / patient property.

Action: Nurse Development Lead

Commission training restating the strategic objectives of Resettlement

Action: Nurse Development Lead / CEC

Review the ward learning environment for student placements

Action: E McDougall; Practice Education coordinator

Expected completion date for the structured approach could be March 2013

Action plan recommended following leadership walk round with senior staff.

Resources

Preparation of a graph illustrating the shifts pattern, staffing numbers and patient dependency levels.

Action: [REDACTED] H377; Senior Nurse Manager, 10th December

Information on high impact times e.g. meal times, getting up and bed times plus staff ratio.

Action: [REDACTED] H377; Senior Nurse Manager, 10th December

Explore options to increase staff at key times; plus review roster, review shift patterns, work patterns, activity schedule for patients on the ward.

Action: [REDACTED] H377; Senior Nurse Manager, 10th December

Safety

Request a ward Health and Safety Risk Assessment to be undertaken in conjunction with a fire assessment

Action: 7th December 2012

A peer hygiene inspection to be undertaken

Action: 12th December 2012

A de-clutter of the ward environment is proposed in discussion with ward staff, patients and carers.

Action: Assistance for this action via estates December 2012.

Re-designation of ward spaces in discussion with staff

Action: Senior Nursing Team, ward staff commence in December 2012

A review of the monitoring reports to date to identify trends and issues for action

Action: Esther Rafferty; Service Manager 10th December 2012.

Partnerships

Dignity and Privacy, a review of the type of curtains used in the ward on both windows and bed areas

Action: 12th September 2012

Estates department to review ward to cost sandblast of lower window

Action: 12th September 2012

A review of care planning and functional behavioural analysis of each patient on the ward

Action: Ward Sister, & staff, multidisciplinary team

RCN Dignity material to be shared with ward staff and monitoring team, with a follow up training session on dignity issues in learning disability services with the Nurse Development Lead.

Action: Nurse Development Lead

Ennis Ward Investigation Meeting
Held on 12th December 2012 in Muckamore Abbey Hospital

Present

Aine Morrison, Operations Manager, Belfast HSC Trust
 Margaret Cullan, Regulation & Quality Improvement Authority
 Siobhan Rogan, Regulation & Quality Improvement Authority
 Elaine McCormill, Sergeant, PSNI, Public Protection Unit, Antrim
 Tracey Hawthorne, Constable, PSNI, Public Protection Unit, Antrim
 Lesley Jones, Northern HSC Trust Representative
 Greer Wilson, South Eastern HSC Trust Representative
 Yvonne McKnight, Adult Safeguarding Specialist, Belfast HSC Trust

Introduction

Aine advised that the meeting was a further strategy discussion being held under the Joint Protocol for Investigation 2009 arrangements. She noted that there had been two previous strategy meetings and that the purpose of this meeting was to review the protection arrangements, provide an update on the investigation and discuss and agree further actions.

Aine circulated a number of papers. These were;

- i. Minutes of the two previous meetings which had been redacted.
- ii. Copy of the guidance to monitoring staff and ward staff on the role of the monitors.
- iii. A copy of the investigation actions.

Previous Minutes

Aine confirmed that the requested amendments to the first set of minutes have been made.

Aine asked if everyone was in agreement with the minutes for the second strategy meeting. RQIA asked for clarification on a number of points.

It was agreed that these amendments would be circulated.

Reinstatement of staff member NS2

The rationale for reinstating [REDACTED] the student and bank staff member was clarified.

Aine advised that this was because; following the police interview with [REDACTED] B3 [REDACTED] B2 it was clear that there was no specific allegations against her. Yvonne McKnight asked if anyone present at the meeting had any concerns about her reinstatement. No concerns were raised.

Media Press

Aine advised that to date there has been no media attention. She noted that a revised media statement had been circulated. All present confirmed that they were in agreement with the content of this.

Investigation Updates

- i. *Forensic Medical Examinations*
No report of these has been received as yet. Elaine and Tracey are to request these.
- ii. *Bruise Charts*
Aine is awaiting confirmation from hospital medical staff that none of the bruise charts for patients other than the four who had forensic medicals showed any evidence of non-accidental injury.
- iv. *Interviews with Bohill Staff by Social Services*
It was agreed at the previous meeting that the Trust would interview seven Bohill members of staff. Two others who had already come forward with concerns of a potentially criminal nature would be interviewed by the police. Aine reported that six of the seven planned interviews had taken place. The seventh interview is planned. Of the six interviewed, three had come forward with reports of further potentially criminal acts. These have been passed on to the PSNI. Some of them involve members of staff who are currently suspended, others involved unidentified staff. In addition to these concerns, the interviews showed repeated and fairly consistent concerns about:
 - a. Perceived low levels of staffing and pressure on staff.
 - b. A poor quality atmosphere on the ward, lack of warmth, lack of interaction with patients, patients not being treated with dignity and respect.
 - c. Lack of induction for Bohill staff.
 Yvonne asked if Bohill staff had raised any of their concerns prior to **B2** coming forward. Aine stated that they had not.
- v. *Police Interviews with Bohill Staff*
The police reported that no interviews with Bohill staff have taken place as yet but that they hope to organise these shortly.

63

B2

Elaine noted that she intended to contact the Public Prosecution Service to have an early discussion about potential offences. At the moment the offences under consideration are common assault and ill treatment of patients with a mental disorder.

Update on Monitoring Arrangements

- i. Aine noted that a Co-director of Nursing; Education and Learning had been identified to lead and co-ordinate monitoring arrangements. She had been unable to attend this meeting but would endeavour to attend future meetings. Aine and Yvonne are to meet with her tomorrow to ensure she is fully briefed and to agree her role and responsibilities. It is anticipated that she will spend both announced and unannounced time on the ward as well as supervise and support the monitors.
- ii. Aine noted that at the last meeting RQIA has raised a concern that the monitoring staff were not present on the ward 24 hours a day and were not supernumerary. Aine had said that she believed this was the case. However Aine now reported that it had not been the case. This situation has now been rectified and Aine said that she had now been assured that monitoring staff were in place 24 hours a day and that they were supernumerary.

- iii. Aine said that she had been receiving the monitoring reports. While considerable good practice was reported, there had also been concerns raised about low level staffing, lack of stimulation for patients and lack of privacy for the patients. Aine noted that the privacy concerns were being addressed by sandblasting the windows on the ward.

Staffing

There was considerable discussion about levels of staffing on the ward. Aine said that she had been advised by Esther Rafferty that there was currently a staffing complement of six on the ward with the number of registered nurses being increased to two on any shift. The six included the two one-to-one staff allocated to specific patients. The meeting noted the continuing concern about staffing levels noted by the monitors. It was unclear if the six staff were in place when these concerns were raised. Aine agreed to check this. RQIA raised a concern that one of the staff allocated to level 3 observations was considered to be part of the routine staff complement. They felt this contradicted the hospital's policy for level 3 observations which says that the member of staff allocated should not have any other duties. There was discussion about whether or not [H77] Senior Nurse Manager had recommended a staff complement of seven following a Telford assessment.

Aine informed the meeting that Esther Rafferty had informed her that [H77] had recommended a staff complement of between six and seven. Aine agreed to seek further clarification on the issues raised and inform everyone of the outcome.

Yvonne clarified with RQIA that there were no specific staffing requirements for the ward.

Interviews with Patients

Aine reported that a meeting had been set up to consider the capacity of patients to give evidence about anything that might have occurred. The meeting included the police, medical and nursing staff, speech and language therapy and an ABE trained social worker. The meeting concluded that of the five named potential victims, two might be able to provide some information.

Further consideration will be given to how this might be facilitated for these two patients. Lesley Jones will take this forward for the Northern Trust client and Belfast Trust for their client. It was noted that in the absence of patient capacity to consent to give evidence, best interests principles would be applied with next of kin being consulted. The PSNI undertook to investigate how evidence from those who would not have capacity to consent to making a statement of complaint could be used. Of the 12 other patients, it was agreed that seven of them could give witness statements if required.

Independent Advocates

The meeting discussed whether or not involving independent advocates with the patients or with the investigation would be useful. Concern was expressed about involving further people as patients are already upset by the amount of extra people who have become involved recently. There was also concern expressed, particularly by the police, about involving a non statutory service in the investigation planning. It

was also noted that many of the patients on the ward had family members who were actively involved. It was agreed that referrals for advocacy should be made for those who had limited family contact. These advocates will be given the same information as is being given to relatives.

Information for Relatives

It was agreed that relatives should be given an update on the investigation. After discussion it was agreed that this should take place by telephone by community staff and followed up by letter. Elaine advised that the PSNI would wish to contact the families of the named potential victims. Aine agreed that the Trust would ask these families if their contact details could be passed to the police.

Pre trial Therapy

It was agreed that the consultant for the ward should be briefed in relation to section 8 of the Achieving Best Evidence in Criminal Proceedings 2012. The role of intermediaries was also referenced but it was noted that this service was not operational yet.

Contact Details

It was agreed that the crimestoppers number and contact details for Aine should be displayed on the ward.

Collation and Analysis of Information

Aine noted that she had received the following information from the hospital;

- List of all staff who had worked on the ward in the last year
- Vulnerable adult referrals for the last year
- Incidents/accidents for the last year
- Any disciplinary records for ward staff
- Any complaints received about the ward
- Photos of staff could potentially be made available if needed for identification purposes.

Analysis of this information will start.

The protection plan of 24 hour monitoring and the precautionary suspension of three members of staff was agreed as appropriate and still necessary.

A further meeting was arranged for Thursday 20th December 2012 at 9.30am in Muckamore Abbey Hospital

Aine Morrison
Operations Manager

Dated 15/11/12

REVIEW AND AMEND PREVIOUS ANALYSIS OF RISK.**COMMENTS:**

Ms Morrison noted that this was a second vulnerable adult strategy meeting being held under Joint Protocol procedures to further plan the investigation into Ennis Ward staff. RQIA requested a number of changes to the minutes of the first strategy meeting which will be circulated

Ms Morrison said that, in light of the ongoing concerns about general care practice on the ward, the Belfast Trust felt that the hospital team should no longer be involved in investigation planning. Hospital staff will continue to cooperate with other aspects of the investigation such as information gathering as requested. It was felt that this approach facilitated a more independent investigation. All present agreed with this strategy. It was agreed that Ms Morrison would be the main link to hospital staff.

ACTIONS UPDATE

Three named members of staff remain on precautionary suspension.

One named member of staff has been moved to another ward where she does not have supervisory responsibilities.

Relatives have been notified and given contact details to use if they wish to discuss any concerns. As yet no relatives have come forward with any concerns.

A press statement was agreed and circulated. So far, no agency has been contacted by the media. Ms Morrison noted that RQIA had asked for some amendments to this press statement. These were agreed and a revised statement will be circulated to all parties by Ms Morrison.

Ms Morrison contacted [REDACTED] B1 Manager at Bohill and agreed that Trust staff would interview staff who had worked in Ennis to see if they had any concerns.

MS5 When [REDACTED] B1 spoke to her staff to arrange these interviews, there were two further reports of concern. It was alleged that a bank staff, [REDACTED], grabbed [REDACTED] PI that [REDACTED] PI was thrown on the sofa and told to "get out of my f'ing face." It was also alleged by Bohill staff that it had been said to patients generally, "These girls are up here to get rid of you" The member of staff who made these allegations said that another Bohill member of staff will have witnessed these incidents. It was also alleged that [REDACTED] PI was sitting outside on wet grass and that when Bohill staff asked if they could bring her in or get something for her to sit on, they were told by [REDACTED] PI that they couldn't. The police are to carry out interviews with the Bohill members of staff involved.

H159

Social work interviews with other Bohill staff had been conducted the morning of the meeting, 15.11.12. Ms Morrison had received a telephone update just prior to the meeting starting. Some further concerns about possible physical abuse had emerged, also poor care practice and a general concern about an uncaring culture in the ward. There were quite a few reports of patients being shouted at. Concerns about lack of induction for Bohill staff and lack of supervision for patients also emerged. Some staff did note positive practice by some Ennis staff. Interviews with a further 4 members of staff are to be carried out. Ms Morrison will examine the written records of these interviews and discuss them with the police to determine who might need to be interviewed by them.

B3

H197

The PSNI had interviewed [redacted] the care assistant who made the original allegations. The PSNI summarised her statement for the meeting. She confirmed allegations of physical assault against patients by two members of staff, [redacted] and [redacted]. She also confirmed that [redacted] had made an allegation that [redacted] had hit her. [redacted] also made an allegation that the nurse in charge of the shift, [redacted] had come out of the office in response to increased noise levels and shouted into the dayroom "I'm fed up with the lot of you – you're doing my head in." The meeting agreed that this added considerably to the earlier concerns about [redacted] practice. These had involved her management of the ward and potential failure to ensure appropriate supervision and care of patients. The police said that the information to date did not indicate any crime committed by her. However Trust staff and RQIA agreed that there were sufficient concerns about her care practice to recommend a precautionary suspension to hospital management.

H159

M54

M52

The police noted that [redacted] did not make any specific allegations against [redacted] student nurse and bank member of staff, saying that no one else from Ennis had witnessed the alleged assaults she had. She may have been in the vicinity of the bathroom when [redacted] ran from it saying she had been hit but this is not known. [redacted] is alleged to have told [redacted] that she wouldn't get her sweets and lemonade if she didn't put her nightdress on. However it was agreed that more would need to be known about the context and background of this remark before making a judgement on it. It was agreed that this remark did not warrant suspension and as there were no other specific concerns about her, that she should be reinstated. It was agreed though that she should be transferred to another ward and work under supervision until the investigation had progressed further.

M52

Ms Morrison noted that she had visited the ward on 13th November 2012 accompanied by [redacted] MAH SSW and had been shown around by the ward manager, [redacted]. Ms Morrison noted that she had been concerned about a number of things she had observed during her visit. She felt that the ward manager had spoken inappropriately about patients' care and support needs in front of them. She was also concerned about an almost total lack of interaction with any of the patients on the bottom half of the ward as she was shown around. At one stage a patient sitting behind the door was ignored with the ward manager pausing to talk to Ms Morrison and [redacted] directly in front of her. When Ms Morrison asked to see the bedroom corridor at the bottom end of the ward, two patients followed along. When Ms Morrison acknowledged them, the ward manager ushered them behind the corridor door, locking it in their faces. She said that this was to prevent one of the patients becoming involved in her bedtime routine. Ms Morrison did not remember the exact words used but it had been something like, get back behind the door. Ms Morrison did not see if there had been any physical intervention used but had felt uncomfortable with the lack of verbal interaction with the patients while doing this or any attempt to achieve the end result in another way. Ms Morrison did note that this had been a very brief visit and that she did not have any knowledge of the patients' needs. She also acknowledged that the ward manager might have been nervous about showing her around. She also noted that [redacted] had not noticed anything of concern.

H92

H92

Margaret Cullen noted that she had met with the ward manager yesterday and that during that visit; the ward manager had appropriately waited until they were in a private space to speak of the patients.

The RQIA had carried out an unannounced inspection on the ward on 14th November. They had noted good practice in recording and care plans. However, they were concerned about the level of staffing on the ward. It was reported to RQIA by Senior Nurse Manager, [H77] that in accordance with Trust policy, he felt that there should be five staff on shift in Ennis, with an additional two staff for the two patients on Level 3 Observations, bringing the total to seven. RQIA have raised this concern with the service manager for the hospital, Esther Rafferty. RQIA acknowledged that the hospital was currently experiencing severe staff shortages and were conscious of the difficulties a requirement for seven staff in Ennis might cause elsewhere. It was agreed that Ms Morrison would discuss the staffing possibilities for Ennis with Esther and then discuss further with the RQIA.

Margaret Cullen and Siobhan Rogan sought clarity about the additional staffing agreed as part of the protection plan asking if these were being provided on a 24 hr basis. They also asked for an assurance that these staff were supernumerary to the ward staff. Ms Morrison said that it was her understanding that the additional staffing was there on a 24 hour basis and that they were supernumerary. She agreed to check if this was actually the case and, if not, ask for this to be implemented. It was agreed that these monitoring staff need to be clear about their role and have guidance about reporting arrangements. This was one of the recommendations made by the Ralph's Close review. Ms Morrison agreed to draw up this guidance.

Ms Morrison said that given the concern that the alleged incidents might reflect a wider problem with practice on the ward, she thought that it would be useful to have someone with more independence from the hospital providing the monitoring role. She noted that an outside perspective is often useful in picking up things that those more used to a situation can become accustomed to. A more independent person would be in a position to offer both protection and provide information for the investigation. All present agreed that a more independent person would be valuable. It was noted that this was also a recommendation in the Ralph's Close review. It was agreed that the person or persons would need to have considerable experience in learning disability to be able to carry out the task appropriately. Ms Morrison agreed to speak to senior Trust management about progressing this issue.

The investigative actions agreed at the previous strategy meeting have been started but require a lot more work. These include;

1. The collation of incident/accident reports and mapping these against the body charts.
2. Charting Ennis staff shifts against Bohill staff shifts.
3. Vulnerable adult referrals from the ward to be analysed and reviewed for any concerns.
4. Communication assessments for all patients on the ward to be carried out.

[H197]

[H159]

the current protection/plan was confirmed as follows;

1. [redacted] and [redacted] to remain on precautionary suspension.
2. Recommendation to hospital management that [redacted] should be suspended.

MS4

3. Band 6 or Band 7 supernumerary staff to be present on the ward at all times in a monitoring capacity.
4. Senior nurse managers to continue with unannounced visits to the ward again in a monitoring capacity.

Aine Morrison;
Operations Manager

Ennis Ward Investigation Meeting

Held on 9th January 2013 at 2p.m.

in the Board Room Muckamore Abbey Hospital

Present:

Aine Morrison, Operations Manager, Belfast HSC Trust: Chair

Margaret Cullen, Regulation and Quality Improvement Authority

Siobhan Rogan, Regulation and Quality Improvement Authority

Lesley Jones, Northern HSC Trust Representative

Yvonne McKnight, Adult Safeguarding Specialist, Belfast HSC Trust

Moira Mannion, Co-Director of Nursing: Education & Learning, Belfast HSC Trust

Geraldine Murray, Human Resources, Belfast HSC Trust

John Veitch, Co-Director, Learning Disability Services

Esther Rafferty, Service Manager, Muckamore Abbey Hospital, Belfast HSC Trust

Barney McNeany, Service Manager, Community Learning Disability Services, Belfast HSC Trust

Greer Wilson, South Eastern HSC Trust Representative

Apologies:

Elaine McCormill, Sergeant, PSNI, Public Protection Unit, Antrim

Tracey Hawthorne, Constable, PSNI, Public Protection Unit, Antrim

Introduction:

Aine Morrison welcomed all to the meeting.

1. Minutes of Meeting of 12th November.

It was recorded that all were happy with the amendments to these minutes as discussed at the last meeting and no further amendments suggested.

2. Minutes of Meeting of 20th December

John Veitch suggested that on Page 5, under the heading Staff Rotas, the last sentence should be amended to read –“as many Bohill staff were on duty for many different shifts, they worked with a wide range of Muckamore staff, it

has not been 'possible to' further eliminate from or include in the investigation other MAH staff'.

Margaret Cullen asked for confirmation that(on page 4 under the heading 'Contact with Relatives' 4th line from the bottom of paragraph) contact details for Aine Morrison and Police Crimestoppers have been displayed on the ward noticeboard, and Crimestoppers leaflets were also available on the ward. Esther Rafferty stated that she would check that this was the case and report at the next meeting.

On page 6 it was noted under the heading 'New Allegations' that Patient F was likely to have the capacity to be interviewed about the allegation that she was grabbed by the scruff of her neck. Aine Morrison confirmed that a Pre Interview Assessment would be carried out which would address the issue of capacity.

3. List of Allegations

John Veitch drew attention to the list of allegations presented by Aine Morrison at the last meeting and updated today. He noted that whilst some of the allegations were quite specific, others appeared to be negative comments i.e. not specific allegations. He emphasised the need to obtain evidence and facts when allegations are being made and noted a potential difficulty in doing so with regard to negative comments. Aine Morrison confirmed that the purpose of the list she distributed was to ensure all issues, allegations etc. that had arisen were collated to scope the investigation and to ensure all matters of concern were covered by the investigation. The list was not prepared in order to categorise or identify how progress on each issue was progressing; rather it was to act as an aide memoire. Aine Morrison stated that negative comments had come to her attention as part of the on-going investigations, may provide important information with regard to the culture on the ward and would be followed up in accordance with Trust Procedures.

RQIA raised, as a point of clarification, whether Esther Rafferty as a member of hospital staff should be involved in these meetings as the group had been previously told that a decision had been that no one involved in the management of Ennis should be part of the oversight of the investigation in order to avoid any potential conflict of interest. RQIA stressed that they did not have an objection to Esther Rafferty's attendance but were simply seeking clarification on the reasons for the change.

John Veitch confirmed that initially this had been a decision of management but that given Mrs Rafferty's role as Associate Director for Nursing and as Senior Manager in the Trust in LD, Trust Senior Management had concluded

that it was both important that she was in attendance to clarify any issues specific to nursing practice on the wards in MAH and to offer her insight and assistance to the investigation process. Given that Mrs Rafferty had no operational role in the ward, it was unlikely that she would have any conflict of interest in this process. Aine Morrison commented that it was helpful to have Mrs Rafferty as Senior Nurse at the hospital as part of the team as she would be able to bring clarification to questions and queries which came up during the investigation. John Veitch and Aine Morrison agreed to review with Esther Rafferty her attendance at these meetings. The outcome of this review will be communicated to all attendees.

4. Update on Actions

Advocacy - It was decided that due to the excellent contact with families that the advocacy service was not required for the majority of patients. Only one patient has very limited family contact and she has an advocate, - Liz Moore. Aine Morrison has made contact with her and informed her of the investigation.

Pre-trial Therapy – Aine Morrison has confirmed with Dr **H50** that no pre trial therapy is taking or likely to take place.

Contact with Relatives – Format has been agreed for letter to relatives. Once telephone contact has been completed, the letter will be sent out by Aine Morrison.

Aine Morrison had spoken to ^{P7} Patient G's sister to discuss interviewing ^{P7} Patient G in relation to the allegation that had been made about ^{P7} Patient G's dinner being scraped into the bin. Her sister raised other concerns about the quality of ^{P7} Patient G's care. Aine Morrison detailed the concerns which her sister had voiced. After discussion, it was agreed that these concerns should be raised through the normal Trust procedures either formally or informally. Aine Morrison to check with ^{P7} Patient G's sister if she would like to raise these issues through the Trust Complaints Procedure. Moira Mannion reported that she had gone through ^{P7} Patient G's file and all the issues raised with Aine Morrison had been reported and documented on ^{P7} Patient G's file.

It was noted that when originally contacted, no negative comments were expressed by any of the families.

Recent allegations made concerning ^{P1} Patient G and ^{P5} Patient G will be shared with the families by Aine Morrison.

Pb
 Pb New Allegation [redacted] - When contacted by telephone to update on the investigation, [redacted] brother had made an allegation that she had told him she had been grabbed by the scruff of the neck. Aine Morrison clarified with the brother that this allegation had been made recently. The police, an ABE trained social worker and a speech and language therapist are to meet this week to plan an interview with [redacted]

Pb
Release of Disciplinary Records - Yvonne Mc Knight stated that the Trust HR position was that records of disciplinary actions which were spent could only be shared in exceptional circumstances. Legal advice is to be sought by Cynthia Crutchley in Human Resources on this matter.

Analysis of Ennis Vulnerable Adult Referrals - This remained outstanding and will be completed as soon as possible by **H92** and Aine Morrison.

Identification and Interviews of Staff Members - Two members of staff have been identified and interviewed. It was initially thought that the third member of staff referred to someone who was already on a precautionary suspension. However on reading the police report of a witness statement, Aine had rechecked the names of the staff on duty on the night in question. Rhonda Scott, Senior Nurse Manager had obtained these from the ward and they appear to differ from the original names sourced from the duty rotas. Esther Rafferty will clarify who was on duty on the nights of the 4th, 5th and 6th November.

P1
 P1 [redacted] - use of belt in care plan or physical intervention plan - An allegation has been made that an older staff member held [redacted] whilst a younger member of staff over tightened a belt around her. Aine Morrison spoke to both staff involved who have denied any such practice. The younger member of staff expressed extreme difficulty in dealing with [redacted]'s behaviour and reported low staffing levels, lack of supervision and support. They also raised concern about a staff member supervising her mother, another member of staff, on the ward.

Moira Mannion said that there was no previous reference to problems with dynamics when family members worked together. John Veitch said that in principle it would be best to avoid relatives working as line managers of other family members, especially with regard to how this could be perceived by other staff.

Bohill Staff – concerns about failure to report. – RQIA are following up on this concern with the Priory group.

Police Update – Aine Morrison provided the update in the absence of the PSNI today it is anticipated that interviews with two of the suspended members of staff will be completed by the end of next week. Information will be fed back to the meeting. Aine Morrison confirmed that the PSNI were due to hold a meeting with a senior PPS prosecutor today to discuss nature of potential offences.

Aine Morrison confirmed that the PSNI had interviewed ^{MS2} [REDACTED] who stated that she had neither acted inappropriately herself nor witnessed any other staff members do so.

Review of Care Plans - Moira Mannion presented her report as agreed at previous meeting and she apologised for her report only being forwarded to everyone on the morning of the meeting, due to pressure of work.

Moira Mannion confirmed that during the course of her review she has studied the notes of eight patients on the ward. She stated that all recording was of a high standard and very well documented. In relation to ^{P1} [REDACTED] removing articles of clothing, staff had supported the patient putting clothing on and had engaged appropriate de-escalation techniques e.g. turning the heating down.

Margaret Cullen stated that as far as she could ascertain there was no specific plan or guidance on this patient's particular behaviours nor were there specific Behaviour Support Plans for any of the patients. Margaret Cullen asked Moira Mannion if this was correct. Moira said that there were behaviour support plans in place.

There followed a discussion about what constituted a behaviour support plan. Moira Mannion said that the Rogan, Logan and Tierney model which was in use in the wards contained information on behaviour. Moira Mannion was asked if there was specific reference to ^{P1} [REDACTED]'s stripping behaviour and how to manage this in ^{P1} [REDACTED]'s care plan.

Moira Mannion said that she had evidenced care planning as per the Roper, Logan and Tierney model with regard to these behaviours. It was agreed that Moira Mannion would conduct a further review of ^{P1} [REDACTED]'s care plan to ascertain exactly what was there in relation to behavioural guidance and support.

It was agreed that if there was no evidence of specific behavioural advice, that ^{P1} [REDACTED] should be referred for this input.

P1

Moira Mannion noted that advice that was given on training days may not always have been documented on the patient's notes and verbal advice from Behaviour Support services may not have been documented.

The discussion concluded that whilst Moira Mannion had presented evidence to support that Patient Care/ Nursing Records/Care planning records were good, there appeared to be a possible gap in Behaviour Support Plans.

5. Monitoring Reports

Moira Mannion outlined her review of the 108 monitoring forms received. She confirmed they all give examples of positive care. She stated that her review of the monitoring forms and her own time on the ward showed that there was no evidence of a culture of abuse within the ward. She had found clear evidence of the Roper, Logan and Tierney model of nursing care planning to be in regular use covering all fifteen activities of living. On this basis she proposed to cease monitoring in its current form.

Aine Morrison stated that that she believed the monitoring showed that staff knew what good practice was and had the skills and knowledge necessary to provide good quality care. She did not believe, however, that it was possible to extrapolate from this and state that good quality care had been the norm before the monitoring was put in place.

The meeting heard that there remained a substantial number of allegations about staff members where it had not been possible to identify the staff involved. There is the possibility that some of these unidentified staff could still be working on the ward. Further investigation needs to take place to see if identification is possible but this work has not started as yet. Aine Morrison raised concerns that with this risk remaining outstanding, withdrawing monitoring at present would continue to pose an unmanaged and unmitigated risk to Ennis patients. Those present agreed this posed an on-going risk.

Siobhan Rogan stated that there remains the possibility that an unidentified member of staff may have been involved in an assault on a patient. She stated that there must be an on-going assurance of patient safety.

Moira Mannion pointed out that in the 1519 hours covered by the monitoring reports there had been no indications of concern about any member of staff on duty and reiterated her proposal to withdraw the monitoring, as per her paper.

Esther Rafferty proposed that staff who are new to the ward could now undertake the monitoring role. The staff team in Ennis is now substantially altered with the addition of new staff and staff who have transferred from other wards.

It was agreed that the meeting would revisit the issue of monitoring when they discussed the protection plan later in the meeting.

Staffing Levels

Moira Mannion gave details of staffing levels. Moira Mannion confirmed that staffing on the ward should be at 6 with one additional staff member for each close observation (1:1) required. Moira Mannion and Esther Rafferty confirmed that there had been initial confusion with regard to the required staffing levels. This had arisen due to the original Telford model being run to automatically include at least one patient requiring close observation (1:1).

Esther Rafferty confirmed that the Telford model had been re-run and confirmed the staffing requirement at 6 plus additional staff where required for close observation. She also gave details on staff and ward management and improvements implemented since the group's first meeting. These included improved management of laundry, an increase in ward manager support together with additional support at meal times. She stated that rotas met the required standards. Night time cover was also at an appropriate level. Esther Rafferty stated that on several of occasions bank staff had to be used in Ennis but assured the meeting that those bank staff employed generally had consistent experience of working on the ward.

Aine Morrison asked Moira Mannion to look at staffing levels from monitoring reports to confirm that staffing was at or exceeded the required levels. Moira Mannion agreed to review the last two weeks' monitoring forms and Esther Rafferty will verify staff on duty. RQIA noted a concern raised by a member of ward staff about the competency of some bank staff who were being used. Esther agreed to look into this concern.

6. Further Investigation Proposals

Given the difficulties with staff identification, Aine Morrison proposed re-interviewing Bohill staff to see if any further information could be obtained. Aine Morrison suggested that it might be worth considering if the use of staff photographs would be acceptable in either aiding identification or eliminating staff from the enquiry. It was agreed that legal advice would need to be sought on using photographs of Ennis Ward staff for the purposes of identification. John Veitch stated that this could only be considered as a last resort. Discussion took place as to whether this threshold had been reached. John Veitch, Barney McNeany, Moira Mannion, Esther Rafferty and Aine Morrison to discuss and bring back to the meeting.

7. Review of Human Resources attendance at Strategy Meetings

The meeting was informed that the PSNI had raised concerns at the attendance of human resources staff at the VA meetings and that the police service had emphasised to Aine Morrison that they would like only core members of the vulnerable adult investigation team at meetings. John Veitch stated that this was an issue that the Belfast Trust need to address and he agreed to speak to both Cynthia Crutchley and to review guidance to reach a decision on this request.

8. Review of Protection Plan

Review of suspensions – there are three precautionary suspensions at present, Staff 1, Staff 3 and Staff 4 in place. It was agreed that these should remain and that these should be continuously reviewed re grounds for suspension.

Review of monitoring – It was agreed that ward staff at the appropriate level (i.e. Band 5 and above) could become responsible for the monitoring with appropriate guidance and induction. Esther Rafferty agreed to review rotas to ensure that Band 5 or above staff, who have not worked on the ward during the period covered by the investigation, would be rostered in order to meet the requirements as set by this meeting. Aine Morrison, Maura Mannion and Esther Rafferty were asked by the group to induct the relevant staff, once identified, prior to commencing the monitoring role.

In the meantime the arrangements agreed at the previous meetings for on-going monitoring would continue. It was further agreed that once the requirements identified today were in place, the change to the monitoring arrangements could commence.

John Veitch further agreed to set up an arrangement for reporting any on-going staffing issues to RQIA.

Aine Morrison to give details of ^{P7} [REDACTED] s sister's complaints to Esther Rafferty to share with the senior nurse manager who will be investigating these issues.

Actions

- ❖ **Esther Rafferty** to confirm that Aine Morrison/Crimestoppers contact details are displayed on the noticeboard of Ennis Ward and that Crimestoppers leaflets are available there.
- ❖ **John Veitch, Aine Morrison and Esther Rafferty** to review Esther Rafferty's attendance at these meetings and communicate decision to all.
- ❖ **Aine Morrison** to send out letters to relatives when telephone contact is completed.
- ❖ **Aine Morrison** to check with ^{P7} [redacted] sister that she is happy to raise the issues she has through the Trust complaints' procedures
- ❖ **Aine Morrison** to share recent allegations made concerning ^{P1} [redacted] and ^{P5} [redacted] with their families.
- ❖ **Yvonne McKnight** to seek advice from Cynthia Crutchley concerning the release of spent disciplinary records.
- ❖ **Aine Morrison and H92** to complete analysis of Ennis Vulnerable Adult referrals.
- ❖ **Esther Rafferty** to check who was on duty on the nights of 4th, 5th and 6th of November and inform Aine Morrison.
- ❖ **RQIA** to follow up with Priory Group re concerns about non reporting by their staff.
- ❖ **Moira Mannion /Esther Rafferty** to look at staffing levels from monitoring reports over last two weeks.
- ❖ **John Veitch, Barney McNeany and Aine Morrison** to meet to discuss the use of staff photographs as a means of identification and bring back to next meeting.
- ❖ **Esther Rafferty** to check on competency of agency/bank staff that have moved into staff team.
- ❖ **John Veitch to review with Cynthia Crutchley the continuing representation from Human Resources at these meetings.**
- ❖ **John Veitch** to set up arrangement for reporting any staffing issues to RQIA.
- ❖ **Esther Rafferty, Moira Mannion and Aine Morrison** to discuss and agree to changes in monitoring arrangements and give assurances to RQIA about these

John Veitch wished to record his thanks and appreciation to Aine Morrison for her ongoing contribution to this investigation, the particularly difficult role she had to undertake as both chair of this meeting and lead investigator. His thanks and appreciation was seconded by Moira Mannion.

Date of next meeting – Friday 1st February 2013 at 9.30 a.m. in Muckamore Abbey Hospital

Aine Morrison
Operations Manager



Belfast Health and
Social Care Trust

CONFIDENTIAL

**Muckamore Abbey Hospital
2nd Briefing report by M Mannion – 9th January 2013**

Actions completed

- Over the Christmas period, I undertook a further two unannounced leadership walk arounds time commitment 4hrs x 2 =8hrs,
- I have completed a review of patient's notes, medical files, and drug kardex, 4 files that were requested to be reviewed by the strategy group and a further 4 files randomly selected from the remaining population of patients on Ennis. Time commitment 18 hrs.
- I have completed analysis of the monitoring forms submitted since the 19th of December taking an inclusive approach by integrating and reviewing previous data from the first briefing completed for the 20th of Dec 2012. Time commitment 10 hours.
- I have completed a review of the learning environment using the Learning and Assessment Standards created and regulated by the Nursing and Midwifery Council NMC. This involved reviewing the student evaluations over the last 2 yrs, requesting if there were any student or external reviewers concerns about the practice environment or behaviours of staff i.e. the NMC annual reviewers, the nursing Practice Education Facilitator the clinical tutors who act as the pre-registration nursing students placement supervisors from Queens University. Time commitment 5hrs.
- Update on the draft improvement plan;
 - Environmental concerns are being addressed cleaning schedules have been improved,
 - Repair of estates issues progressing,
 - Fire safety and environmental issues have been addressed,
 - Admin support officer time increased to support the ward sister,
- Communications with:
 - Executive Director of Nursing and the Director of the Adult Social and Primary Care Directorate,
 - Associate Director of Nursing,
 - Ward Sister and Deputy Ward sister,
 - Monitors present on the ward environment when I was present,
 - Co-Director of the Adult Social and Primary Care Directorate,
 - Service manager of Ennis,
 - Behaviour support officers . x 2,
 - Medical staff in the unit,
 - Relatives visiting the unit,
 - Ergonomics trainer,
 - MAPA trainer.

Preparing this briefing paper time commitment 8 hrs.



Review of patient's notes, medical files, and drug kardex

Documents were reviewed and completed in the care environment and at all times documentation remained in the clinical environment. The information governance policy was respected in this activity.

There were 8 patients files reviewed, 4 named patients as requested by the strategy group and a random selection of files from the other 13 patients. A patient who observed me taking out her records for review asked what I was doing, when an explanation was offered she declined giving her consent for the review to take place, this request was respected. One patient is expected to be discharged within the coming week therefore not selected for review.

There is a corporate commitment for MAPA behavioural strategies to be implemented when appropriate. All of the current patients in Ennis ward are described as presenting with challenging behaviours that on occasion will require the MAPA range of interventions. Registered Nurses, unregistered Health Care Support Workers and Nursing Auxiliaries, are trained in this process. Staff requiring updates are provided with update training which has included observation by a recognised trainer of the staff member when required to use this form of intervention.

There was evidence of an audit conducted in the last year of the MAPA process reported with the patient notes. The audit outcome was positive.

Active promotion of all other prescribed personal life story work i.e. get to know me documentation recorded in each note file reviewed, personal de-escalation strategies particular to individual patients as per care plan is expected and evidence of adherence to this process is recorded within the notes.

I found within my discussion with the MAPA trainer that the moves noted as potential allegations (Allegations were not discussed with the Trainer) could have been MAPA moves designed to protect both patient and others during perceived challenging behaviour episodes.

In my discussion with the Ergonomics trainer, I was advised that staff need to position themselves in such a manner to reduce potential harm to themselves and patients therefore patients with presenting Jerk like behaviours will require a firm and appropriate paced manoeuvre personal to the individual patient. Also it was noted with patients who are potentially unsteady in gait and are perceived or known to be somewhat over weight this must also affect a change of manoeuvres, further acknowledgement of furniture which is set lowly (as it is in Ennis) although comfortable is also a feature of staff when required to assist and support movement of patients, this may appear that some one could be "hailed out of a chair" staff are encouraged to support a patient who has their legs in under their body on a chair to manoeuvre their legs to the floor as a first step, prior to expecting them to stand or be assisted to stand. It was also noted that when moving someone who exhibits rocking movements backwards and forward or side wards rocking that staff are encouraged to move backwards and forward or sideways with them this reduces the risk of falls during dressing and moving activities.



In my discussion with the behaviour officers it was noted that behavioural plans are regularly reviewed and that the nursing team are engaged in behavioural plans on each shift, it was noted by the 2 staff that much progress has been achieved from previous behavioural base lines in the previous ward environment prior to the transfer to Ennis this they both said was extremely positive yet constant.

In my discussion with the Ward sister regarding resettlement and community integration, she shared the following information. As a team they had been informed that the ward was due to close in March 2013 and that the Resettlement Process commenced in March 2012. All patient Annual Reviews were postponed by the Ward Consultant to facilitate weekly Resettlement meetings.

The Resettlement process began and progressed through the assessments despite working through times when there were unfortunately high levels of staff sick leave. At times the staffing suffered gross shortage ie 4 AM staff plus staff at 9.30AM.

This was highlighted with the Nurse Manager for the ward via emails, conversations and incident reporting. The manager for the ward spoke to me about my concerns.

The nursing staff's interest and morale did not appear to have lessened and every opportunity was still being provided to introduce the patients to the community. During the summer of 2012 a leaving party was held for the patients and their families. With Marquee and a musical entertainment, the patients had a great time on the day. We invited one of our ex patients, who had been successfully resettled in 2011 and she attended with a group of her friends to the dance.

Prior to this Allegation there had been a decision taken amongst patient's families, advocates and Multi disciplinary team that three patients would go to the Bohill Care Home on Trial Resettlement. Assessments have been collated and care plans drawn up. The team leader and manager had visited Ennis and had been in attendance at Resettlement meetings along with R.Scott CIP and Care Managers from the Belfast Trust. Staff from the Bohill had begun a 6 week period of visiting the patients in Ennis and getting to know them and their needs. Unsettled behaviours of some patients were noted early on and reported to me as ward sister, this was relayed to the Resettlement team. I expressed concern that a period of 6 weeks may be too long if the patients continued to be upset.

At a meeting held in Erne ward to Review the progress of the visiting staff and patients it was requested that the "Bohill staff come to myself if they had any concerns", "I had to redirect member of Bohill staff as a disturbed patient was directing verbal aggression towards them, during their time on the ward".

The staff visits by Bohill had commenced before the ward sister in Ennis had a copy of their duty rota. Staff on duty found this confusing at the time. It was explained that there was problems with the Bohill Care Homes emailing system. The duty received did not reflect the names or numbers of all the staff who reported for duty.



On one occasion a nurse in charge received four staff who thought they should be in Ennis that day. The staff rotated on a 3 daily basis, two and sometimes three staff together every three days. Induction for this amount of people under the conditions we were working proved to be extremely difficult. The induction process that had been agreed did take place with staff from Bohill but Bohill had sent additional staff without first communicating with the ward sister to inform her of the same. This did result in confusion.

I found evidence of adherence to Trust policy and guidance by the nursing team and active leadership by the ward sister and deputy ward sister.

Documentation review findings;

1. Patient Nursing notes spanning last two years 2011-2012

- Roper, Logan and Tierney model care plans in use, fifteen activities of living completed and a review process conducted each six months. This is a person centred care planning process for Nursing Care.
- Named nurse and associate named nurse identified within each set of notes, each record was signed by the nurse recording the information.
- The ward team is actively implementing the need to care for each individual patient in accord with the RCN Dignity Standards;
 - understand my health,
 - respect me,
 - get to know me,
 - having choices,
 - making decisions,
 - feeling safe and promoting my safety.
- Current Patient Protection Plans evident within the notes.
- Patient body charts were used recording bruise/marks noticed, when supporting personal hygiene care, with appropriate medical intervention when required.
- Behavioural plans with Antecedent, Behaviour and Consequences charts, known as ABC charts evident within the plans.
- Contemporary daily care reports written by registered nursing staff.
- Incident reports, Vulnerable Adult forms with associated person centred interventions recorded.
- Personal requests made by patients to be reviewed by the medical team regarding care were recorded.
- Nursing staff concerns relating to aspects of care recorded.
- Not all notes had a current Social Work report but evidence of an historical report.
- I found evidence of basic personal care, personal hygiene, Oral hygiene, fingernail and hand care, toe nail and foot care, hair care and clothing care were all appropriate and respected choice and identified personal preferences of the patients.



- For some patients there were transitional plans covering moves from the previous clinical environment to the present.
- Multi-disciplinary care reviews were recorded and more recently the integrated community plan meetings were recorded with invitation to family to be involved but not always availed off.
- All patient notes reviewed held the status of delayed discharge from 2007, with many care environments having been assessed and deemed not appropriate or the external providers deeming the patients to be complex and challenging and unsuitable for their environments.
- All files reviewed were consistent with multi professional working relationship, ie the drug kardex was in line with medical review, nursing record and other records. There was evidence of active consultation between members of the multidisciplinary team with record made in the respective notes.
- All patients reviewed had high levels of co-morbidity including learning disability, sensory impairment, communication difficulties, physical ill health, severe and enduring mental illness and challenging behaviours.

2. Drug Kardex

- Pharmacy reviews were present in the files. Current and past documentation evidenced practice adhering to the controlled drugs standards and drug trolley key , storage of drugs, administration of drugs standards by Nursing and Midwifery Council .

3. Medical file which included Allied Health Professionals interventions

- All eight files had Capably Assessment completed in 2010 for access to personal funds; Patient Financial review documentation was not reviewed.
- Regular Blood results.
- ECGs reports.
- Blood test results required for mental health drugs completed at prescribed time frames.
- Dental care, and recorded pre-intervention drug therapy to calm the individual patient were appropriate.
- Foot care.
- Speech and Language Therapist involvement.
- Behavioural plans and review.
- Day care plans and review.
- Other medical interventions and associated documentation recorded concerning physical health issues relevant to individual patients, Heart care, diabetic care, gynaecological care, assessment for dementia.



Analysis of Monitoring Forms and Evidence of effective care process found in the review of patient files

I thematically reviewed all monitoring forms submitted and the evidence found in the patient files using The Early Indicators of Concern (University of Hull) and the RCN Dignity Standards.

A total of 118 monitoring forms covering 1519 hours of observed practice have been submitted over an eight week period by independent monitors, to observe practice over a 24 hour cycle.

Results from the monitoring form review and direct observation:

All 118 monitoring forms identified many examples of good practice and positive interaction by staff with patients and similar was directly observed.

The positive themes were;

- The monitoring forms and patient files showed that concerns about patients care and wellbeing is a high priority for all staff in Ennis. Each concern is rapidly addressed by appropriate intervention.
- I found evidence from the monitoring forms of proportionate use of supervision and observation. There was evidence that staff were aware of the need for personal privacy for patients and that intrusion must be proportionate.
- I found evidence that the nursing care and the environment encourages;
 - The care of personal possessions; where there is minimal family involvement, the named nurse and associate staff promote personal belongings, as appropriate with life story work and individual preferences when possible,
 - Financial care promoting independency in appropriate manner,
 - Supporting patients to care for their personal space promoting self care appropriate to the skill and needs of each patient,
 - Essential records are being kept effectively,
 - Known personal choice/ preferences are supported e.g. country and western music, car outings, garden time, object reference such as bottle tops which supports one patient to self calm herself, time alone, etc.
- Staff anticipating behaviour escalation between patients and defusing the same when and where possible by appropriate intervention. The nursing team actively intervene to prevent challenging behaviours between patients and towards staff. When an incident occurs it is recorded and reviewed to change practice if required.
- I found evidence of a high level of critical appraisal of evidence i.e. analysis of patient behaviour, the aim of which was to understand the behaviour and therefore make an informed decision about care approaches to meet the needs of the individual. This level of attention to the caring process was complimented by



knowledgeable staff who demonstrated understanding of the diverse and complex care needs of the patients in Ennis.

- I found evidence of appropriate AHP input to personal protection plans which were also acknowledged as potential restrictive practice and recorded in patient care plans e.g;
 - Protection plan, that only three patients be present in the lower dining room to facilitate proportionate support for meal time behaviours which promote reduction of risk of choking the promotion of fluid intake and self management of dining cutlery, recommended by Speech therapist,
 - Protection plan, for some patients the requirement of doors being locked near the kitchen area to reduce the risk of self injury,
 - Protection plan, locked doors near the hall way close to the Nursing office as some patients have been assessed as requiring this intervention for self protection,
 - Care plan, promotion of personal dignity by use of bathing suit as an under garment and belt to “divert” i.e. behavioural therapy approach to reduce the behaviour of the removal of clothes.
 - Care plan recorded oral bleeding and ongoing treatment needs for one patient, this bleeding generates distress for the patient and she would be known to scream and cry out when she notices the bleeding. Staff reassures her at these times but often she appears inconsolable. She requires drug there prior to each dental visit and or potential intervention. It is also noted that there is minimal family involvement and desire to be involved in the community integration plan.
 - A patient was diagnosed in 2012 with an emergency condition requiring quick identification and transfer to the local general hospital along with her specific medication kept on the ward. A protection Protocol was developed and is explained to all staff in the practice environment this has facilitated staff intervening appropriately and the patient remains well.
- I found evidence of communication needs from a person centred care perspective for each patient in the care plans e.g. Pictorial support aids, Simple verbal consistent instruction, behavioural redirection, de-escalation strategies, Sensory stimulation or reduction of stimuli. This evidence was complemented by the demonstration of staff knowledge within their skills of communicating with individuals and their correct interpretation of patient’s behaviours and what the behaviour may be aiming to communicate. The outcome within their approaches promoted calm and responsive care, both within the monitoring reports and my personal observation.
- I found evidence that involvement with external agencies, relatives, multi-professional staff are all openly facilitated. There is also an unrestricted visiting time freedom for visitors. The ward was an open environment with the daily contact with estate management staff, hotel services staff, administration staff, transport staff and professional staff.
- Patients are encouraged and facilitated to talk to staff and visitors, on the ward and in private. I did not find any example, during direct personal observation, of staff preventing patients speaking to staff or visitors, nor was there evidence of such



restriction on the monitoring returns. Each patient is offered an explanation of who you are and your purpose within the environment, openness is encouraged.

- I found evidence of dietary needs, choices, preferences and consistency of food requirements are individual to each patient and are met, as far as is possible,
- I found evidence of fluid intake encouragement is promoted and supported no restrictions for patients both observed and recorded.
- I found no evidence of a culture that may be accepting of behaviours or communications that could be defined as abusive or any evidence of systemic abusive practice.
- It has been reported to me by Ester Rafferty has been given 4 induction papers that were jointly signed off as having had the opportunity and completed the induction process by Bohill staff and Ennis staff. This evidence will challenge the comments alleging that no induction took place. Ester Rafferty will report on this matter.

From the 118 monitoring forms only 67 that had identified concerns the key themes were;

- Staff levels at key times in the day impairing the ability to facilitate the needs of patients for activity based interventions,
- The challenge of keeping the curtains up with the frequency of the patients pulling them down,
- The challenge for staff maintaining dignity for some patients with the behaviour of removal of clothes,

Nursing Practice Placement Review

Prior to this practice allegation there have been no concerns with respect to this practice placement area over the last 2 years. This is inclusive of professional staff from Queens University.

Ennis currently has 3 mentors. 2 sign-off mentors and 1 mentor who are registered on the live mentor register.

The ward area was last audited in September 2012. The outcome of the audit agreed two students but reduced to one following temporary move of band 6 to Donegore. A Band 6 nursing position had not replaced by an equivalently experienced nurse at the time of the allegation. This has been resolved in November 2012. This learning environment is audited to facilitate novice to the final placement in management students, this is a commendation for the ward practice area.

The student evaluations themed were all positive about the learning and supportive experience offered them by the nursing staff in the ward some of the quotes were: "Great support from mentor", "staff supportive", "all my learning outcomes achieved", "the induction to the ward was informative and gave me knowledge about the ward and practice". Progressive development of an orientation pack for students is underway; also a further member of staff will be commencing the mentor training in Sept 2013.



The ward area is still open for future student placements although the recent student was re-allocated therefore no student currently on placement.

We await the outcomes and recommendations of the investigation before advising Academic Education Institutes (AEIs) of any changes to the area prior to the next QUB allocations. Allocations will take place in January for March students.

Recommendations

- That the current protection plan of continuous monitoring activity be discontinued as there is no evidence that there is a culture tolerant of behaviours that could be defined as abusive or support systemic abuse.
- Complete investigations as rapidly as possible to allow normalisation of the care environment.
- Recommence student allocations to this practice environment for the March students in Queens University.
- That we progress with the improvement plan for staff in the Ennis environment .

Moira Mannion
Co-Director of Nursing: Education and Learning
8th of January 2013

Ennis Ward Investigation Meeting held 29 March 2013**Present:**

Aine Morrison, Operations Manager, Belfast HSC Trust: Chair
John Veitch, Co-Director, Learning Disability Services
Tracey Hawthorne, Constable, PSNI, Public Protection Unit, Antrim
Colette Ireland, Belfast HSC Trust
Theresita Dorman, Discharge Co-ordinator, Northern HSC Trust
Yvonne McKnight, Adult Safeguarding Specialist, Belfast HSC Trust

Apologies:

Esther Rafferty, Service Manager, Muckamore Abbey Hospital, Belfast HSC Trust
Moira Mannion, Co-Director of Nursing: Education & Learning, Belfast HSC Trust

Not Present:

Regulation & Quality Improvement Authority representative(s)
South Eastern HSC Trust representative

Setting the Context:

Aine referred to previous email sent on 20 March 2013 where she had advised that neither Esther Rafferty nor Moira Mannion were available to attend today's meeting. She noted that while consideration was given to postponing the meeting, a decision had been taken that the meeting go ahead as the Police, who had been unable to attend the last meeting, had indicated that they could attend and would be in a position to update regarding the Police investigation. Aine therefore noted that the focus of today's meeting would be largely in relation to an update from the Police and further investigation planning. Aine also advised that RQIA are reviewing their position in terms of attendance at future meetings.

Minutes of last meeting held 9th January 2013:

Aine sought feedback from the group in relation to the minutes of the last meeting. No issues or amendments were noted and the minutes were accepted as an accurate reflection of the discussion at the last meeting.

Police Report:

Tracey advised that a file had been submitted to the Public Prosecution Service (PPS) and she was hopeful that PPS would progress this to a Court Hearing. John queried how long the whole process is likely to take and Tracey advised that is impossible for her to put a timeframe on this. It was noted from past experience that such cases can take anything from 12 to 18 months. The complexities of investigating cases involving those with a severe learning disability were discussed. Tracey referenced the fact that Police had involved the PPS at an early stage in the investigative process to seek guidance.

John highlighted the fact that staff are on precautionary suspension and the importance of progressing this as quickly as possible, both for the vulnerable adults and the staff being investigated.

In terms of progressing the Trust investigation, Aine queried what would happen if during the course of Trust investigation new information of a possible criminal nature came to light. Tracey advised that Police would investigate and depending on the nature of the information it may be added to existing case or form part of a new case.

Some discussion took place regarding the issue of allegations in relation to unidentified staff. Aine noted that John, Barney and she had met to consider this issue and the decision had been taken not to use photographs of staff to assist with identification at this stage. John emphasised that the Trust have dual responsibilities and must consider the needs of the vulnerable adult but must also consider its responsibilities to its employees. He described this as a complex legal issue and stated that use of photographs for this purpose will only be considered as a last resort. John stressed the rights of staff and the importance of recognising that concerns to date focus on a small number of staff within Ennis Ward. While recognising that the investigation is incomplete, he emphasised that we are 5/6 months into this investigation and there is no evidence of institutional abuse. John talked of the need to balance human rights considerations and agreed that the issue of use of photographs for identification purposes will not take place at present but will be kept under review.

Tracey noted that the two suspects are friends and suggested that their friendship may have resulted in them being more relaxed about behaving in an unacceptable manner when on duty together.

Planning of Trust Investigation

- Bohill staff to be re-interviewed to establish whether they can provide any further information in relation to unidentified staff. Twelve staff are to be interviewed and it is anticipated that this will take approximately two days
- All Trust staff working on Ennis Ward to be interviewed, including domestic staff and medical staff. Agreed Colette and Carmel to do interviews and will operate to an agreed script with a semi structured interview questionnaire. Aine noted the importance of telling staff that information from the vulnerable adult investigation would, if appropriate, be shared with Trust disciplinary investigations and PSNI. Staff rights to trade union representation if they so wished was also acknowledged. Aine advised that she would organise the timetable for interviews and it was agreed interviews would commence week beginning 15 April. John talked of the importance of careful planning and requested that Aine link with Esther to discuss this in more detail. Aine noted that Esther was aware of the plans to interview Ward staff

Update on Actions from last meeting:

- Aine confirmed that Esther had reported that Crimestoppers contact details are displayed on the ward.
- A review of Esther's attendance at the meetings had taken place. John confirmed that, as the service manager for MAH and the Associate Director of Nursing in Learning Disability, Esther needs to be present at the meetings. As the service manager, she is ideally placed to provide information and to ensure agreed actions in the context of the ward are delivered on.
- **Advocacy:** Aine noted that at the last meeting one patient was identified as not having family and requiring an advocate. It had been acknowledged that the patient

already had an advocate. Aine advised that as agreed this advocate has been briefed in the same way as other patients' families.

- **Contact with Families:** Aine advised that as agreed patients' families had been updated following the meeting on 9 January 2013. She suggested that a further update may be appropriate. After some discussion regarding the content of the update, it was agreed that PSNI should determine the content of the update, given that to date it has been a police led investigation. Tracey decided that families of patients directly involved could be told that the police have interviewed identified suspects and that the evidence has been forwarded to the Public Prosecution Service. Further that we await a response from the PPS and that families should be offered the PSNI details for any further queries. Families of patients not directly involved could be told that a file had gone to the PPS but that their relative was not involved. Aine asked for and received confirmation from Tracey regarding the names of patients named in file sent to the PPS. Tracey noted that PPS often contact victims and their families with decisions regarding whether a case will proceed to Court and often do so in advance of contact with PSNI. It was agreed that Aine would provide Tracey with relevant next of kin details to be shared with PPS. Discussed how families would be updated and who would update them. It was agreed that telephone contact had worked well and should be used and that the Belfast Trust staff would undertake this. John referenced that the South Eastern Trust representative is not present and identified a need to update him re this plan.
- **Patient Interviews:** The importance of talking to patients and seeking their views was discussed. It was recognised that many of the patients would struggle to communicate and may not be able to contribute. Linking with Rosalind Kyle, Speech and Language was seen as critical in terms of maximising their potential to contribute. Use of talking maps was also identified as an aid to communication. The view taken was that possibly only 4 or 5 patients may be able to contribute. The agreed approach was a talk to patients generally about their experience on the ward in order to ensure that they had been asked for the views. Specific information about the detail of the investigation will not be given to patients.
- Yvonne advised that Alison Conroy, Adult Safeguarding PSNI Lead had suggested that a session from Crimestoppers may be helpful in terms of tuning patients into what constitutes a crime and what to do in the event of a crime. While this was not ruled out, there was some concern that the patients may not be able to comprehend this in any meaningful way.
- Aine confirmed that she had spoken to patient G's sister and she had agreed that concerns she had raised regarding patients G's care would be dealt with under the complaints procedure in the first instance. Aine emphasised that the outcome of this complaint would also be used to inform the vulnerable adults investigation.
- Aine confirmed that concerns raised in relation to patients A and B had been shared with their families.
- **Patient F:** Aine confirmed that, as agreed at the last meeting the police, an ABE trained social worker and the Speech & Language Therapist had met with patient F to plan an interview.

- **Release of disciplinary records:** Yvonne agreed to share details of legal advice with John and Aine for consideration.
- **Analysis of Ennis VA referral:** Aine advised that this work is ongoing and will report at next meeting.
- **Identification and interview of staff members:** Aine informed that at the meeting on 9 January 2013 there had been a query raised regarding who was on duty on the nights of 4th, 5th and 6th, with rotas differing from information provided in interviews. Aine noted that Esther was checking this out and that the relevant staff member will be interviewed.
- **Patient A allegation of inappropriate use of belt:** Aine reported that staff named have been interviewed and both deny that the belt was over-tightened.
- **Line management of relatives.** John confirmed his previous position that, where possible, it was best practice for the staff members not to line manage close relatives and that this situation on Ennis ward had been addressed.
- **Bohill staff failure to report:** Aine advised that RQIA are dealing with this but as they are not present, there is no update for today's meeting.
- **Police Update:** As per Tracy's report and information provided at today's meeting.
- **Review of Care Plans:** Aine confirmed that Moira and Esther are leading on this and that the work is ongoing to review and update care plans. John stressed that the ward has been subject to close scrutiny and inspection by RQIA and that a number of recommendations have been made. He advised that an action plan has been drafted and work is well underway in terms of delivering on the Quality Improvement Plan (QIP).
- **Monitoring Reports:** Aine reported that she continues to review monitoring reports and there had been no incidents reported relating to safeguarding concerns. Some environmental issues continue to be reported.
- **Staff Levels:** Aine advised that since the last meeting there have been two references to staffing levels being low. It was noted that Moira and Esther are in regular communication to address any issues arising from monitoring reports and are working together to deliver on the QIP.
- **Further investigation to identify unknown staff:** As per earlier discussion in meeting, the sharing of staff photos, without their consent, with Bohill staff in order to aid identification of unnamed staff was not sanctioned. Concerns were noted and re-interviewing of Bohill staff to assist with identification of unnamed staff was seen as an appropriate next step.

Protection Plan:

John explained that part of his role involves regular review of the Trust's position in relation to staff on precautionary suspension. He noted that, as part of this, he had in

consultation with senior staff, Human Resources and Designated Officer, taken the decision that there was not enough information to justify the ongoing precautionary suspension of one of the senior staff. He emphasised that this staff member would not be returning to Ennis Ward. He informed that the staff member would be undergoing a capacity assessment and subject to close monitoring. In relation to other named staff, it was confirmed that the precautionary suspensions remain in place.

Aine confirmed that in terms of the protection plan, the protection arrangements remain in place. She advised that as agreed at the last meeting, the internal monitors remain in place but are now part of core staff compliment on the ward. She advised that the monitors retain a clear monitoring brief and continue to link with Moira Mannion. Aine advised that she continues to review monitoring reports and while there have been a few quality issues identified there are action plans in place. John highlighted that the Ward has been subject to close scrutiny and tight surveillance since November. He noted the stress on staff and impact on patients. He emphasised that at this stage both Moira and Esther feel there is no indication of institutional abuse.

Actions:

1. Aine to provide PSNI (Tracy) with relevant patients' next of kin details to be shared with PPS.
2. Trust to provide update to all patient relatives. Details to be provided as per agreement with PSNI.
3. As South Eastern Trust representative was not present at meeting, he/she is to be briefed on plans re follow up with patients' next of kin, etc.
4. Bohill staff to be re-interviewed by Trust staff, to establish whether they can provide any further information in relation to unidentified staff or indeed any aspect of the investigation.
5. All staff working on Ennis Ward to be interviewed by Trust staff, including domestic staff and medical staff using a semi-structured interview questionnaire.
6. Patient interviews to be conducted by Trust staff. Approach will be informal and focus will be on their experience on the ward in an attempt to maximise their opportunity to share their views. Aids will include use of speech & language Therapist, Talking Mats and any other relevant aids to maximise communication.
7. Release of disciplinary records – Yvonne to update.
8. Seek update from RQIA re issue of Bohill staff failure to report concerns.
9. Aine as Designated Officer to be given access to RQIA Inspection Reports re Ennis Ward and any QIPs along with Trust action plan.
10. Issue of unidentified staff named in allegations to be kept under review.

Yvonne McKnight
Trust Adult Safeguarding Specialist
Belfast HSC Trust

Ennis Audit April 2013

The purpose of the audit was to ascertain the care plans included protection plans for the patients with regard to vulnerability to actual or potential physical harm from others

7 patients files/records were examined

4 were patients files belonging to the patients had been involved in the investigation in November 2012

3 were patients who were not involved in the investigation

The 3 files belonging to the patients not involved in the investigation were randomly selected from the patients in the ward at the time of the audit

Evidence was gathered from

- Patients care plans

The recording of restrictive practice (all 7 patients) and behavioural interventions were also examined for the 4 patients involved in the investigation

April 2013

1. **Is there evidence of a protection plan in relation to vulnerability in the patients care plan?**

Yes	7	100%
No	0	0%
NA	0	0%

April 2013

2. In relation to the 4 patients involved in the investigation, is there evidence the protection plan was reviewed daily?

Yes	4	100%
No	0	0%
NA	0	0%

The other 3 patients protection plans stated that a review would take place following the next strategy meeting.

April 2013

3. Is there evidence in the patients assessment regarding the use of restrictive practice?

Yes	5	71%
No	2	29%
NA	0	0%

4. Is there evidence of behavioural intervention?

Yes	4	100%
No	0	0%
NA	0	0%

April 2013

Recommendations

- Issue guidelines to staff re the recording of vulnerable adult issues and restrictive practices in the patients care plan

April 2013



**MENTAL HEALTH AND
LEARNING DISABILITY**

UNANNOUNCED INSPECTION

**Ennis Ward, Muckamore Abbey
Hospital**

**Belfast Health and Social Care
Trust**

13 November 2012

informing and improving health and social care
www.rqia.org.uk

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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover, RQIA endeavours to encourage improvements in the quality of services and to safeguard the rights of service users. RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability, following the transfer of duties of the former Mental Health Commission to RQIA under the Health and Social Care (Reform) Act (NI) 2009.

2.0 Ward Profile

Trust	Belfast Health and Social Care Trust
Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Antrim BT 41 4SH
Telephone number	02894463333
Email address	Linda.mccartney@belfasttrust.hscni.net
Person in charge on day of inspection	Linda McCartney, Ward Manager
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Resettlement/ Challenging behaviour
Number of patients and occupancy level on days of inspection	17 beds 17 patients
Number of detained patients on day of inspection	One detained patient
Date and type of last inspection	10 and 11 November 2010
Date and time of inspection	13 November 2012 09.30 – 18.00
Name of Inspectors	Margaret Cullen Siobhan Rogan Brenda Gallagher

Ennis Ward is a 17 bed resettlement female ward for adults with a learning disability who present with challenging behaviour . The ward is on the Muckamore Abbey Hospital site and is managed by the Belfast Health and Social Care Trust. The ward consists of three areas. To the right of the main entrance there are facilities for six patients; a bright and homely furnished living and dining room, a well maintained toilet and bathroom and three single bedrooms and one bedroom accommodating three patients, all of which are personalised by the patients. The patients in this part of the ward are more independent than other patients on the ward and this is reflected in the range and choice of furniture. All rooms have televisions and music equipment.

To the left of the entrance there are facilities for 11 other patients. There are two bright day rooms and each day room is appropriately furnished to reflect the needs of patients who are less able and less independent. One of the rooms has a range of furnishings and a television with DVDs and Wii for patient's use, while the other has more protective furnishings and is used by patients with more challenging behaviour.

The ward has a spacious well maintained garden with swings and a barbeque area. There is a smoking shed and chair outside the door to accommodate this. It was noted that storage facilities on the ward are limited.

3.0 Purpose of Inspection

An unannounced inspection of Ennis Ward Muckamore was undertaken on 13 November 2012 from 09.30- 18.00. The inspection team included Margaret Cullen, Siobhan Rogan and Brenda Gallagher, Mental Health and Learning Disability team Inspectors, RQIA. The inspection was in response to serious concerns reported to RQIA on 8 November, by telephone, by the Management of Bohill Nursing Home. This manager stated that a member of their staff had been on Ennis ward the previous day as part of a planned resettlement strategy. On leaving the ward on the night of the 7 November 2012 they sent a text message to their line manager to state they had concerns about observed practices on the ward. This manager contacted the member of staff early on 8 November 2012 and was informed of a number of alleged instances of abuse to patients. As they were unable to contact an appropriate manager on the Muckamore site to report the allegations they contacted RQIA as the alleged perpetrators were on duty at that time. RQIA immediately reported vulnerable adults concerns to Senior Management in Muckamore regarding allegations of physical, verbal and emotional abuse by ward staff to four patients on Ennis ward. Interim safeguarding arrangements were put in place along with a joint protocol investigation.

The purpose of this inspection was to:

Review the QIP from the last inspection on Fairness, 10 and 11 November 2010.

Review of the current safeguarding arrangements on Ennis Ward. To focus on the monitoring arrangements over the weekend and on-going arrangements to complement the current investigation rather than duplicate aspects of it.

4.0 Methods of Inspection

The inspection was unannounced and inspectors reviewed records and documentation, interviewed the Ward Manager, the Responsible Medical Officer (RMO), the Senior Social Worker and Designated Officer for Safeguarding, the Senior Nurse Manager for the ward, the Operations Manager monitoring over the weekend and Hospital Services Manager. Inspectors also spoke informally to patients who were able to communicate. These patients reside in the front section of the ward and not in the part of the ward where the alleged abuse took place. Those patients were unable to communicate with inspectors. Inspectors were informed by the Ward Manager and RMO that the increased activity on the ward as a consequence of the safeguarding arrangements and investigation was making these patients more unsettled. Inspectors were introduced to the patients but in view of this advise did not sustain a presence on this side of the ward.

During the inspection the inspectors focused on the staffing compliment and allocation, incident reporting, staff training and care plans. The summary of findings is presented on page 17 of this report.

5.0 Inspection findings

5.1 Review of the Quality Improvement Plan(QIP) from RQIA inspection of November 2010. (The returned QIP is included as Appendix 2)

Inspectors confirmed that some of the recommendations had been implemented, however, a number require to be re-stated. The Ward Manager indicated that there is enhanced and proactive involvement of advocacy services. All families were offered the input of this service in relation to the resettlement programme for the ward, as yet no family have accepted this offer. Any patients on the ward who do not have family to represent their views in relation to resettlement have an advocate to provide transparency in the process. One patient who has availed of this service has since been resettled and the Advocate attended all meetings in relation to this. An advocate also attends the patient forum meetings. However, as the patients' meeting occur monthly inspectors concluded there is not a sufficiently proactive presence of advocacy on the ward. In view of the current safeguarding issues and the profile and vulnerability of the patients on the ward, the need for transparency and independent support is required. This recommendation will be re-stated.

Inspectors were informed that the minutes of patients' meetings were adapted to define outcomes of the meeting and evidence taking tasks forward and reviewed for the following meeting. Unfortunately the minutes were not reviewed due to time limitation of the inspection. These will be reviewed at a follow up inspection. .

As the ward has a resettlement focus recommendations made regarding discharge planning have been processed and incorporated into the MDT resettlement meetings on the ward. The patients on the ward originated from three trusts (BHSCT, SEHSCT and NHSCT) There are weekly resettlement meetings on the ward which have replaced the previous monthly MDT meetings. This change was agreed as it was planned to close the ward within one year. As a consequence the recommendations made by RQIA in relation to patient involvement in their care and MDT processes have not been sustained. The Ward Manager indicated that practice was modified and then ceased once the focus on resettlement changed ward processes. Inspectors examined minutes of the resettlement meetings which confirmed that patients discharge arrangements are reviewed on a rotational basis each week so that all patients' individual cases are discussed at MDT within a monthly cycle. There was a typed record of all meetings which indicated attendees and

patients and issues discussed. However there was inconsistent evidence of patient/ family involvement. Furthermore it was confirmed that 1:1 named nurse contact with patients is not recorded on a daily basis.

As the annual MDT review of patients is to continue along side the resettlement processes it is recommended that the recommendations of the QIP are included in this review.

Inspectors were informed that a ward clerk is assigned to the ward one morning per week and they are used to minute the resettlement meeting discussions. The Ward Manager confirmed that the records are monitored in the EQC audit and the outcome and adherence to professional requirements and discussed with staff at staff meetings.

There were additional recommendations made in the QIP in relation to staffing, the ward environment, patient transfers and social activity.

Staffing levels are discussed in the additional section of the report. It was agreed in the QIP that the Senior Manager would monitor and review staffing in relation to the process of taking staff from Ennis to relieve other wards and the impact this had on patient care. Inspectors were not assured that this was achieved robustly or that improvements had been made regarding this.

The Ward Manager advised inspectors that the environmental issues highlighted in the previous QIP had been actioned and that new flooring had been provided except for a back bed room. Inspectors were informed that parts of the ward had been painted a few times but it remains a constant challenge to maintain the décor with the behaviour and needs of the patients. As the ward is due for closure this recommendation will be kept under review.

Inspectors were advised that good use is made of the ward car as part of the resettlement programme. Inspectors were advised that the activity book for the ward, care plans and improved onsite facilities for day care have improved patient activity. This requires to be followed up robustly at the next inspection.

The recommendations which were not fully implemented will be re- stated in the QIP for this unannounced inspection.

5.2 Review of the monitoring arrangements

Inspectors interviewed the Operations Manager who had provided monitoring cover for the ward over the weekend. Inspectors also interviewed the Senior Social Worker who is the Designated Officer for the hospital site, the Senior Nurse Manager for Ennis Ward and the Responsible Medical Officer (RMO).

The Operations Manager who provided monitoring over the weekend indicated that they visited to the ward periodically. A report had been completed for the Service Manager and a copy of this report was provided to inspectors on request. They indicated that patients had been unsettled, many of them suffering from Urinary Tract Infections and the impact of additional activity from monitoring and forensic photographers. One patient has a history of stripping and there are difficulties preserving her dignity. Staff endeavour to use screens appropriately but inspectors were advised that clear guidance is needed in relation to preserving the dignity of this patient. The Operations Manager indicated that relatives were visiting the ward and had free access to the environment. While this indicates transparency it reinforces the need to protect patients' dignity.

Inspectors were advised that all patients' relatives were informed about the current investigation and safeguarding procedure. None of the relatives have raised further issues.

The Operations Manager indicated that they understood that the role of the monitor was to look for poor practices, examine staffing levels and ensure safe and effective care. Additional staff were assigned to the ward during the safeguarding process: a night supervisor, a Band 6 nurse, another Band 7 to support the Ward Manager and the consideration of a Deputy Manager. Inspectors were advised that the allocation of staff was difficult. Patients require constant supervision and there is significant disinhibited behaviour and pushing and shoving as a consequence of poor communication. While the Operations Manager did not personally witness any assaults between patients over the weekend they were aware that one incident required the attention of two to three staff to de-escalate. The report of this manager indicated that they assessed the staffing requirements from their observation to be seven staff.

The Ward Manager provided evidence that they had raised concerns about the staffing levels and competency of staff to work with the level of challenging behaviour of the patients over the six month period prior to the safeguarding investigation. A tour of the ward indicated that the layout of the ward is such

that it represents two separate units. The six patients accommodated in the front area have better communication skills and are generally less dependent than the 11 patients to the back section of the ward. The Ward Manager advised that there is major potential for behavioural problems at both sides of the ward, such as pushing, shoving, punching and hair pulling. One of these patients requires level three observation (within eye sight at all times) due to the level of potential aggressive, unpredictable behaviour. On the back section of the ward one of the patients has Pica and requires level three observation. There are usually seven other patients in the same area as this patient so two staff are always required. However, this is not always provided in the staffing complement on duty. Another patient is very demanding to the extent that staff need to be rotated and a high level of skill is required to divert and manage the patient appropriately. Repetitive behaviours can be challenging for staff. An inspector examined staffing records and confirmed that there was a history of low staffing levels on this ward. The Ward Manager indicated that the function and profile of Ennis ward has changed as hospital retraction has continued. It no longer resembles the continuing care ward it represented and that staffing levels should reflect this.

The Ward Manager referred to the incident in relation to the patient who was allegedly hit in the bath room and came out with a bloody nose. They stated that while abusive practices would not be tolerated this patient had a condition which caused regular bleeding. Inspectors examined the patient's notes which confirmed that nose and mouth bleeds were an identified problem for this patient. The Ward Manager indicated shock and dismay at the allegations made.

The RMO confirmed that the patients on the ward are very sensitive to outsiders and environmental change. They indicated shock and surprise to hear of the allegations and reinforced the need to support patients and staff through the investigation. The RMO referred to one other allegation of abuse in relation to the ward which was six to seven months previously. The Ward Manager provided the details explaining that the incident happened at day care and was reported by a day care staff member. The staff member subsequently resigned. This incident was notified to RQIA. The outcome of the subsequent investigation has been requested. The RMO had not been updated on the outcome of the Forensic Medical Officer's assessment of the patients. His initial consideration from his knowledge of the patient was that of the four patients involved three would not have the capacity to be interviewed and while one patient could engage in an interview they would not have the

capacity to give a statement. However he considered that some patients could be interviewed.

He referenced the issue of patients stripping on the ward and indicated that with one patient they had tried to use a swim suit to maintain her dignity but this was unsuccessful. This behaviour was problematic in relation to their resettlement plans as three female patients were to go to a placement with three male patients from Erne. A single gender environment is now required. He highlighted the difficulty in getting appropriate placements for patients.

The RMO indicated that there is good medical cover to the ward which has increased further since these allegations. He stated that a Medical Officer was on the ward every day and he would attend the ward at least once per week for resettlement reviews. Patients' notes confirmed this statement.

Interviews with all staff indicated that they had similar interpretations of the definition of monitoring requirements for the ward though no specific explanation of monitoring role was documented. The reporting mechanism for monitors was also left to their discretion and inspectors were unclear if this was after each shift or as in the week end a report for the whole period. Inspectors referenced RQIA's review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home. It recommended clarity on the monitoring and reporting role.

6.0 Other areas reviewed:

6.1 Training records for all staff

Twelve staff training records were examined during inspection. The following training was observed to have been completed within accepted timeframes for all staff

- MAPA
- Abuse of Vulnerable Adults
- Child Protection
- Manual Handling
- Fire training
- Basic Life skills

A training file was observed with names of all staff who attended training with dates. There was no training content or hand outs retained of the training given. When the Ward Manager was questioned further regarding this she said they never retained the content or handouts of any training they completed. She said she could get copies of the training content if we needed them.

6.2 Policies

The following Policies & Procedures were observed and read by the inspector and were accessible to staff.

- Child protection policy (Operational date: 19.1.2009 Review date: 19.1.2010)
- Use of Restrictive Practice in Adults (Operational date: 2011 Review date: Jan 2014)
- Use of physical intervention by staff from Mental Health & Learning Disability Services (Operational date: June 2010 Review date: June 2013)
- Raising Awareness Exploitation (Operational date: 19.5.10 Review date: 14.12.11)
- Safeguarding Vulnerable Adults Protection Policy & Procedures (Operational: 14.12.11)
- Whistle Blowing Policy: (Operational 2008 Review Sept 2012).

All policies had a cover page with all staff names and each member of staff had signed off that they had been made aware of policy. Inspectors also noted a quick reference guide to the Safeguarding Procedures displayed in the office.

Inspectors were provided with a copy of the Levels of Supervision/Observation policy. This policy became operational in April 2007 and was reviewed in 2010 however the copy provided to inspectors by senior management was not signed by the author or Chief Executive.

The observation policy states clearly that level three and four observations should be provided by a designated nurse who has no other duties. (See section 4) Discussion with the Senior Nurse Manager indicated that in relation to practice they use the first level three within the staffing complement of the ward. Clarification is requested in relation to this practice and adaptation of the policy if required.

6.3 Careplans

The careplans of four patients were reviewed by inspectors. Evidence that information was being collated to support resettlement of patients was available in the careplans. This took the form of 'All About Me' booklets and included historical and current information about the patient in terms of preferences, family etc. The Ward Manager did outline actions that were being taken by nursing staff to prepare patients for their new home however the careplans reviewed did not detail activities that patients participate in as part of skills development in preparation for moving to community settings. In addition, specific details of challenging behaviours patients present with in terms of topography and function, and how best to care for meet the needs of individuals whom present with challenging behaviours were not detailed in the careplans. Careplans reviewed did not consider potential restriction to patient's liberty under the Department of Health DoL's Guidance 2010.

6.4 Incident reporting

Incident reporting over the last number of months was viewed by inspectors. A variety of incidents had been recorded to include incidents relating to physical aggression and incidents relating to patient safety due to staffing levels. The records reviewed relating to specific patients had been documented appropriately in the patients' careplan. Despite discussion with Senior Management, inspectors were unable to clarify how incidents reported by the Ward Manager relating to patient safety due to staffing levels over a six month period were addressed.

7.0 Safeguarding

Examination of patients' notes evidenced a significant numbers of vulnerable adult referrals to indicate that staff understood the process for referring patients appropriately. An Inspector interviewed the Designated Officer for Safeguarding who indicated that with enhanced training for staff the number of referrals had risen significantly. The Designated Officer on request arranged for the Inspector to have a print out of referrals for the ward in the previous six months. It was noted that one patient had been referred on eight occasions from April 2012 in relation to physical assaults from other patients. A significant number of these were from a patient who was on level three observations. Inspectors asked the Senior Nurse Manager and the Service Manager what governance arrangements were in place to monitor protection plans and analyse vulnerable adult referrals as this level of assaults could not be deemed acceptable. Inspectors were informed that safeguarding Vulnerable Adults is a standing item on the agenda on a fortnightly core managers' meeting and the medical meeting. The Designated Officer will be providing forward trend data to the meeting and highlights particular cases for discussion if additional staff or a transfer of a patient is required. They weigh up the risks to reach a balanced outcome for patient safety. Inspectors did not have evidence that governance was sufficiently robust and this matter has been escalated for clarification.

8.0 Summary of the inspection findings.

An unannounced inspection was undertaken on Ennis Ward on 13 November 2012 in response to allegations of serious abuse by staff to patients on the ward.

The focus of the unannounced inspection was to review improvements following the QIP of an inspection in November 2010 and to review the monitoring arrangements for the ward in relation to safeguarding. Patient interviews in relation to the allegations were being planned under the joint protocol investigation.

The nature of the ward has changed over recent years with hospital resettlement and the ward has changed from a continuing care ward to a resettlement ward. Inspectors were informed by the Ward Manager that the profile of patients had changed with a more volatile mix of patients and high levels of challenging behaviour. However, despite this inspectors were advised that the staffing complement for the ward is unchanged. A Telford rating assessment for the ward was completed in October 2012 but the appropriate complement of staffing for the ward remains unclear. Inspectors could not decipher the allocation of tasks and the duty list and clarity has been sought and recommendations made in all these issues. Assurances were required in relation to the maintainance of safe staffing levels on the ward.

Inspectors discussed the progress of the QIP with the Ward Manager. Some improvements were documented; such as advocacy provision on the ward, environmental issues, discharge planning, compliance with professional standards for recording. Inspectors were advised that other recommendations had been taken forward and then lapsed such as the recommendation for a format for recording MDT review and patient/carer involvement in care planning processes when the MDT meetings became more resettlement focused. These and the other recommendations will be restated in the QIP.

Inspectors spoke informally to the patients on the first part of the ward who were able to communicate. Patients indicated that they were well cared for and comfortable. Inspectors did not maintain a presence in the other section of the ward as all staff interviewed indicated that patients were unsettled with the enhanced activity on the ward as a consequence of the safeguarding investigation.

A number of concerns were raised by inspectors to include

- Staffing levels (including allocation, complement and mix of staff)
- Safeguarding
- Governance
- Guidance on dignity protection
- Deprivation of Liberty

These issues were all escalated to the Trust post inspection in relation to seeking clarity and assurance of appropriate safeguards, care and treatment for patients.

9.0 Additional concerns noted by Inspectors

9.1 Staffing

The issue of staffing on Ennis Ward was clearly highlighted as a main area of concern. The inspectors were given assurances that staffing levels would not fall below six. Inspectors indicated that they expected that consideration is given to the experience and skill mix of staff on the ward. On further discussion of our findings and from observations, review of documentation and discussions with the Ward Manager, the RMO and monitoring officer's report, the inspectors concluded that the staffing levels are currently insufficient to safeguard and protect patients and these should be increased to a minimum ratio of seven staff for the current population profile.

This view is based on the following information;

- The Operations Manager for the ward indicated to inspectors that in the review of staffing levels, the Telford Assessment was used to facilitate the inclusion of the first level three observations within the minimum staffing levels. There was only one enhanced staff for the second level three observation on the ward. This contradicts the Trust Policy on Levels of Supervision/Observation. (Operational April 2007, reviewed November 2010) which was provided. Point 4.3 of this document states:

“Level three –Within Eyesight 1:1 The Patient should be kept within sight by a designated member of staff at all times. The staff member will not have any other duties....”

- The report from the monitoring officer for the ward over the weekend indicated that patients were unsettled and that there were high levels of challenging behaviour. He identified in this report that the total number of staff required should be seven.
- The Responsible Medical Officer and Ward Manager re-affirmed the complex needs of the patient group and that challenging behaviour displayed in the locked section of the ward requires appropriate staffing, experience and skill mix. The ward appears to have been understaffed for a significant period of time and there was clear evidence that the current investigation is having a negative impact on patients and making them more unsettled.
- The high number of Vulnerable Adult referrals referenced in relation to one patient who was allegedly assaulted eight times, from April 2012, indicated the level of potential aggression among patients.
- Inspectors noted incident reports in relation to staffing issues and requested evidence that this was highlighted by the Ward Manager to senior staff.

- Review of the QIP, following the Inspection to the ward, in November 2010, indicated that the recommendation in relation to staffing was not appropriately implemented by the Senior Nurse Manager. There was no evidence that staffing levels for the ward had been audited or of how the unmet need was escalated by senior management.

9.2 Staff allocation

Inspectors reviewed documentation relating to the allocation of staff on the ward to meet the care need of patients however it was difficult to ascertain from this information

- what staff were on the ward eg instead of a name, the allocation sheet stated 'Erne relief'
- what responsibilities were allocated to staff at each time period throughout the shift

It is recommended that this system is reviewed so that the number of staff available, the name of each staff member and their allocated responsibilities throughout their shift in Ennis is clearly documented.

9.3 Telford system

Senior management with the hospital reported to inspectors that the complement of staff for Ennis had been assessed using the 'Telford system'. However, there appeared to be a lack of clarity in relation to staff complement required for Ennis. It is recommended that ward managers should be included in the Telford assessment process and the outcome of this assessment should be clearly communicated to all ward staff. In addition this information should be recorded on the ward and in the nursing office.

9.4. Actual Duty worked

On the day of the inspection the 'actual duty worked' recording could not be located which made the task of identifying staff allocation more difficult.

9.5 Dignity

Inspectors were informed that some patients strip on the ward and one patient strips naked on a frequent basis. The Operations Manager who was monitoring the ward indicated the level of challenge this presents for staff in relation to protecting the dignity of the patients. They indicated that no clear guidance is available and that staff use screens for this purpose. Inspectors noted that one patient on the ward is detained under the Mental Health (Northern Ireland) Order 1986. The entrance to the ward was open but the doors to the back section of the ward which accommodates 11 patients is locked. These patients all experience deprivation of their liberty as they are locked in and staff control access on and off the ward. Inspectors examined

patients' notes and confirmed that the need for a locked environment is written in patients' care plans. However, the documentation does not reflect the trust's adherence to the Deprivation of Liberty Safeguards- Interim Guidance 2010.

All of these issues were escalated to the Service Manager following the inspection.

Appendix 1 – Quality Improvement Plan



QUALITY IMPROVEMENT PLAN
UNANNOUNCED INSPECTION
Ennis Ward, Muckamore>
13 November 2012

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The findings of the inspection were discussed with the Ward Manager, Senior Nurse Manager and Service Manager.

1. RECOMMENDATIONS RESTATED FROM PREVIOUS INSPECTION

RECOMMENDATIONS RESTATED FROM PREVIOUS INSPECTIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TO BE TAKEN	TIMESCALE
It is recommended that the Trust is proactive in the delivery of an independent advocate service to the ward.	2	A meeting has taken place with advocates to confirm their roles and responsibilities, the outcome of this has been disseminated to all wards. Advocates are invited to and attend patient meetings. Advocates are invited to and attend patient resettlement meetings. Advocacy input is recorded in the patients care plan. Senior management will also review availability of advocacy to this ward.	Immediate and on going
It is recommended that patients are asked to sign their care plans to evidence consent to change. It is recommended that there is a record to evidence patients being asked for their views for multi-disciplinary meetings and reviews and to evidence informing them of outcomes.	2 2	Patients are involved in the review of their care plan, when changes are made, patients who are able to sign are asked to sign the progress evaluation , if patients refuse to or are unable to sign this is recorded	Immediate and on going

		<p>When the MD meetings and reviews take place, if applicable patients are asked for their views prior to the meeting and this is recorded in the care plan with the details of the meeting, if the patient is unable to attend staff will discuss outcomes of the meeting with the patient, this is also recorded in the progress evaluation</p>	
<p>It is recommended that the format for recording reviews includes:</p> <ul style="list-style-type: none"> • Tasks identified. • Who has responsibility for tasks. • Who attends, including designation. • Capturing patient views prior to the meeting. • How the patient is informed. 	<p>2</p>	<p>The format for recording MD meetings and reviews has been revised. This has been shared with all staff and is as detailed</p> <p>Who attended, including designation</p> <ul style="list-style-type: none"> - Patients views prior to the meeting recorded - Relatives prior to the meeting recorded (if applicable) - Was the patient invited and attend and if not why not - How the patient was informed of outcomes, if the patient has 	<p>Immediate and on going</p>

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		<p>not been informed the reason why</p> <ul style="list-style-type: none"> - Patients views following the meeting recorded - Relatives views recorded - Who is responsible for tasks/outcomes identified 	
It is recommended that 1:1 meaningful engagement with the named or allocated nurse is recorded as such to evidence this expectation statement	2	The named nurse is recording all 1:1 meaningful engagement in the care plan, each time this will be highlighted as 1:1 with named nurse and patient	Immediate and on going
It is recommended that the process of taking staff from the ward to relieve other ward is reviewed and monitored as it impinges on patient care.	2	Staffing levels will be monitored by the ward manager and senior nurse manager and appropriate staffing levels maintained. Recruitment processes are underway to fill any current vacancies	Immediate and on going
It is recommended that onsite social activity is monitored for all patients.	To be reviewed at next inspection	There is a range of activities for patients both on and off the ward. Patients are encouraged to attend. There is an activity	Immediate and on going

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		timetable in the ward, participation is recorded in the care plan, if patients do not get the opportunity to participate, the reason for this is also recorded	
Additional Recommendations			
It is recommended that a clear pathway for reporting safeguarding issues on a 24 hour basis is implemented and maintained.	1	Staff follow all policies , procedures and guidance pertaining to safeguarding vulnerable adults. There is a 24 hour senior nurse on duty, with instruction for all staff to report all concerns through this duty system.	Immediate and on going
It is recommended that Patient care reflects the trust's implementation of the DHSSP Deprivation of Liberty Safeguards- Interim Guidance 2010	1	The patient care plans have been updated to reflect the Trust's implementation of the DHSSP Deprivation of Liberty Safeguards- Interim Guidance 2010	January 2013
It is recommended that the practice and policy in relation to observation levels is reviewed and clarified.	1	The observation policy is on the policy meeting agenda to be reviewed in January. Individual observation levels for patients will be reviewed by the ward Dr	February 2013

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		and the nurse in charge weekly, outcomes of the review will be recorded in the care plan.	
<p>It is recommended that staffing levels for the ward are reviewed regularly.</p> <p>It is recommended that there is a clear system of governance in place to audit and respond to alerts by Ward Managers.</p> <p>It is recommended that the outcome of assessments for staffing are clear and disseminated accurately to the Ward Manager.</p> <p>It is recommended that the allocation of responsibilities to staff on duty is clearly recorded</p>	1	<p>Staffing levels reviewed and shared with ward.</p> <p>Regular review is planned to reflect changing needs of the ward</p> <p>The review and any changes will be discussed with ward sister and shared with her and her team</p> <p>The ward manager is reviewing and revising the way in which staff allocation of responsibilities and duties are recorded</p>	Immediate and on going
<p>It is recommended that the current governance arrangements for Safeguarding are reviewed and the outcome forwarded to RQIA</p>	1	<p>Additional safeguarding officers are in post and a review of the current arrangements will be completed within the agreed timeframe</p>	February 2013
<p>It is recommended that the dignity of patients on the ward is reviewed and that guidance in relation to preserving the dignity of</p>	1	<p>Maintaining patients dignity is individually assessed, actioned</p>	Immediate and on going

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patients is provided to staff.		and reviewed. Where necessary patients have been referred to behaviour services for further assessment and guidance	
It is recommended that the system for work allocation is reviewed so that the number of staff available, the name of each staff member and their allocated responsibilities throughout their shift is clearly documented.	1	The ward manager is reviewing and revising the way in which staff allocation of responsibilities are recorded	Immediate and on going
It is recommended that activities as part of resettlement preparation are clearly outlined in individual patient care plans.	1	All patients being prepared for resettlement have an individual discharge plan in their care plan. A summary of the outcomes is recorded in the care plan following each meeting using the agreed format for MD meetings.	Immediate and on going
It is recommended that patient care plans should detail presenting behaviours in terms of topography and function and how best to address individual behaviours.	1	Presenting behaviours are individually assessed, actioned and reviewed. Where necessary patients have been referred to behaviour services for further assessment and guidance	Immediate and on going
It is recommended that functional communication systems are developed and implemented for all patients with communication deficits.	1	All patients with communication difficulties have a communication passport. These are currently being reviewed	Immediate and on going

		and updated with Speech & Language Therapy	
It is recommended that the Trust considers the recommendations of RQIA's review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home in undertaking this investigation.	1	The Trust will take cognisance of the recommendations referred to in undertaking this investigation	Immediate and on going

The Quality Improvement Plan is to be signed by the Chief Executive and returned to:

Mental Health and Learning Disability Team
 The Regulation and Quality Improvement Authority
 9th Floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: _____

NAME: _____

DATE: _____
FOR OFFICE USE ONLY:

QIP viewed by inspector on:

DATE: _____

SIGNED: _____

NAME: _____

Appendix 2 – Quality Improvement Plan November 2010

The Inspection Findings contained within this report is an electronic copy. If you require a hard copy of this information please contact the RQIA Mental Health Department:

Telephone: 028 90517530

Email: Team.mentalhealth@rqia.org.uk



Our ref: TN/CH

15 November 2012

Dear Esther,

An unannounced inspection of Ennis Ward was undertaken by the Mental Health Team on 13 November 2012, following an allegation of abuse by staff made on the morning of 8 November 2012.

The focus of this inspection was to:

- Review of the QIP from the last inspection on Fairness undertaken on 10 and 11 November 2010.
- Review of the current safeguarding arrangements.
This focused on the monitoring arrangements put in place over the weekend and the on-going monitoring arrangements to safeguard patients in view of the current on-going investigation.

Feedback at the end of the inspection was provided to **H377** Operation Manager, **H491** Ward Manager, and to you as Service Manager by the two RQIA Inspectors as follows;

- The issue of staffing on Ennis Ward was clearly highlighted as a main area of concern. The inspectors were given assurances by you, that staffing levels would not fall below six. Inspectors indicated that they expected that consideration is given to the experience and skill mix of staff on the ward. On further discussion of our findings and from observations, review of documentation and discussions with the Ward Manager, **H50** and **H77** **H77** the inspectors concluded that the staffing levels are currently insufficient to safeguard and protect patients and these should be increased to a minimum ratio of seven staff for the current population profile.

This view is based on the following information;

- **H377** indicated to inspectors that in the review of staffing levels, the Telford Assessment was used to facilitate the inclusion of the first level 3 observations within the minimum staffing levels. There was only one enhanced staff for the second level 3 observation on the ward. This contradicts the Trust Policy on Levels of Supervision/Observation. (Operational April 2007, reviewed November 2010) which was provided by **H377**. Point 4.3 of this document states:

“Level 3 –Within Eyesight 1:1

The Patient should be kept within sight by a designated member of staff at all times. The staff member will not have any other duties....”

- The report from the monitoring officer for the ward over the weekend, **H77** **H77** indicated that patients were unsettled and that there were high levels of challenging behaviour. He identified in this report that the total number of staff was seven.
- The Responsible Medical Officer and Ward Manager re-affirmed the complex needs of the patient group and that challenging behaviour displayed in the locked section of the ward requires appropriate staffing, experience and skill mix. The ward appears to have been understaffed for a significant period of time and there was clear evidence that the current investigation is having a negative impact on patients and making them more unsettled.
- The high number of Vulnerable Adult referrals referenced in relation to one patient who was allegedly assaulted 8 times, from April 2012, indicated the level of potential aggression among patients. Inspectors noted incident reports in relation to staffing issues and requested evidence that this was highlighted by the Ward Manager to senior staff.
- Review of the QIP, following the Inspection to the ward, in November 2010, indicated that the recommendation in relation to staffing was not appropriately implemented by the Senior Manager. There was no evidence that staffing levels for the ward had been audited or of how the unmet need was escalated to senior management.

I would ask that you review these issues and particularly the current staffing levels on Ennis Ward and provide me with an account of your plan of action to improve and monitor the situation to enhance the safety and quality of services provided for patients on Ennis Ward, by **Friday 23 November 2012**.

Your cooperation with this matter is greatly appreciated.

Should you have any queries regarding this correspondence please do not hesitate to contact me directly to discuss.

With many thanks

Theresa Nixon
Director of Mental Health & Learning Disability and Social Care

Action Plan submitted to RQIA 20th November 2012

Action Plan for Ennis ward Muckamore Abbey Hospital

Appropriate Staffing with Experience and Skill Mix

Staffing in the ward has been reviewed by the Senior Nurse Manager and Ward Sister taking full cognisance of Mr Mills monitoring report. A Telford assessment was completed October 2012 by ward sister and Senior Nurse Manager.

Action Complete

Staffing ratio will be reviewed formally on a monthly basis for three months or more often if independent monitoring reports indicate.

Monthly

An assurance that a minimum of six staff on day shifts and additional resources will be deployed where possible. A minimum of two registrants on day duty.

Action Complete

Night Duty reviewed and a minimum of six staff until 11.00 pm then 2 overnight. Staffing on night duty to be reviewed weekly to reflect independent monitoring reports.

Action Complete

A Deputy Ward Sister will take up post with effect from 25 November 2012.

Action Complete

An additional Ward Sister has been redeployed to Ennis Ward on 8 November 2012 for an initial period of two months.

Action Complete

Independent Senior Nurse monitor to continue across 24 hour span until safeguarding concerns addressed.

Action Complete

Duty Nurse Hospital Co-Ordinator to undertake periodic checks to ward

Action Complete

All other HSC Trusts contacted for additional resources in line with recommendations made in Review of Ralphs Close .

Action Complete

Additional staff recruited through contracted nursing agencies, the Trust Nurse Bank and support from other service groups within the Trust.

Action Complete

All WTD documentation reviewed to ensure compliance with Trust guidance & policy. –

Action Complete.

Vulnerable Adult Referrals

1. The Trust will review the governance arrangements in place for the management and review of Vulnerable Adult Referrals in the hospital.
Action by 31 January 2012
2. The Safeguarding Team will be enhanced by an additional Designated Officer on 3rd December 2012.
Action Complete
3. A review of all current protection plans in place in this ward will be undertaken to ensure robust arrangements in place for each patient ,
Action by 17 December 2012

Hospital Staffing

- Thirty whole time equivalent Healthcare workers band 3 appointed awaiting access NI checks and Health checks
31st January 2012.
- 18 whole time equivalent Staff Nurse posts advertised 27th November 2012 to include those due to register with NMC in February 2012.
28th February 2012

23rd November 2012

Theresa Nixon
RQIA

Dear Theresa

Re Ennis Ward Unannounced Inspection 13th November 2012.

Thank you for your letter of 15th November. I would wish to assure you that the hospital management team is taking all appropriate steps to ensure safe and effective care for the patients in Ennis ward and for all those also inpatient in other wards in the hospital. The enclosed action plan is now in place with associated timescales.

A recent strategy meeting was held on 15th November 2012 to update the interim protection plan implemented on the 8th and 9th November 2012 upon receipt of the allegations received on the 8th November 2012. The action plan takes account of the requirements of the protection plan agreed.

It is noted that the new staff introduced as part of the protection plan did unsettle the patients who then displayed more challenging behaviours; a number were upon medical review found to have underlying health concerns which contributed to and manifested some of the behaviours observed. The ward is now becoming more settled but due to the nature of the patients residing therein at times they can pose challenges and on occasions will display challenging behaviours.

The Trust has reviewed the staffing ratios for this ward with the ward sister in October 2012 following review of concerns raised regarding staffing ratios. This will be kept under review monthly through supervision and periodic senior nurse manager visits during this time. Patients from this ward do also attend day care facility on site which has its own independent staffing compliment. There is also a duty nurse on call 24 hours per day on the hospital who is undertaking periodic visits to this ward and others. The Senior Nurse Managers will continue to monitor to ensure changes in patient dependency levels or acuity are updated and responded to. Any changes will be communicated to the duty nurse office to ensure appropriate staffing levels.

The Trust can confirm that appropriate action was taken in October following escalation of patient safety concerns by ward managers with the earlier closure of a ward to reduce the staffing vacancies on site and ameliorate the staffing situation. These vacancies arose due to an unusual number of staff resignations over a short

period of time. The Trust has already commenced recruitment processes and a number of new staff nurses have been recruited. Additional posts will be recruited with an advert planned for Tuesday 27th November.

Therefore in giving the assurance we will provide a minimum of 6 staff on duty from 7.30am until 11pm at night we can provide the necessary care and support to this group of patients whilst maintaining appropriate staffing level to afford patient safety in the other wards. Additional staff over this ratio will be provided where available.

I trust this information plus the enclosed action plan will address your concerns but should you have any further queries I am happy to discuss.

Yours Sincerely

Esther Rafferty



The Regulation and
Quality Improvement
Authority

Our ref: CH/TN

3 December 2012
Esther Rafferty
Hospital Services Resettlement Manager
Muckamore Abbey Hospital
1 Abbey Road
Antrim
BT41 4SH

Dear Esther

Thank you for your correspondence of the November 2012 in respect of Ennis Ward (MAH). Having reviewed the action plan you provided, and in light of the strategy meeting on 28 November 2012 I am satisfied with the following monitoring and follow up arrangements including;

- The provision of 24 hour band 6/7 monitoring staff on a supernumerary basis.
- The appointment of M. Mannion to oversee the safeguarding monitoring arrangements for Ennis ward.
- The appointment of a Deputy Manager to Ennis Ward.
- The temporary provision of an additional Band 7 staff to Ennis ward.
- The submission of daily reports by independent Monitoring Officers.
- The on-going joint protocol investigation.

From the outset of the recent investigation, the level of staffing on Ennis ward has been raised and continues to be raised by a variety of informants including RQIA staff; Ennis Ward Manager; Senior Nurse Manager B. Mills; Bohill staff; and Senior Staff allocated to Ennis in a monitoring capacity as part of safeguarding arrangements. Research in relation to institutional care with patients with challenging behaviour as you are aware indicates a correlation between staffing levels and care practices on wards.

Our inspectors confirmed that staffing levels on Ennis ward had been raised by the ward manager and recorded on the incident records prior to 8 November 2012. You indicate in your correspondence that "the Trust can confirm that appropriate action was taken in October following escalation of patients' safety concerns by ward managers with the earlier closure of a ward to reduce the staffing vacancies on site to ameliorate the staffing situation. These vacancies arose due to an unusual number of staff resignations over a short period of time."

However, inspectors did not receive a satisfactory assurance from you or the senior nurse responsible for the ward that adequate steps had been taken to address the staffing shortages on Ennis ward, as identified by the Ward Manager in the six month period prior to the inspection.

informing and improving health and social care

I remain unclear about the procedure you used to respond to the issues raised by the ward manager and how these concerns were discussed with your governance leads and senior management within the trust.

Having considered your response to our letter of 15 November 2012, I therefore require further clarification in following areas

- Confirmation of the compliment of staff identified following the October 2012 Telford assessment to meet the needs of the patients on Ennis ward and advise if this included cover for level three observations.
- Current BHSCT Policy on Levels of Supervision/ Observation for patients in Muckamore Abbey Hospital
- Clarification of expected governance and clinical lead responsibilities in the event of ward managers reporting patient safety concerns due to inadequate staff resources

The action plan for Ennis ward states that staffing on the ward 'will be reviewed formally on a monthly basis...or more often if independent monitoring reports indicate'. However, despite feedback from monitoring staff indicating that staffing levels are inadequate to meet the needs of patients in Ennis, it is our understanding that staffing levels have remained unchanged at 6 staff from 7.30am – 11pm. In light of the feedback from these staff I remain unclear if staffing levels were reviewed as part of your action plan?

I am aware of the difficulty adhering to the agreement of maintaining six staff on the ward and the regular use of relief staff from other wards and bank staff. This however also raises concerns regarding the potential care and safety of other patients throughout the site. As a consequence of discussing these concerns with HSCB, I understand that a review of staffing levels has now been requested by Molly Kane, Regional Lead Nurse Consultant at the PHA.

Given that the volume of vulnerable adult referrals has risen dramatically, the appointment of two additional designated officers is positive. However, the impact of the current staffing crises also raises concerns regarding the trust's ability to implement and maintain protection plans to ensure patient safety following any vulnerable adult referrals. I would be pleased if you would confirm that all protection plans for patients on the Muckamore are being fully implemented and adhered to currently.

I am concerned about the limited evidence available to inspectors in relation to the overall governance arrangements in respect of monitoring the effectiveness of safeguarding procedures. This matter was discussed with Mairead Mitchell last week by Margaret Cullen and Patrick Convery, Mairead agreed to follow up our concerns and provide feedback to RQIA on the volume and analysis of referrals sent to the Governance Leads and the timeliness of these reports.

I am also aware that Inspectors were advised by Barry Mills, Operations Manager; following his weekend of monitoring Ennis Ward that staff require clear guidance in respect of the care of a patient who repeatedly strips off her clothes in her interest of monitoring her dignity. I would be grateful if you could confirm that this guidance has now been made available to all relevant staff.

Engagement with Bohill Staff

The Social Service interviews with other Bohill staff members suggest a variation in the induction process for visiting staff and a perceived level of reluctance from some Muckamore staff to engage effectively with them and share knowledge. It would be helpful to know:

- What preparatory work was completed in relation to preparing all staff concerned in clarifying role and responsibilities?
- Was an induction process agreed for Bohill staff and if so who was responsible for organising and implementing this?
- What level of monitoring and feedback arrangements were put in place to review any issues that might arise during the resettlement process?
- It would also be helpful to know if the current investigation had an impact on the resettlement process.

I would appreciate your response to these issues and particularly the current staffing levels on Ennis Ward and your plan of action to improve and monitor the situation to enhance the safety and quality of services provided for patients on Ennis Ward, by **Monday 10 December 2012**.

Should you have any queries regarding this correspondence please do not hesitate to contact me directly to discuss.

Your cooperation with this matter is greatly appreciated.

With many thanks



Theresa Nixon
Director of Mental Health & Learning Disability
and Social Work



Muckamore Abbey Hospital
1 Abbey Road, Muckamore, Antrim BT41 4SH
Te: (028) 94463333 Fax: (028) 94467730

Our Ref:

12 December 2012

Mrs Theresa Nixon
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Theresa

I refer to your correspondence of 3 December 2012 in relation to Ennis Ward and can provide assurance that the Senior Management Team at Muckamore Abbey Hospital continue to ensure appropriate staffing levels at Ennis taking cognisance of the complex needs of the patients and safeguarding requirements.

This process has taken account of the issues raised by those parties highlighted in your letter in response to which staffing levels were increased at critical periods and those arrangements remain the subject of continuous review by the Senior Management Team.

Of necessity this continuous review of staffing by the Senior Management Team is also ensuring that due cognisance is afforded to the clinical and safeguarding needs of all patients within hospital with particular reference to staffing requirements at all times and the deployment of agency and bank staff.

In relation to your reference to specific concerns being raised by the Ward Manager in Ennis in the in the six month period prior to the current investigation, records have been reviewed and I can confirm that this related to the need to maintain the continuous recruitment processes with the Hospital due to the increased turnover of staff and an increase of long-term sick leave associated with genuine medical conditions. Management response took full account of the governance requirements associated with concerns of this nature. Due emphasis was given to ensuring that continuous recruitment processes were maintained and approved at Director Level through the Trust's internal scrutiny processes. The issue was also highlighted and reviewed at the Service Group's Governance Forum and at the regular Hospital Senior Management Core Group Meetings.

As you should be aware this issue was also specifically added to Trust's Risk Register during March/April 2012. In addition to the action this issue was also

highlighted and reviewed through the Trusts Corporate Senior Nursing Forum and included in our earlier discussions and correspondence the Trust response included the considered decision to bring forward the planned closure of Finglass Ward.

As you have requested I can also confirm that the Telford Assessment undertaken during October 2012 identified specific requirements for staffing levels at Ennis and arrangements were immediately put in place to ensure this standard continued to be met. This included cover requirements for the first level 3 observation and took account of the possible requirement for additional observations at this level. The staff allocated on Level 3 Observations do not have any other allocated tasks whilst discharging this duty. This is consistent with the Trust Policy; a copy of which can be provided on request.

I also can clarify that any report of concern regarding patient safety due to staffing levels is immediately reported and addressed through line management and governance arrangements and as Senior Manager at Muckamore I discharge the clinical lead responsibility.

In relation to the arrangements to review staffing at Ennis I can confirm as outlined earlier that this has received attention and staffing levels have been increased to 7 during the morning period. An increase was also introduced during the late evening shift to 2.00 am.

I can also confirm that the additional designated officers to assist with Vulnerable Adult Referrals have now taken up post and I can assure you that all protection plans relating to patient safety are being fully implemented and this important issue remains the subject of continuous monitoring and review. In relation to this I understand that Mrs Mitchell has also provided all requested information.

In respect of care of the patient who repeatedly strips off her clothes, specialist behavioural support and guidance has been provided and her care plan has been reviewed in conjunction with the nursing team.

Finally in relation to Bohill staff I can confirm that a number of meetings were held prior to Bohill staff working on wards to agree shifts, span of shifts, identified patients to be worked with and for completion of person centre assessment and discharge plans. Ward sisters were aware of the agreed shifts and of induction requirements for any staff being present on their wards. Timescales were agreed directly between the ward sisters and medical team with the Bohill Manager.

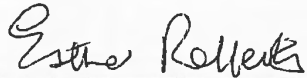
A meeting was held with a Senior Nurse Manager, Ward Sisters and Bohill Home Manager to discuss progress and report any concerns, none were raised, and compliments were noted about the process.

The ongoing process was then documented weekly in the community integration meetings held on the ward and no negative comments were received by either party.

We would also wish to confirm that there has been no negative impact of the current investigation on the resettlement of any patient to Bohill Nursing Home, in fact a number of patients have moved from an adjoining ward to their new home.

I trust the above information fully addresses the issues you have raised and I wish to assure regarding the seriousness with which the Trust regards the importance of continuing to meet all requirements to ensure the complex clinical and safeguarding needs of all patients in Muckamore Abbey Hospital are met. As you are aware particular challenges have been presented by the recent unexpected high number of resignations of staff and this has reinforced the critical importance of the Trust continuing to maintain its active and focused recruitment strategy.

Regards



MRS ESTHER RAFFERTY
Service Manager of Muckamore Abbey Hospital



**MENTAL HEALTH
AND LEARNING DISABILITY
UNANNOUNCED INSPECTION
ENNIS WARD
MUCKAMORE ABBEY HOSPITAL
BELFAST HEALTH AND
SOCIAL CARE TRUST
20 DECEMBER 2012**

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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover, RQIA endeavours to encourage improvements in the quality of services and to safeguard the rights of service users, following the transfer of duties of the former Mental Health Commission to RQIA under The Health and Social Care (Reform) Act (NI) 2009. RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability.

2.0 Ward Profile

Trust	Belfast Health and Social Care Trust
Name of hospital/facility	Muckamore Abbey Hospital, Ennis Ward
Address	1 Abbey Road, Antrim, BT41 4SH
Telephone number	028 94463333
Person in charge on day of inspection	Linda McCartney
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Resettlement / Challenging Behaviour
Number of patients and occupancy level on days of inspection	17 beds 17 patients
Number of detained patients on days of inspection	1
Date of last inspection	13 November 2012
Name of Inspectors	Margaret Cullen Siobhan Rogan Brenda Gallagher

3.0 Purpose of Visit

An unannounced inspection was undertaken by Margaret Cullen, Inspector from RQIA, on 20 December 2012. This followed a safeguarding strategy meeting, held on the 13 November 2012, in relation to allegations made on 8 November 2012, by a member of staff from Bohill House, Nursing Home. The member of Bohill staff had been placed on the ward as part of a planned resettlement programme, agreed between the Priory Care Homes, Number 2 Limited, and the Belfast Health and Social Care Trust (BHSCT). The staff member made a number of allegations concerning the physical, emotional and verbal abuse of patients by trust staff.

The purpose of the inspection was to clarify the action taken by the Belfast Trust in relation to the safeguarding investigation and review the safeguarding processes in place, in Ennis Ward, in response to the allegations of abuse of on 8 November 2012.

As part of the RQIA duties under Article 86(1) and (2) of the Mental Health (Northern Ireland) Order 1986, RQIA also attended the Belfast Trust's safeguarding strategy panel meeting, on 20 December 2012, to independently review the process of investigation and the monitoring of care and treatment provided to patients on the ward.

This report should be read in conjunction with the previous inspection report of the 13 November 2012, as RQIA had sought clarity on a number of issues from the previous inspection.

Additional assurances were sought, during the inspection, from the service manager, Muckamore Abbey Hospital, to the trust's response to RQIA, of the 12 December 2012, in respect of actions taken to address the previous concerns raised by inspectors.

The inspector investigated all of the following issues, during the course of this inspection:

- A review of the number of staff employed each day over the previous week, as the trust indicated that the staffing complement had increased to seven staff following the inspection of 13 December 2012.
- the compliment of staff available in relation to mix and status, i.e. agency, bank, relief, temporary or permanent.
- verification of the current observation levels on the ward.
- review of the most up to date policy on supervision of staff and observation of patients.
- review of the recruitment process, any advertisements and the timeline between the advertisements being approved and staff being recruited.
- evidence of the staffing problems being highlighted at trust governance forum and / or at senior management core group meetings, and with the trust's director of nursing
- evidence of the decision making process, regarding the planned closure of Finglass ward.
- copies of the community integration meetings to confirm if there was any previous negative comments received from Bohill staff.
- copies of the induction plan provided for Bohill staff by the trust.

Clarification was also sought following the strategy meeting held on 12 December 2012 of;

- the outcome of the Telford Staff Assessment which was undertaken by the trust in October 2012
- the number of level three observations.
- evidence that the contact details for the Chair of the Strategy Panel, was provided to staff, (it was agreed, at the previous strategy meeting, that this

information would be made available if staff needed support or wished to discuss any concerns).

4.0 Methodology

An unannounced inspection was undertaken following a response provided by the service manager on 12 December 2012, in relation to concerns raised at a strategy meeting held on 3 December 2012.

The inspector requested additional information from the service manager and interviewed the ward manager and deputy ward manager.

The inspector also examined two sets of patients' notes, copies of the staff rota for the previous week, the communications book and the induction programme made available to Bohill staff.

A quality improvement plan (QIP) is attached in Appendix 1, setting out the recommendations made as a result of this unannounced inspection.

5.0 Interview with Service Manager

The inspector requested, and was provided with, a copy of the trust's Policy on Supervision and Observation. Copies of additional correspondence, about actions taken by the service manager, were also requested but not immediately available on the day of the inspection. The Inspector was informed by the service manager that the rest of the material could not be collated at that time, but would be forwarded subsequently to the Director of Mental Health and Learning Disability. The correspondence was received by RQIA on 28 December 2012.

The inspector informed the service manager that, despite being told at the strategy meeting that only one patient on Ennis Ward was on level three observations the inspection of patients' records indicated that two patients remained on level three observations.

Further clarity was sought in relation the staffing complement for the ward as the safeguarding panel was informed, at the strategy meeting that the staffing complement required for the ward was seven. This was to include one staff member to facilitate the level three observations, who would have no other duties, in line with the staffing policy.

The service manager advised that she understood that there was discussion in relation to the cessation of observations for one of the patients, but if this was not the case, that the complement would remain at seven (the Telford Assessment allows for the first level three observations to be absorbed by the designated staffing complement).

The chair of the safeguarding meeting had also requested clarity, at the strategy meeting, on 12 December 2012, regarding this matter. The inspector indicated that they would advise the Director of Mental Health and Learning Disability, RQIA, the Independent safeguarding monitor and the chair of the strategy meeting, of the RQIA concerns about staffing levels.

5.1 Interview with Ward Manager

The inspector was informed by the ward manager of her concerns, in relation to the competency levels of some of the agency staff. Copies of email correspondence were sought from the ward manager highlighting evidence of these concerns being raised with senior management in the trust, and this was reviewed by the inspector, validating that such concerns were made known.

6.0 Findings from the Inspection on Ennis Ward.

6.1 Consequence of Additional Monitoring

The ward manager and deputy manager advised the inspector that staff on the ward were anxious that the on-going monitoring was taking a toll on staff in terms of persistent scrutiny of practice. She indicated that staff were hoping that the additional monitoring would cease following the strategy meeting that morning. The ward manager advised that she was supporting staff as much as possible however staff indicated they did not feel informed about what was happening. The Inspector advised that the chair of the safeguarding investigation had asked that her contact details and those of the PSNI were made available to staff. This was agreed at the second strategy meeting, held on 12 December 2012. The Inspector was advised that these contact details were not available to ward staff. The Inspector was informed that there was inconsistency in the staff used to provide duty cover, and that patients remain unsettled with the changes in staff and the additional monitoring arrangements. There could be up to five monitors per day on the ward resulting in different people coming in and out throughout the day. RQIA staff acknowledged that this was a difficult time for staff and patients.

6.2 Observation Levels and Staff Rotas

The Inspector asked what changes had been made to the observation levels since the previous inspection. The ward manager and deputy manager advised that no changes had been made.

Two patients remain on level three observations, on separate sections of the ward. This level of observation was required consistently for significant periods. The Inspector was provided with patients' notes on request, which corroborated this information.

The Inspector examined the staff rotas and requested a copy of the rotas for the previous week. This information and feedback from staff indicated on-going problems in relation to staff being used as relief staff for other wards. The Inspector asked for the date when the staffing complement for the ward was increased to seven and this was unclear. Staff provided the Inspector with copies of the duty rotas for the previous week. This information indicated that on the day of the Unannounced Inspection (20.12.12):

- There were seven staff, including one bank and one relief in morning (07.30-13.00).

- In the afternoon (13.00- 18.00) there were six staff including two bank staff.
- From 18.00 – 20.30 there were seven staff on duty including two bank staff.
- From 20.30-23.00 there were four staff including one bank with two staff on night duty.

The rotas indicated a lack of a consistent cohort of staff available and having seven staff on duty appeared to be the exception, rather than the rule. Staff indicated that efforts were made to get seven staff, but the current demands on staffing across the hospital site prevent this. The rotas also indicated an over reliance on agency, bank and relief staff in the ward. The rotas confirm that the staffing complement daily is made up of over half agency, bank and relief staff. The Inspector was advised that other wards on site have core staff who could be transferred to support the management of patients on Ennis Ward.

6.3 Telford Assessment

The Telford assessment of October 2012 was discussed with the ward manager. The inspector was advised, by the ward manager, that the assessment was not completed with her involvement.

The Telford assessment was completed by the operations manager indicating, i.e. Day time rota; 6 staff (two registered nurse (RN) and one nursing assistant (NA)), rota 8.30 pm to 11 pm (one RM and four NA), night rota two staff (one RN and one NA). The ward manager questioned this decision at the time and asked for an explanation of how Telford worked out this staffing complement but indicated to the Inspector that she remained unclear about this. The ward manager indicated that they had stated this clearly at a meeting on the ward the previous day. The service manager had arranged a one to one meeting with the manager on the day of the inspection to explain the decision; the Inspector noted this meeting did not occur, due to other issues requiring attention on the day.

The Inspector concluded that there was a lack of clarity about the staffing requirements for the ward, as RQIA was informed, at the earlier strategy meeting, that there was only one patient requiring level three observation on the ward, on the day of the inspection. The ward manager, deputy ward manager and patients' notes indicated, however, that two patients required this level of observation. One patient has required it consistently since 22 March 2012 and one patient arrived to the ward on 6 December 2011 and was on level three observations from 19 May 2011. Both patients require this from 7.30 am to 11pm. The Inspector was concerned at the delay in allocating a consistent core group of appropriately trained and experienced staff to Ennis Ward in view of the safeguarding concerns, raised by staff from Bohill Home.

6.4 Induction of Bohill Staff

The process for the induction of Bohill staff on the ward was raised by the Inspector. The Inspector was advised that this involved use of the ward induction book for Trust staff. The inspector was also advised that there was poor communication in relation to where Bohill staff were to be placed and their specific roles on the wards. An example was given of a group of Bohill staff arriving on Ennis Ward without clear instructions about their placement, and some needed to be relocated to Erne Ward. The ward manager stated that the full ward induction programme takes five days and this was not completed with all staff.

The Inspector enquired about the Resettlement Integration Project. She was advised that the ward manager attended this project for a six week period and that while a copy of duty sheets were provided, there was no clear discussion of roles and responsibilities of the visiting staff. The ward manager stated that the responsible medical officer and senior house officer wanted to be involved but were, allegedly, informed that the induction meetings were only for nursing staff. The ward manager advised that they had two meetings with the Bohill manager after Bohill staff commenced work on the ward and she asked Bohill staff to raise any concerns they may have with her.

6.5 Case Notes

The inspector reviewed two sets of notes in relation to patients identified as requiring level three observations. The deputy manager evidenced from the other patients' notes that level three observations were provided consistently since 22 March 2012. The inspector was advised that this level of restriction was reviewed weekly. However examination of notes indicated that this practice, while not consistently evidenced weekly, was achieved more robustly by the multidisciplinary team (MDT) up until March 2012. The process of MDT meetings appeared to change, from this date and to become more focused on resettlement. There was poor evidence of reviewing observation levels after this period.

The notes examined, however, indicated good practice in relation to:

- essential life planning
- best interest documentation
- family being informed and updated
- alerts and observation needs being clearly displayed
- the need for observations being clearly outlined in the nursing care plan and reviewed by nurse.
- restrictive practices being documented in nursing care plan.
- range of assessments and care plans evidenced on patients' notes, e.g. Braden assessment, epilepsy management.
- while risk assessments were reviewed, the level of observation was not included.
- vulnerable adult (VA) referrals in file and appropriate referral.

Gaps identified included:

- no behavioural management service involvement.
- the comprehensive risk assessment was not updated.
- the protection plans in relation to VA processes lacked clarity. RQIA have asked for a review of these processes in the quality improvement plan from the inspection on 13 November 2012.

7.0 Recommendations

Staffing

The inspector recommended that;

- the staffing complement for Ennis Ward be more clearly defined and monitored to ensure that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients.
- the ward manager should be centrally involved in agreeing the appropriate staffing numbers required, in order to meet the needs and safety of the patients on the ward.
- the staffing requirements in relation to special observations are clearly defined, and if the Telford and/or the Trust Observation Policy, is being adhered to. Both of these policies should be reviewed for consistency with each other.
- RQIA is informed of any deficits in staffing levels on Ennis Ward, i.e be advised if complement of seven staff is reduced to a lower number and on what basis.
- the ward manager, deputy ward manager or monitors raise, as a priority, any concerns in relation to staff competence.
- a designated person should be identified with the responsibility for reporting this information to RQIA.

It is recommended the staffing on Ennis Ward is reviewed to ensure there is a core complement of staff to meet the needs of the patients.

Safeguarding Strategy Meetings

It is recommended that any agreed actions / recommendations from safeguarding meetings are processed accurately and in a timely manner to all relevant staff.

Care Plans

It is recommended that the MDT team review special observation levels in compliance with Trust Observation Policy and any best practice guidance, and document this in care plans. "A Medical/Nursing Review of patients on level 2,3 and 4 should occur on a daily basis and be reviewed by the full multidisciplinary team regularly". (Trust Policy December 2012).

Process of Resettlement

It is recommended that any learning from the induction of all internal and external staff under the terms of the proposed new resettlement strategy is reviewed and any lessons learned is documented / shared with staff and forwarded to RQIA.

Conclusions

Due to the serious nature of the allegations of abuse of patients, RQIA will continue to monitor staffing levels closely, the recording of incidents, the actions taken and adherence to clear governance protocols by the trust. This will be done through the process of on-going inspections from assurances sought from the Belfast Trust as a result of RQIA's monitoring of information received from Ennis Ward.

Appendix 1 – Quality Improvement Plan



**QUALITY IMPROVEMENT PLAN
UNANNOUNCED INSPECTION
Ennis Ward, Muckamore Abbey Hospital
20 December 2012**

The issue(s) identified during this inspection are detailed in the quality improvement plan.

1. RECOMMENDATIONS

RECOMMENDATIONS FROM INSPECTION	NUMBER OF TIMES STATED	DETAILS OF ACTION TO BE TAKEN	TIMESCALE
It is recommended that the total staffing complement for Ennis Ward be clearly defined and monitored to ensure that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients.	2	Staffing levels are based on the outcomes of the Telford Review which was carried out for this ward	Immediate and ongoing
It is recommended that the Ward Manager should be centrally involved in agreeing the appropriate staffing complement required in order to meet the needs and safety of the patients on the ward.	1	The ward manager was involved in the Telford review for the ward and was involved in agreeing the outcomes from this. The ward manager is currently on sick leave but another band 7 ward manager has been appointed to the ward in their absence and who has responsibility to ensure that staffing levels are maintained in accordance with the outcomes of the Telford	Immediate and ongoing

		Review. The ward manager also works in conjunction with the MDT to agree enhanced observation levels when these are deemed necessary.	
It is recommended that staffing requirements in relation to special observations are clearly defined, and that RQIA is advised in writing, if the Telford and /or the Trust Observation Policy, is being adhered to and a review of both is undertaken for consistency with each other.	2	Special or enhanced observations are agreed by the MDT, however in the absence of the MDT being available, the nurse in charge will make a decision on level of observation required based on the patient's presentation at the time. The Observation policy is currently subject of review and its outcomes will be communicated to all staff on site.	15 February 2013
It is recommended that RQIA is informed of any deficits in staffing levels on Ennis ward, i.e. <ul style="list-style-type: none"> to be advised if complement of seven staff reduced and on what basis. Ward Manager, Deputy Ward Manager or monitors raise as a priority, any concerns and advise RQIA of action taken in relation to staff competence and that; 	2	Duty Nurse Manager is responsible for checking staffing levels in this ward on a daily basis and Ward manager in Ennis has been advised to work with the Duty	Immediate and ongoing

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<ul style="list-style-type: none"> a designated person should be tasked with the responsibility for reporting this information to RQIA. 		<p>Nurse Manager to ensure that staffing levels do not drop below those agreed within the Telford Review. Hospital Management have been raising the staffing levels in this ward and this remains on-going. Processes are in place to have any concerns noted within the ward forwarded to RQIA and there is an identified person within the hospital to do this.</p>	
<p>It is recommended the staffing on Ennis ward is reviewed to ensure there is a core complement of staff to meet the needs of the patients</p>	<p>1</p>	<p>A core complement of staff have now been identified for this ward as a result of on-going recruitment.</p>	<p>Immediate and ongoing</p>
<p>It is recommended that any agreed actions from safeguarding strategy meetings are processed accurately and in a timely manner, to all relevant staff.</p>	<p>1</p>	<p>The ward manager will ensure that outcomes from VA Processes are incorporated into the patient's care plan – this will be audited by the Senior Nurse Managers and will be included</p>	<p>Immediate and ongoing</p>

		within the Evaluating Quality Care Audit.	
<p>It is recommended that the MDT team review compliance with the special observation Trust Policy and best practice guidance. "A Medical/Nursing Review of patients on level 2,3 and 4 should occur on a daily basis and be reviewed by the full Multi-Disciplinary Team regularly" (Trust Policy December 2012).</p>	1	<p>The Trust Special Observation Policy for Learning Disability is currently under review. This will incorporate how patients who are on levels 2, 3, and 4 are reviewed. The policy will specify that patients who are acutely unwell will be reviewed on a daily basis by medical/nursing, those who are on special observations for behavioural issues will be reviewed weekly by medical/nursing and those who are on special observations as a result of the Vulnerable Adult Process will be reviewed by the VA Team at each subsequent VA meeting relating to the patient.</p>	Immediate and ongoing
<p>It is recommended that any learning from the induction of any internal / external staff, under the terms of the new resettlement strategy, is reviewed and any lessons learned, documented and</p>	1	<p>Induction Processes are being reviewed at present – the internal</p>	Immediate and ongoing

shared with relevant staff.		induction process is now complete and is in operation and it is anticipated that the external induction process should be complete within the next four weeks.	
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The Quality Improvement Plan is to be signed by the Chief Executive and returned to:

Mental Health and Learning Disability Team
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _____

NAME: _____

DATE: _____

FOR OFFICE USE ONLY:

QIP viewed by Inspector on:

DATE: _____

SIGNED: _____

NAME: _____